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Lissa Muscatine
OA/Box Number: 12086

FOLDER TITLE:
Column #15 - Letters

2017-1164-S
rc2749

RESTRICTION CODES

Presidential Records Act - [44 U.S.C. 2204(a)]

P1 National Security Classified Information [(a)(1) of the PRA]
P2 Relating to the appointment to Federal office [(a)(2) of the PRA]
P3 Release would violate a Federal statute [(a)(3) of the PRA]
P4 Release would disclose trade secrets or confidential commercial or financial information [(a)(4) of the PRA]
P5 Release would disclose confidential advice between the President and his advisors, or between such advisors [a)(5) of the PRA]
P6 Release would constitute a clearly unwarranted invasion of personal privacy [(a)(6) of the PRA]

C. Closed in accordance with restrictions contained in donor's deed of gift.
PRM. Personal record misfile defined in accordance with 44 U.S.C. 2201(3).
RR. Document will be reviewed upon request.

Freedom of Information Act - [5 U.S.C. 552(b)]

b(1) National security classified information [(b)(1) of the FOIA]
b(2) Release would disclose internal personnel rules and practices of an agency [(b)(2) of the FOIA]
b(3) Release would violate a Federal statute [(b)(3) of the FOIA]
b(4) Release would disclose trade secrets or confidential or financial information [(b)(4) of the FOIA]
b(6) Release would constitute a clearly unwarranted invasion of personal privacy [(b)(6) of the FOIA]
b(7) Release would disclose information compiled for law enforcement purposes [(b)(7) of the FOIA]
b(8) Release would disclose information concerning the regulation of financial institutions [(b)(8) of the FOIA]
b(9) Release would disclose geological or geophysical information concerning wells [(b)(9) of the FOIA]

w/ Creators Edits

draft #2

FIRST LADY HILLARY RODHAM CLINTON
COLUMN #15-- FOR OCTOBER 29, 1995
CREATORS SYNDICATE

When I first began writing this column more than three months ago, I hoped to use this space to respond occasionally to the many people who write me.

So far, I have received more heartwarming and thought-provoking letters than I can count. I've heard from a class of second- and third-graders in Kansas who are concerned about pollution, a man from Illinois who is campaigning against tobacco use, and a retiree in Florida worried about the high cost of health care.

A boy from Texas wanted to know what Socks eats (dried cat food) and a 10-year-old in Minnesota asked how many rooms are in the White House (132).

I also have received a few angry letters whose contents cannot be published in a family newspaper.

I wish I could respond to all of these letters in this column. Instead, I can only answer a few. ~~Here is a sampling of my mail over the past few months~~:

Many readers wrote in response to my column in July about our nation's complicated system of adoption and the thousands of needy children who are waiting for permanent, loving homes. Not

surprisingly, I heard from lots of people who said they were eager to adopt children but had become overwhelmed by the long wait, red tape and high cost involved.

A Florida woman, frustrated by a lack of communication among adoption agencies and government social workers, summed up the feelings of many prospective adoptive parents: "I know there is a little girl in this country somewhere waiting for my home."

One couple from Oregon, trying to adopt through a county agency, was told that it might take several years before a child ~~is~~ was available. Their alternative, to adopt through a private agency, could cost $16,000 or more.

Because these problems are so widespread -- and because so many children continue to languish in foster care -- I recently ~~convened~~ got together a group of experts, adoption advocates and concerned parents to help ~~launch a campaign to heighten public awareness~~ people learn more about adoption and to make the process simpler and more efficient for waiting parents. There is no reason so many loving parents cannot be united with children desperate for their care and attention.

I also have received ~~a stack~~ mailbags of letters about my trip to the United Nations Fourth World Conference on Women in Beijing in September. Some people were concerned about my participation and many others were enthusiastic ~~that I go~~ about it. A few expressed their outrage over infanticide and coerced abortions in China. Others wondered if the conference will really make a difference in improving women's rights around the world.

* problems that people became more aware of because the conference was held there.

I believe the conference was an important and historic first step in giving women the tools they need to lead productive lives. More than 180 nations agreed for the first time that women are integral to the economic, political and social life of every country, and that global peace and prosperity depend on the well-being of women.

However, the conference in Beijing will only be a lasting success if governments, institutions and each of us in our own lives work to ensure that women are full and equal partners in society. Here at home, for example, the President has created a special White House Council on Women that will enable government agencies to work ~~with private organizations~~ together to fulfill the goals of the women's conference.

Health issues were on the minds of many readers. I heard from scores of Gulf War veterans and their families concerned about the government's response to illnesses commonly referred to as Gulf War Syndrome. I hope those families, many of whom have suffered greatly, know that the President has established an advisory ~~commission~~ committee to investigate Gulf War ~~Syndrome and determine its root causes.~~ Veterans' Illnesses.

Perhaps the most gratifying health-related letter I received came from Miriam Murtha, a Virginia woman who got a mammogram as a result of our ~~recent~~ breast cancer awareness campaign that began earlier this year. Her screening found two malignant tumors before they could spread to other parts of her body. "I will be having regular check-ups from now on," she wrote.

Children also wrote to me with suggestions and questions. Many wondered if I could raise their allowances, lower the voting age, or send them free tickets to Washington. (Sorry, I can't).

And quite a few offered their own editorial comments. "I think there should be no more drugs. I don't want any more guns and no more pollution," wrote Brandon Jackson, a second-grader from Kansas.

To Brandon and everyone else who wrote me over these last few months, thanks for talking things over with me.

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Thank you, readers, for sharing your views.

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A woman from North Carolina wanted to know ~~who pays for my haircuts and clothes (I do)~~ and a 10-year-old in Minnesota asked how many rooms are in the White House (132).

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A Florida woman, frustrated by a lack of communication among adoption agencies

and government social workers, thinks we need a national database of children to help streamline the process. [ck] "I know there is a little girl in this country somewhere waiting for my home," she wrote.

One couple from Oregon, trying to adopt through a county agency, was told that it might take several years before a child is available. Their alternative, to adopt through a private agency, could cost as much as $16,000.

Another couple wondered why the government offers tax breaks for businesses and not for parents seeking to adopt. [ck]

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Interagency Task Force

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I was alternately delighted and disturbed to get letters from children who are worried about our country's problems and their own futures. "Can you stop pollution? Can you stop bad drugs?...Can you stop crime and violence, wars, too?" wrote a second grader in Kansas.

It says a great deal for our children that they care about issues larger than themselves. At the same time, it's a shame that their childhoods must be so clouded by fears and anxieties about the world around them.

Still, one letter expressed nothing but confidence and optimism about the path ahead.

Christine Wolfrum, a nine-year-old from Massachussetts wrote: "In what years do you think there will be a lady president, do you think between now and 2025? Because I want to be the president. I would like to be a role model for not just women in that time but forever on."

With any luck, Christine, a woman running for president won't seem unusual when you're ready to launch your campaign.

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xxxx

Many of you - both adults and children - wrote about your concerns about our country's incredibly high teen pregnancy rate. "I have had five people I love make this mistake. They love their children...but I see so much they're missing out on and it is not only them that suffer; the children do, too..." wrote 13-year old in Michigan.

Some of my most touching and amusing letters come from elementary school children. Judging from the topics they chose to write about from the environment to gun and street violence to smoking, our country's next generation of adults are already aware of the important issues of our day. "Can you stop pollution? Can you stop bad drugs?...Can you stop crime and violence, wars, too?" writes a second grader in Kansas.

Getting in a position to solve some of these problems ~~Leadership~~ seems to be on at least one girl's mind already. "In what years do you think there will be a lady president, do you think between now and 2025. Because I want to be the president. I would like to be a role model for not just women in that time but for ever on," writes Christine Wolfrum, age 9.

With any luck, Christine, a woman running for president won't even be an issue when you're ready to launch your bid.

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DEPARTMENT OF HEALTH & HUMAN SERVICES

ADMINISTRATION FOR CHILDREN AND FAMIL
Office of the Assistant Secretary, Suite 600
370 L'Enfant Promenade, S.W.
Washington, D.C. 20447

September 26, 1995

MEMORANDUM TO THE FIRST LADY

SUBJECT: Adoption

For thousands of children in the United States, adoption is the key to a permanent, loving family and the security necessary for healthy development. It is also a vehicle to enrich the lives of significant numbers of adults by enabling them to become parents.

By choosing adoption as the focus of one of your earliest syndicated news columns you have already heightened public interest and begun to tap the opportunity which your leadership in this area can provide. You are uniquely positioned to elevate the visibility and legitimacy of adoption, to lead the Nation toward a resolution of some of the barriers impeding adoptions, and, simultaneously, to navigate a pathway that can bring together groups that identify adoption as a goal for highly divergent reasons.

This memo lays out several key themes and tensions in the world of adoption, profiles children and families in the system, identifies pressing barriers, and reviews the policy and political context in which adoption currently operates. Also presented are preliminary ideas for your leadership role which should be guided by an unswerving focus on the welfare of children. This is a critical time to present to the American public a realistic assessment of the adoption system; a realistic understanding that adoption is good for some children and parents and not for others; and some concrete strategies for how they can make a difference. At your initiative and under your leadership, a highly visible "Campaign for Safe and Caring Families for All Children" can focus on three principal areas: 1) improving recruitment, 2) removing barriers to adoption and 3) preparing for parenting. Such a campaign can seek to balance the goals of families who want to adopt and the needs of children for whom permanent families are so important.

Themes and Tensions

Adoption is a highly emotional subject for potential adoptive parents, birth parents, waiting and adopted children, communities (especially communities of color) and professionals who

work in this field. Finding loving homes for children -- and finding children for adoption-seeking families -- involves threading through complex legal, ethical, cultural, economic, and psychological terrain.

Public aspirations for adoption are often inconsistent with reality. In thinking about adoption, people envision adults who endure years of waiting for a child to become available. They struggle to reconcile this waiting with the fact that there are so many children in foster care; so many abused and neglected; so many living in poverty; so many waiting for adoption; and so many pregnancies ending in abortion. And, they conclude that adoption could not only meet the needs of childless parents, but that it could solve the problems of poverty, foster care and abortion as well. In reality, this conclusion is not entirely consistent with what we know about poverty and parenting, with the reality of the child welfare system and with the characteristics of parents and children awaiting adoption.

Our knowledge about family life provides excellent evidence that poverty in and of itself does not lead to poor parenting, such that adoption cannot rightfully be considered a panacea for child poverty.

Further, best practice in the field tells us of the importance of promoting and preserving birth families where possible. It is also the reality that about 60% of the children in foster care will return home to their birth parents or a relative -- reflecting the principal goal of the system: to provide a temporary safe haven while parents get their lives back on track. So while there is little doubt that the foster care system is severely strained in many areas of the country, solutions lie in enhanced prevention, family support and increased resources, as well as in moving more foster children into adoptive homes.

Finally, an important, yet often neglected fact about adoption is that many of the potential parents are searching for a healthy (usually white) infant. Yet most of the children in the U.S awaiting and/or available for adoption do not fall within this category: only a small percentage of the children available for adoption from foster care are infants (4%) while 80 percent are between the ages of 5 and 12; two thirds of the children have emotional, physical or developmental needs, and about half of the children are minority.

These are some of many tensions in the arena of adoption. The challenge is to identify the full range of tensions in the system, work through where it is possible to resolve these tensions, and construct a series of steps that will make it more likely that those wanting to become adoptive families will be prepared for and will be supported in adopting the children desperately needing adoptive placements. Action in this area must be mindful of the realities of the foster care system, true to the principle of meeting the best interests of each child, and must provide as many opportunities as possible for prospective parents.

What Do We Know About Children and Families in the Adoption System?

In 1992, an estimated 127,441 children were adopted in the United States[1]. Of these children, 37% (47,012) were adopted outside the auspices of a public or private agency; 31% (39,362) were adopted by a stepparent or relative. Nineteen percent (24,336) were adoptions of children from the foster care system; and private agency adoptions accounted for 13% (16,731)[2]. It has also been estimated that 6,536 adoptions in 1992 were foreign born children adopted by U.S. families[3]. The number of foreign adoptions fluctuates as a result of immediate needs or restrictions in particular countries but remains only a small fraction of adoptions in the U.S.

Private agency and independent adoptions are most likely to involve infants and relatively affluent parents. Adoptions from the public child welfare system generally involve older children with special needs, many of minority heritage; and adopting parents in the public system are more likely to have fewer resources and come from diverse backgrounds.

There is increasing recognition that adoption is a lifelong process full of the complexities of loss, attachment and bonding in each phase of the life-cycle. It is not surprising then that not all adoptions are successful. As in other areas of adoption, national data are very limited, but studies suggest that disrupted adoptions are least likely to occur in families that adopt infants. Among adoptions of children with special needs, disrupted adoptions are more likely. It is important to note that a disrupted adoption does not necessarily mean that the child cannot be adopted, but that the match between the child and the family, or the supports necessary for the family post-adoption, were inadequate for any number of reasons. A number of federally-funded programs have had considerable success in helping States to remove barriers to adoption placements.

Children Who Wait

Most children in the foster care system return home, usually within one year. The children who wait -- those who could be adopted but are not yet -- are primarily those children whose

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[1]Consistent data across the states are not available, however in every instance we have used the best available data source. These data are from the National Conference on State Courts Adoptions Technical Assistance Project, 1994.

[2]Children placed under private adoptions are voluntarily relinquished by their parents, receive no federal resources and are domestic and international. Private adoptions generally cater to those parents seeking infants.

[3] Data are from US Immigration and Naturalization Service, 1994 and are not necessarily related to figures cited under footnote 1.

parents have been unable or unwilling to resolve the issues that precipitated placement. Of the 608,000 children who were served by the foster care system during 1990,[4] slightly more than 10% (69,000) had a goal of adoption, meaning they could not return home without jeopardizing their health, safety and development. Among them, only 20,000 were legally free and immediately available for adoption.

Most foster children awaiting adoption are considered "children with special needs." Children defined as "special needs" are older (not infants), of minority heritage[5], part of a sibling group or have physical, intellectual or emotional disabilities. The most recent data, though preliminary, suggest that the proportion of legally free children who have special needs is increasing.

Older school age children make up a large percentage of children who are legally free and awaiting adoption, with a median age of 7 years old. Thirty-six percent were between 1 and 5 years of age; 43% were between 6 and 12 years of age; and 17% were over 12 years of age. Only 4% were infants (1 year and under). Preliminary data from APWA suggest that among children who are legally free for adoption, the proportion under age five declined from 35% to 31% between 1990 and 1993.

Two-thirds of the children in the special needs category have conditions involving medical problems, developmental delays and/or behavioral/psychological problems.

Waiting children come from a range of racial and cultural backgrounds. Fifty percent of the waiting children are of minority heritage (43% are African-American, 7% Hispanic); 44% are white. The proportion of legally free children of minority background has increased since 1990.

Future Trends

The number of children entering the child welfare system is increasing. Older children and children with special needs will still represent the majority of children waiting adoption. While there is expected to be an increase in the number of young children entering into care, it most likely that a significant proportion of these children will be medically fragile infants who have been exposed to drugs or who have a positive HIV status. The Orphan Foundation has indicated that by the year 2000, 75,000 to 125,000 children and youth will be orphaned

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[4]Data are from the American Public Welfare Association. Foster care entrances: 245,000; exits: 202,000; number served: 608,000.

[5]Children of ethnic heritage are over-represented among the children in care who are seeking permanency and require special attention; therefore they are included among children with special needs.

to AIDS. While many of these children will remain with their extended families, others will need permanent families.

Who Adopts Children and Who Relinquishes Children for Adoption?

People who adopt healthy white infants in the private sector are more likely to be couples who are financially able to pay private agency fees and costs associated with travel and/or delivery. Because of the competition for these children, some families seek international and privately arranged placements to meet their needs.

Children adopted through the public child welfare system are more likely to be adopted by couples and single parents who are older, of minority status and more modest means than those adopting infants. More than 47% of these children are adopted by their foster parents. Many of these adoptive parents have raised birth children and have had experience with a range of developmental challenges. Many special needs adoptions are also supported by publicly funded adoption subsidies.

The number of women who voluntarily relinquish their children for adoption is low. In the past, relinquishment was primarily a decision made by more highly educated and economically secure women; most children relinquished are born outside marriage. But the trend is increasingly for unmarried mothers, regardless of income or race, to raise their children.

To increase the pool of children available for adoption, some have focused on making termination of parental rights easier by approaches such as reducing statutory time frames and limiting the rights of parents. Some reforms of the system are obviously called for, such as those aimed at expediting court processes. But proposals to limit parents' rights pose a number of ethical questions: Are birth parents -- some of whom are teenage girls -- being provided adequate information and counseling to provide informed consent? Are parents being pressured to give up their children so that other families can have children to adopt? Is anyone profiting from these transactions? It also suggests the need to strengthen parents' access to family support and prenatal counseling so that prospective parents can more fully explore their options.

Barriers to Adoption

The multiple barriers to adoption demonstrate the need for systemic improvements. As discussed earlier, barriers to adoption in the private market involve the lack of healthy white infants (the most sought after by potential adoptive parents). In addition, several highly publicized adoption cases involving contested adoptions or adoptions that never were finalized has instilled, in some, a fear of negotiating the emotional, let alone the arduous and costly legal course required to complete an adoption.

Some of the most significant barriers in the public child welfare system (which also can affect the private market) -- poor quality of service to birth parents; the impact of scarce resources on system efficiency; inadequate post-legal adoption services and legal support; and transracial adoption and deficiencies in the recruitment of adoptive parents -- are highlighted below.

Services to Parents of Children in Placement

Unfortunately, many parents are unable to resolve the issues which necessitated the placement of their children in foster care. However, termination of parental rights is often delayed, because parents receive poor quality services during the foster care placement period. When a child is removed from the home due to abuse or neglect, it is the State child welfare agency's responsibility to try to reunite the family while maintaining the safety of the child and other family members as a paramount concern. If adequate services are not available to the parent (e.g., substance abuse counseling and treatment) the agency's ability to work with that parent and ultimately its determination regarding reunification or adoption can be compromised, further delaying the identification of children for whom adoption is appropriate. Tensions between public agencies and the courts, including inadequate preparation of cases for court and the failure of courts to complete promptly the process of legal termination of parental rights, further adds to the delay. These difficulties are due in part to a lack of sufficient staff resources to handle the increasing volume of children in care as well as the increasingly complex needs of the children. To address this barrier, HHS has supported demonstration models on the termination of parental rights and documented them in a recent volume entitled, "Children Can't Wait: Reducing Delays for Children in Foster Care." Continued efforts to improve services and decision-making in this system are essential.

Scarce Resources and Crisis Focus

Adoption cases often lose out in the competition for scarce resources within the public child welfare system. Administrators and the courts tend to give higher priority to the rising number of urgent child protection cases over adoption. Children in placement are seen as at least being safe, even if they are not in permanent homes. Other difficulties include inadequate staff training in family preservation, case planning, decision making and court processes.

Post-Adoption Services

Another barrier is the inadequacy or absence of post-legal[6] adoption services needed to support the adoptive placement. Agencies have been successful in placing children who have serious medical problems and on-going social service needs. But the absence of support services in many states to assist families after an adoption can cause great hardship for the children and parents, and sometimes results in the dissolution of adoptions.

Recognizing the importance of post-legal adoption services for adoptive families, Congress appropriated additional funding for demonstration projects in 1989. In the past five years, 90 federally supported efforts have developed and in some instances nationally disseminated post-legal adoption service models. More work needs to be done to help states institutionalize post-legal adoption services.

Transracial Adoption and Deficiencies in the Recruitment of Adoptive Parents

There is evidence that adoptive placements have been delayed or denied as agencies have made a priority of seeking families with backgrounds similar to the children needing permanent homes. This approach emerged from a strongly-held view -- backed by experience and evidence -- that adoption in and of itself is a very difficult process and that stress may be reduced significantly by narrowing the differences between the child and the family.

The enactment of the Multiethnic Placement Act in 1994 (see below for more detail) was spurred by this situation. During the law's development and since its enactment, MEPA has become a flashpoint for differing opinions about the role of race in adoption policy and practice. The Department's guidance for implementation of MEPA requires, according to the law, that only under very limited circumstances, and only in the context of individualized decisionmaking, can states consider race as one of a number of factors (and never the single determining factor) in foster and adoption placement decisions. On the other hand, some have felt that race should never be an allowable consideration, and have proposed the replacement of the current law with a more prohibitive one. In some respects, the debate over this aspect of MEPA has obscured the fact that the principal barrier to adoptions in this country may not just be race-based decisionmaking by agencies, but the lack of families interested in adopting the great majority of special needs children needing permanent homes.

A lack of consistent outreach and recruitment activities, poor recruitment techniques, and inadequate placement resources for minority children are continuing problems in the child

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[6] "Post-legal refers to the period after an adoption has been legalized by the action of a court.

welfare system. It is estimated that half of the 69,000 children in foster care who have a case plan goal of adoption are minority children. Yet, communities of color have remained largely unaware of the scope and severity of the need because of sporadic recruitment. As a result, many parents who may be good candidates are not asked or helped to consider their ability to parent a special needs child.

Communities of color have a longstanding, intense skepticism about adoption practices. Most adoption services prior to the 1960s were developed by private, sectarian institutions designed primarily to serve their own constituencies. Given the fairly recent inclusion of communities of color in adoption services, the focus on transracial adoption communicates a perception that these communities cannot take care of their own children. At the same time, however, many recognized the need to weigh the extra adjustments of coping with an interracial adoption against the developmental and other losses which result from a child's lengthy waiting time in foster care. It is essential to marry heightened attention to and efforts to make transracial adoptions more possible with assuring continued access to adoption services by families of color.

In 1989, prior to MEPA, Congress expanded the Adoption Opportunities program to support new strategies for recruiting minority families. Over 2,400 placements for minority children from 1991 through 1993 have been generated as a result. Among the most successful -- and replicated -- models are: Homes for Black Children; One Church, One Child in Black and Hispanic communities; One Corporation, One Kid; and Friends of Black Children. The experience of agencies specializing in the placement of minority children shows clearly that families of color adopt in significant numbers when recruitment is adequate and barriers are removed.

Adoption in the Current Policy and Political Context

Federal Role

While states establish law and policy that govern adoption practice, in 1980, as a significant spur to reform the child welfare system, Congress enacted the Adoption Assistance and Child Welfare Act (P.L. 96-272). In addition to providing incentives for timely and appropriate decision making and permanency for foster children, the law established federal subsidies to promote the adoption of hard-to-adopt children in foster care who are unable to return to their birth family. As a result, under Title IV-E of the Social Security Act, the Federal government provides a one time payment for the non-recurring cost of adoption of a special needs child from the foster care system, and guarantees a monthly subsidy to these adoptive families to assist with the additional costs of caring for a child with special needs. Title IV-E also provides States funding to assist with the administrative costs of child placement, i.e. for the recruitment and development of adoptive families.

Legislation to provide additional help through the tax system for some adoptive parents is currently pending in Congress. An "adoption tax credit" would provide a one-time, $5,000, non-refundable credit to help cover up-front adoption expenses such as legal fees and home studies. The adoption tax credit is a provision in the Senate-passed welfare reform bill and was also passed by the House in HR1215, the Family Reinforcement Act.
Federal funds are also available through the discretionary Adoption Opportunities program ($13 million in FY '95; both the House and Senate propose slight cuts for this program in FY '96) which supports nationally significant and innovative practices to facilitate special needs adoption. In addition to the recruitment initiatives noted above, the federally supported National Adoption Exchange links prospective adoptive families and waiting children, and the Interstate Compact for Adoption and Medical Assistance enables placements across the country. The Court Improvement Program, established by law in FY 1994, is designed to improve judicial decision making in child welfare including a focus on termination of parental rights.

Multi-Ethnic Placement Act

In October 1994, President Clinton signed into law the most recent initiative to address barriers to adoption: the Multi-Ethnic Placement Act (P.L. 103-382, Part E). MEPA is designed to increase the number of children who are adopted by preventing discrimination in the placement of children on the basis of race, color or national origin and facilitating the diligent recruitment of foster and adoptive parents. The key provisions of MEPA:

1) prohibit states or public and private foster care and adoption agencies that receive federal funds from delaying or denying the placement of any child solely on the basis of race, color or national origin of the child or prospective foster or adoptive parent (Sec 553(a)(1));

2) permit an agency to consider both a child's cultural, racial and ethnic background and the capacity of the foster or adoptive parents to meet the needs of a child of a specific background, as one of a number of factors used in determining whether a placement is in the child's best interests. This factor must, however, be applied on an individualized basis, not by general rules (Sec 553(a)(2)); and

3) require agencies to provide for the diligent recruitment of potential foster and adoptive families that reflect the ethnic and racial diversity of children in the state for whom foster and adoptive homes are needed (Sec 554).

HHS has worked closely with states to assist them in achieving timely compliance with MEPA compliance. As a result, all but three (which need statutory changes enacted by their state legislatures) will be in compliance by the October 21, 1994 deadline established in the law. The next and perhaps more critical phase is to ensure that practice (recruitment of families, training for caseworkers, etc.) follows policy and results in increased adoptions.

Welfare Reform and Child Protection

The Senate's welfare reform legislation maintains the guarantee of federal assistance for abused and neglected children who need foster care, and for children needing adoption. The House-passed welfare reform measure includes a Child Protection Block Grant which repeals and rolls into lump-sum grants to the states a range of key programs affecting abused and neglected, foster and adopted children.

The House proposal would reduce funding available to the states by 10% and place special needs children at increased risk of longer waits for adoption by eliminating the incentives for special needs adoptions as well as the guarantee of assistance to states and adoptive parents. The proposal eliminates specific federal funds for the recruitment and training of new adoptive families as well as resources which have been targeted to meet the ongoing special needs of adoptive parents and the post-adoption services that help special needs adoptions succeed. Adoption subsidies would no longer be an entitlement to the child. While States would be required to honor existing subsidy agreements with adoptive parents, future support to adopted children with special needs could end, slowing new adoptions and leaving more children in foster care limbo. Finally, by funneling all the resources directly to the states, the block grant would end national innovation in adoption. Children would no longer benefit from federally funded innovative state and local programs or national resources such as the National Adoption Exchange and the National Adoption Clearinghouse which provides information about adoption to the public.

Commission on Child and Family Welfare

In October 1992, Congress created a Commission on Child and Family Welfare. Following the completion of Presidential and Congressional appointments, in January 1994 the Commission convened and selected child custody and visitation as the focus of its efforts. While the Commission's forthcoming recommendations (expected November, 1995) will not focus specifically on adoption, they are likely to bear on the handling of termination of parental rights and adoptions by family courts, and how communities support and interact with families seeking to adopt.

Opportunities for Improving Adoption Outcomes: A Leadership Campaign

There are a number of challenges and opportunities for you related to adoption. What follows is a preliminary set of ideas that would best be fleshed out through a series of meetings with experts and representatives of different constituencies. Meetings of this sort can serve the dual functions of better developing the strategies and demonstrating your interest and intention to lead on this issue.

These meetings could culminate in your launching a sustained, multifaceted campaign under the banner: "Safe and Caring Families for All Children." A primary element of this campaign -- guided by the principle that every child's well-being is paramount -- would be to present to the public a realistic portrait of who the children are who need families, how the adoption system works, and how to generate more loving permanent homes for children.

Through the use of media, White House events, site visits with adoptive families, foster children, placement agencies, teen pregnancy prevention and parenting programs, among others, you can promote, celebrate and legitimize adoption, reduce its stigma, value all families, shine a light on waiting children, and support the dedicated work of professionals who work with birth parents, adoptive parents and adoptees. National and local voluntary and service organizations, religious and professional associations, corporate and small businesses as well as the nonprofit sector offer potential arenas for high leverage change-focused activities. Communities of every income, race, and geography could be connected into such a campaign.

To extend your reach and build bridges across the diverse and sometimes divergent constituencies interested in adoption, you could establish and chair a "Network of Champions for Adoptable Children." This network would include a broad-based leadership cadre from across the country, and represent diverse sectors and communities, to promote permanency for waiting children.

Activities of the Campaign and the Network can be focused on three primary areas: recruitment, removing barriers to adoption, and preparing for parenting.

(1) **RECRUITMENT** -- Initiatives to increase public knowledge of and interest in adopting special needs children who wait in the public child welfare system. Examples include campaigns to develop new families; partnerships with the legal and professional communities to support adoption; and participation in and expansion of regular efforts by TV and other media efforts to profile waiting children.

(2) **ADDRESSING BARRIERS IN THE ADOPTION SYSTEM** -- Initiatives to focus greater attention and training on the people who have responsibility for decisionmaking with birth parents about ways to resolve their difficulties or take the very significant step of terminating parental rights. These are often the least experienced workers in the public child welfare system.

(3) **PREPARING FOR PARENTING** -- Initiatives to expand opportunities for pregnant women and prospective parents to evaluate their readiness for parenting and decision making through counseling and family support services. This focus especially has the potential to reach pregnant teenagers and young parents.

Any campaign of this sort will need to be informed by and sensitive to one of the major challenges of the decade: creating in this society a greater understanding of the role of race in community life. Adoption is one arena in which the racial chasm is quite wide and in which race is a little-discussed yet major force. Part of the challenge in achieving placement for these children is understanding the dynamics of race, depolarizing it and shaping it in new ways that can build bridges. The two tiered adoption market is shaped by race and neither the private and informal market nor the public child welfare market is exempt from needing to overcome its stereotypes in order to achieve an openness to promoting adoptions which are in the best interests of children and families.

These proposals are designed to be thought-provoking and stimulate further dialogue and development. I and my HHS and Administration for Children and Families' colleagues would be pleased to assist you in this important effort.

Ann Rosewater
Deputy Assistant Secretary for Children and Families
Department of Health and Human Services

IMPROVING ADOPTION OUTCOMES FOR WAITING CHILDREN

I. INTRODUCTION

Many children who need adoptive homes, mostly healthy infants, are placed through private adoptions. Thousands of others, special needs children, are the particular responsibility of the States and the federal government. A child is considered to have special needs if they have physical or emotional disabilities, developmental delays; are of minority heritage; or are part of a sibling group that should be kept together. Children in the public child welfare system are there, by and large, because of child abuse or neglect, or other serious examples of family breakdown. These are the children awaiting adoption in the foster care system, children facing barriers to placement in permanent adoptive families.

II. WHO ARE THE WAITING CHILDREN?

The Department's focus on adoption is on the 69,000 children in the foster care system for whom the goal is adoption, of which two-thirds are identified as children with special needs. Most of them have been in foster care at least one year.

National adoption data taken from the recent publication "Characteristics of Children In Substitute and Adoptive Care" provide a good picture of the children waiting for adoptive homes:

- 44% are white; 43% are African-American; and 7% are Hispanic;
- 36% are 1 - 5 years of age; 43% are 6 - 12 years of age; 17% are over 12 years old -- only 4% are infants; aand
- 46% have been waiting more than two years for an adoptive home.

There are an estimated 20,000 children legally free for adoption and waiting for permanent homes.

III. BARRIERS TO ADOPTIVE PLACEMENT AND ADOPTIVE FAMILY SUPPORT

There are many areas in which barriers to adoption remain, and improvements must be made. This is despite the fact that a number of federally funded programs have had considerable success in helping States to remove barriers to adoption placements, and in bringing the special needs adoption success rate to around 87%. Some of the most significant barriers -- delays in the system, decline in the quality of service to parents (during foster care placement); inadequate post-legal adoption services; and deficiencies in the recruitment of adoptive parents -- are highlighted below.

The first barrier in providing permanence for children is the inability to terminate parental rights due to the poor quality of service(s) the parent(s) receives during the foster care placement. When a child is initially removed from his/her home for reasons of abuse or neglect, it is the state child welfare agency's responsibility to try to reunite the family. If adequate services are not available to the parent (i.e. substance abuse counseling and treatment) the agency's determination regarding reunification or adoption can be compromised, further delaying the identification of children for whom adoption is appropriate. The inability of social service personnel to work effectively with court officials; inadequate preparation of cases for court; and the failure of courts to complete the process of legal termination of parental rights promptly further adds to the delay. These difficulties are due in part to a lack of sufficient staff resources to handle the increasing volume of children in care.

To address this barrier, the Department has provided funds for demonstration models on the termination of parental rights. A book entitled, "Children Can't Wait: Reducing Delays for Children in Foster Care" was recently published. It includes the work of four grantees which developed models for termination of parental rights. " Children Can't Wait " discusses issues, problems and barriers that delay permanency for children. It also provides techniques, practices and procedures (based on the successful experiences of the demonstration projects) designed to enhance and enrich the delivery of services and accelerate permanency for waiting children and families.

Moreover, adoption cases often loses out in the competition for scarce resources. Administrators and the courts tend to give higher priority to the rising number of urgent child protection cases over adoption. Children in pre-adoptive placements are seen as at least being safe, even if they are not in permanent placements. Other difficulties include inadequate staff training in family preservation, case planning, decision making and court processes.

Another barrier is the inadequacy or absence of post-legal adoption services needed to sustain the adoptive placement. ("Post-legal" refers to the period after an adoption has been "legalized" by the action of a court). Agencies have been successful in placing children who have serious medical problems and on-going social service needs. But the absence of services in many States to assist these families and children can cause great hardship for the children and parents, sometimes resulting in the dissolution of adoptions.

Recognizing the importance of post-legal adoption services for adoptive families, Congress appropriated additional funding for demonstration projects in 1989. The Department has funded over 90 programs in the last five years to develop post-legal adoption service models, some of which have been disseminated nationwide. From FY 1991-1993 we funded five grants to provide respite care services (a component of post-legal services) to families who adopt children with special needs. These projects have developed services such as: financial support for families to obtain respite services in their homes for short periods of time and on weekends; recruitment and training of respite caregivers; supportive services such as tutorial and recreational activities outside the home; sponsorship of camp programs and other specialized events for the children and their families. All of the respite care projects have

been continued after Federal funding ended. Because of the great need for respite services to support adoption, we funded eight more grants in FY 1994. More work needs to be done to help States institutionalize post-legal adoption services.

4 Lastly is the general lack of recruitment activities and poor recruitment techniques, as well as the inadequacy of placement resources for minority children who continue to be disproportionately represented in the foster care system. It is estimated that half of the 69,000 children in foster care who have a case plan goal of adoption are minority children. Communities of color have remained largely unaware of the scope and severity of the need.

To increase placements for these children, Congress appropriated additional funding in 1989 for the Adoption Opportunities program to support demonstration grants for the recruitment of more minority families. Since the funding increased, approximately 85 grants have been funded to focus on the adoption of minority children. These programs are located throughout the country and have resulted in over 2,400 placements for minority children from 1991 through 1993. The experience of agencies specializing in the placement of minority children shows clearly that families of color adopt in significant numbers when recruitment is adequate and barriers are removed.

Several successful models for the recruitment of families for minority children have been developed and replicated across the country. These include such models as: Homes for Black Children; One Church, One Child; One Corporation, One Kid; and Friends of Black Children.

The experience of the Adoption Opportunities demonstration grants affirms the assertion of many of the professionals working in this field: no child is unadoptable.

IV. CHILDREN'S BUREAU ADOPTION PROGRAMS

The Department currently administers two major programs that have considerable power to improve outcomes for special needs children who need adoptive homes.

o Adoption Assistance (Title IV-E) is an entitlement program which provides funds to States for: adoption subsidies to parents who adopt eligible special needs children; administrative costs; staff training; and for certain non-recurring costs of adoption. Title IV-E provides:

- Federal financial participation (at the Medicaid Match Rate) for subsidies paid by States to adoptive parents, to help cover the extra maintenance costs associated with the adoption of a special needs child;

- Matching funds at a 50% federal share to States for administrative costs associated with the management of the federally-authorized adoption assistance program;

- Matching funds at 75% for training of staff of the State agency or a private

non-profit agency or Tribe with which the state has an agreement;

- Matching funds at 75% for training of adoptive parents; and

- Matching funds at 50% for the costs of certain non-recurring costs of adopting a special needs child, such as fees for a home study, necessary travel expenses, etc.

Claims under the title IV-E Adoption Assistance program in fiscal year 1994 amounted to $247,787,000 for adoption subsidies for 91,880 special needs children. Claims for other provisions of the Adoption Assistance program amounted to $96,714,000 for the year, bringing the total to $344,501,000.

o Adoption Opportunities (Title II of the Child Abuse Prevention and Treatment Act) of 1978, as amended. The purposes of the Act are to eliminate barriers to adoption and to find permanent families for children who would benefit from adoption, particularly children in the child welfare system. The legislation mandates:

- The development of a national adoption information exchange system, which helps to match children waiting to be adopted with families waiting to adopt.

- The development and implementation of an adoption training and technical assistance program.

- Increasing the placement of minority children waiting in the foster care system, with an emphasis on the recruitment of minority families.

- Providing post legal adoption services for families who have adopted children with special needs.

The Adoption Opportunities program's services focus on children with special needs who are in the child welfare system and are available for adoption, potential adoptive families, and adopted children and their families.

Funds are appropriated annually for this program. The funding level for FY 1995 is $13,007,000. This program has allowed the Federal Government to exercise a leadership role with the States in facilitating the adoption of children with special needs. Among the initiatives supported by the program are:

- Grants to public and private agencies focusing on the development of successful models for the recruitment of families, especially for minority children, the provision of post-legal adoption services, support for parent groups, and the development of training curricula.

- The development of the first national database on children in out-of-home care.

- National and regional leadership conferences that build the capacity of public and private agencies to facilitate the adoption of minority and special needs children.

- Funding of the National Adoption Exchange, the Adoption Clearinghouse, the National Resource Center for Special Needs Adoption and support for the Interstate Compact on Adoption and Medical Assistance.

In addition, the Social Security Act (Sec. 479) authorizes the operation of a national adoption and foster care data gathering and analysis system.

V. CONCLUSION

A permanent home is the absolute highest priority for any child and an adoptive home is very often the best permanent placement for children who cannot be reunited with their families. For children in foster care, adoptive homes provide a better outcome for the children and a less costly result for the child welfare system. There are families willing to adopt children with special needs. This is demonstrated every day by the adoptions made by agencies that focus on the waiting children, and have ongoing recruitment and placement programs to attract or find families for their clients -- the children. There is a continuing need for the federal government to highlight the obstacles to adoption faced by special needs children, and assist States to remove them. Supporting programs aimed at recruiting parents for all waiting children, especially children of color; encouraging replication of successful recruitment models; and providing support to maintain children in their new homes after the adoption has been consummated are ways the Federal government improves adoption outcomes for waiting children.

ADOPTION
Fact Sheet

How does the adoption system work?

▸ Under state and federal laws, before exploring adoption possibilities, state child welfare agencies are required to try to reunite children with their parents when a child's safety can be assured. States are required to make a determination regarding reunification or adoption within one year.

▸ Between 50 and 70% of all children initially placed in foster care eventually are returned to their parents.

▸ When reunification is not possible, state and federal laws require efforts to find a permanent home for a child, preferably through adoption. All state laws require that, before an adoption can take place, the legal rights of the biological parents be severed through a state court proceeding.

Who are the children who need adoptive homes?

▸ One group consists of children, primarily infants, whose parents voluntarily relinquish them for adoption; little is known about these children or the nature of their adoptive placements because their parents generally deal with private adoption agencies or make private placements with adoptive families.

▸ A second group of children are those who have been placed in foster care based on court determination that they were abused or neglected, and for whom reunification efforts have been unsuccessful.

▸ In December 1990, there were approximately 69,000 foster children in the country for whom state agencies had determined that adoption was the appropriate goal. Approximately 20,000 of these children were legally free to be adopted (their parents' legal rights to ever regain custody had been terminated) and were waiting to be adopted.

▸ Forty-four percent of the children awaiting adoption were white, 43% African American, 7% Hispanic. Only four percent of these children were under age 1; 36% were between the ages of 1 and 5; 43% were 6-12 years of age; and 17% were over the age of 12. The median age was 7.4 years.

▸ Two out of three waiting children have special needs: medical, developmental, behavioral or psychological.

How long do children wait for adoption?

▸ Of the children awaiting adoption at the end of 1990, approximately 46% had already waited two years.

▸ It takes substantially longer to find homes for minority children. Older children and sibling groups irrespective of race also have longer waits.

▸ Many children are never adopted, even though their biological parents' parental rights have been terminated.

Why does it take so long and why do so many children go unadopted?

▸ Finding adoptive homes for older children and those with emotional or physical problems requires aggressive action by agencies, and most of the children waiting for adoption fall into these categories.

▸ In 1990, 43% of the children waiting for adoption were 6 to 12 years old; only 4% were infants. Two out of three children -- a doubling since 1982 -- had some special need: they were disabled, older, had siblings, or were minority.

▸ Lengthy processes to terminate parental rights, lack of financial resources for adoption, excessive caseloads and difficulty in recruiting foster and adoptive families contribute to the slow adoption of many of these children.

▸ There is some evidence that the adoption of minority children is being slowed because some foster care and adoption agencies are unwilling or reluctant to place these children with non-minority families. Some state agencies have followed explicit or implicit policies that make race or ethnicity the primary consideration in placement thus reducing the pool of available families.

What is the Clinton Administration doing to increase adoptions?

▸ The Administration is ensuring that states make full and effective use of the Adoption Assistance program, which provides critical economic support to families who adopt special needs children, since they may have large medical and other expenses. Under the Clinton Administration, the number of children for whom adoption subsidies are provided has increased by about 30%.

▸ Grants have been provided to public and private agencies to develop successful models for recruiting families, provision of post-legal adoption services, support for parent groups, and the development of training curricula.

▸ The Administration has conducted national and regional leadership conferences to build the capacity of public and private agencies to facilitate the adoption of minority and special needs children.

▸ The Administration provides support for the National Adoption Exchange, the Adoption Clearinghouse, the National Resource Center for Special Needs Adoption, and the Interstate Compact on Adoption and Medical Assistance.

▸ The Administration is committed to fully enforcing the Multiethnic Placement Act, whose non-discrimination and recruitment provisions should increase the number of children who are adopted.

▸ The Clinton Administration has expressed strong concerns about "welfare reform" proposals that would jeopardize these programs and eliminate the guarantee of federal funds to help support adoptions.

▸ November is National Adoption month. The Administration is providing national leadership in showcasing America's waiting children and the need for stable, permanent, nurturing families.

▸ Under the Clinton Administration, the Children's Bureau is developing a National Strategic Plan for Adoption with the input from States, national organizations, adoptive parents, foundations and adopted children.

THE WHITE HOUSE

WASHINGTON

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Executive Order and Charter for the Presidential Committee on Gulf War Veterans' Illnesses. If you need anything else, please let me know.

Vicki

THE WHITE HOUSE

Office of the Press Secretary

For Immediate Release May 26, 1995

EXECUTIVE ORDER

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PRESIDENTIAL ADVISORY COMMITTEE ON GULF WAR VETERANS' ILLNESSES

By the authority vested in me as President by the Constitution and the laws of the United States of America, it is hereby ordered as follows:

Section 1. Establishment. (a) There is hereby established the Presidential Advisory Committee on Gulf War Veterans' Illnesses (the "Committee"). The Committee shall be composed of not more than 12 members to be appointed by the President. The members of the Committee shall have expertise relevant to the functions of the Committee and shall not be full-time officials or employees of the executive branch of the Federal Government. The Committee shall be subject to the Federal Advisory Committee Act, as amended, 5 U.S.C. App. 2.

(b) The President shall designate a Chairperson from among the members of the Committee.

Sec. 2. Functions. (a) The Committee shall report to the President through the Secretary of Defense, the Secretary of Veterans Affairs, and the Secretary of Health and Human Services.

(b) The Committee shall provide advice and recommendations based on its review of the following matters:

(1) Research: epidemiological, clinical, and other research concerning Gulf War veterans' illnesses.

(2) Coordinating Efforts: the activities of the Persian Gulf Veterans Coordinating Board, including the Research Coordinating Council, the Clinical Working Group, and the Disability and Compensation Working Group.

(3) Medical Treatment: medical examinations and treatment in connection with Gulf War veterans' illnesses, including the Comprehensive Clinical Evaluation Program and the Persian Gulf Registry Medical Examination Program.

(4) Outreach: government-sponsored outreach efforts such as hotlines and newsletters related to Gulf War veterans' illnesses.

(5) External Reviews: the steps taken to implement recommendations in external reviews by the Institute of Medicine's Committee to Review the Health Consequences of Service During the Persian Gulf War, the Defense Science Board Task Force on Persian Gulf War Health Effects, the National Institutes of Health Technology Assessment Workshop on the Persian Gulf Experience and Health, the Persian Gulf Expert Scientific Committee, and other bodies.

more

(OVER)

(6) Risk Factors: the possible risks associated with service in the Persian Gulf Conflict in general and, specifically, with prophylactic drugs and vaccines, infectious diseases, environmental chemicals, radiation and toxic substances, smoke from oil well fires, depleted uranium, physical and psychological stress, and other factors applicable to the Persian Gulf Conflict.

(7) Chemical and Biological Weapons: information related to reports of the possible detection of chemical or biological weapons during the Persian Gulf Conflict.

(c) It shall not be a function of the Committee to conduct scientific research. The Committee shall review information and provide advice and recommendations on the activities undertaken related to the matters described in (b) above.

(d) It shall not be a function of the Committee to provide advice or recommendations on any legal liability of the Federal Government for any claims or potential claims against the Federal Government.

(e) As used herein, "Gulf War Veterans' Illnesses" means the symptoms and illnesses reported by United States uniformed services personnel who served in the Persian Gulf Conflict.

(f) The Committee shall submit an interim report within 6 months of the first meeting of the Committee and a final report by December 31, 1996, unless otherwise provided by the President.

Sec. 3. Administration. (a) The heads of executive departments and agencies shall, to the extent permitted by law, provide the Committee with such information as it may require for purposes of carrying out its functions.

(b) Members of the Committee shall be compensated in accordance with Federal law. Committee members may be allowed travel expenses, including per diem in lieu of subsistence, to the extent permitted by law for persons serving intermittently in the Government service (5 U.S.C. 5701-5707).

(c) To the extent permitted by law, and subject to the availability of appropriations, the Department of Defense shall provide the Committee with such funds as may be necessary for the performance of its functions.

Sec. 4. General Provisions. (a) Notwithstanding the provisions of any other Executive order, the functions of the President under the Federal Advisory Committee Act that are applicable to the Committee, except that of reporting annually to the Congress, shall be performed by the Secretary of Defense, in accordance with the guidelines and procedures established by the Administrator of General Services.

(b) The Committee shall terminate 30 days after submitting its final report.

(c) This order is intended only to improve the internal management of the executive branch and it is not intended to create any right, benefit or trust responsibility, substantive or procedural, enforceable at law or equity by a party against the United States, its agencies, its officers, or any person.

WILLIAM J. CLINTON

THE WHITE HOUSE,
May 26, 1995.

# # #

CHARTER OF THE PRESIDENTIAL ADVISORY COMMITTEE ON GULF WAR VETERANS' ILLNESSES

A. COMMITTEE'S OFFICIAL DESIGNATION: Presidential Advisory Committee on Gulf War Veterans' Illnesses ("Committee").

B. AUTHORITY: Executive Order No. 12961.

C. OBJECTIVES, SCOPE OF ACTIVITIES, AND DESCRIPTION OF DUTIES FOR WHICH THE COMMITTEE IS RESPONSIBLE: The duties of the Committee are solely advisory. The Committee shall provide to the President, through the Secretary of Defense, the Secretary of Veterans Affairs, and the Secretary of Health and Human Services, advice and recommendations based on its review of the following matters:

1. Research: epidemiological, clinical and other research concerning Gulf War veterans' illnesses.

2. Coordinating efforts: the activities of the Persian Gulf Veterans Coordinating Board, including the Research Coordinating Council, the Clinical Working Group, and the Disability and Compensation Working Group.

3. Medical treatment: medical examinations and treatment in connection with Gulf War veterans' illnesses, including the Comprehensive Clinical Evaluation Program and the Persian Gulf Registry Medical Examination Program.

4. Outreach: government-sponsored outreach efforts such as hotlines and newsletters relating to Gulf War veterans' illnesses.

5. External reviews: the steps taken to implement recommendations in external reviews by the Institute of Medicine's Committee to Review the Health Consequences of Service During the Persian Gulf War, the Defense Science Board Task Force on Persian Gulf War Health Effects, the National Institutes of Health Technology Assessment Workshop on the Persian Gulf Experience and Health, the Persian Gulf Expert Scientific Committee, and other bodies.

6. Risk factors: the possible risks associated with service in the Persian Gulf Conflict in general and, specifically, with prophylactic drugs and vaccines, infectious diseases, environmental chemicals, radiation and toxic substances, smoke from oil well fires, depleted uranium, physical and psychological stress, and other factors applicable to the Persian Gulf Conflict.

7. Chemical and Biological Weapons: information related to reports of the possible detection of chemical or biological weapons during the Persian Gulf Conflict.

It shall not be a function of the Committee to conduct independent scientific research. The Committee shall review information and provide advice and recommendations on the activities undertaken related to the matters described above. It shall not be a function of the Committee to provide advice or recommendations on any legal liability of the Federal Government for any claims or potential claims against the Federal Government. As used herein, "Gulf War Veterans' Illnesses" means the symptoms and illnesses reported by United States uniformed services personnel who served in the Persian Gulf Conflict.

D. OFFICIAL TO WHOM THE COMMITTEE REPORTS: The Committee shall report to the President through the Secretary of Defense, Secretary of Veterans Affairs and Secretary of Health and Human Services. The Committee shall submit an interim report within six months of the first meeting of the Committee and a final report by December 31, 1996, unless otherwise provided by the President.

E. DURATION AND TERMINATION DATE: The Committee shall terminate thirty days after submitting its final report.

F. AGENCY RESPONSIBLE FOR PROVIDING NECESSARY SUPPORT: Financial and administrative support shall be provided by the Department of Defense.

G. MEMBERSHIP: The President shall appoint up to a maximum of twelve (12) members. Committee members shall have expertise relevant to the functions of the Committee and shall not be full-time officials or employees of the executive branch of the Federal Government. Committee members shall be compensated in

accordance with federal law. Committee members may be allowed travel expenses, including per diem in lieu of subsistence, to the extent permitted by law for persons serving intermittently in the government service (5 U.S.C. 5701-5707).

H. ESTIMATED ANNUAL OPERATING COSTS AND STAFF SUPPORT YEARS: It is estimated that the total annual costs of operations will not exceed $3.5 million. Full time equivalent staff support years are expected to be approximately 30 years of effort.

I. NUMBER OF MEETINGS: The Committee shall meet as it deems necessary to complete its functions.

J. SUBCOMMITTEE(S): To facilitate functioning of the Committee, subcommittee(s) may be formed. The objectives of the subcommittee(s) are to provide advice and recommendations to the Committee with respect to matters related to the duties of the Committee. Subcommittees shall meet as the Committee deems appropriate.

K. CHAIRPERSON: The President shall designate a Chairperson from among the members of the Committee.

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To: Lissa Muscatine
From: June Shih
Re: Nominees for Letters column.

I. Mrs. Clinton got the biggest response on her adoption column. Most wrote to share adoption red tape horror stories, "sticker shock" at the cost of adoptions, and for advice on how to be active in the movement to make the process easier. This is a good opportunity to update on what she's been able to do about the topic since the column and also maybe direct the writers to some committees, organizations active on this issue. Also, does Mrs. Clinton want to address a letter accusing her of neglecting to sympathize with/ ignoring the needs of birth mothers in her column?

II. There were several breast cancer letters, including a letter from an Arlington woman who went and got a mammogram after Mrs. C launched the Mamagram campaign and found two malignancies. She thanks Mrs. C for saving her life. What do you think? too self-congratulatory? Too soon after mammogram column?

III. Two letters ask for Mrs. C. to spell out her thoughts on affirmative action? Does she want to comment? Could spend whole column on this?

IV. Another asks for her thoughts on O.J. Simpson verdict. Does she want to weigh in on debate?

V. One woman suggests HRC host a U.S. conference on US women. Despite her xenophobic motives, the woman proposes an interesting idea....

VI.
There were so many good letters from children -- would it be too corny/cute/lame to start and end with a letter from a child, one serious, the other funny? In fact, she could also spend the whole column answering children's letters - so many of them are very moving.

Serious kids letters: Children wrote to Mrs. Clinton asking her to solve a variety of social problems-- teen pregnancy, guns and violence, and environmental pollution. Mrs. Clinton can remark on and laud these students for their serious concern for so many issues, express her own dismay, urge them to keep writing, especially to their local politicians and newspaper editorial pages, and then choose to address one letter in particular:

Some of the most moving letters:

"I'm 13. I go to Our Lady of La Sallette School in Berkeley Mich...My concern is teenage pregnancy. I am not a teenager who has had sex or even thought of getting pregnant before marriage. Yet I have had five people I love make this

mistake. They love their children and I love these people but I see so much they're missing out on and It is not only them that suffer the children do too. I'm not saying you and the president can stop every teen from going out and getting pregnant but I think in maybe four or five states a month you and the president might encourage counseling sessions mandatory to attend about safe sex."

Several adults wrote about teenage pregnancy, too. So, it seems to be on the minds on a great deal of her readers.....

Another 17 year old from West Viriginia wrote Mrs. Clinton asking for advice on taking on a principal who has stopped offering home visits by schoolteachers to new teenage moms, thus forcing them out of school. *This also could be column in itself. The program is called "homebound."*

"I have no child, but I do know what it is like to be the child of a mother who had to quit. I know what ts is like to juggle with the welfare and though are not in poverty, we are nowhere close to being rich, we barely make it. I have seem my mother turned down from many jobs because she lacks a diploma. I want to keep my friends and family from getting themselves in this situation."

A Michigan 8th grader whose neighbor was murdered with a hammer: "Is there any way I can help stop this violence...Please write back with some suggestions. People see and hear about this violence and they want to protect themselves so they buy guns.¶ I wish I could talk to those people. i wish i had more power like you. I could make public speeches about violence. But since my voice can't be heard maybe yours can. I'm tired of living in fear.'

From a second grader: "I think there should be no more drugs. I don't want \any more guns and no more pollution. Thanks."

Funny letters: This one is perhaps the cutest letter: Dear Mrs. Clinton: Can you change the law so that kids can drive, but make littler cars, driver's licenses, and keys? Oh! and raise our allowances. Does your daughter have a guard go to school with her? Sincerely, Annie.

Several children asked how many rooms there are in the white house, what does socks eat, etc. One girl sent a portrait of Mrs. C. that looks very like her. Can we reprint? "How is it in the White House with Bill Clinton? How does it feel being the wife of a president? Just wanted to know."

from a nine-year old in Massachusetts: "In what years do you think there will be a lady president, do you think between now and 2025. Because I want to be president. I would like to be a role model for not just women in that time but for ever on."
from the Marshall Islands: "what is the most important lesson in life?"

My home number is 703-370-2196.

draft #1

FIRST LADY HILLARY RODHAM CLINTON
COLUMN #14 -- FOR OCTOBER 29, 1995
CREATORS SYNDICATE

When I first began writing this column more than three months ago, I planned to use this space occasionally to respond to the many people who write me.

I have received more heartwarming and thought-provoking letters than I can count. I've heard from a class of second- and third-graders in Kansas who are concerned about pollution, a man from Illinois who is campaigning against tobacco use, and a retiree in Florida worried about the high cost of health care. A woman from North Carolina wanted to know who pays for my haircuts and clothes (I do) and a 10-year-old in Minnesota who asked how many rooms are in the White House (xxx)

I also have received a few angry letters whose contents cannot be published in a family newspaper.

I wish I could respond to all of these letters in this column. Instead, I can only answer a few. Here is a sampling of my mail over the past few months:

- **ADOPTION**

Many readers wrote in response to my column in July about our nation's antiquated system of adoption and the tens of thousands of abandoned and neglected children who remain in need of loving homes. Most of the people who wrote said they were eager to adopt children but had become overwhelmed by the high

cost, long wait, and red tape involved.

A Florida woman, frustrated by a lack of communication among adoption agencies and government social workers, thinks we need a national database of children to help streamline the process. "I know there is a little girl in this country somewhere waiting for my home," she wrote. (check)

One couple from Oregon, trying to adopt through a county agency, was told that it might take several years before a child was available. If they adopt instead through a private agency, the cost could run as high as $16,000.

Another couple wondered why the government offers tax breaks for businesses and not for parents seeking to adopt. (check)

Because these problems are so widespread -- and because so many children continue to languish in foster care -- I recently convened a group of experts, adoption advocates and concerned parents to help launch a campaign to educate Americans about our adoption crisis.

- **THE WOMEN'S CONFERENCE IN CHINA**

I also have received a stack of letters about my trip to the United Nations Fourth World Conference on Women in Beijing in September. Some people expressed their concerns about infanticide and coerced abortions in China. Others wondered if the conference will really make a difference in improving women's rights around the world.

I believe the conference was an important and historic first step in giving women the tools they need to lead productive

lives. More than 180 nations agreed for the first time that women are integral to the economic, political and social life of every country, and that our future peace and prosperity depends on their well-being.

However, the conference in Beijing will only be a success if governments, institutions and men and women in their everyday lives work to ensure that women are full and equal partners in society.

- **MAMMOGRAMS**

Perhaps the most gratifying letter I received came from Miriam Murtha, a Virginia woman who recently got a mammogram as a result of the Administration's breast cancer awareness campaign. Her screening found two malignant tumors before they could spread to other parts of her body. "I will be having regular check-ups from now on," she wrote.

I also was thrilled to get so many letters from children who are thinking about our country's problems and their own futures. "Can you stop pollution? Can you stop bad drugs?...Can you stop crime and violence, wars, too?" wrote a second grader in Kansas.

I hope these children will keep these concerns in their minds as they grow up and that they will help find solutions to these problems.

That seems to be the plan for Christine Wolfrum, nine-year-old from Massachussetts who wrote: "In what years do you think there will be a lady president, do you think between now and 2025? Because I want to be the president. I would like to be a

role model for not just women in that time but for ever on."

With any luck, Christine, a woman running for president won't seem unusual when you launch your campaign.

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I promised in my first column several months ago that I'd be answering your letters in this space. So many of you wrote such heartwarming or thought-provoking letters on a variety of issues that I wish I had room to print more than the ones I've selected.

I received letters asking about everything from my ever-evolving hairdos to who pays for my haircuts and my wardrobe (I do) to the size of the my China entourage (45) to how many rooms there are in the White House (X) to my thoughts on several current issues (affirmative action, cuts in education funding, corporate welfare, domestic violence, eating disorders....) I hope to visit some of these issues in greater detail in a later column.

I was most excited and happy to receive a letter from a Virginia woman who recently took (her first, call and check) mammogram test after hearing me speak on the subject. The mammogram caught two malignant tumors before they could spread to other parts of her body.

But by far the most overwhelming response to my column so far came after I wrote about adoption and the need to streamline the process of placing deserted children in loving homes. Many of you wrote to share your own red tape horror stories and offer suggestions for improving the process.

"I know that there is a little girl in this country somewhere waiting for my home. A room of her own with cats to play with and a mom who's a teacher, but until my caseworker or myself have acces to those children in other parts of the nation, we will continue to have children in the foster care system, and I'll continue to wait and pray" Judy McDaniels of Florida. she writes to propose a national database of children. (may be sensitive she seems to be a single woman who wants to adopt)

From an Oregon lawyer: "...[T]he politicians in Washington who are staking out their ground on "family values" (i.e. right wing republicans) are not putting the government's money in the same place as their moths. We became frustrated when we realized that the government offers far greater tax incentives for business and investment expenses than it does for adoption expenses....

Answer: I've convened a group of xxx. we have discussed ways of xxx. In meantime, you can xxxx.

I also received piles of letters and e-mail, both favorable and critical of my visit to the U.N. Conference of Women in Beijing, China.
Asked a group of high school seniors in Texas:
"What was your reaction to [the denial of visas to many would-be conference-goers] and what do you think the women that attended gained from your speech? Why did you decide to go to China even

though there was opposition from conservatives in congress."

From a New York man: "Your presence gave encouagement to the most oppresive 'women's rights government in the world. For shame!! As an American I am embarrassed by your participation:

From a California woman who though the conference was no more than a "charming quilting bee which provided women with interesting travelogue stories but nothing of real substance': "I am writing to ask your consideration to organize and host "the White House Conference ofor U.S. Women" in washington, D.C> to address the most serious threats to out lives and country: teen crime, teen pregnancy, erosion of the family as shelter and support, loss of patriotism and the tremendous anger of our men against in the home and in the workplace."

Answer: I hope women at the conference and around the world who heard my speech ....

emphasize the conference was extremely pro-family...

Several adults and children wrote to encourage me to speak out more about the prevention of teenage pregnacy. "...I have had five people I love make this mistake. They love their children and I love these people, but I see so much they;re missing out on and it is not only them that suffer the children do, too...." writes a 13-year old in Michigan.

Answer: Education, responsibility of fathers. address welfare issue?

Some of the most touching and amusing letters (and e-mail!) came from elementary school children who asked about how we can save the evironment, ban guns and violence in their neighborhoods, and stop cigarette smoking. "Can you stop pollution? Can you stop bad drugs?...Can you stop crime and violence, wars, too?" writes a second grader named Kelsea in Shawnee, Kanasas.

Obviously, I don't have the space to address each of these problems, but I want to encourage these young students to continue writing letters about their concerns, especially to their mayors and representatives in their state legislatures and congress.

Sometimes the letters I get make me feel very happy about the future of our country.

"In what years do you think there will be a lady president, do you think between now and 2025. Because I want to be the

president. I would like to be a role model for not just women in that time but for ever on. Encouage other women to run for president to show that we can do it," writes Christine Wolfrum, a nine-year old Massachusetts girl.

Dear Christine:

I hope someone will be in office well before 2025.

Talking It Over
js/Draft #5

One of the most gratifying yet heart-rending experiences I've ever had is walking through a children's hospital.

Each time I walk inside a ward, I can't help feeling hopeful and depressed at the same time. I hear the whirring, buzzing and beeping of the latest and most technologically advanced life saving machines and marvel at the progress medicine has made. But then I remember a human life is at stake. I see the tiny baby attached to these tangles of tubes and wires and wonder how much longer she'll have to stay in that cold, sterile room.

After meeting that baby's parents, I leave the hospital even more convinced of the vital role children's hospitals play in our country's health care system. The doctors and nurses at these hospitals give parents and seriously ill children hope that they too can eventually become healthy families.

By focusing exclusively on treating sick children and teaching young doctors and nurses how to take care of them, children's hospitals are always aware of something that other hospitals sometimes forget: Children aren't just miniature adults. They know that children's bodies are completely unlike ours. That their hearts beat faster. That they respond differently to viruses and bacteria. And that they often need specially-designed instruments for treatment.

The hospitals are responsible for pioneering research in the treatment of childhood illnesses. And in many cases, they are the last hope for thousands of parents and sick children who have been told by many other hospitals to give up.

If current Medicaid cuts go through, children's hospitals would have to retreat from many of the roles they currently play in keeping our children and families healthy. Government support is crucial to these hospitals' abilities to provide all sick children access to needed specialized care.

Medicaid currently pays for the hospital stays of nearly half of all patients at our children's hospitals. But the program isn't just for poor people. It is the primary source of health coverage for nearly a quarter of all children and a third of all babies in this country.

The program helps millions of low-income working parents pay their medical bills without turning to welfare or skimping on food for their families. It also supports the care of children many insurance companies refuse to cover - those born with chronic diseases such as spina bifida - and helps to make sure they lead comfortable lives for as long as possible.

Without medicaid funding children's hospitals would have to raid their research budgets to pay for supplies. And training programs for young pediatric specialists could become less effective if there are fewer patients to treat and learn from.

Our public hospitals, already sorely pressed for resources, can't be counted on to pick up where these hospitals could be forced to leave off.

Imagine what could happen if there were no children's hospitals.

The effects would be felt throughout the country, all the way down to our small towns where seriously ill children, their

parents and doctors are waiting for new cures and treatments. Without the work of a children's hospital, it's very likely that time for these children could run out.

At the last hospital I visited, the Babies and Children's Hospital of New York, I met several children and families whose lives were transformed by the care they received there.

I talked with six-year old Joshua, who despite two heart transplants, is growing to become an active boy who loves to play ice hockey and baseball. Fifteen-year old Rebecca described how she manages both to keep up with her studies and attend gruelling chemotherapy treatments. And four-year old Charles, who was born to and abandoned by a drug-addicted mother, introduced me to the foster father who is trying to adopt him.

Many of us who are parents know what it is like when a child is very sick. Nothing else in the world matters to us. Will he or she feel better? Is this a passing flu or the beginning of something more serious? As parents, we want answers and we want cures, no matter the cost.

And as parents, we cannot deny any one of our children the treatment he or she needs. We shouldn't have to choose between saving the lives of Joshua or Rebecca or Charles.

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