hospital bed, trying to get the hang of breastfeeding her. Of course, I'd been trained to study everything forwards and backwards and upside down before coming to a conclusion, so it seemed to me I ought to be able to figure it out. But as I looked on in horror, she started to foam at the nose. I thought she was having a convulsion or couldn't breathe. Frantically I pushed all the buzzers within reach. A nurse appeared promptly. Standing over me, she assessed the situation calmly, then said, suppressing a smile, "It would help if you held her head up a bit, like this." The poor child was taking in my milk and then, because of the awkward way I was holding her, breathing it out her nose!

Nothing I learned in college or law school or anywhere else prepared me for the joy, the mystery, or the uncertainties of motherhood. And it's true that there are aspects of being a parent that no amount of instruction *can* prepare you for. I remember Chelsea crying her heart out one night soon after Bill and I had brought her home from the hospital. Nothing either of us could think of would alleviate her wailing. Finally, as I held her in my arms, I looked down into her little bunched-up face and said, "Chelsea, this is new for both of us. I've never been a mother before and you've never been a baby. We're just going to have to help each other do the best we can."

But, as Avance has proven, much about parenting can be taught, and there is not enough attention given in our country to what ought to be our highest priority: educating and empowering parents to get the information and assistance they need, before and during the time they spend in the hospital because of a child's birth.

Families with either private insurance or public coverage like Medicaid should insist on the help and information they need, but so should uninsured families. Childbirth is one of the few medical needs that under state and federal laws has to be met somewhere, and is, consequently, one of the few times uninsured families use the system.

New parents should be given the number of a hotline, either at the hospital or a doctor's practice, where they can get answers twenty four hours a day. Any community without at least one hotline to answer parents' medical questions should start one. All the hospitals, for example, could put aside their competition for patients and pool the resources necessary to arm such a community wide service. Many hours of anxiety and millions of dollars of cost in emergency rooms could be avoided if mothers had someone to call to talk through a baby's problem instead of showing up at the only place they think they can find help -- the emergency

room.

I visited the Highbridge Communicare Clinic in the South Bronx in New York City in 1993. Highbridge, which provides basic medical services to the poor residents of the area, offers mothers a card with an 800-number they can call to talk with doctors and nurses to discuss a problem is serious enough to require either emergency care or an appointment at the clinic. In just a few months of operation, the hotline, which is still operating, had cut dramatically the number of visits to the local hospital's emergency room.

There is an abundance of good written information on newborn care that is helpful, and more parents should seek it out, but we know that parents who are willing to read books are probably going to get their questions answered somewhere. Many parents have neither the time, money, nor inclination to stock up on a bunch of books and read through them, taking notes like they were studying for some dreaded final exam. People get most of their information from television, radio (especially talk shows), through associates at work and from friends. The challenge is to turn the village into the extended family when it comes to conveying information about prenatal care, birth, and child care.

Videos with scenes of common sense baby care, acted out by women and

men who relate well to an audience of new parents should be required viewing in every doctor's office, clinic waiting room and hospital. Helpful hints, like those used to advertise ways to lower your taxes, should be heard constantly on radio stations, in between music selections or talk shows. Imagine if Rush Limbaugh or [BECKY: NEED ANOTHER PROMINENT TALK SHOW HOST, PREFERABLY A WOMAN? I CAN'T THINK OF ONE, bf] said something like, "Hey, if you've got a new baby in the house, don't let her cry for a long time without paying attention. Just think how you'd feel if you were hungry, wet or feeling blue and nobody would pay you any attention. Well, don't do that to a little kid. Give him the attention he needs now. After all, when he's a teenager he won't want anything to do with you!"

In our own culture, families used to live closer together, making it easier for relatives and extended family to pitch in during the first weeks and months of a newborn's life. Women worked primarily in the home, and were, therefore, more available to help a new mother get acclimated. Families used to be larger and the older children were expected to care for younger siblings; this both provided mothers with additional helpers and prepared youngsters for their own future parenting roles.

But, while for most of us, the hospital has replaced the village as the place where our lives as parents begin, no adequate system of basic instruction has replaced the hands-on training midwives and relatives used to provide.

Ironically, there's no shortage of sophisticated information and equipment or professional expertise available to those who have the means to seek it out. Take just one example. There are lactation specialists and state-of-the-art breast pumps and more books devoted to the complexities of breastfeeding than you can count. But most of the time it's simple instruction that's needed, and too often lacking, as I can personally attest!

Margaret Mead, in her classic book *Coming of Age in Samoa,* noted that a Samoan mother was required to give birth in her own mother's village, even if she had moved to her husband's village upon marriage. The father's mother or sister had to attend the birth as well, to care for the newborn while the midwife and the mother's relatives cared for her. In addition to tending to the new mother and infant, the relatives were experienced parents in their own right and could help ease the transition into parenthood by showing how it is done.

Nothing replaces hands-on instruction, and the cost of providing it doesn't have to be exorbitant. On a recent visit to the Philippines, I visited the Doctor

Fabello Hospital in one of the poorest sections of Manila. For the past five years, the hospital has kept newborns with their mothers, not in a separate nursery. In the maternity ward, I saw dozens of new mothers lying in beds facing their babies. Across from each of them was another mother and her baby, so there was always another mother available to help watch every baby. The doctors and nurses were patiently helping mothers learn to breastfeed. To my astonishment, I saw one- and two-day-old infants sipping from cups. I learned that the hospital had started training mothers who couldn't breastfeed to use cups, when they realized how much harder it is for poor mothers living in unsanitary conditions to sterilize and clean bottles and nipples than to keep a baby's drinking cup clean.

Dr. Ricardo Gonzalez [he's the administrator who showed you around, that who you mean?] **[LIZ, CAN YOU ASK MELANNE ABOUT THE FOLLOWING QUERY?] [MELANNE: IS HE THE DOCTOR WHO STARTED PROGRAM THAT UNICEF HONORED? WE SHOULD PROBABLY MENTION THE NATIONAL HEALTH OFFICIAL AND THE DOCTOR TO BE SAFE--BOTH]** running the hospital explained that closing the nursery saved enough money that he could hire more nurses to work directly with the mothers to teach them about good nutrition, proper handling and disciplining

of children, and other parenting skills. In the years since the hospital made these changes, reports of child abuse in the area have dropped and more mothers are choosing to use family planning to space their children so they can give each sufficient attention and care.

Even without introducing radical change into our current health care system, there is much that can be done to insure that new parents go home equipped to cope with the demands of parenthood. Mothers should be encouraged to breastfeed and patiently shown how to do so. If, for whatever reason, she is unable, however, she should be sent home with instructions on adequate bottle feeding, not a load of guilt. No mother should leave the hospital without being given the opportunity to ask every other question she has about proper baby care. She should receive a wallet-sized card listing the immunizations a baby needs, where to get them and how much they'll cost. If she doesn't already have a good pediatrician, she should be given the name and number of one whom she can use. Many mothers--and fathers--benefit from the personal concern of hospital staff, social service workers or volunteers who show them how to care for their babies. Every hospital should offer and encourage parents to attend at least one class on baby care basics.

No hospital should permit a baby to leave until somebody has evaluated the

parent-child relationship to decide whether additional advice and help will be needed. This is especially important for teenage mothers. Hawaii has such a program, called Healthy Start whose goal is to help new parents by intervening early at the hospital with personal support for families identified as being at risk for abuse or other difficulties. The program's workers visit new parents while they are still at the hospital after the baby is born, and screen more than half of the 20,000 babies born in the state each year. They end up providing services to more than 3000 families.

The workers talk to the parents only with their consent to look for warning signals about their current situation and past history. "We look for parents who were abused or neglected as children," explains Gail Breakey, one of Healthy Start's founders and the director of the Hawaii Family Stress Center. "We know from research there is an intergenerational pattern." Ms. Breakey added that nearly everyone consented to an interview, and most families are grateful that someone cares enough to talk to them. In the few cases where a child appears to be at risk, but consent is not given, there is no follow-up. Although some families who need help will not get it, because they are free to reject the screening, or the follow-up services, those who agree are helped by a home visitor assigned to come

into their home.

The home visitor helps the parents learn about their child's developmental needs and intervenes with other agencies to be sure the family gets any other services like marital counseling or employment training or drug treatment that might be required. Healthy Start has been successful in reducing child abuse in Hawaii to less than 1% among the group helped, far lower than the national average of 4.7%. Healthy Start projects now operate in communities in more than 20 states, but it ought to be operating nationally because it turns around lives and saves money.

We should also consider whether some parents whose history, behavior, or attitude suggests potential problems, for their children ought to be required to accept home visits, and welfare mothers participate in home visits and other parenting education services as a condition of receiving their benefits.

Most European countries, are ahead of us here as well. Their public health systems send nurses to visit all new mothers and babies at home, not just those pre-screened because they might have problems. This may seem like a luxury until you've been a new parent. An American friend of mine, living in England when her baby was born turned away the visiting nurse when she called during the

pregnancy because she was sure that all the books she was reading would explain everything she needed to know. If that wasn't sufficient, she expected to rely on her mother, who planned to arrive as soon as the baby did. But her mother turned out to be too sick to travel when the baby came, and my friend found herself alone at home with her new baby. When the nurse came knocking on the door after the baby came home, my friend pulled the startled woman inside and began babbling questions at her.

England has a long history of providing home visits through the national health service. During the first month of a newborn's life midwives make daily visits, if necessary. The Health Visitors Association sends a health visitor to the home of every newborn in England during the baby's first few weeks of her life. Because every new mother, from the factory worker in Manchester to the Princess of Wales, is seen by a home visiting midwife and then a home health visitor, there is no social stigma attached to being home visited. **[LIZ/JEN CHECK WITH ENGLISH SOURCES ABOUT ENGLISH HOME VISITOR PROGRAM TO MAKE SURE WE'VE GOT THIS RIGHT]**

Jen

None of this instruction or question answering can take place if mothers and babies are discharged from the hospital as soon as possible, preferably within

strange word

twenty-four hours, or, at least, within forty-eight hours, in accordance with current hospital and insurance practices. Sending babies home before problems like jaundice can be seen, let alone treated, is dangerous to the baby's health. Hospitals across the country are seeing apparently healthy babies leave the hospital within 24 hours only to show up within two to five days suffering the effects of jaundice, which, if untreated, can cause permanent brain damage and death, or dehydration, from inadequate breast feeding, that can lead to seizures and other serious effects. Some mothers may also need time to recover from the physical or psychological effects of childbirth, to learn how to breastfeed properly, to adjust to a new sleeping schedule, or other changes that arrive along with the baby.

In the face of pressure to control health costs, patients have to become more knowledgeable and demanding about their care; but, they may not be the best ones to decide when to be discharged. In the dizzying aftermath of childbirth, some mothers may decide they're ready to leave prematurely; others might choose to stay for weeks if they were permitted. Policies regarding the length of stay of mothers and infants after birth vary widely in the United States and throughout the world, but the new trend in the U.S. toward shorter stays "appears to be driven primarily by financial motivations, according to the American College of

Obstetrics and Gynecology. The College and the American Academy of Pediatrics released "Guidelines for Perinatal Care" which recommends that issues affecting the decision to discharge a mother and infant should include medical stability, determination of adequate feeding, delivery of adequate pre-discharge education, need for newborn screening, and availability of appropriate follow-up supports and services.

What's needed is for the professionals--the doctors and nurses who care for mothers and babies--to make the decisions about hospital discharge, not insurers. Unfortunately many doctors feel trapped by the regulations imposed by HMOs and insurers and may be reluctant to speak out on behalf of their patients for fear they will lose their practice privileges.

One doctor testifying as to the need for legislation to mandate length of hospital stays explained that doctors alone couldn't protect their patients because "we're indentured servants" to managed care. **[WASHINGTON POST, JUNE 27, 1995]** In response to both patient and physician concerns, two states, Maryland and New Jersey, passed legislation prescribing postnatal care with guidelines to be followed for discharge decisions. This is not a partisan issue. Maryland had a Democratic governor and legislature when it acted; New Jersey's

bill requiring that women be allowed to stay in the hospital a minimum of 48 hours after uncomplicated vaginal deliveries and 96 hours following caesarean deliveries was passed by a Republican legislature and signed by a Republican governor. Other states and the Congress are expected to pass similar legislation. (For all the doubters out there, this is one example why the health care market, like any other market, needs sensible regulation.) **[LIZ/JEN SEE IF WE CAN GET TESTIMONY FROM NJ LEGISLATIVE HEARINGS]**

Kiwanis International, a community service organization, part of the civil society I talked about earlier; is actively involved in the needs of children from prenatal development to age five, through an international service project called, "Young Children: Priority One." They have taken on another aspect of health care where American children also don't fare well, with their campaign to promote immunizing children by age two, which they call "All Their Shots, When They're Tots." When it comes to immunizing our children we're behind other countries again. In our own hemisphere, we are third from the bottom. Two women who have tirelessly campaigned for America to improve its immunization rates are Rosalyn Carter, a distinguished predecessor of mine and Betty Bumpers, whose husband Dale Bumpers is the senior U.S. Senator from Arkansas. Rosalyn and

Betty have worked since the early 1970's to persuade Americans to invest both the money and energy necessary to insure that all children received their immunizations on time. You'd think if countries like Peru or El Salvador with all the challenges they face could immunize children on time that so could we. Well, why don't we? That is a question with a multi-part answer: First, the cost of vaccines is high--$60 **[JEN: CK]** per dose of_____ and a two-year-old needs X shots for a total of _____. Most health insurance policies do not include the cost of vaccinations. Which means that for families with health insurance the cost comes straight out of their pocket and doesn't even count toward their deductible. For uninsured working families, they too have to pay. I'll never forget the woman from Vermont who ran a dairy farm with her husband who told me at a health care forum in Boston that she was required to immunize her cattle against disease to engage in the dairy business, but could not afford to get her kids inoculated--"my cattle, " she said, "get better health care than my children." **[JEN: NEED HELP WITH DETAILS; I HAVE NO FILES ON THIS WITH ME; JUST REWRITE AS NECESSARY]**

Fed'l Vacc. Assistance Act - 1962

Second, for the last 1963 years, some vaccines have been purchased by the federal government and made available at low prices to state governments to

→ gave $ to states - assisted states to get kids immun.

immunize, through their public health clinics, poor children eligible for Medicaid, and other children whose families brought them to the clinics and paid a token fee. Under the new Vaccines for Children program, adopted by the Congress in 1993, an even greater supply of vaccine is being purchased and distributed both to clinics and private doctors. The reason for that is to give every family as convenient a way as possible to have their children immunized. Some states have an extensive network of public health clinics, others do not; some parents are able to access the clinics on the [?] they are open, others are not. The thinking behind giving vaccines free to doctors is to be sure they could immunize children at no or reduced cost while they were in for other reasons and not to have to send them elsewhere. **[JEN: NEED DETAILS: REWRITE]** Jen

In addition to cutting the cost of vaccines, the new program increases education and outreach to convince parents to make the effort in the first place to have their children immunized. Campaigns like those championed by Betty, Rosalyn and the Kiwanis will convince parents to take their children and the lower costs will enable them to afford the shots. Every parent eventually gives their school aged children the immunizations they need to be safe from deadly childhood diseases because school attendance in most states **[LIZ/JEN ?] requires proof the** Jen

↳ all states have mand. vaccine before enter

shots have been given. We need a similar compulsory method or strong incentive for the toddler shots. Our failure to have such a system in place caused two measles epidemics in the last ten [?] years in Los Angeles and Philadelphia. In those two cities, measles killed [_____] children, permanently damaged [_____] more and cost the health care systems of both cities [_____] dollars. If cows get shots, why can't kids?

Every parent could safeguard and even improve the health of his child right now by doing three things: improve your child's eating; increase your child's exercise; and child-proof your home to minimize fatal and debilitating accidents.

First, as to eating, I grew up in the "clean plate" era of family eating. My brothers and I were expected to eat all of whatever we were served. If we balked, we heard, like a broken record, countless stories about starving children in faraway lands who would gladly eat what we scorned. My brother, Hugh, became a champion cheek-stuffer; Tony offered to mail his food to any country my father named. In the end, we ate whatever we had to in order to "be excused" from the table.

As with so many other family changes in the last decades, we have swung the pendulum from the "clean plate" theory of nutrition to the "no plate" one.

Jen —
Last batch. I think a page from 1st batch didn't transmit. Pls check pages 1 – 14 for missing page

Most families don't eat every meal together and often eat on the run out of fast food containers. [? rest of sentence]

Diet contributes substantially to preventable illness and premature death in the U.S. For the majority of adults who do not drink excessively or smoke, what they eat is the most controllable risk factor affecting their long term health. Controlling those risks starts in childhood when parents still largely determine what their children eat. This should not, however, add to parental anxiety since every parent knows there are eating phases a child just outgrows and a parent endures. I went through a few weeks with Chelsea when she was four, when she would not eat anything for lunch but green grapes and a grape jelly sandwich on white bread. When the preschool she attended three mornings a week was visited several days in a row by a worker from the child care licensing division of the state government, the head teacher was asked why the parents of the curly-headed blond girl sent her to school with such an inadequate lunch. The teacher assured her that the child seemed healthy and probably ate well during the rest of the day.

A greater leniency about exactly what or how much a child eats shouldn't become an excuse for poor nutrition. Even though I knew my daughter was thriving physically, I felt embarrassed, and a little guilty, that I could not persuade

her to eat what she should at all times! Still, even though my friends and I are more relaxed than our parents were about what our kids need to eat every day, we still try to make sure they get the nutrition they need. That means avoiding a lot of the "empty calorie" foods advertised to kids; rationing high fat junk food available at home or permitted when we eat out; keeping lots of fruits and vegetables around; and waiting long enough for kids to become hungry to eat what is good for them. It also means trying not to fight over or become engaged in power struggles around foods the way our parents did. But, there's no doubt food is still a highly charged subject in many homes. I have visited Headstart programs that have run into resistance by parents over the nutritional lessons taught to children. After the children were told to eat foods from the different food groups, they went home and told their parents they needed to eat differently. The parents complained to the Headstart teachers that they either couldn't afford the foods their kids wanted or they just didn't "eat that stuff" in their house.

Despite--or maybe because of--all the nutrition information bombarding people everyday there is a lot of confusion about what to feed ourselves, let alone our kids. One effect of all that confusion is a dramatic increased prevalence of obesity and overweight in the U.S. over the past 30 years. One in five teenagers

are overweight, according to a survey by the Center for Disease Control of 1456 youths age 12 to 19 conducted between 1988 and 1991. This includes 20% of boys and 22% of girls and is higher than the percentage of 15% which held steady during the 1970's. In the same time period, the percentage of overweight adults rose from 25% in the 1970's to 33%. Dr. C. Everett Koop, the former Surgeon General, says that overweight is the number one health problem we can all do something to fix. **[JEN/LIZ: GET EXACT QUOTE FROM THE SPEECH KOOP GAVE WHEN HE ANNOUNCED HIS INITIATIVE WITH ME IN DECEMBER]**

The survey data shows that food alone could not account for the increased weight since there has not been a dramatic increase in caloric intake over the last twenty years; instead it is a combination of poor food choices and less exercise. Separate surveys commissioned by the President's Council on Physical Fitness and the Centers for Disease Control have all shown that physical activity among children and teenagers has declined during the time weight gain has gone up. In a 1990 Youth Risk Behavior Study, only 37% of high school students reported getting at least 20 minutes of vigorous exercise three or more times a week. Surveys from the 1970's found that more than 60% exercised regularly. Only my

home state of Illinois requires daily physical education for all students, kindergarten through 12th grade; **[JEN/LIZ:CHECK]** nationally, only one-half of teenagers are enrolled in physical education classes. More than one-third, however, report watching three or more hours of television or videos every school day.

The easiest way to reduce inactivity, according to Dr. William H. Dietz, a pediatrician and expert in obesity at Tufts University School of Medicine in Boston, "is to turn off the TV set. Almost anything uses more energy than watching television." (Washington Post article by Christine Russell 11/15/94)

Experts in obesity, thoug, warn against teenagers dieting. The risk of nutritional deficiencies, especially among girls, who often believe they are overweight even when they are not, is serious. Richard Toriano, the epidemiologist who did the survey, stresses that "There is already too much of a culture of thinness leading to eating disorders in this age group. The appropriate response is to increase healthy behavior, like increased physical activity." (Washington Post, November 15, 1994)

So, what's a family to do? Here's some advice any of us can follow from the weight management program at Louisiana State University Medical Center in

New Orleans: **[JEN/LIZ: CALL AND SEE IF THEY HAVE ANY OTHER POINTS TO MAKE]**

One, restrict activity in the kitchen. Make the refrigerator off-limits and since you know how hard to enforce that is, don't keep the kitchen stocked with junk foods. Buy instead less caloric and more energy producing snack foods like fruit, low-fat pretzels or air-popped popcorn. Sure, everybody will complain a lot (just as I do when I'm hunting vainly for chocolate cookies or *real* ice cream) but it could be our era's equivalent of the clean plate theory!

Two, restrict TV and video time and urge kids to move more. Even if they're glued to the telephone, they can pace around or do leg kicks while talking!

Three, don't obsess on weight and try to do everything at once. Our family fights these battles too. It's hard to walk away from high fat food that makes our taste buds dance with joy. It takes time to exercise every day. But, these are two areas only we have control over and only we can change. And when you consider that early death, heart disease, diabetes, gall bladder disease, joint and arthritis and certain cancers are related to poor nutrition and inactivity that ought to be reason enough to change how much our kids eat and move.

The village can do its part. The U.S. Department of Agriculture which

oversees the school lunch and breakfast programs has started Team Nutrition, a partnership between the federal government, states, school districts, farmers and businesses to promote healthy food choices in homes and schools, and throughout he media. As Ellen Haas, the Under Secretary for Food, Nutrition and Consumer Services has said, "Team Nutrition recognizes that good nutrition and physical activity are essential to children's health and educational success." Team Nutrition recruited volunteer chefs from leading restaurants to concoct recipes for nutritional cafeteria food that kids actually will eat that expands the variety of food in their diet; adds more fruits, vegetables and grains to the foods they already eat and construct a diet low in fat.

The President's Council on Physical Fitness is working hard to convince schools both to require physical education for all grades and to give younger students enough breaks during the school day to play outside in safe supervised settings. Their goal is to increase to at least 50% the proportion of children and adolescents in 1st through 12th grades who participate in daily school physical education. They want the classes to include more lifetime fitness education activities like swimming, bicycling, jogging, or racquet sports that can be done by one or two people nearly anywhere over a lifetime.

The Council also recommends that communities increase the availability and accessibility of physical activity and fitness facilities for hiking, biking, jogging, swimming, cross country skiing, golfing, and racquet sports. Community recreation centers, especially for teenagers, are unavailable in many neighborhoods where kids need them most. I couldn't understand the political opposition to programs like "midnight" basketball in the President's Anti-Crime bill. Providing funds to inner-city neighborhoods to keep young men occupied, supervised and exhausted sounded great to me!

[BECKY: INFO ALSO IN SECURITY BLANKET CHAPTER; HRC THINKS BETTER IN HEALTH AND THEN WE CAN REFER TO IN SECURITY BLANKET; IF YOU AGREE, MOVE STUFF FROM SECURITY HERE]

Parents also have to take primary responsibility for child-proofing their homes, since most accidents that kill or maim children happen there. That means keeping household poisons, sharp objects, and plastic bags out of reach, electric outlets plugged up, and hazards like stairs, balconies, or open windows supervised or physically obstructed. It also means either keeping guns locked up or getting them out of the house. One survey by Prevention magazine in 1994 found that

nearly half of all households contained a gun but 41% of those with guns said the guns were "just hidden away" and not locked. On an average day in America 14 people under the age of 20 are killed by firearms; around 1/3 BY accidents. **[JEN/LIZ CK]** Gun accidents by children who find loaded guns in their homes have become such a problem that the American Medical Association now advises pediatricians to raise the issue of gun access with all their patients' families **[CK].**

[BECKY: NEED TRANSITION OR MOVE THE FOLLOWING ELSEWHERE]

Sometimes our high-tech solutions don't address the problem nearly as effectively as low-tech ones, particularly when the problem is widespread and solution is expensive. For example, over 300,000 **[JEN/LIZ: CHECK FIGURE]** children in America are hospitalized each year for serious dehydration. When they are hospitalized, they are given intravenous fluids for one to three days at a cost of **[JEN/LIZ: CITE]**.

Once again, we could take a cue from abroad--ironically, this time for a solution of our own making. American foreign aid helped create an alternative to hospitalization called "oral rehydration therapy" (ORT), which is used by UNICEF and doctors around the world to treat cholera and infant diarrhea. This simple

solution of salt, sugar and water has saved countless lives **[JEN/LIZ: CAN PEOPLE DO THIS THEMSELVES?]**. When I visited the International Diarrheal Center in Bangladesh, also funded in part with American dollars, I met a doctor from Louisiana who was working there to learn how he could use the techniques pioneered there back in his state to treat children who became ill in part because they were among the **[JEN: FIGURE TK]** thousands of uninsured children living in that one state. The same method has been used since 1970 by The Johns Hopkins Center for American Indian and Alaskan Native Health, [NAME HAS BEEN CHECKED] to reduce the rate of diarrheal disease among babies of the White Mountain Apache Tribe in East Central Arizona from seven times the national average to virtually zero.

For those who can afford it, institutionalized health care has improved in many respects. When my brother Tony had rheumatic fever at the age of nine, he was hospitalized for weeks. Leaving aside the fact that modern medicine has all but wiped out rheumatic fever and other once-common diseases of childhood, the lack of attention to the emotional comfort of hospitalized children seems callous by contemporary standards. My parents could see Tony only during the official nightly visiting hour, and Hugh and I were not permitted to visit at all.

Yet when Chelsea spent a night in the hospital when she was nine, her dad and I were allowed to room in, and the ward were full of visiting parents and siblings. Personally experiencing what a difference this can make to a child (and worried parents!) is one of the reasons I became involved in helping Children's Hospitals.

But home care was a different story. I've already described how our family physician, Dr. Marks, made nightly house calls to check on his young patient. He practiced medicine the old-fashioned way, earning our trust and providing emotional support to my parents that was as crucial as the care he gave my brother. [BECKY: HRC JUST RAISED THE POSSIBILITY OF MAYBE OPENING THE CHAPTER WITH THIS POINT, THE CONTRAST BETWEEN BROTHER TONY'S EXPERIENCE AND CHELSEA'S EXPERIENCE--THE GOOD NEWS IS WE'VE COME ALONG WAY IN ATTITUDES ABOUT HOW HOSPITALS SHOULD BE MORE FAMILY-INCLUSIVE, ETC., THE BAD NEWS IS THAT DOCTORS DON'T MAKE HOUSECALLS ANYMORE, OR CHARGE 5 DOLLARS, LIKE DR. MARKS DID, AND ALSO, THE STUFF THAT WE START CHAPTER WITH, ABOUT EMERGENCY ROOMS BEING MISUSED ETC., NOT ENOUGH PREVENTIVE MED, ETC.]

[BECKY: HRC THINKS THE REMAINING MATERIAL MIGHT

BELONG IN CHAPTER WITH ARKANSAS DEPT OF HEALTH AND BUSINESS COUPONS AND RESOURCE MOTHERS, ETC. WITH IS SCHOOLING FOR LIFE CHAPTER, I THINK]

Even after leaving the hospital, new parents should be encouraged to attend childcare classes sponsored by hospitals, medical associations, nursing organizations, businesses and volunteer groups. Businesses are in a good position to make such instruction available, but few have made it a serious commitment. About ten years ago, a local bank in Little Rock offered a series of lunchtime parenting classes to its employees, and the classes were oversubscribed. The bank even tried to convince several other businesses to do the same, but encountered incredulity or indifference. What business was it of business, they were told, to help employees be better parents? No one else followed the example, and the bank did not continue the courses.

Ten years later, few companies still offer such classes, but a notable one that does is Motorola, which in 1995 started a series of courses to help their employees with child rearing. Subjects range from child development to dealing with teenagers to ways that include how "blended" (stepfamilies) and "sandwich" families (raising both kids and caring for aging parents) can cope better.

Motorola requires every employee to take 40 hours of job-related training yearly. Out of a concern that family problems affect work, these new courses will count toward the yearly requirement. The object is to offer practical advice in group discussions using materials like a booklet mailed to every employee, "The Role of the Adult in the Life of a Child." Sounds like the village at work!

Arkansas, a number of educators and other people were skeptical. They didn't believe that parents who hadn't finished high school were going to be up to teaching their children. But the beauty of the program was its simplicity. In conjunction with the workbooks, it used common household objects to illustrate concepts. The bonus was that not only did the kids get jump-started in the right direction, but the mothers get a boost in self-esteem. Many of them became interested in learning for themselves as well as for their children, and some even went back to school to get their GED.

[OTHER EXAMPLES OF EFFECTIVE TRAINING FOR TEACHING YOUNG KIDS?] [we think we have enough, bf]

[DEVELOPING MATHEMATICAL ABILITY - ARE THERE ANY COMPARABLE STUDIES/EVIDENCE? THE IMPORTANCE OF MATH SKILLS AS LIFE SKILLS. HOW PARENTS CAN MAKE MATH PART OF PLAY, AND OTHER HOMEGROWN WAYS OF TEACHING MATH SKILLS] [JEN/LIZ: CAN YOU FIND ANY STUDIES OR PROGRAMS RE MATH, LIKE LANGUAGE STUDY MENTIONED EARLIER?]

Math skills are also vitally important and should be developed early through everyday activities, such as cooking, where a child can be given the task

Schooling For Life

(2)

homework. Forty percent of parents across the country think they are not putting in enough time in regards to their children's education. Teachers report that that the number one priority for public education in the next few years should be growing parental involvement.]

Just as the role of parent as educator continues once formal schooling begins, so does the role of the village as patron and supporter. A critical element of my own education was the public library. Just about every day in the summertime, I'd ride my bike there, go straight to the children's section, return the book I'd checked out the day before and talk to the librarian about what I should read next. I can remember how excited I was when one day she took me upstairs to the adult section to find a copy of *Little Women* for me. The library was a second home, with adults around who never seemed too busy to talk about the favorite books and characters they remembered from childhood. One introduced me to Greek and Roman mythology, and I read every book on the subject in the collection.

When I read today about libraries closing or cutting back on hours, I feel sorry for all the children who could be entranced by reading if the library were as much a part of their village as it was of mine. [NEED EXAMPLES OF

"Schooling For Life" (3)

WHAT PEOPLE ARE DOING TO SEE THAT IT IS -- BOOKMOBILES, ETC.?] [JEN/LIZ: EXAMPLES FROM AMERICAN LIBRARY ASSOC?, INNOVATIVE WAYS LIBRARIES ARE USED]

Like many libraries across our nation, in Northern Virginia the Arlington County Library offers a reading program to encourage children to keep up their reading during the summer months. Children set their own goals for how many books they will read over the summer, and then periodically record their progress in a log, as well as making contact with librarians to discuss what they've been reading. At the end of the summer children are invited to a celebration, where they receive a certificate, a bookmark and treats.

[The Association of Booksellers for Children is promoting a program called "Take 20...Read with a Child," part of which involves getting pediatricians to "prescribe" reading aloud for parents and for children as well when they reach reading age. At Boston City Hospital, Dr. [NEED FIRST NAME] Zimmerman [JEN LIZ, PLEASE GET ARTICLE ABOUT WHAT DR. Z HAS DONE--INFO IN CASEY FDN MATERIALS FOR JUNE EVENT] has implemented a program that includes prescribing books to kids, as well as providing books in waiting rooms.

"Affirmative Planning" (4)

other people with respect, regardless of race, religion or status. My mother, perhaps because of her own early experiences being treated as a second-class citizen by employers, has always had a strong sense of each person's inherent dignity. She made sure we met people who were different from us, and taught us to care about their welfare too. I remember going with her to babysit the children of Mexican migrant workers who visited our area every year [WHAT INDUSTRY WERE THEY WORKING IN--FARMING? WHAT CROPS?] [BECKY, THERE WAS AN EARLIER VERSION THAT HAD MORE DETAILS, IF YOU DON'T HAVE, IT'S ON WH COMPUTER AND I WILL RETRIEVE WHEN BACK IN DC AND ZAP TO YOU] while she and a few other women from our church took the migrant women to medical appointments or shopping.

Liz not for you

[TELL THE STORY ABOUT YOUR MOTHER AND FATHER AND [redacted]

But the words we hear and speak tend to influence what we think as well as what we do. I remember singing "Jesus loves the little children of the world, red and yellow, black and white, they are precious in His sight" [JEN: CHECK LYRICS?] about a million times in Sunday school, each time wondering how

Liz

FAX to PAM + JEN

Revised

202-456-9412

NEW CHAPTER 4
Health ~~and~~ Caring

Have you spent some time lately in the emergency room of a large urban hospital? Or have you ever watched the hit television series that dramatizes what goes on in one? If so, you've seen dozens of children from infants to teenagers without any visible injury that suggests a medical emergency; instead, they are there with fever, earaches, stomach upsets, aches and pains that may turn out to be life-threatening, but are more likely the kind of ailment better treated at a doctor's office or public health clinic. But, doctors cost money and, even with insurance, many policies do not cover routine preventive services for children; and public health clinics are not typically open twenty-four hours a day, seven days a week for the convenience of working parents. With rising costs of medical care and more attention to profitability by many hospitals, the emergency room doors are also closing to families that cannot pay.

During the year and a half I spent traveling the country talking about the need to assure quality health care affordable for all Americans, I heard and verified countless stories of children turned away from emergency rooms solely because,

When it comes to the health of our children, you have to start from the beginning with the health of the mother before and during pregnancy. And on that

The United States ranks 18th (?) among nations in the world in infant mortality. That means 17 countries do a better job than we do in assuring that their babies live until their first birthday. [?] We have a higher rates of low birth weight babies who are mostly premature, and preventable physical and mental birth defects. We also spend billions [?] of dollars on high tech medical care saving the tiniest of those babies and trying to treat the problems of others. The good news is that we are able to save thousands of babies now, who would have died in the recent past, and that we help thousands more to develop normally; the bad news is that many of the problems those babies suffer could have been avoided if their mothers had received--and followed ~~a schedule of~~ good prenatal care.

For some pregnant women in America, prenatal care is neither accessible nor affordable. They live in isolated rural areas or medically underserved urban ones; they are ineligible for public assistance because they are working, but do not work for employers who offer insurance or make enough money to buy it on their own; ~~have insurance~~; they have insurance but believe they cannot afford the deductible or copayments until they ~~absolutely~~ must pay the costs ~~at the time~~ of labor and delivery. Or, as was the case of a couple I met in Las Vegas, who decided to insure their children and

For other pregnant women, even if they have public or private insurance, they may be teenagers trying to deny a pregnancy or hide it from their families; or they lack the support of a husband or other concerned adult who could assure that they

Talk to Barbara
- "expensive" sounds
  callous
- high risk categories —
  very controversial

Cecil Patsy - prenatal
testing at Tom's Hopkins?

More like - targeting
is one approach,
but may even discourage
women -- vol. may
work better.

received prenatal care, or, at the very least, stopped smoking, drinking or doing drugs during the pregnancy. Women whose lives are already disorganized need assistance in seeking out the services pregnancy requires and often avoid contact with authorities until the latest possible moment. The debate over whether to mandate AIDS testing or try to persuade women who are at high risk of carrying the virus to be tested voluntarily, starkly poses the dilemma one faces in weighing a mother's rights and those of her baby's. The issue became more complicated when it was discovered that AZT administered to a mother during pregnancy cut by [?] % the chances that the infection would be passed on to her baby.

When I heard that, I immediately believed we should require all expectant mothers to be tested for HIV so we could save their babies. In the course of futher study, however, I learned that the testing, which would turn up mostly negative results, would be very expensive. I then decided that pregnant women in certain high risk categories or even from areas where AIDS is concentrated should be tested. When I discussed this idea with my friend and counselor, former Surgeon General C. Everett Koop, he told me that logically what I thought made sense, but practically it would be hard to implement. He explained further that the

Ask Melanne if this is ok re. Koop?

603-650-1454

TO: Pam
FR: Ashley

mandatory nature of the test would likely drive away the very women one wanted to treat. ~~And so,~~ He urged that ~~an intensive~~ program of persuasion be aimed at ~~the~~ women in ~~high risk categories like the model one~~ Johns Hopkins had ran that proved successful in persuading women to seek prenatal care in the first place and then to agree to HIV testing so their babies could be treated if they turned out to be positive.

~~The dilemma posed by~~ the danger of AIDS is at the extreme end of a continuum, ~~whose~~ ~~points along the way represent~~ greater or lesser difficulty in guaranteeing good prenatal care by and for the mother. Women have to take responsibility for themselves but many need the support and encouragement of their village. Peer pressure plays a big role. I've seen family and friends of a pregnant woman badger her into foregoing even the occasional drink or cigarette during pregnancy. But, ~~other countries with~~ formal systems that ~~reach out to~~ all women who become pregnant and provide services, and even monetary incentives for obtaining good medical care, have better outcomes among all socioeconomic groups in the society.

~~That said,~~ there is much that parents can do to give ~~their~~ children a ~~good~~ positive start toward a lifetime of good health, starting before birth.

The French, for example, see in their children's well-being the future health

move this ↑ up

move this ↑ to p. 9 at (*)

of their country, and believe that, in order to raise future generations of healthy, productive citizens, it is crucial to start at the beginning of the life cycle. Among many different programs to ensure healthy babies and mothers, they provide a "young child allowance" from the fifth month of gestation through a child's [third month of life.] In exchange for the money she receives, [ABOUT HOW MUCH?], the pregnant woman must commit to a program of prenatal care in her first trimester of pregnancy and regular preventive health exams for her child, in accordance with national guidelines. She has a medical card that has to be checked by a doctor every time she receives prenatal care and when she takes her baby in for well-child care. If she does not show up for the scheduled appointments, she forfeits her benefits, but, if hers is a middle or low-income family (which covers about 73 percent of the population), the allowance is extended through the child's third year.

Insert ⊗ from p. 8

In the absence of ~~such~~ a system of organized incentives, many American hospitals and communities have tried to create their own. They have worked with local merchants to offer coupons for goods and services to pregnant women who ~~could~~ show proof that they were receiving their necessary medical checkups [ARK example?] Insurance companies, particularly those offering managed care plans, are

recognizing the cost benefits in not only covering all prenatal care but using methods like assigning a nurse to each pregnant woman to be available to answer questions and to check on how the pregnancy proceeds. [example]

A program called Resource Mothers in South Carolina links pregnant teenagers with "resource mothers", experienced mothers who live nearby who help the girls learn skills they will need and obtain necessary services. They also lend sympathetic ears that may not be available from the girl's own family.

The visits address such topics as baby care, like bathing, changing, and feeding the newborn, as well as child safety and health issues, verbal and non-verbal interaction with an infant, and child development. These home visiting services have improved the health of the babies, reduced child abuse and saved money.

In San Antonio, Texas, a program called Avance was founded in 1973 to help new mothers, started with fifty mothers, and by 1994 was serving 5,000 individuals largely in the Mexican-American community, but also reaching out to African-Americans in Houston and the Rio Grande Valley. Avance operates in public housing projects, elementary schools and through churches as well as traditional classes in child development, English and employment training. Avance also involves fathers and encourages them to become active with their children and to seek jobs, training and better parenting classes. Evaluations of Avance have shown that the program helps provide a more nurturing and stimulating environment for children and positively influences a mother's self-esteem, attitudes and skills.

The importance of Resource Mothers and Avance come home to you if you've ever visited an intensive care nursery and seen the babies barely larger than your hand lying hooked up to ventilators, IVs and other lines, you know what a heartbreaking sight they

are. Creating a health care system that removed cost as a barrier to prenatal care and then reaching out to those women most at risk ~~of slipping through the cracks~~ should be a national priority because it will save lives and money as well ~~as~~ giving those babies--and their mothers--a greater stake as citizens in our country.

A baby who is born healthy, ~~however~~, does not come with a set of instructions about how to water and feed him and how many hours of direct sunlight he needs to bloom. Beginning parenting includes trial and error.

I've already told you how lucky I was to have a fully supportive village clustered around when I gave birth to Chelsea. I remember lying in my hospital bed, trying to get the hang of breastfeeding her. Of course, I'd been trained to study everything forwards and backwards and upside down before coming to a conclusion, so it seemed to me I ought to be able to figure it out. But as I looked on in horror, she started to foam at the nose. I thought she was having a convulsion or couldn't breathe. Frantically I pushed all the buzzers within reach. A nurse appeared promptly. Standing over me, she assessed the situation calmly, then said, suppressing a smile, "It would help if you held her head up a bit, like this." The poor child was taking in my milk and then, because of the awkward way I was holding her, breathing it out her nose!

Nothing I learned in college or law school or anywhere else prepared me for the joy, the mystery, or the uncertainties of motherhood. And it's true that there are aspects of being a parent that no amount of instruction *can* prepare you for. I remember Chelsea crying her heart out one night soon after Bill and I had brought her home from the hospital. Nothing either of us could think of would alleviate her wailing. Finally, as I held her in my arms, I looked down into her little bunched-up face and said, "Chelsea, this is new for both of us. I've never been a mother before and you've never been a baby. We're just going to have to help each other do the best we can."

But, much about parenting can be taught, and there is ~~a serious lack of~~ attention given in our country to what ought to be our highest priority: educating parents and empowering ~~them~~ to get the information and assistance they need, ~~starting with~~ the time they spend in the hospital because of a child's birth.

Families with either private insurance or public coverage like Medicaid should insist on the help and information they need, but so should uninsured families. Childbirth is one of the few medical needs that has to be met somewhere, by law, and it is consequently one of the few times uninsured families use the system.

New mothers should be given the number of a hotline, either at the hospital or a doctor's practice, where she can get answers twenty-four hours a day. Any community without at least one hotline to answer parents' medical questions should start one. Many hours of anxiety and millions of dollars of cost in emergency rooms could be avoided if mothers had someone to call to talk through a baby's problem instead of showing up at the only place they know they can find help -- the emergency room. I visited a Medicaid clinic in the South Bronx in New York City in 1994 that had given every mother such a card. Nurses answered the phone, discussed problems and advised mothers whether they were serious enough to require either emergency care or an appointment at the clinic. In just a few months of operation, the hotline had cut dramatically the number of visits to the local hospital's emergency room. [Is it still operating?]

There is an abundance of good written information on newborn care that is helpful, and more parents should seek it out, but we know that parents who are willing to read books are probably going to get their questions answered somewhere. Many parents have neither the time, money, or inclination to stock up on a bunh of books and read through them, taking notes like they were studying for some dreaded final exam. ~~We know~~ People get most of their information from television, radio (especially talk

shows), through associates at work and from friends. The challenge is to turn the village into the extended family when it comes to conveying information about prenatal care, birth, and child care.

Video n

A Scenes of common sense baby care, acted out by women and men who relate well to an audience of new parents should be required viewing in every doctor's office, clinic waiting room and hospital. Helpful hints, like those used to advertise ways to lower your taxes, should be heard constantly on radio stations, in between music seletions or talk shows. Imagine if [Rush Limbaugh] or [Casey Kasem] said something like, "Hey, if you've got a new baby in the house, don't let her cry for a long time without paying attention. Just think how you'd feel if you were hungry, wet or feeling blue and nobody would pay you any attention. Well, don't do that to a little kid. Give him the attention he needs now. After all, when he's a teenager he won't want anything to do with you!"

In our own culture, families used to live closer together, making it easier for relatives and extended family to pitch in during the first weeks and months of a newborn's life. Women worked primarily in the home, and were therefore more available to help a new mother get acclimated. Families used to be larger and the older children were expected to care for younger siblings; this both provided

mothers with additional helpers and prepared youngsters for their own future parenting roles.

But, while for most of us, the hospital has replaced the village as the place where our lives as parents begin, no adequate system of basic instruction has replaced the hands-on training midwives and relatives used to provide.

Ironically, there's no shortage of sophisticated information and equipment or professional expertise available to those who have the means to seek it out. Take just one example. There are lactation specialists and state-of-the-art breast pumps and more books devoted to the complexities of breastfeeding than you can count. But most of the time it's simple instruction that's needed, and too often lacking, as I can personally attest!

Insert ⊕ from p. 17-19 and then continue w/ (9) and (X-1) on p. 20

None of this instruction or question answering can take place if mothers are pushed out of the hospital at the earliest conceivable instant, in accordance with current hospital and insurance practices. Sending babies home before problems like jaundice can even be seen, let alone treated, is dangerous to the baby's health, and some

Mothers may also be in need of time to recover from the physiological or psychological effects of childbirth and to adjust to a new sleeping schedule and other dramatic changes that arrive along with the baby.

In the face of pressure to control health costs, patients have to become more knowledgeable and demanding about their care. But, they may not be the best ones to decide when to be discharged. In the dizzying aftermath of childbirth, some mothers may decide they're ready to leave prematurely; others ~~would~~ might choose to stay for weeks if they were permitted. Policies regarding the length of stay of mothers and infants after birth vary widely in the United States and throughout the world. Current trends, though, are to discharge a mother and baby as soon as possible, or, at least, within forty-eight hours. The American Academy of Pediatrics and the College of Ob/Gyn ~~are~~ have expressed concern ~~about~~ that medical decisions are being made by insurers for financial reasons. What's needed is for the professionals--the doctors and nurses who care for mothers and babies, to prepare clinical protocols for discharge decisions. If federal or state legislation is required to put the decision back in the hands of the professionals, if should be drafted. [NEW JERSEY legislation just passed - can we get summary? Any other states?]

The American Academy of Pediatrics recommends that issues affecting the decision to discharge mother and infant should include medical stability, determination of adequate feeding, delivery of adequate pre-discharge education, need for newborn screening, and availability of appropriate follow-up supports and

services.

Many mothers--and fathers--benefit from the personal concern of hospital staff, social service workers or volunteers who show them how to care for their babies, and no baby should be discharged until her parents receive that kind of support and attend at least one class on basic baby care.

But, at a minimum, starting right now, we could require mothers receiving any form of public assistance to attend parenting classes, as a condition of continued assistance.

Margaret Mead, in her classic book *Coming of Age in Samoa*, noted that a Samoan mother was required to give birth in her own mother's village, even if she had moved to her husband's village upon marriage. The father's mother or sister had to attend the birth as well, to care for the newborn while the midwife and the mother's relatives cared for her. In addition to tending to the new mother and infant, the relatives were experienced parents in their own right and could help ease the transition into parenthood by showing how it is done.

Nothing replaces hands-on instruction, and the cost of providing it doesn't have to be exorbitant. On a recent visit to the Philippines, I visited the Doctor Fabello Hospital in one of the poorest sections of Manila. For the past five years,

insert (K) for p. 15

the hospital has kept newborns with their mothers, not in a separate nursery. In the maternity ward, I saw dozens of new mothers lying in beds facing their babies. Across from each of them was another mother and her baby, so there was always another mother available to help watch every baby. The doctors and nurses were patiently helping mothers learn to breastfeed. To my astonishment, I saw one- and two-day-old infants sipping from cups. I learned that the hospital had started training mothers who couldn't breastfeed to use cups, when they realized how much harder it is for poor mothers living in unsanitary conditions to sterilize and clean bottles and nipples than to keep a baby's drinking cup clean.

Dr. Ricardo Gonzalez [he's the administrator who showed you around, that who you mean?] running the hospital explained that closing the nursery saved enough money that he could hire more nurses to work directly with the mothers to teach them about good nutrition, proper handling and disciplining of children, and other parenting skills. In the years since the hospital made these changes, reports of child abuse in the area have dropped and more mothers are choosing to use family planning to space their children so they can give each sufficient attention and care.

Even without introducing radical change into our current health care system,

(K)

there is much that can be done to insure that new parents go home equipped to cope with the demands of parenthood. Mothers should be encouraged to breastfeed and patiently shown how to do so. If, for whatever reason, she is unable, however, she should be sent home with instructions on adequate bottle feeding, not a load of guilt. No mother should leave the hospital without being given the opportunity to ask every other question she has about proper baby care. She should receive a wallet-sized card listing the immunizations a baby needs, where to get them and how much they'll cost. If she doesn't already have a good pediatrician, she should be given the name and number of one whom she can easily. Insert (4) from p. 17

And then go to p. 20 for insert (X-1)

~~Every~~ new parents should be encouraged, even after leaving the hospital, to attend childcare classes sponsored by hospitals, medical associations, nursing organizations, businesses and volunteer groups. Businesses are in a good position to make such instruction available, but few have made it a serious commitment. ~~A few~~ About ten years ago, a local bank in Little Rock offered a series of lunchtime parenting classes to its employees, and the classes were oversubscribed. The bank even tried to convince several other businesses to do the same, but encountered incredulity or indifference. What business was it of business, they were told, to help employees be better parents? No one else followed the example, and the bank did not continue its offering.

(LIZ)

Ten years later few companies ~~have~~ still offer such classes, but one notable one that does is Motorola which in 1995 started a series of courses ~~to~~ to help their employees with child rearing.[19] Subjects range from child development to dealing with teenagers with additional offerings to include how "blended" (step families) and "sandwich" families (raising both kids and caring for aging parents) ...

~~[illegible]~~ It's generally hit or miss as to who gets what instruction is available. Even Lamaze and other privately sponsored birthing classes rarely go beyond the basics of early infant care.

No hospital should permit a baby to leave until somebody has evaluated the parent-child relationship to decide whether additional advice and help will be needed. This is especially important for teenage mothers. Hawaii has such a program, called Healthy Start. ~~Its~~ whose goal is to help new parents by intervening early at the hospital with personal support for families identified as being at risk for abuse or other difficulties. The program's workers visit new parents at the hospital after the baby is born, while they are still and screening more than half of the 20,000 babies born in the state each year. They end up and providing services to more than 3000 families.

The workers ~~They~~ talk to the parents only with their consent to look for warning signals from their current situation and past history. "We look for parents who were abused or neglected as children," explains Gail Breakey, one of Healthy Start's founders and the director of the Hawaii Family Stress Center. "We know from research there is an intergenerational pattern." Healthy Start has been successful in reducing child abuse in Hawaii to less than 1% among the group helped, far lower than the national average of 4.7%. Ms. Breakey added that nearly everyone

consented to an interview and most families are grateful that someone cares about them ~~and that a caring interview is being conducted. [HRC margin note: check earlier draft]~~ In the few cases where a child appears to be at risk, but consent is not given, there is no follow-up. Although some families who need help will not get it because they are free to reject screening, those who ~~need it~~ are helped by a home visitor assigned to come into their home.

There is another reason for giving mothers adequate time with newborns, both in the hospital and at home, in the weeks that follow. Mothers -- and fathers -- need to bond with their infants, which means simply to begin to form the attachment between a child and her parents or primary caregivers. It is important to support new parents in the home; the more stress there is, the more parents react poorly to their child's cries and demands, making it harder to ~~bond~~ respond appropriately to their child.

In his book *Touchpoints,* Dr. T. Berry Brazelton talks about how new mothers are treated in other cultures. He describes the practices of the people of the Japanese Islands of the Goto Archipelago. The new mother stays in bed for a month after delivery, wrapped in a quilt with her baby and all her female relatives in attendance. Her only job is to feed her newborn. She is considered a child during this time and is addressed in a sort of baby talk.

be required to receive home visits and other parenting education services as a condition of receiving their benefits.

Insurers are finding that ~~the opportunities for~~ sensible interventions such as home visits services ~~afford~~ outweigh the costs of physical and mental problems that might otherwise develop. [Example] Home visits are the centerpiece of Healthy Start's success, helping families to cope with poverty, homelessness, substance abuse and unemployment. Healthy Start projects now operate in communities in more than 20 states, but it ought to be operating nationally because it turns around lives and saves money.

But for many American families, home care of any sort -- by themselves or by the "village"-- in the weeks following childbirth is a necessity they can't afford. Economic pressures outweigh less visible needs like bonding, forcing them either back to work too soon or back to a job they'd give up to care full time for their baby if one job could support a family today.

In 1993, more than half of all establishments with one hundred employees or more in private non-farm industries offered maternity and paternity leave. Sixty percent of all full-time employees in this group were eligible for unpaid maternity leave and 53 percent of all full-time employees in this group were eligible for

gained weight more rapidly and developed better so they could be sent home six days earlier than babies in the other group. [HRC details]

Psychologist Robert Karen [get his book] points out in his work on attachment that ~~even that points out in his work on attachment that~~ even babies who enter the world displaying an irritable temperment can be treated more lovingly ~~those low-income mothers~~ themselves who were under finanical and other stress if the mothers were taught how to care for them. Mothers of 100 such irritable children in the Netherlands were given just six hours of instructions on how to cope with their children and were twice as likely to form ~~what we called~~ secure attachments than similarly situated mothers who were given no help.

There has been a traditional emphasis on the ~~act of bonding~~ attachment between mother and child, but men need to become emotionally attached to their ~~bond with~~ infants too, and ~~to~~ be ~~made~~ part of the process of integrating the newborn into the rhythm of the household. I remember how tentative my father was about even holding my baby brothers at first. Fathers can also help mothers cope with the burdens of child care which can create more space for loving interactions. Mothers though need to relinquish some of the initial fussing and hovering over babies to allow fathers to grow comfortable with the newborn. The process can be assisted along leaving men to learn for themselves

Jen - Please see starred queries - one on this page and one on p. 18. Thanks xxo BF

homosexual movement has done ... to what divorce has done to this society. In terms of consequences to children, it is not even close."

~~[HRC, HOW DO WE CHECK QUOTE? BF]~~

After years of laissez faire attitudes about divorce, I am heartened to see efforts now being launched to save marriages. Religiously-based grassroots campaigns, by groups as ~~otherwise~~ unlike as The Black Muslims and The Promise Keepers are attempting to encourage fathers to commit themselves to their families and many church sponsored marriage seminars are ~~becoming more~~ to help couples weather their tough times. ~~common~~. More family therapists are emphasizing ways of helping couples stay together for the sake of their children, rather than focusing on ~~helping~~ each partner, desires to define his or her own right to happiness. The larger society should echo the same themes to celebrate marriage and discourage divorce when children are involved. Courts should confront couples with children, who are considering divorce, with "braking mechanisms", such as mandatory "cooling off" periods, required counseling and classes on the effects of divorce on children of different ages. [ARE THERE ANY EXAMPLES OF WHERE SUCH MECHANISMS ARE IN PLACE, HERE OR ABROAD? WHAT ARE THE RESULTS? DID WE EVER USED TO REQUIRE SUCH THINGS, IN THE 'GOOD OLD DAYS"?]

★ are L.2 don't find an example

When parents do divorce, they bear the responsibility for tempering the pain their children will inevitably experience. The little things often matter the most -- the constancy of daily routines, in particular, like mealtimes and getting homework checked. Divorce subjects children to so many unavoidable anxieties that parents must do what they can to maintain the status quo and to avoid creating additional anxieties. Non-custodial parents can do their best to honor the time that has been designated to spend together, scheduling travel around weekly overnights, volunteering at their children's schools and attending sports events or theatrical performances. Both parents can make the effort to attend holiday celebrations and school performances and to keep disagreements to a minimum.

Joint custody may sound like a good solution to concerned or rivalrous parents, but it requires a high degree of sensitivity and commitment on the part of parents. A child who is shuttled back and forth between homes may feel adrift; parents need to ask themselves if the decisions they are making are truly in the best interests of the child. When parents can't put aside their differences and work together for the benefit of their children, the courts must intervene, but too many divorce

judges have little or no training in either mediation or child development. ~~It often seems that~~ King Solomon knew more about deciding the best interests of the child than many modern-day divorce judges. [DETAILS AND REAL-LIFE EXAMPLES, FROM THIS COUNTRY OR OTHERS, ON SENSIBLE CUSTODY AND CHILD SUPPORT ARRANGEMENTS AND ENFORCEMENT, ETC.] Judges, mediators and lawyers need to remind themselves that they are not dividing up goods and property; they are dealing with living, breathing young souls. A broken home doesn't have to mean a broken child.

When a parent can't or won't be there for a child, the village must step in to do its part. Adults beyond the immediate family reached out to my mother, giving her enough support to make it through a difficult childhood with her emotional health and her values intact. Byron from Louisiana told me that he is grateful for a friend of the family whom he would "like to take after. He cares a lot for us all and does everything he can for us." The adults who reached out to help my mother and Byron were trying to fulfill a basic need that I have heard Dr. T. Berry Brazelton refer to so often: every child needs at least one adult who is crazy about him. By "crazy", of course, Dr. Brazelton is talking about

August 23 - outstanding

1. Chelsea Bitbourg letter - left message for Carolyn

2. Call Becky Saletan re not using names on burning houses

3. "good and bad" quick reference on health care system - Jen working on this

4. HRC foster care case - Beryl Anthony still looking (Claudia assistant 371-5822)

5. transcript of Vermont mother regarding cattle immunization - (took place at NE regional healthcare forum; no transcript available)

6. school lunch stats and team nutrition kick-off materials - will be sent Wednesday

7. "Golden rule doesn't mean that gold shall rule" - cannot find who said this. Sabrina is working on it.

8. new New Jersey law that requires hospitals not to kick out new mothers before they are ready

9. Bill Galston's son's letter before he decided to leave Administration - I faxed Barbara Feinman a WSJ article that quoted from it. Hope it is sufficient so we don't have to call Bill for the whole letter.

10. current children's allowance in France. how much they get for each well baby visit, etc. They use a punch card. I have placed a call to Dr. Lacromique at the French Embnassy. He is the attache for social affairs. The number is 944-6232 or 6236

11. quote from VP Gore on the importance of preserving the environment for our children - Eric Schnur in his speechwriting office is still looking for an appropriate quote. x67035

12. Luxembourg Income Study - coming from Syracuse University Wednesday. Professor Smeeding's office (315) 443-9045

13. Divorce braking mechanisms and cooling off periods - Jen is working on this

14. examples of sensible custody and child support arrangements and enforcement - Jen working on this.

Phone numbers:

Barbara Feinman at ranch: (307) 734-3930 or 52
fax at ranch: (307) 734-3951
Barbara is staying at the Snow King
if problems, go through Signal and ask for kitchen drop at ranch

THE WHITE HOUSE
WASHINGTON

Rsa

Villareal

[redacted]

Friday

[redacted]

hE regional

health conference

Pam—
Here are the 2 others I mentioned.
BF

REVISED Monday 8/21

INTRO
Chelsea's letter to President Reagan urging him not to go to Bitburg

LESSON1
Park Ridge was a "city" not a village when HRC growing up

LESSON1A
HRC has speech--BF GET FROM HRC and check
p. 14: in a recent address to the Christian Coalition that "in terms of the damage to the children of America, you cannot compare what the homosexual movement has done ... to what divorce has done to this society. In terms of consequences to children, it is not even close." [HRC, Becky wonders if we need to check quote? BF] (ask HRC)

PAM/JEN
p. 14: Courts could confront couples with children who are considering divorce with "braking mechanisms" such as mandatory "cooling off" periods, required counseling and classes on the effects of divorce on children of different ages. [ARE THERE ANY EXAMPLES OF WHERE SUCH MECHANISMS ARE IN PLACE, HERE OR ABROAD? WHAT ARE THE RESULTS? DID WE EVER USED TO REQUIRE SUCH THINGS, IN THE 'GOOD OLD DAYS"?]

PAM/JEN
p. 15-16: It often seems that King Solomon knew more about deciding the best interests of the child than many modern-day divorce judges. [DETAILS AND REAL-LIFE EXAMPLES, FROM THIS COUNTRY OR OTHERS, ON SENSIBLE CUSTODY AND CHILD SUPPORT ARRANGEMENTS AND ENFORCEMENT, ETC.]

I CALLED DR.BRAZELTON TODAY AND GOT QUOTE; HE DOESN'T REMEMBER IF HE'S ACTUALLY WRITTEN IT
p. 16-17: every child needs at least one adult who is crazy about him or her.

[GIVE MORE SPECIFIC SUPPORT FOR THIS NOTION, FROM BRAZELTON'S WORK AND OTHERS; AREN'T THERE STUDIES OF KIDS FROM ALCOHOLIC AND ABUSIVE FAMILIES THAT SHOWED THAT THE EXISTENCE OF ONE CARING ADULT IN THE CHILD'S LIFE WAS THE CRUCIAL DETERMINANT IN ALLOWING THE CHILD TO ESCAPE THE DESTRUCTIVE FAMILY PATTERN?]

HRC:
p. 19: Some people embrace the new family and its values and find there is much to treasure in this unfamiliar landscape. [EXAMPLES FROM FRIENDS, ETC?]

p. 20: [HRC: ANY ANECDOTE OR INSTANCE WHERE YOUR VALUES AND THE PRESIDENT'S CLASHED REGARDING CHILD-REARING?--TO ILLUSTRATE HOW THE MERGING OF HERITAGES CAN BE PROBLEMATIC]

Pam,
Here is the list of research we need (thus far). Mrs. Clinton suggested that perhaps Liz Boyer could help.
Thanks, Barbara

Loe

RESEARCH WE NEED

INTRO-- ALL DONE

LESSON1

--during the 50s and 60s what percentage of workforce were unionized

--was the first MacDonald's in Des Plaines, Illinois as HRC remembers--also when did it open?

--Eric Frohm (spelling??)
we need a bio on him as well, like from Who's Who

LESSON1A

pending

LESSON2

--Need i.d. on Elizabeth Stone (possibly a writer)

X Molly Brostrom

--Most people in their old age are not supported by their adult children, but instead rely on their own savings, pensions, Social Security to see them through retirement. Is this true, are there any stats we could get to back this up?

--any statistics or figures on what it costs to raise a child to adulthood? (in a Wash Post article we have it says 150 to 300 thousand dollars)

--how many adults, what percentage, (in U.S.) become parents?

other:

--chronology of when child labor laws passed in U.S.; when was constitutional amendment; need copy of text

X --John Silber, president of Boston University, gave BU commencement address in June 1995; need copy

✓ --copy of "Cry for Renewal" statement of religious group to counter Christian Coalition; Alexis or Melanne should have

✓ --info from Dept of Ed on progress of charter schools; how many; where; what exactly federal legislation permits. One source of help: Bill Kincaid (Diane Blair's son) at DOE