We know how to intervene to try to create better conditions for a non-responsive depressed parent, an over-stressed parent, to have this kind of interaction with his or her child. But we do not have any systematic way to do it and I think what the President is saying is a very important point because we have this reaction against systematically helping people, and yet we systematically pay the costs of not helping people, in a very sensible preventive way in the first instance.

I think that it's not only something we should look at from the point of view of what public programs like Medicaid can or should do. There are also great opportunities for HMOs and for insurers that are serious about cutting costs down the road and I know that at least one, Kaiser Permanente, is represented here that is very interested in trying to figure out ways of creating better conditions for prenatal and post-birth relationships between parents and children.

And I also think that we can't look at this solely as a problem of our poorest, most disadvantaged families. That is where we have perhaps a greater pool of parents and children at risk and where the social costs are more obvious, but I

think that the stresses that Dr. Brazelton has talked about and that he's worked on for so long really affects society across the board and so it's not just a question of public response, it's a question also of private response.

And to that end, I would like to ask Dr. Cohen, because he referred earlier to Dr. Sally Province whom I had the privilege of working with and watching work with mothers and infants, and in the observations that I watched those many years ago, she was dealing with primarily stay-at-home mothers, middle income, upper income mothers, who knew that they had a problem, who knew because of some referral from a physician or a neighbor or just what they felt themselves that their child was not thriving the way that they had hoped their child would. So they would come for this intervention and assistance from Dr. Province and then Dr. Province after observing, it was predominantly, I think, all that I ever saw were mothers and children, after observing the parent-child relationship, would then work with that mother to understand how not to startle the baby, how to read the baby's temperament, how to be more attuned to her child.

And, Dr. Cohen, that's much of what the work that you've done all these years at the Child Studies Center has been

aimed at. How do we take that knowledge which is there, that trained people like yourself and Dr. Brazelton and Dr. Hamburg and others on the panel have, how do we take that and systematically provide it to parents who want to make these changes so that they are better able to develop their children?

DR. COHEN: Well, thank you. One important part of the work in the Child Studies Center this last decade has been to move the clinical work of Dr. Province out into the community, so now the clinic that you worked in is represented in every school in New Haven where psychologists, social workers, child psychologists are out there in the schools working with teachers, in preschools working with Head Start teachers.

In our most recent work, it's been working with police officers and teaching police officers the basic concepts of child development and how do you work with families and police officers are out in the community. They are still making house calls.

And I think that one of the important parts of our work is to work with all those other aspects of the community where families are met, the faith community, pediatricians,

primary care, education, social service agencies, as everyone buys into the idea of thinking about the first years of life. And that will transmit the kind of knowledge we have about parent-child relationships to the families.

We shouldn't underestimate how hard the work is because after you do work with the families and you bring them in, it is sustained, hard work to make a change, especially when you have multi-generational difficulties of the sort that you saw also with Dr. Province. It means long-term work, work with the parents, work with their extended community, and work with the child. And we have to recognize that as well, that this is not going to be simple work once we identify the children.

Thus, when you go out into the community, what you find is more and more need and that is what we have to recognize as providers, that it won't be a few children, it will be more children. Every highway once it's built is filled with cars and every time you reach out into the community, you find more parents who want our care.

Finally, we'll have to find ways of doing this not just with professionals like Dr. Province and high trained professionals, but extenders of our clinical care and I think

there, too, the President is quite right in saying can't we create systems in which there are a range of providers working in a systematic way, delivering to all children at their socio-economic class differences what they need. And it's not always a highly trained physician, but sometimes it is a highly trained physician.

DR. BRAZELTON: I didn't get your question but absolutely, for my money, one of the good things about managed care is that it can provide us multi-disciplinary opportunities. We could train the woman on the phone, the woman when you first enter a doctor's office, somebody to asses the baby so the doctor in his 10 minutes doesn't have to do that, but he then can use it. The second I think you reach out for somebody and offer to become an advocate, they know it and they'll respond to it and you could bring them in in pregnancy in such a way.

And then I've found in my own work that modeling is the quickest way for a parent to learn how to nurture a child.

DR. HAMBURG: Well, Dr. Phillips, you're not forgotten, you're down there on the end, but we remember you're there and the very important subject you have to address, so, please.

DR. PHILLIPS: First, Barry, I want to thank you because my 11-month-old has perfected that Bronx cheer of yours after three months of almost constant practice and I'm very glad to know that's normal development.

Thank you, Mr. President and Mrs. Clinton, for highlighting research on child care as part of the evidence that you want American families to know about in the context of this very important gathering. It's not often that we get to sit on the same panel with neuroscientists, so it's a deep honor.

Just as the research on the inner workings of the brain have somewhat ironically directed attention outward to the importance of the environment, research on child care has affirmed the centrality and durability of the family in the development of young children.

We now know, for example, that placing a baby in child care does not interfere with the development of the mother-infant attachment relationship or the father-infant attachment relationship. These bonds are extremely resilient. Today, however, the vast majority of families are sharing the rearing of their children with child care providers, starting in the very first few weeks of life.

We know from the new national study of infant child care funded by the National Institute of Child Health and Human Development that 80 percent of the infants in the United States experience some regular non-maternal child care during the first 12 months of life. Most of these babies started child care before their four-month birthday and most of them are in care typically for close to 30 hours a week. We are talking about very high dosage, very early exposure to child care for most U.S. babies.

As millions of American children are moving into child care, most of these settings fall short of any standard that any of us in the room would consider optimal. Barely adequate has become the term of art to describe the typical child care arrangement in this country. Virtually every study that has involved actually going inside child care settings and observing what happens has found that about 15 to 20 percent, about one to five or six, are in fact dismal and even dangerous and those are the settings that will let us in to observe them. Compared to older children, infants seem to get the poorest quality of all.

We also see fabulous child care in all kinds of arrangements, whether it's from the grandma or a teacher in a

child care setting.

Neuroscience tells us that these suboptimal child care environments should affect early development. Child care research confirms that they do. The quality of the child care environment significantly affects virtually every domain of development that we know how to measure, whether it's problem solving skills or social interactions or attention span or verbal development, whatever we can measure, you get an effect for quality of care.

We've known this for a while now about three and four and five-year-olds. What this new study is telling us is that it's also true for infants and toddlers. Contrary to persistent concerns, young children, including babies, can thrive in child care when it is of good enough quality.

Now, the key to quality lies with the care giver. Good care giving looks a lot like the good mothering and the good fathering that you've been hearing about on this panel. Children show significantly better cognitive and language and social and emotional development when they are cared for by adults who engage with them in frequent affectionate responsive interactions, who are attentive and know how to read the baby's signals and the baby's temperament and know

when to turn up the volume on an interaction because the baby wants more and when to turn down the volume because the baby is absorbed in something on their own or is tired and needs to take a nap.

We have learned that language stimulation in child care settings is one of the most important facets of that care-giver child interaction, starting with babies.

Consider the difference between a baby in a child care setting who holds up a toy car and says "cah" and is greeted by a care giver who knows to get down on her knees, look at the baby's eye level, clap, hug the baby and say, "Yes, you have a car." Maybe she even has a book about cars to pull out and show the baby. As compared to the baby whose gleeful exclamation of "cah" is ignored, completely ignored, and frequently ignored.

These are precisely the kinds of differences that we see when we go in and look at child care settings. It's the difference between high quality and that barely adequate care that we see all too often.

Research also tells us that adult-to-child ratios are a critical ingredient of quality because it's humanly impossible to offer an infant enough of these kinds of

nurturing, stimulating exchanges when a care giver has to juggle the demands of more than a few babies, more than six to seven toddlers. Ask any parent of twins or ask any parent who has just survived their two-year-old's birthday party and say to them, "Oh, they're coming back in 10 minutes, they've just been out for a play session."

We also know that better trained and educated providers interact more effectively with young children in both home-based, even those informal care settings, as well as in centers. Experience alone does not appear to make a difference.

Children are also affected by the stability of their care givers because what we in my discipline euphemistically call staff turnover or care giver turnover, infants experience as loss of loved providers and this brings us to the difficult issue of how little we value and reward the individuals who provide child care in this country.

Wages predict turnover. It's a simple and direct relationship. Yet we pay child care workers among the lowest wages of any workers in this country, including people who guard our cars in parking lots.

Parents understand the importance of quality in their

children's child care. It affects not only their children, but their performance on the job. Some parents call it safety, some parents call it trust, some call it learning opportunities, but they all care deeply about it and they worry deeply about it. They struggle one by one to find child care and then to keep it, which is sometimes even harder. They do their best under very tough circumstances, constrained by what's available and convenient and affordable near their homes or their jobs, and constrained by the nature of their work hours and the demands of their jobs into which their child care have to fit.

We all share a responsibility for meeting the needs of America's children for high quality child care. Parents need real choices, starting with the choice about when to start using child care, which is a matter of family leave policy and I applaud you, Mr. President, for expanding the range of activities that that act will now cover. It will provide parents now with precisely that time they need to find high quality child care and the necessary time it takes to look for it.

I also applaud you, Mr. President, for highlighting the exemplary efforts and extending the exemplary efforts of the

Department of Defense. I have been particularly impressed by their understanding but efforts to enhance training must go hand in hand with efforts to enhance wages. And, as a result, staff turnover in their child care programs has plummeted.

The questions this conference raises for child care are big ones, but unlike some other areas of child policy, we do know what to do here, as you said, Mrs. Clinton. We know how to provide high quality child care. The unified efforts of the four branches of the military have proven this, as has Head Start, as I'm sure will early Head Start, as have the wonderful child care programs that are available to people who work in the federal agencies and in the U.S. Congress that I was fortunate enough to be able to avail myself of who are accredited and who also offer decent wages to their employees.

And today we're hearing very compelling evidence about the high stages involved in decisions either to follow or to ignore these models and I am delighted to hear that you're going to keep looking at this issue in the months ahead.

Thank you.

(Applause.)

MRS. CLINTON: One of the reasons we want to look at this issue and we will have a conference later this year is because this is one concern that is shared by Americans no matter where they live or what their station in life might be. And I think we need to clear the air and have a very honest national discussion about child care, the good, the bad and the ugly, and try to give parents more guidance about what good child care is and look for ways of creating real choices for parents because that is what I think we should make available to parents but in reality many parents have no choices. They don't have the choice about whether or not to go back to work, especially if they're a single parent or if they're a parent in a low income family that needs two paychecks just to keep body and soul together. They often believe that they don't have a choice about the quality because of the cost of the programs that they are looking at. And I think that part of what we have to do with this research that we now have available to us is to take a hard look about what real choices are and try to do more to provide them.

Now, some people argue, Dr. Phillips, that what the research that we've heard about from Dr. Shatz and Kuhl and

Cohen and others, really tells us is that women with very young children should not work outside the home period and that all of our problems would be solved and all of our babies' brains would be well wired if women just stayed home. And I think it's important that we talk about this and not either adopt an ideological point of view one way or the other about this question and it seems to me that part of what this conversation about scientific research should lead us to do is to look for ways to give real choices to women so that women feel that they are making the choice that is right for them and their family.

But could you comment on what this research is telling us and whether it's fair to conclude, as some now argue, that it's the absolute definitive word on whether or not women should work outside the home?

DR. PHILLIPS: Yes. I have always been dismayed by how zero sum the debates are about work versus child care. All families in this country do both and both need child care and also need the freedom to make choices, especially about when they start child care. And I would love to see family leave policies in this country extended to cover more employees, a longer period of time and to address that thorny issue of

wage replacement.

Placing a child in child care is one of the most agonizing and frightening decisions a parent has to make and it's very important that that parent be comfortable about when they first enter into that system or non-system that we have now. But in fact the research on child care and the research on infant child care now is extremely reassuring with respect to working parents, mothers and fathers, in a couple of ways.

First, we know, we find again and again in analyses, that regardless of when families first start child care, regardless of how much child care they use, the family remains by far the most powerful, by far the most powerful, influence on their children's development. In many ways, how a child fares is in the parents' hands, so that's one reassuring message.

The other message is that if you can place your child in high quality child care, you can actually supplement what you're giving them as a parent and that's why the value of making high quality child care affordable for more families cannot be undervalued. Children can thrive when their child care is good enough and I think people weren't even sure that

was possible, but it's very, very possible.

MRS. CLINTON: One of the questions that I'd like to ask the scientists about kind of arises from that.

There was an interesting study that I wrote about in my book and I saw today mentioned in a New York Times article called "Meaningful Differences" about the amount and kind of verbal interaction that goes on in a home and the kind of stimulation that occurs.

And I think one of the issues that we need to address is how do we make it possible for more parents and those who are substitute care givers to understand what appropriate stimulation is, what kinds of activities are going to really help wire that brain and what might short circuit it, because I know that I often observe parents in various settings all over the country, and I'm always interested in what they think an appropriate way to talk to a child is, and does that make a difference and, in addition to verbal stimulation, what about physical stimulation?

And Dr. Schatz, or Dr. Kuhl, would you comment on that?

DR. KUHL: I think we can say that the kind of stimulation definitely makes a difference. I mean, obviously, we wouldn't think that shouting at a child more

would improve their development.

We think that interaction is extremely important and that the sort of mood and temperament of the child needs to be taken into account.

So, if a parent comes in to address a baby and is rushed and stressed, maybe that interaction isn't ideal, and if a parent simply decided, "Look, I have to crank up the level a little bit here, I have to do more of this, I am going to talk to this baby four hours a day," but talking isn't interactive and doesn't take into account where the baby is at that moment in time I don't think we could guarantee that that would do any good at all and, in fact, we might guess that it would have some negative consequence.

I think Barry was mentioning that one of the things that you try to train a parent is to understand and read the child, that the temperament and the tone that mothers and fathers adopt when they talk to children is this higher pitch and slowed-down level of communication.

The slowed-down level of communication says, "Go ahead and take your turn. I'm addressing you. It's your turn now." I think that's the kind of stimulation that we have to

teach parents how to do. Some of them have the intuition to do it, not every single one of them does. Teen-age mothers don't, always.

DR. SCHATZ: Brain research actually has allowed us to begin to understand what is going on in the brain when these adequate interactions occur.

We know, for instance that this process of strengthening synaptic connections or weakening synaptic connections can actually be influenced by the state of arousal or the state of mind that you're in, and this is both -- you probably know this from your own experience in terms of, you know, trying to learn or remember things.

Obviously, a state of stress makes a difference, and we know this at the level of these individual synapses and connections that I talked about earlier.

DR. BRAZELTON: I do think there is a danger in what we are proposing, of playing into something that is going on in this country, which is to go after children, to teach them language, teach them judo, teach them violin, all the rest, at a time which may not be age-appropriate.

The first three years maybe ought to be put more into learning about themselves, learning about their environment,

learning how about discipline, things like that, which may be more age-locked than learning how to read or learning some of the other things.

I would be worried about families who took away from this that they've got to start all these programs early, and push.

DR. COHEN: I think it's important to think about the baby's schedule. If we think about early child care, it's meeting the baby when the baby is awake and ready for you, which is so difficult. It may not be exactly on the schedule of the parents.

Quality care of children means being there when they need you. Sometimes when they need you -- and we haven't talked much about it -- is when they're upset and distressed, at moments of high affect. There, a lot of important work goes on between the parents, who are devoted to this child, whose primary preoccupation is this child, and the child.

So, when the child is crying or is hungry or has fallen down or is disappointed, how the parent responds to those highly charged moments is critical, and it makes an enormous difference whether it's your child or a child you really love and care about, or somebody else's child. It also makes a

difference how awake you are, how stressed you are.

I think that we need to find ways of allowing parents to be there for their children at such times. That's one of the advantages of worksite child care, is to be there not only when things are going well, but when they're not going so well, and the child is sick or upset or is frightened.

I think these charged moments is something which we need to think about, too, in our curricula, as we talk with parents, as we talk with other people who are dealing with children, which is how do you deal with a child who is having a temper fit, how do you deal with a child who has just pulled another child's hair, how do you deal with a child whose hair has just been pulled? These issues begin, really, very, very early.

I was doing a home visit two weeks ago, and there were two one-year-olds, and one little boy just reached out and just grabbed this other child's hair and just gave it a big yank, and the mother screeched, said, "Don't do that." So the child then looked at the mother, looked at the little girl, and crawled away and started to cry.

The mother then picked the child up and consoled the child, and then put the child back down on the floor. The

child is back down on the floor, looks at this little girl, whose hair he just pulled, and he takes his hand and he gives it a little -- "Don't do that." It was like, "Hand, don't get me into trouble again."

(Laughter.)

DR. COHEN: Now, that moment, that highly charged moment --

MRS. CLINTON: That's good advice for adults.

DR. COHEN: Right.

(Laughter.)

DR. COHEN: That highly charged moment of assertiveness, of how the parent dealt with the assertiveness, comforted the child, and the child begins to internalize, what do you do. A year or two later, he may not have to hold his hand. He will know his hand belongs to him.

That, I think, is really very hard, unless you have appropriate training in child care, where the staff understands that this is a moment to learn, there are enough child care workers, where the parents understand how to deal with assertiveness and aggression.

I think they are, especially for very stressed families, a place to really do a lot of our thinking.

THE PRESIDENT: I'd like to make just a couple of comments. I'm going to ask all of you to help me figure out what we're supposed to do here. First, I believe the national government has a continuing and heavy responsibility to fund this basic research, to keep pushing the frontiers here.

There are, as has been acknowledged here, some things we don't yet know the answers to, and I'm very heartened that the distinguished head of the NIH, Dr. Harold Barmus, is here, and the President's Science Advisor, Dr. Gibbons, is here, and I think it would really matter if we knew how much was enough interaction -- something you could tell a busy parent, something you could tell a parent who maybe was a high school dropout and felt not very worthy, and you could empower them. You can empower them now by telling them that they can do enough, but if you really -- if you knew a slightly more precise answer it could really matter to this. So I think we have a heavy responsibility there.

The second thing I'd like to say is I wish you all would think about these issues we've discussed today where there are shortcomings in our society and ask yourself, is this primarily a money problem, and if so, what is the federal

responsibility here; or is it -- maybe there's a little money problem, but is it primarily a question of education and proper networking, in which case, as Dr. Davidson said to me when we had a personal moment here, maybe it's something that has to be done community by community. But I think it's important to disaggregate these problems.

The third thing I'd like to say to you is that as we think about -- we were talking about the Navy's child care network -- we're living in this, as everybody knows, in this really dynamic time, and I'm trying to figure out all the time what should I be doing here that will make America better 10 or 20 years from now, and I think about these decisions that we're trying to harmonize as having basically three major elements. There's the sort of the modern social elements of the technological changes and the global competition and whatever the social pressures are. There's the enduring need to have an appropriate amount of personal responsibility from individuals, without which no society succeeds. And then there is the constant need we have that's always being redefined to have a certain amount of security in our society because we share common tasks together.

And if you take the United States versus France, for

example, our unemployment rate is seven points lower than theirs. That's a big deal. We would be inconsolable if we had a 12 point unemployment rate. And the President of France and I have had a lot of wonderful conversations about this and he's tried to make his society more flexible and his labor markets less rigid to try to get more jobs and lower unemployment.

On the other hand, if I suggested that there is no social responsibility for a child care network, they would go crazy and they would think it was laughable, that it had nothing -- that they're pretty proud of the fact that they take better care of their children than we do. And I don't think it has anything to do with the difference in our unemployment rate.

In other words, I believe that every society today in this period of change is trying to identify where do I need to let competition and responsibility hold major sway here and get out of the way; and where do we need to do these things together. And no society has it perfect; no advanced society has a perfect decision. But I would argue that we pay a terrible price when we don't take shared responsibility for our children. And I think the research here supports

that.

Consider how all the -- consider how I would answer Congress and the Republicans in Congress if I were to say, well, we've got a lot of problems in the military budget, so what we're going to do is to dismantle this system of child care, it's just a silly little add-on we can't afford; and we're going to let all these people in the Navy go out and find their child care the same way Americans do, everybody else does. It seems a reasonable thing to do. And, oh, yes, we do have all these fine young people who serve in the Navy at what would be very low salaries compared to the private sector, but that's just tough. Why, there would be an uproar, and there ought to be an uproar.

But if you think about it, the children of people who aren't in the Navy are just as important to our future as the children of people who are.

So I think it would be very helpful to all of you to think over the next five or 10 years, whenever some problem comes up you ask yourself, is this something where it ought to be a matter of -- as we build a new society for a new century, something that we have to do together as a society, or something that we should just set up the right rules and

then let people deal with individually.

And that's how I try to think of every issue that comes to me. And when I -- was just captivated by what Dr. Shatz said about the whole way the brain -- my brain is racing, you know -- what are the implications of this in terms of what parents have to do and what the rest of us have to do. And if we ask and answer those questions right, then this country will be just fine.

Thank you. (Applause.)

April 17, 1997

CLINTON ADMINISTRATION EFFORTS TO SUPPORT THE DEVELOPMENT OF AMERICA'S YOUNGEST CHILDREN

> *"Learning begins in the first days of life. Scientists are now discovering how young children develop emotionally and intellectually from their very first days, and how important it is for parents to begin immediately talking, singing, even reading to their infants....We already know we should start teaching children before they start school."*
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> -- President Bill Clinton, State of the Union Address, February 4, 1997

Recent scientific research has demonstrated that experiences during the earliest years of life -- before children reach school age -- are critical to their cognitive, emotional, and physical development. Nurturing and stimulating children in the first years of life actually help their brains develop and prepare them for the challenges of school and later life. President Clinton is committed to giving America's children the opportunity to live up to their God-given potential by investing in research, supporting parents and caregivers, and strengthening programs that provide early intervention to disadvantaged families.

PROTECTING OUR CHILDREN'S HEALTH

Supported Over 90% of all Children's Research. In fiscal year 1995, the federal government spent an estimated $2 billion on research and development directly related to children and youth -- over 90% of all funding of children's research. Spending on children's health research at The National Institutes of Health (NIH) increased 25% between 1993 and 1997, and this year NIH will spend $904 million on research on young children alone. This research has contributed to the recent advances in understanding early learning and language development.

Increased participation in WIC program. WIC Supplemental Nutrition Program provides nutrition packages, nutrition education, and health referrals to low-income pregnant women, infants, and children. Over the past four years participation has expanded by 1.7 million from 5.7 to 7.4 million women, infants, and children. The increase in the President's budget proposal fulfills his commitment to achieving full participation in WIC by the end of 1998. Research shows that WIC prenatal services save Medicaid much more than they cost by reducing health care expenses in the first 60 days after birth.

Raised Childhood Immunization Rates to an All-Time High. The President's Childhood Immunization Initiative focuses on five areas: 1) improving the quality and quantity of vaccination delivery services; 2) reducing vaccine costs for parents; 3) increasing community participation, education and partnerships; 4) improving systems to monitor diseases and vaccinations; and 5) improving vaccines and vaccine use. This initiative has achieved notable

success. In 1995, 75% of two-year olds were fully immunized -- an historic high. Funding for childhood immunization has doubled since fiscal year 1993.

Protected the Medicaid Guarantee for 9 Million Children Under 6 Years Old. This Administration has protected and, preserved -- and now will improve on -- the guarantee of Medicaid coverage for 36 million Americans, including 9 million children under the age of 6. In 1995, the President vetoed the Republican Medicaid block grant proposal that would have ended the guarantee of coverage for up to 4 million children by 2002. At the same time, the President worked with states by granting 15 comprehensive Medicaid waivers and approving many more state plan amendments that improve and expand coverage for children.

Seeks to Extend Health Coverage to Up to 5 Million Children. Although this Administration has made great strides in protecting the health of America's neediest children, there is still much to be done. In 1995, more than 10 million American children, 80% of whom have working parents, had no health insurance. The President's budget takes three important steps to address the problem of children who lack health insurance coverage:

1) Provides annual grants to states to cover health insurance premiums for families of workers who are in-between jobs;
2) Utilizes state partnership grants to help working families who are not eligible for Medicaid to purchase private insurance for their children; and
3) Expands Medicaid coverage by allowing states to continue Medicaid coverage for up to one year even if family income changes, intensifying outreach to children who are currently eligible but not enrolled, and continuing current law expansions of coverage to reach poor children between the ages of 13 and 18.

Fighting Pediatric AIDS. In 1994, the National Institutes of Health released new research showing that the use of the drug AZT by HIV-infected pregnant women can reduce the risk of transmission from mother to child by two-thirds. In response, the Food and Drug Administration quickly approved changes in labeling indications for AZT to include HIV-infected pregnant women and, in 1995, the Centers for Disease Control began recommending routing HIV counseling and voluntary HIV testing for all pregnant women. In addition, the President has consistently supported investment through Title IV of the Ryan White CARE Act, which provides grants for coordinated HIV services and access to research for children, women and families. Since 1994, $113 million has been appropriated under Title IV, with 59 organizations in 26 states, Puerto Rico and the District of Columbia receiving support.

Protecting Mothers and Children. Due to the Clinton Administration's comprehensive strategy to increase access to prenatal care, the preliminary estimate for the U.S. infant mortality rate (the rate at which babies die before their first birthday) is at an historic low of less than 8 deaths per 1,000 live births in 1995, and the proportion of mothers getting early prenatal care is at a record high of 81%. In addition, the President spearheaded legislation requiring insurance companies to cover at least 48 hour hospital stays following childbirth. In 1970, the average length of stay for an uncomplicated delivery was four days, but by 1992 it had declined to two days. This legislation ensures that mothers and babies do not leave the hospital before they and their doctors decide they are ready. The Administration is ensuring that the health needs of mothers and

children are met by providing over $1 billion in FY 97 for Title V Maternal and Child Health Programs. The Maternal and Child Health Block Grant, one of the Title V programs, serves approximately 17 million women, infants and children, in partnership with states. In addition, Title V programs provide comprehensive care for children with special health needs, meet nutritional and development needs of mothers and children and help reduce infant mortality.

Preventing Sudden Infant Death Syndrome (SIDS). The Clinton Administration launched the Back to Sleep public education campaign to send the message to parents and health professionals that putting babies to sleep on their backs can reduce the risk of Sudden Infant Death Syndrome. Largely as a result of this campaign, SIDS deaths dropped by 30% between 1992 and 1995.

PROMOTING EARLY LEARNING

Increased participation in Head Start, created Early Head Start for 0-3 year olds, and improved program quality. For more than thirty years, Head Start has been one of our nation's best investments. President Clinton has made improving and expanding Head Start a priority because Head Start ensures that low-income children start school ready to learn. Over the past five years, funding for the program has increased by 80%, and in fiscal year 1997 Head Start will serve 800,000 low-income children five years old and younger. Initiated in 1994, there are now 143 *Early Head Start* programs across the country, expanding the proven benefits of Head Start to low-income families with children under three. Over the last three years, the Clinton Administration has also invested significantly in improving program quality and providing local programs with the resources they need to attract and retain high quality teachers. The President's 1998 budget proposal provides a $324 million increase in Head Start's budget so that it will remain on course to serve 1 million children by 2002.

Improved Support for Infants and Toddlers with Special Needs. Under the Individuals with Disabilities Education Act (IDEA), the Infants and Families Program supports the continuing efforts of states to implement high quality statewide early intervention services for infants and toddlers with disabilities. Over the past four years, funding for the program has increased by 48% or $102.5 million. During the same period, the number of children served increased by 21.5%. An estimated 191,000 children will be served in fiscal year 1998.

Enhanced Family Literacy Program. Even Start Family Literacy is a family-focused grant program to improve the educational opportunities for children and their parents in low-income areas by integrating family literacy activities, including early childhood education, adult education, and parenting education. Since 1993, funding for Even Start has increased by over 40% to support programs in every state and the District of Columbia.

Providing Funding for Parent Resource Centers in 42 States. In addition to involving parents in the development of state and local education plans, the President's Goals 2000 program provides funding to establish parent resource centers that help parents learn how to help their children meet high standards. The centers provide training, distribute resource materials, and support a variety of programs that strengthen family involvement in education. In fiscal year 1997, funding is available for support centers in 42 states, 14 more than in 1996.

Promoting Parents as First Teachers. The President's America Reads Challenge, a campaign to ensure that every child can read well by the end of the third grade, includes Parents as First Teachers Challenge Grants to fund proven local, regional and national programs that provide assistance to parents to help their children become successful readers. The grants can be used to expand successful programs such as the Home Instruction Program for Preschool Youngsters (HIPPY) and the Parents as First Teachers (PAT) program. They will also fund national and regional networks to share information on how parents can help children to read.

IMPROVING CHILD CARE

Increased Child Care Funding. Since 1993 federal funding for child care has increased by $1 billion, providing services for over 660,000 children -- 65% of whom are under 5 years of age. The newly established Child Care and Development Fund (CCDF) has made available $2.9 billion to states. The new fund, authorized and expanded by the new welfare law, will assist low-income families working their way off welfare to obtain child care so they can work or attend school.

Improved Child Care in Public Housing. The Early Childhood Development Program helps to provide quality child care for families living in public housing communities, as well as families who are homeless or at risk of becoming so. The program allows parents or guardians who live in public housing to get and keep jobs by ensuring that their children are cared for. In 1996, $21 million was awarded to public housing sites across the country -- three times more than in 1994.

Providing High Quality Child Care for Military Families. Under the Clinton Administration, the Department of Defense has made important strides to improve the quality of child care for the children of the men and women who serve our country. Since 1992, the number of military child care facilities that are accredited by the independent National Association for the Education of Young Children has risen from 55 to 466. Currently, 72% of military child care programs are accredited, as compared to only 7% of other child care facilities nationwide.

SAFEGUARDING THE ENVIRONMENT

Controlling Childhood Lead Poisoning. The Administration has launched a major new effort to control childhood lead poisoning. The program requires landlords and sellers of older homes to notify prospective tenants and buyers about lead-based paint hazards, provides grants to states to control lead-based paint hazards in low-income privately-owned homes, and offers technical assistance to ensure that lead hazard control work is done safely and efficiently. The 1997 interim report evaluating the HUD Lead-Based Point Hazard Control grant program shows that median dust levels on interior window sills were reduced by 85 %. In addition, the number of children suffering from lead poisoning dropped from 1.7 million in the late 1980s to about 930,000 in the mid-1990s.

Protecting Our Children's Environment. Because their bodies are still developing, children are among the most vulnerable to pollution in the air, water and soil. In 1995, the Clinton Administration began requiring that children receive first consideration when EPA assesses

environmental hazards and sets public health standards. In addition, the Clinton Administration has strengthened environmental protections for children by: proposing to strengthen air quality standards for soot and smog to protect children from air pollution, particularly those with asthma; speeding the clean-up of two-thirds of the nation's toxic waste sites to protect the 10 million children under age 12 who live within four miles of a toxic waste dump; strengthening drinking water protections to ensure that drinking water is free of microbial contaminants; expanding families' right to know about environmental health risks that infants and children face to help them make informed decisions about their children's exposure to these risks; issuing advisories about contaminated fish so parents can protect children from cancer-causing PCBs; and educating parents about the effects of second-hand smoke, which annually results in 7,500 to 15,000 hospitalizations of infants and children under 18 months of age.

STRENGTHENING FAMILIES

Passed Family and Medical Leave. The President fought for the passage of the Family and Medical Leave Act (FMLA) that allows workers to take up to 12 weeks unpaid leave to care for a newborn or adopted child, to attend to their own serious health needs, or to care for a seriously ill parent, child or spouse. In June 1996, President Clinton proposed expanding FMLA to allow workers to take up to 24 unpaid hours off each year for school and early childhood education activities, routine family medical care, and additional activities related to caring for an elderly relative. Last week, the President asked Federal agencies to implement his expanded leave policy immediately for Federal workers.

Improved Children's Television. The President announced a breakthrough agreement with the media and entertainment industry to develop a television ratings system to enable parents to protect their children from violence and adult content. In addition, the Administration has given parents greater control over what their children watch on television by requiring the installation of anti-violence screening chips ("V-chips") in all new televisions.

Reducing Child Abuse and Domestic Violence. The Administration created the Safe Streets/Safe Kids initiative to make community responses to child abuse and neglect more comprehensive and coordinated in an effort to break the cycle of early childhood victimization and later delinquency. The Administration also put in place a nurse home visitation program for low-income first-time mothers. Studies have shown that home visitation programs are successful -- for example, reducing cigarette smoking during pregnancy by 25% and reducing mistreatment of children from birth to age 2 by 80 percent. The Clinton Administration has also taken significant steps to reduce domestic violence. For example, the Rural Domestic Violence and Child Victimization Enforcement Grant Program helps law enforcement agencies, courts community organizations and businesses to work toward early identification, intervention and prevention of domestic violence and child victimization in rural areas. Finally, the President is committed to finding stable and permanent homes for children who cannot remain safely at home. As a result, the Administration announced Adoption 2002, a plan to double the number of children adopted or placed in permanent homes each year by the year 2002.

WHITE HOUSE CONFERENCE ON EARLY CHILDHOOD DEVELOPMENT AND LEARNING POLICY ANNOUNCEMENTS

Today, the President and First Lady are hosting ***The White House Conference on Early Childhood Development and Learning: What New Research on the Brain Tells Us About Our Youngest Children***. The day-long conference highlights new scientific findings on brain development in very young children and points to the importance of children's earliest experiences in helping them get off to a strong and healthy start and reach their full potential.

Clinton Administration Commitment to Young Children. The Clinton Administration has invested heavily in research to help us better understand the importance of the first few years of life to child development and learning. President Clinton has also strengthened efforts to support families with young children by investing in Head Start and Early Head Start, the WIC Supplemental Nutrition Program, immunization and other early childhood programs.

At the conference, the President will make a series of policy announcements that build on the Clinton Administration's commitment to young children:

Improving the Quality of Child Care By Learning from the Military. Child care experts believe that the military child care system is now the best in the country. The President is issuing an executive memorandum directing the Secretary of Defense to use the Department's expertise to help improve child care across the nation. The memorandum urges the Department to consider: (1) creating partnerships with civilian child care centers in the community to help them improve quality; (2) providing training courses for civilian child care providers; (3) sharing the materials and models for worker training, accreditation and evaluation, facility design, financing, and other ingredients of the military's success; and (4) working with States and local governments to enable military child care facilities to serve as training sites for welfare recipients moving from welfare to work.

Providing Health Coverage for Children. The President's fiscal year 1998 budget includes a children's health initiative that will extend coverage to up to 5 million uninsured children by the year 2000 by strengthening Medicaid for poor children, building innovative State programs to provide coverage for working families, and continuing health coverage for children of workers who are between jobs. Today, the Association of American Medical Colleges issued a letter of support for the Clinton Administration's children's health proposal.

Importance of Early Education. The President recognizes that children must be nurtured and stimulated in the earliest years. That is why he is announcing two initiatives geared toward early learning.

- **Expanding Early Head Start.** The Department of Health and Human Services is requesting proposals for new Early Head Start programs to expand Early Head Start enrollment by one-third next year. Created by the Clinton Administration in 1994, the Early Head Start program brings Head Start's successful comprehensive services to

families with children ages zero to three and to pregnant women.

- **Giving Parents and Caregivers Early Childhood Tools**. The President's America Reads Challenge is releasing "Ready*Set*Read" early childhood development activity kits. The kits offer suggestions to families and caregivers about developmentally appropriate activities for children ages zero to five. They will be distributed to early childhood programs across the country and to callers to the Department of Education's 1-800-USA-LEARN hotline.

Safe Start. The Department of Justice is establishing "Safe Start" to change the way law enforcement officers respond to children who are the victims of or witnesses to violence. The program will provide training on early childhood development to community police officers, prosecutors, probation and parole officers, school personnel and mental health providers. It will better prepare law enforcement officials to respond to young children exposed to violence and can help prevent today's children from turning into tomorrow's criminals. The initiative is built on the successful partnerships between community police officers and mental health providers funded by DOJ in New Haven, Connecticut and three other communities.

CLINTON ADMINISTRATION'S SAFE START INITIATIVE

Announcement

- Today at the White House Early Childhood Development and Learning Conference, the President announced a new Safe Start Initiative to help break the cycle of violence for our nation's youngest victims. The Safe Start Initiative will provide training to law enforcement, prosecutors, school personnel, probation officers, and other professionals to better respond to the needs of children exposed to violence in their homes and communities.

The Problem

- Throughout America, too many children are exposed to violence at home, in their neighborhoods, and in their schools. Children's exposure to violence has been associated with increased depression, anger, substance abuse, and lower academic achievement. Children who experience violence either as victims or witnesses also are at increased risk of becoming violent themselves.

- In a study conducted at Boston City Hospital, 1 out of every 10 children seen in its primary care clinic had witnessed a shooting or stabbing before the age of 6 -- half in their homes and half in the streets. The average age of these children was only 2.7 years old.

The Safe Start Initiative

- The Safe Start Initiative builds on the Child Development-Community Policing Program (CD-CP) started in 1991 between the New Haven Department of Police Services and Yale University Child Study Center, and now funded by the Department of Justice. It was more recently extended to Buffalo, NY; Charlotte, NC; Nashville, TN; and Portland, OR, with Justice Department funding.

- The Safe Start Initiative will increase the number and expand the scope of these regional demonstration sites in which community police officers partner with mental health clinicians to provide rapid and effective treatment to children exposed to violence.

- The Safe Start Initiative will also provide nationwide intensive training and technical assistance for professionals who come into contact with children who have been exposed to family and gang violence, violence in their community and schools, and abuse or neglect.

- Up to 20,000 professionals who work with children in communities across the nation will receive Safe Start training including: law enforcement, prosecutors, school personnel, and probation and parole officers.

WHITE HOUSE CONFERENCE ON EARLY CHILDHOOD DEVELOPMENT AND LEARNING: WHAT NEW RESEARCH ON THE BRAIN TELLS US ABOUT OUR YOUNGEST CHILDREN

"Learning begins in the first days of life. Scientists are now discovering how young children develop emotionally and intellectually from their very first days, and how important it is for parents to begin immediately talking, singing, even reading to their infants....We already know we should start teaching children before they start school."

--President Bill Clinton, State of the Union Address, February 4, 1997

On April 17, the President and First Lady hosted ***The White House Conference on Early Childhood Development and Learning: What New Research on the Brain Tells Us About Our Youngest Children***. The day-long conference highlighted new scientific findings on brain development in very young children and pointed to the importance of children's earliest experiences in helping them get off to a strong and healthy start and reach their full potential.

Applying New Findings on Brain Development in the Earliest Years. New scientific research shows that experiences after birth -- particularly in the first three years of life -- have a dramatic impact on brain development. That means that nurturing, talking to, singing to and reading to our youngest children will improve their ability to learn and develop throughout their lives. The White House Conference focused on the practical applications of the latest scientific research on the brain, particularly for parents and caregivers. The conference was also a call to action to all members of society -- including the health, business, media and faith communities, child care providers and government -- to use this information to strengthen America's families.

Clinton Administration Commitment to Young Children. This conference builds on the Clinton Administration's investment in children and families. The Administration has invested heavily in research to help us better understand the importance of the first few years of life to child development and learning. Between 1993 and 1997, funding for NIH children's research increased 25%, from $1.3 billion to $1.6 billion.

President Clinton has also strengthened efforts to support families with young children. To take just a few examples, the Administration raised funding for Head Start -- providing low-income children and their families with comprehensive education, health services, and nutrition -- by 43% over the last four years and created the Early Head Start program to support families with children ages zero to three. The President's FY 1998 Budget further increases participation to reach 122,000 more children in FY 1998 than when he took office. The Administration also dramatically increased participation in the WIC Supplemental Nutrition Program, providing 7.4 million pregnant women, infants, and children with nutrition packages and information and health referrals -- 1.7 million more than when President Clinton took office. And his FY 1998 Budget would achieve his goal of full participation in the WIC program by the end of FY 1998.

Conference Program and Participants. During the morning session of the conference, leading researchers and child development experts discussed the new research and what it means for parents and caregivers. The panelists for this session were: Dr. David Hamburg, Carnegie Corporation of New York (moderator); Dr. Carla Shatz, University of California, Berkeley; Dr. Donald Cohen, Yale Child Study Center; Dr. Patricia Kuhl, University of Washington; Dr. Ezra Davidson, Drew University of Medicine, Dr. T. Berry Brazelton, Harvard University; and Dr. Deborah Phillips, National Research Council. The afternoon session highlighted model community efforts to support parents and enhance early childhood development. The panelists included: Avance Family Support and Education Program, San Antonio, TX; the CEO and Chairman of the Board, The Kellogg Company, Battle Creek Michigan; and Ounce of Prevention, Chicago, IL.

Broad Participation Across the Country. The morning session of the conference was broadcast by satellite to over 80 locations across the country. The satellite conferences were co-hosted by regional federal agencies, local officials, and children's and other organizations.

TO: Elena, Pauline, Nicole, and Jen
FR: Christa

Final Documents attached:

- Event Memo
- Morning Panel Materials:
  - Script
  - Sequence of Speakers
  - Bios
- Afternoon Panel Materials:
  - Script
  - Sequence of Speakers
  - Bios
- Overview of Policy Announcements
- Fact Sheet on Children's Health Initiative
- Letter of Support from Association of American Medical Colleges
- Fact Sheet on Safe Start Initiative
- Fact Sheet on DOD Memorandum
- DRAFT Copy of Memorandum
- 1 Pager on Event
- Accomplishments Document
- List of Audience Participants
- List of Satellite Sites
- Internal Q&A

April 16, 1997

CONFERENCE ON EARLY CHILDHOOD DEVELOPMENT AND LEARNING

DATE:	April 17, 1997
LOCATION:	The East Room
TIME:	1st Panel: 10:45 am - 1:00 pm
	2nd Panel: 2:45 pm - 4:30 pm
FROM:	Bruce Reed/Elena Kagan

I. PURPOSE

To call attention to new scientific research on brain development in very young children and the practical applications of these findings. This is also an opportunity to showcase what your Administration already has done to enhance early childhood development and to announce some new initiatives.

II. BACKGROUND

You and the First Lady will be hosting two panel discussions, with the Vice President and Mrs. Gore joining you for the afternoon session. During the morning session of the conference, leading researchers and child development experts will discuss the new research and what it means for parents and caregivers. The afternoon session will highlight model community efforts to support parents and enhance early childhood development. The First Lady will moderate the afternoon session.

The morning session will be broadcast to approximately 100 satellite sites attended by, among others, subcabinet officials, and regional administrators. The hosts of these satellite conferences will put on programs of their own in the afternoon.

This conference builds on the Administration's investment in children and families. The Administration has invested heavily in research to help us better understand the importance of the first few years of a child's life, including increasing the funding for NIH children's research by 25%, from $1.3 billion to $1.6 billion. In addition, the Administration raised funding for Head Start by 43% over the last four years and created the Early Head Start program to support families with children ages zero to three. Your FY 1988 Budget further increases participation in the Head Start program to reach 122,000 more children in FY 1998 than when you first took office. The Administration also dramatically increased participation in the WIC Supplemental Nutrition Program.

This conference is an opportunity for you to announce the following new policy announcements:

- **Executive Memorandum to DOD:** Based on reports from child care experts that the military child care system is now the best in the country, you will be issuing an executive memorandum directing the Secretary of Defense to use the Department's expertise to help improve child care across the nation. The memorandum urges the Department to consider: (1) creating partnerships with civilian child care centers in the community to help them improve quality; (2) providing training courses for civilian child care providers; (3) sharing the materials and models for worker training, accreditation and evaluation, facility design, financing, and other ingredients of the military's success; and (4) working with States and local governments to enable military child care facilities to serve as training sites for welfare recipients moving from welfare to work.

- **Children's Health Initiative:** You will announce that the Association of American Medical Colleges issued a letter of support for your children's health proposal. Your FY 1998 budget proposal includes a children's health initiative that will extend coverage to up to 5 million uninsured children by the year 2000 by strengthening Medicaid for poor children, building innovative State programs to provide coverage for working families, and continuing health coverage for children of workers who are between jobs.

- **Expanding Early Head Start.** The Department of Health and Human Services is requesting proposals for new Early Head Start programs to expand Early Head Start enrollment by one-third next year. Created by the Clinton Administration in 1994, the Early Head Start program brings Head Start's successful comprehensive services to families with children ages zero to three and to pregnant women.

- **America Reads Early Childhood Kits: "Ready, Set, Read."** America Reads is releasing early childhood development activity kits that offer suggestions to families and caregivers about developmentally appropriate activities for children ages zero to five. They will be distributed in May to early childhood programs across the country and to callers to the Department of Education's 1-800-USA-LEARN hotline. (The kits are being handed out to all of the participants and press at the conference.)

- **Safe Start.** The Department of Justice is establishing "Safe Start" to change the way law enforcement officers respond to children who are the victims of or witnesses to violence. The program will provide training on early childhood development to community police officers, prosecutors, probation and parole officers, school personnel and mental health providers. It will better prepare law enforcement officials to respond to young children exposed to violence. The initiative is built on the successful partnerships between community police officers and mental health providers funded by DOJ in New Haven, Connecticut and three other communities. (*The New Haven Police Chief will be participating in the afternoon panel to discuss the success of this partnership in New Haven.)

III. PARTICIPANTS

Briefing Participants:
The First Lady
John Podesta
Bruce Reed
Elena Kagan
Melanne Verveer
Sarah Farnsworth
Carolyn Curiel

Morning Panel Participants:
The President
The First Lady
Dr. David A. Hamburg, President of the Carnegie Corporation of New York
Dr. Donald J. Cohen, Director of the Yale Child Study Center (Behavior Development)
Dr. Carla J. Shatz, Professor of Neurobiology, Univ. of California, Berkeley (Neuroscience Overview)
Dr. Patricia K. Kuhl, Speech and Hearing Sciences at the University of Washington (Language/Cognitive Development)
Dr. Ezra C. Davidson, Jr., Drew University of Medicine (Obstetrician)
Dr. T. Berry Brazelton, Harvard Medical School (Pediatrician)
Dr. Deborah Phillips, Institute of Medicine (Child Care expert)

Afternoon Panel Participants
The President
The First Lady
Mrs. Gore
The Vice President
Arnold Langbo, Kellog Corporation
Dr. Gloria Rodriguez, Avance Program
Sheila Amaning, Early Childhood PTA
Melvin Wearing, New Haven Police Chief
Harriet Meyer, Ounce of Prevention
Rob Reiner, "I Am Your Child" Campaign
Governor Bob Miller, Nevada

IV. PRESS PLAN

Open.

V. SEQUENCE OF EVENTS FOR FIRST PANEL

- You will briefly greet panelists in the Blue Room.
- Panelists are announced into the East Room and take seats at table.
- You and the First Lady are announced into the room and proceed to the podium.
- The First Lady makes welcoming remarks from the podium and introduces you.
- You make remarks from the podium.
- You and the First Lady then take seats at the table.
- You will call on the first speaker, David Hamburg to open the discussion.
- David Hamburg makes remarks and introduces the next three consecutive speakers.
- Dr. Donald J. Cohen makes remarks.
- Dr. Carla J. Shatz makes remarks.
- Dr. Patricia K. Kuhl makes remarks.
- You will thank the first three speakers and call on the next three speakers to discuss the implications of the information being discussed, beginning with Ezra Davidson.
- Ezra Davidson will make remarks.
- The President will ask Ezra Davidson a follow-up question.

- Dr. Berry Brazelton will make remarks.
- The First Lady will ask Dr. Berry Brazelton a follow-up question.
- Dr. Deborah Phillips will make remarks.
- You will ask a follow-up question
- At this point, you and the First Lady can pose one or two additional questions to any of the panelists.
- You will thank participants and close event.

SEQUENCE FOR SECOND PANEL (All speakers are SEATED while speaking)
- You will briefly greet participants in the Blue Room.
- The panelists are announced into the East Room and take their seats.
- You, the First Lady, the Vice President, and Mrs. Gore are introduced into room and take seats.
- Mrs. Gore makes welcoming remarks.
- The Vice President makes remarks and introduces the First Lady to moderate the discussion.
- The First Lady introduces all the panel participants and calls on them individually to speak, beginning with Mr. Arnold Langbo.
- Mr. Arnold Langbo makes remarks.
- You could ask Mr. Langbo a follow-up question.
- Dr. Gloria Rodriquez makes remarks.
- The Vice President asks Dr. Gloria Rodriguez a follow-up question.
- Sheila Amaning makes remarks.
- Mrs. Gore asks Sheila Amaning a question.
- Police Chief Melvin Wearing makes remarks.
- You could ask a follow up question to Police Chief Wearing.
- Harriet Meyer makes remarks.
- You could ask a follow-up question to Harriet Meyer
- Rob Reiner makes remarks.
- You could ask a follow-up question to Rob Reiner.
- Governor Miller makes remarks.
- You will thank Governor Miller and other participants and make closing remarks.

VI. REMARKS

Morning Panel: Opening and closing remarks prepared by Speechwriting.
Afternoon Panel: Closing Remarks prepared by Speechwriting

VII. ATTACHMENTS

- Bios on panelists
- Script of each panel
- Administration Accomplishments
- 0-3 Poll Executive Summary
- Letter of support from the Association of American Medical Colleges

FIRST PANEL OUTLINE OF EVENTS

The President opens discussion following his remarks by introducing David Hamburg, who will serve as moderator for the first panel.

David Hamburg, President of the Carnegie Corporation of New York
The Carnegie Corporation produced the Seminal 1994 Study "Starting Points." Last year David Hamburg received the Presidential Medal of Freedom.

David Hamburg will make very brief remarks and introduce the panelists. The following three speakers will make consecutive presentations:

Dr. Donald Cohen, Director of the Yale Child Study Center
Dr. Cohen will discuss emerging knowledge in the field of behavioral development.

Dr. Carla Shatz, Professor Neurobiology at the University of California, Berkeley
Dr. Shatz will explain brain development and wiring.

Dr. Patricia Kuhl (COOL), Chair, Department of Speech and Hearing Sciences, University of Washington.
Dr. Kuhl will discuss how infants learn language.

It is important to move quickly to the second portion of the panel where there is a greater opportunity for discussion. Below is a suggested question if you would like to make comments at this time.
OPTIONAL QUESTION (to Kuhl): Can you tell us more about how the interactions between children and adults affect children's language development?

The President will turn to the next three speakers on the panel and ask them to discuss the implications of this scientific research in each of their fields.
"We're now going to hear from three experts in obstetrics, pediatrics, and child care. They are going to tell us how they make use of this knowledge to help parents and children."

Dr. Ezra Davidson, Professor of Obstetrics and Gynecology, Charles Drew University of Medicine and Science, Los Angeles
Dr. Davidson is an expert on prenatal and perinatal services and their importance for early childhood development.

SUGGESTED QUESTION: How can we encourage people who work with expecting parents to talk to them about the importance of early learning?

Dr. T. Berry Brazelton, Harvard Medical School
Dr. Brazelton is America's best-known pediatrician. He has written 26 books on subjects relating to child development. He will discuss the pediatrician's role in early childhood development.

> ***FLOTUS QUESTION**: As I mentioned earlier, the organization Zero to Three today released the results of a nationwide survey of parents of young children, which tries to find out what parents know and what they don't know about their children's development. It is clear from the poll's findings that parents are hungry for information on how to enhance their children's development. Dr. Brazelton, what are the bests things that every parent can do to nurture their young children.*

Dr. Deborah Phillips, Director of the Board on Children, Youth and Families of the National Research Council's Commission on Social and Behavioral Sciences and the Institute of Medicine.
Dr. Phillips is an expert in child care services; she will talk about the implications of this new scientific research for how we care for our youngest children.

> ***SUGGESTED QUESTION**: How can we equip parents to figure out what child care settings will be good for their children?*

> ***FLOTUS QUESTION** Some people argue that what this research really tells us is that women with very young children shouldn't work outside of the home. Can you comment on that?*

The President then thanks participants and makes closing remarks.

MORNING PANEL SEQUENCE OF SPEAKERS

Mrs. Clinton makes welcoming remarks.

The President makes remarks.

Dr. David A. Hamburg, President of the Carnegie Corporation of New York, introduces panelists.

Dr. Donald J. Cohen, Director of the Yale University Child Study Center, will discuss emerging knowledge in the field of behavioral development.

Dr. Carla Shatz, Professor of Neurobiology at the University of California, Berkeley, will explain brain development and wiring.

Dr. Patricia Kuhl, Chair of Speech and Hearing Sciences at the University of Washington, will discuss how infants learn language.

The President thanks first three panelists and calls on next three.

Dr. Ezra Davidson, Jr., Professor of Obstetrics and Gynecology at the Charles R. Drew University of Medicine and Science, will discuss the importance of prenatal and perinatal services to early child development.

The President asks a question.

Dr. T. Berry Brazelton, Clinical Professor of Pediatrics Emeritus at Harvard Medical School, will discuss the pediatrician's role in early childhood development.

The First Lady asks a question.

Dr. Deborah Phillips, Director of the Board on Children, Youth and Families of the National Research Council's Commission on Social and Behavioral Sciences and the Institute of Medicine, will discuss the implications of new scientific research for child care.

The President asks a question.

The First Lady asks a question.

The President will make closing remarks.

MORNING PANEL PARTICIPANTS

Dr. David A. Hamburg, President of the Carnegie Corporation of New York
Among the many projects completed in his tenure was the production of *Starting Points*, the 1994 seminal report on early childhood development. Dr. Hamburg has served on numerous policy boards, including his current position on the board of the President's Committee of Advisors on Science and Technology. In 1996, President Clinton bestowed onto Dr. Hamburg the Presidential Medal of Freedom.

Dr. Donald J. Cohen, Director of the Yale University Child Study Center
The Yale Child Study Center is internationally recognized for its multi disciplinary programs of clinical and basic research, professional education, and clinical services and advocacy for children and families. Dr. Cohen is also the Irving Harris Professor of Child Psychiatry, Pediatrics and Psychology at the Yale School of Medicine. His research has focused on urban child development and approaches to intervention, as well as studies of the impact of violence and trauma on children and families in the United States and abroad.

Dr. Carla J. Shatz, Professor of Neurobiology at the University of California, Berkeley
Her ongoing studies of brain development have gained her numerous honors, including the Society for Neuroscience Young Investigator Award in 1985 and the Charles A. Dana Award for Pioneering Achievement in Health and Education in 1995. Dr. Shatz is the immediate past president of the 24,000 member Society for Neuroscience.

Dr. Patricia K. Kuhl, Chair of Speech and Hearing Sciences at the University of Washington
Dr. Kuhl's research focuses on language and speech development, and the results of her studies have illustrated how infants' early experience plays a role in the acquisition of language. She is a Fellow of the American Association for the Advancement of Science, the American Psychological Society, and the Acoustical Society of America.

Dr. Ezra C. Davidson, Jr., Professor of the Department of Obstetrics and Gynecology at the Charles R. Drew University of Medicine and Science, Los Angeles, California
Dr. Davidson also holds professorships at the University of California, Los Angeles and the Dartmouth School of Medicine. He has led an active career in research, education, and clinical and public service, serving, for example, as president of the American College of Obstetricians and Gynecologists and as chair of the Secretary of Health and Human Services' Advisory Committee on Infant Mortality. He currently chairs the Advisory Committee for Reproductive Health Drugs for the Food and Drug Administration.

Dr. T. Berry Brazelton, Clinical Professor of Pediatrics Emeritus at Harvard Medical School
Dr. Brazelton is a widely acclaimed pediatrician, author, and professor, who has served as president of the Society for Research in Child Development and of the National Center for Clinical Infant Programs. Dr. Brazelton is also an active member of the Child Development Unit at Children's Hospital in Boston, Massachusetts.

Dr. Deborah Phillips, Director of the Board on Children, Youth and Families of the National Research Council's Commission on Social and Behavioral Sciences and the Institute of Medicine
Dr. Phillips is an expert in child care policy. She was the first Director of the Child Care Information Service of the National Association for the Education of Young Children, and serves on numerous advisory groups that address child and family policy issues, including the Task Force on Meeting the Needs of Young Children of the Carnegie Corporation of New York and the Advisory Committee on Services for Families with Infants and Toddlers of the U.S. Administration for Children, Youth and Families.

WHITE HOUSE CONFERENCE ON
EARLY CHILDHOOD DEVELOPMENT AND LEARNING
POLICY ANNOUNCEMENTS

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Clinton Administration Commitment to Young Children. The Clinton Administration has invested heavily in research to help us better understand the importance of the first few years of life to child development and learning. President Clinton has also strengthened efforts to support families with young children by investing in Head Start and Early Head Start, the WIC Supplemental Nutrition Program, immunization and other early childhood programs.

At the conference, the President will make a series of policy announcements that build on the Clinton Administration's commitment to young children:

Improving the Quality of Child Care By Learning from the Military. Child care experts believe that the military child care system is now the best in the country. The President is issuing an executive memorandum directing the Secretary of Defense to use the Department's expertise to help improve child care across the nation. The memorandum urges the Department to consider: (1) creating partnerships with civilian child care centers in the community to help them improve quality; (2) providing training courses for civilian child care providers; (3) sharing the materials and models for worker training, accreditation and evaluation, facility design, financing, and other ingredients of the military's success; and (4) working with States and local governments to enable military child care facilities to serve as training sites for welfare recipients moving from welfare to work.

Providing Health Coverage for Children. The President's fiscal year 1998 budget includes a children's health initiative that will extend coverage to up to 5 million uninsured children by the year 2000 by strengthening Medicaid for poor children, building innovative State programs to provide coverage for working families, and continuing health coverage for children of workers who are between jobs. Today, the Association of American Medical Colleges issued a letter of support for the Clinton Administration's children's health proposal.

Importance of Early Education. The President recognizes that children must be nurtured and stimulated in the earliest years. That is why he is announcing two initiatives geared toward early learning.

- **Expanding Early Head Start.** The Department of Health and Human Services is requesting proposals for new Early Head Start programs to expand Early Head Start enrollment by one-third next year. Created by the Clinton Administration in 1994, the Early Head Start program brings Head Start's successful comprehensive services to families with children ages zero to three and to pregnant women.

- **Giving Parents and Caregivers Early Childhood Tools**. The President's America Reads Challenge is releasing "Ready*Set*Read" early childhood development activity kits. The kits

offer suggestions to families and caregivers about developmentally appropriate activities for children ages zero to five. They will be distributed in May to early childhood programs across the country and to callers to the Department of Education's 1-800-USA-LEARN hotline.

Safe Start. The Department of Justice is establishing "Safe Start" to change the way law enforcement officers respond to children who are the victims of or witnesses to violence. The program will provide training on early childhood development to community police officers, prosecutors, probation and parole officers, school personnel and mental health providers. It will better prepare law enforcement officials to respond to young children exposed to violence and can help prevent today's children from turning into tomorrow's criminals. The initiative is built on the successful partnerships between community police officers and mental health providers funded by DOJ in New Haven, Connecticut and three other communities.

PRESIDENT CLINTON'S CHILDREN'S HEALTH INITIATIVE

Significant gaps remain in children's health coverage. In 1995, 10 million children in America lacked health insurance. The President's children's health initiative will extend coverage to up to 5 million uninsured children by 2000 by strengthening Medicaid for poor children, building innovative State programs for working families, and continuing health coverage for children of workers who are between jobs. **Today, the Association of American Medical Colleges issued a letter of support for the Clinton Administration's children's health initiative.**

Strengthening Medicaid for Poor Children

- **12-Month Continuous Eligibility.** Currently, many children receive Medicaid protection for only part of the year. The President's fiscal year 1998 budget gives States the option to provide one year of continuous Medicaid coverage to children. The budget invests $3.7 billion over five years, covering an estimated million children who would otherwise be uninsured.

- **Outreach.** The President also proposes to work with the Nation's Governors, communities, advocacy groups, providers, and businesses to develop new ways to reach out to the 3 million children eligible but not enrolled in Medicaid.

Building Innovative State Programs for Children in Working Families

- The President's budget provides $3.8 billion between 1998 to 2002 ($750 million a year) in grants to States. States will use these grants to provide insurance for children, leveraging State and private investments in children's coverage through a matching system (as in Medicaid). States have flexibility in designing eligibility rules, benefits (subject to minimums set by the Secretary), and delivery systems.

- The Federal grants, in combination with State and private money, will cover an estimated one million children whose families earn too much to qualify for Medicaid but too little to afford private coverage. The grant program will also increase Medicaid enrollment by about 400,000 kids since some families interested in the new program will learn that their children are in fact eligible for Medicaid.

Continuing Coverage for Children Whose Parents are Between Jobs

- The President's budget will give States grants to temporarily cover workers between jobs, including their children, at a cost of $9.8 billion over the budget window. The program, which is structured as a four-year demonstration, will offer temporary assistance (up to 6 months) to families who would otherwise lose their coverage. This assistance may be used to purchase coverage from the worker's former employer (through COBRA) or other private plans, at States' discretion.

- This initiative will help an estimated 3.3 million working Americans and their families, including 700,000 children, in any given year.

- The President's budget also makes it easier for small businesses to establish voluntary purchasing cooperatives, increasing access to insurance for workers and their children.

ASSOCIATION OF AMERICAN MEDICAL COLLEGES
2450 N STREET, NW, WASHINGTON, DC 20037-1127
PHONE 202-828-0400 FAX 202-828-1125
Jordan J. Cohen, M.D., President

April 17, 1997

The President
The White House
Washington, DC 20500

Dear Mr. President:

On behalf of the Association of American Medical Colleges (AAMC), I write to express our strong support for your efforts to extend health care coverage to the ten million American children who are currently without coverage.

Recent studies have shown that the reduction in the availability of health insurance has disproportionately affected children in part due to the decline in employment-based dependent coverage coupled with the general reduction of employment-based coverage. As you know, lack of health insurance coverage has been shown to be a deterrent for individuals both in requesting and receiving care. As a result, many uninsured persons seek treatment for themselves and their family when their condition is more advanced and, as a result, more difficult and expensive to treat. For a child, forgoing needed medical care can have implications that last a lifetime.

The AAMC represents all of the nation's 125 accredited medical schools, approximately 400 major teaching hospitals, including 75 Veterans Affairs medical centers, the faculty of these institutions through 89 constituent academic society members and the more than 160,000 men and women in medical education as students and residents. The AAMC member institutions, which have the multiple missions of education and training, research and direct patient care, are acutely aware of the rise in the number of uninsured Americans, many of whom seek treatment at our institutions.

As you strive to reach an agreement on a balanced budget, the AAMC strongly supports your efforts as well as those on Capitol Hill to include a significant investment to expand health insurance coverage for children. We are prepared to work with you, your staff and members of Congress to achieve this critical objective for our nation's children.

Sincerely,

Jordan J. Cohen

Jordan J. Cohen, M.D.
President

CLINTON ADMINISTRATION'S SAFE START INITIATIVE

Announcement

- Today at the White House Early Childhood Development and Learning Conference, the President announced a new Safe Start Initiative to help break the cycle of violence for our nation's youngest victims. The Safe Start Initiative will provide training to law enforcement, prosecutors, school personnel, probation officers, and other professionals to better respond to the needs of children exposed to violence in their homes and communities.

The Problem

- Throughout America, too many children are exposed to violence at home, in their neighborhoods, and in their schools. Children's exposure to violence has been associated with increased depression, anger, substance abuse, and lower academic achievement. Children who experience violence either as victims or witnesses also are at increased risk of becoming violent themselves.

- In a study conducted at Boston City Hospital, 1 out of every 10 children seen in its primary care clinic had witnessed a shooting or stabbing before the age of 6 -- half in their homes and half in the streets. The average age of these children was only 2.7 years old.

The Safe Start Initiative

- The Safe Start Initiative builds on the Child Development-Community Policing Program (CD-CP) started in 1991 between the New Haven Department of Police Services and Yale University Child Study Center, and now funded by the Department of Justice. It was more recently extended to Buffalo, NY; Charlotte, NC; Nashville, TN; and Portland, OR, with Justice Department funding.

- The Safe Start Initiative will increase the number and expand the scope of these regional demonstration sites in which community police officers partner with mental health clinicians to provide rapid and effective treatment to children exposed to violence.

- The Safe Start Initiative will also provide nationwide intensive training and technical assistance for professionals who come into contact with children who have been exposed to family and gang violence, violence in their community and schools, and abuse or neglect.

- Up to 20,000 professionals who work with children in communities across the nation will receive Safe Start training including: law enforcement, prosecutors, school personnel, and probation and parole officers.

PRESIDENT CLINTON ASKS THE DEFENSE DEPARTMENT TO SHARE EXPERTISE FROM THE MILITARY CHILD CARE SYSTEM

> *We now know that children's earliest experiences, including those in child care, have significant effects on learning and development. I believe we all have a role to play in making sure that all of our children have a strong and healthy start in life.*
>
> – President Bill Clinton, 4/17/97

Today, the President urged the Secretary of the Department of Defense to use the military's expertise to improve child care across the nation.

Building on Success: Learning from the Military.
Child care experts believe that the military child care system is now the best in the country. Military child care programs serve the families of men and women in the United States armed forces and the civilian employees of the Department of Defense. In developing its child care system, the Department of Defense has learned how to make a difference in the day to day lives of children. The military child care system is noted for: (1) high quality standards, including a high percentage of accredited centers; (2) a strong enforcement and oversight system with four annual unannounced inspections and a 1-800 hot line for parents to report concerns; (3) mandatory training for child care providers; (4) relatively generous wages and benefits tied to continued training and education; (5) a system of linking up and providing needed support to individual home care providers; and (6) sufficient funding to make quality child care affordable.

Leading the Nation in Child Care Accreditation.
Most notably, the Defense Department today leads the nation in achieving child care accreditation: 72% of all of its child care programs have been accredited, compared to 5% nationally. Most of the Department's success in meeting accreditation standards has come recently: the National Association for the Education of Young Children has accredited 337 of military child care facilities today, as compared to 55 in 1992.

A Challenge to the Defense Department.
The President issued an executive memorandum to the Secretary of Defense, directing him to use the Department's expertise to improve child care in communities across the nation. The memorandum urges the Department to consider: (1) creating partnerships with civilian child care centers in the community to help them improve quality; (2) providing training courses for civilian child care providers; (3) sharing the materials and models used by the military for worker training, accreditation and evaluation, facility design, financing and other ingredients of their success; and (4) working with States and local governments to enable military child care facilities to serve as training locations for welfare recipients moving from welfare to work.

DRAFT

DATE

MEMORANDUM FOR THE SECRETARY OF DEFENSE

SUBJECT: Using Lessons Learned from the Military Child Care System to Improve the Quality of Child Care in the United States

We now know that children's earliest experiences, including those in child care, have significant effects on learning and development. I believe we all have a role to play in making sure that all of our children have a strong and healthy start in life.

The Military Child Development Programs have attained a nation-wide reputation for an abiding commitment to quality in the delivery of child care. Your dedication to adequate funding, strict oversight, improved training and wage packages, and strong family child care networks and your commitment to meeting national accreditation standards is laudatory. I believe that the military has important lessons to share with the rest of the nation on how to improve the quality of child care for all of our nation's children.

I therefore direct you, in consultation with the Secretary of Health and Human Services and the Administrator of the General Services Administration, to share the expertise and lessons learned from the Military Child Development Programs with federal, state, and local agencies, as well as with private and non-profit entities, that are responsible for providing child care for our nation's children. I ask that you report to me, within sixth months with a preliminary report and within one year with a final report, on actions taken and with further recommendations. I urge you to consider the following:

I. In consultation with States, encourage military installation child development facilities in the United States to partner with civilian child care programs in their local communities to improve the quality of service offered. The military staff could provide assistance with local accreditation efforts, offer training as available, assist with state and local child development credentialing processes, and provide models of effective child care practices.

II. Establish military Child Care Programs of Excellence, to the greatest extent feasible, to offer training courses to civilian child care providers. These training courses could demonstrate model practices for child care centers, family child care homes, and school-

age facilities.

III. Make widely available to the civilian child care community information on the model approaches and designs that the military uses for training and compensation, accreditation and evaluation, playground and facility design, support systems linking individual family child care providers, as well as overall financing strategies.

IV. Establish partnerships with State or County employment and job training programs to enable Military Child Development Centers and Family Child Care Homes to serve as training locations for welfare recipients moving from welfare to work. Military programs could provide on-the-job training, work experience, and an understanding of best practices for the delivery of child care.

WHITE HOUSE CONFERENCE ON EARLY CHILDHOOD DEVELOPMENT AND LEARNING: WHAT NEW RESEARCH ON THE BRAIN TELLS US ABOUT OUR YOUNGEST CHILDREN

> *"Learning begins in the first days of life. Scientists are now discovering how young children develop emotionally and intellectually from their very first days, and how important it is for parents to begin immediately talking, singing, even reading to their infants....We already know we should start teaching children before they start school."*
>
> --President Bill Clinton, State of the Union Address, February 4, 1997

Today, the President and First Lady are hosting ***The White House Conference on Early Childhood Development and Learning: What New Research on the Brain Tells Us About Our Youngest Children***. The day-long conference highlights new scientific findings on brain development in very young children and point to the importance of children's earliest experiences in helping them get off to a strong and healthy start.

Applying New Findings on Brain Development in the Earliest Years. New scientific research shows that experiences after birth -- particularly in the first three years of life -- have a dramatic impact on brain development. That means that nurturing, talking to, singing to and reading to our youngest children will improve their ability to learn and develop throughout their lives. The White House Conference will focus on the practical applications of the latest scientific research on the brain, particularly for parents and caregivers. The conference will also be a call to action to all members of society -- including the health, business, media and faith communities, child care providers and government -- to use this information to strengthen America's families.

Clinton Administration Commitment to Young Children. This conference builds on the Clinton Administration's investment in children and families. The Administration has invested heavily in research to help us better understand the importance of the first few years of life to child development and learning. Between 1993 and 1997, funding for NIH children's research increased 25%, from $1.3 billion to $1.6 billion.

President Clinton has also strengthened efforts to support families with young children. To take just a few examples, the Administration raised funding for Head Start -- providing low-income children and their families with comprehensive education, health services, and nutrition -- by 43% over the last four years and created the Early Head Start program to support families with children ages zero to three. The President's FY 1998 Budget further increases participation to reach 122,000 more children in FY 1998 than when he took office. The Administration also dramatically increased participation in the WIC Supplemental Nutrition Program, providing 7.4 million pregnant women, infants, and children with nutrition packages and information and health referrals -- 1.7 million more than when President Clinton took office. And his FY 1998 Budget would achieve his goal of full participation in the WIC program by the end of FY 1998.

Conference Program and Participants. During the morning session of the conference, leading researchers and child development experts will discuss the new research and what it means for parents and caregivers. The panelists for this session are: Dr. David Hamburg, Carnegie Corporation of New York (moderator); Dr. Carla Shatz, University of California, Berkeley; Dr. Donald Cohen, Yale Child Study Center; Dr. Patricia Kuhl, University of Washington; Dr. Ezra Davidson, Drew University of Medicine, Dr. T. Berry Brazelton, Harvard University; and Dr. Deborah Phillips, National Research Council. The afternoon session will highlight model community efforts to support parents and enhance early childhood development. The panelists include: Avance Family Support and Education Program, San Antonio, TX; the CEO and Chairman of the Board, The Kellogg Company, Battle Creek Michigan; and Ounce of Prevention, Chicago, IL.

Broad Participation Across the Country. The morning session of the conference will be broadcast by satellite to over 80 locations across the country. The satellite conferences will be co-hosted by regional federal agencies, local officials, and children's and other organizations.

CLINTON ADMINISTRATION EFFORTS TO SUPPORT THE DEVELOPMENT OF AMERICA'S YOUNGEST CHILDREN

"Learning begins in the first days of life. Scientists are now discovering how young children develop emotionally and intellectually from their very first days, and how important it is for parents to begin immediately talking, singing, even reading to their infants....We already know we should start teaching children before they start school."

-- President Bill Clinton, State of the Union Address, February 4, 1997

Recent scientific research has demonstrated that experiences during the earliest years of life -- before children reach school age -- are critical to their cognitive, emotional, and physical development. Nurturing and stimulating children in the first years of life actually help their brains develop and prepare them for the challenges of school and later life. President Clinton is committed to giving America's children the opportunity to live up to their God-given potential by investing in research, supporting parents and caregivers, and strengthening programs that provide early intervention to disadvantaged families.

PROTECTING OUR CHILDREN'S HEALTH

Supported Over 90% of all Children's Research. In fiscal year 1995, the federal government spent an estimated $2 billion on research and development directly related to children and youth -- over 90% of all funding of children's research. Spending on children's health research at The National Institutes of Health (NIH) increased 25% between 1993 and 1997, and this year NIH will spend $904 million on research on young children alone. This research has contributed to the recent advances in understanding early learning and language development.

Increased participation in WIC program. WIC Supplemental Nutrition Program provides nutrition packages, nutrition education, and health referrals to low-income pregnant women, infants, and children. Over the past four years participation has expanded by 1.7 million from 5.7 to 7.4 million women, infants, and children. The increase in the President's budget proposal fulfills his commitment to achieving full participation in WIC by the end of 1998. Research shows that WIC prenatal services save Medicaid much more than they cost by reducing health care expenses in the first 60 days after birth.

Raised Childhood Immunization Rates to an All-Time High. The President's Childhood Immunization Initiative focuses on five areas: 1) improving the quality and quantity of vaccination delivery services; 2) reducing vaccine costs for parents; 3) increasing community participation, education and partnerships; 4) improving systems to monitor diseases and vaccinations; and 5) improving vaccines and vaccine use. This initiative has achieved notable

success. In 1995, 75% of two-year olds were fully immunized -- an historic high. Funding for childhood immunization has doubled since fiscal year 1993.

Protected the Medicaid Guarantee for 9 Million Children Under 6 Years Old. This Administration has protected and, preserved -- and now will improve on -- the guarantee of Medicaid coverage for 36 million Americans, including 9 million children under the age of 6. In 1995, the President vetoed the Republican Medicaid block grant proposal that would have ended the guarantee of coverage for up to 4 million children by 2002. At the same time, the President worked with states by granting 15 comprehensive Medicaid waivers and approving many more state plan amendments that improve and expand coverage for children.

Seeks to Extend Health Coverage to Up to 5 Million Children. Although this Administration has made great strides in protecting the health of America's neediest children, there is still much to be done. In 1995, more than 10 million American children, 80% of whom have working parents, had no health insurance. The President's budget takes three important steps to address the problem of children who lack health insurance coverage:

1) Provides annual grants to states to cover health insurance premiums for families of workers who are in-between jobs;
2) Utilizes state partnership grants to help working families who are not eligible for Medicaid to purchase private insurance for their children; and
3) Expands Medicaid coverage by allowing states to continue Medicaid coverage for up to one year even if family income changes, intensifying outreach to children who are currently eligible but not enrolled, and continuing current law expansions of coverage to reach poor children between the ages of 13 and 18.

Fighting Pediatric AIDS. In 1994, the National Institutes of Health released new research showing that the use of the drug AZT by HIV-infected pregnant women can reduce the risk of transmission from mother to child by two-thirds. In response, the Food and Drug Administration quickly approved changes in labeling indications for AZT to include HIV-infected pregnant women and, in 1995, the Centers for Disease Control began recommending routing HIV counseling and voluntary HIV testing for all pregnant women. In addition, the President has consistently supported investment through Title IV of the Ryan White CARE Act, which provides grants for coordinated HIV services and access to research for children, women and families. Since 1994, $113 million has been appropriated under Title IV, with 59 organizations in 26 states, Puerto Rico and the District of Columbia receiving support.

Protecting Mothers and Children. Due to the Clinton Administration's comprehensive strategy to increase access to prenatal care, the preliminary estimate for the U.S. infant mortality rate (the rate at which babies die before their first birthday) is at an historic low of less than 8 deaths per 1,000 live births in 1995, and the proportion of mothers getting early prenatal care is at a record high of 81%. In addition, the President spearheaded legislation requiring insurance companies to cover at least 48 hour hospital stays following childbirth. In 1970, the average length of stay for an uncomplicated delivery was four days, but by 1992 it had declined to two days. This legislation ensures that mothers and babies do not leave the hospital before they and their doctors decide they are ready. The Administration is ensuring that the health needs of mothers and

children are met by providing over $1 billion in FY 97 for Title V Maternal and Child Health Programs. The Maternal and Child Health Block Grant, one of the Title V programs, serves approximately 17 million women, infants and children, in partnership with states. In addition, Title V programs provide comprehensive care for children with special health needs, meet nutritional and development needs of mothers and children and help reduce infant mortality.

Preventing Sudden Infant Death Syndrome (SIDS). The Clinton Administration launched the Back to Sleep public education campaign to send the message to parents and health professionals that putting babies to sleep on their backs can reduce the risk of Sudden Infant Death Syndrome. Largely as a result of this campaign, SIDS deaths dropped by 30% between 1992 and 1995.

PROMOTING EARLY LEARNING

Increased participation in Head Start, created Early Head Start for 0-3 year olds, and improved program quality. For more than thirty years, Head Start has been one of our nation's best investments. President Clinton has made improving and expanding Head Start a priority because Head Start ensures that low-income children start school ready to learn. Over the past five years, funding for the program has increased by 80%, and in fiscal year 1997 Head Start will serve 800,000 low-income children five years old and younger. Initiated in 1994, there are now 143 *Early Head Start* programs across the country, expanding the proven benefits of Head Start to low-income families with children under three. Over the last three years, the Clinton Administration has also invested significantly in improving program quality and providing local programs with the resources they need to attract and retain high quality teachers. The President's 1998 budget proposal provides a $324 million increase in Head Start's budget so that it will remain on course to serve 1 million children by 2002.

Improved Support for Infants and Toddlers with Special Needs. Under the Individuals with Disabilities Education Act (IDEA), the Infants and Families Program supports the continuing efforts of states to implement high quality statewide early intervention services for infants and toddlers with disabilities. Over the past four years, funding for the program has increased by 48% or $102.5 million. During the same period, the number of children served increased by 21.5%. An estimated 191,000 children will be served in fiscal year 1998.

Enhanced Family Literacy Program. Even Start Family Literacy is a family-focused grant program to improve the educational opportunities for children and their parents in low-income areas by integrating family literacy activities, including early childhood education, adult education, and parenting education. Since 1993, funding for Even Start has increased by over 40% to support programs in every state and the District of Columbia.

Providing Funding for Parent Resource Centers in 42 States. In addition to involving parents in the development of state and local education plans, the President's Goals 2000 program provides funding to establish parent resource centers that help parents learn how to help their children meet high standards. The centers provide training, distribute resource materials, and support a variety of programs that strengthen family involvement in education. In fiscal year 1997, funding is available for support centers in 42 states, 14 more than in 1996.

Promoting Parents as First Teachers. The President's America Reads Challenge, a campaign to ensure that every child can read well by the end of the third grade, includes Parents as First Teachers Challenge Grants to fund proven local, regional and national programs that provide assistance to parents to help their children become successful readers. The grants can be used to expand successful programs such as the Home Instruction Program for Preschool Youngsters (HIPPY) and the Parents as First Teachers (PAT) program. They will also fund national and regional networks to share information on how parents can help children to read.

IMPROVING CHILD CARE

Increased Child Care Funding. Since 1993 federal funding for child care has increased by $1 billion, providing services for over 660,000 children -- 65% of whom are under 5 years of age. The newly established Child Care and Development Fund (CCDF) has made available $2.9 billion to states. The new fund, authorized and expanded by the new welfare law, will assist low-income families working their way off welfare to obtain child care so they can work or attend school.

Improved Child Care in Public Housing. The Early Childhood Development Program helps to provide quality child care for families living in public housing communities, as well as families who are homeless or at risk of becoming so. The program allows parents or guardians who live in public housing to get and keep jobs by ensuring that their children are cared for. In 1996, $21 million was awarded to public housing sites across the country -- three times more than in 1994.

Providing High Quality Child Care for Military Families. Under the Clinton Administration, the Department of Defense has made important strides to improve the quality of child care for the children of the men and women who serve our country. Since 1992, the number of military child care facilities that are accredited by the independent National Association for the Education of Young Children has risen from 55 to 466. Currently, 72% of military child care programs are accredited, as compared to only 7% of other child care facilities nationwide.

SAFEGUARDING THE ENVIRONMENT

Controlling Childhood Lead Poisoning. The Administration has launched a major new effort to control childhood lead poisoning. The program requires landlords and sellers of older homes to notify prospective tenants and buyers about lead-based paint hazards, provides grants to states to control lead-based paint hazards in low-income privately-owned homes, and offers technical assistance to ensure that lead hazard control work is done safely and efficiently. The 1997 interim report evaluating the HUD Lead-Based Point Hazard Control grant program shows that median dust levels on interior window sills were reduced by 85 %. In addition, the number of children suffering from lead poisoning dropped from 1.7 million in the late 1980s to about 930,000 in the mid-1990s.

Protecting Our Children's Environment. Because their bodies are still developing, children are among the most vulnerable to pollution in the air, water and soil. In 1995, the Clinton Administration began requiring that children receive first consideration when EPA assesses

environmental hazards and sets public health standards. In addition, the Clinton Administration has strengthened environmental protections for children by: proposing to strengthen air quality standards for soot and smog to protect children from air pollution, particularly those with asthma; speeding the clean-up of two-thirds of the nation's toxic waste sites to protect the 10 million children under age 12 who live within four miles of a toxic waste dump; strengthening drinking water protections to ensure that drinking water is free of microbial contaminants; expanding families' right to know about environmental health risks that infants and children face to help them make informed decisions about their children's exposure to these risks; issuing advisories about contaminated fish so parents can protect children from cancer-causing PCBs; and educating parents about the effects of second-hand smoke, which annually results in 7,500 to 15,000 hospitalizations of infants and children under 18 months of age.

STRENGTHENING FAMILIES

Passed Family and Medical Leave. The President fought for the passage of the Family and Medical Leave Act (FMLA) that allows workers to take up to 12 weeks unpaid leave to care for a newborn or adopted child, to attend to their own serious health needs, or to care for a seriously ill parent, child or spouse. In June 1996, President Clinton proposed expanding FMLA to allow workers to take up to 24 unpaid hours off each year for school and early childhood education activities, routine family medical care, and additional activities related to caring for an elderly relative. Last week, the President asked Federal agencies to implement his expanded leave policy immediately for Federal workers.

Improved Children's Television. The President announced a breakthrough agreement with the media and entertainment industry to develop a television ratings system to enable parents to protect their children from violence and adult content. In addition, the Administration has given parents greater control over what their children watch on television by requiring the installation of anti-violence screening chips ("V-chips") in all new televisions.

Reducing Child Abuse and Domestic Violence. The Administration created the Safe Streets/Safe Kids initiative to make community responses to child abuse and neglect more comprehensive and coordinated in an effort to break the cycle of early childhood victimization and later delinquency. The Administration also put in place a nurse home visitation program for low-income first-time mothers. Studies have shown that home visitation programs are successful -- for example, reducing cigarette smoking during pregnancy by 25% and reducing mistreatment of children from birth to age 2 by 80 percent. The Clinton Administration has also taken significant steps to reduce domestic violence. For example, the Rural Domestic Violence and Child Victimization Enforcement Grant Program helps law enforcement agencies, courts community organizations and businesses to work toward early identification, intervention and prevention of domestic violence and child victimization in rural areas. Finally, the President is committed to finding stable and permanent homes for children who cannot remain safely at home. As a result, the Administration announced Adoption 2002, a plan to double the number of children adopted or placed in permanent homes each year by the year 2002.

WHITE HOUSE CONFERENCE ON EARLY CHILDHOOD DEVELOPMENT & LEARNING
April 17, 1997

THE PRESIDENT & MRS. CLINTON
THE VICE PRESIDENT & MRS. GORE

Dr. John Lawrence Aber
Director, National Center for Children in Poverty
Dr. Duane F. Alexander
Director, National Institute of Child Health & Human Development
Ms. Sheila Pegues Amaning
Co-Chair, Early Childhood PTA
Ms. Carolyn Becraft
Deputy Assistant Secretary of Defense for Personnel Support, Families and Education
Ms. Helen Benham
Scholastic, Inc.
Mrs. Carol Berman
Zero to Three National Center
Ms. Julie Bernas-Pierce
Blind Babies Foundation
Hon. Sheldon C. Bilchik
Administrator, Office of Juvenile Justice & Delinquency Prevention
Department of Justice
Ms. Barbara "Bobbi" Blok
Executive Director, Washington Child Development Council
Dr. Thomas Berry Brazelton
Professor of Pediatrics, Harvard Medical School
Mr. David V.B. Britt
President & CEO, Children's Television Workshop
Mr. James Larry Brown
Director, Center on Hunger, Poverty & Nutrition Policy,Tufts University
Dr. John Bruer
President, James S. McConnell Foundation
Mr. Shannon Romandos Bryant
Student Team Leader, Jumpstart
Mr. Patrick Butler
Vice President, The Washington Post Company
Hon. Jane L. Campbell
Cuyahoga County Commissioner
Rev. (Dr.) Joan Brown Campbell
General Secretary, National Council of Churches
Ms. Joy Carlson
Director, Children's Environmental Health Network
Hon. (Gov.) Lawton M. Chiles
Governor of Florida
Dr. Harry T. Chugani
Director, PET Center, Children's Hospital of Michigan
Dr. Donald Cohen
Director, Yale University Child Study Center
Dr. Jordan J. Cohen
President, Academy of American Medical Colleges

Ms. Janice Cox
President, Georgia State Parent Teacher Association
Mr. Dwayne Crompton
Executive Director, KCMC-Early Child Development Corporation
Ms. Judsen Culbreth
Editor-in-Chief, Working Mother
Ms. Sharon Darling
President, National Center for Family Literacy
Dr. Ezra C. Davidson
Professor & Chairman, Dept. of OBGYN, Charles R. Drew University of Medicine & Science
Dr. Karen Davis
President, The Commonwealth Fund
Hon. (Rep.) Rosa DeLauro
D/Connecticut
Ms. Barbara Dellinger
Director for Charlotte/Mecklenburg, Head Start
Ms. Deborah Eaton
President, National Association for Family Child Care
Ms. Marian Wright Edelman
President, Children's Defense Fund
Ms. Isela Flores
Ms. Yolie Flores Aguilar
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Acting President, Meharry Medical College
Ms. Ellen Galinsky
Co-President, Family & Work Institute
Hon. (Dr.) John H. Gibbons
Director, Office of Science & Technology Policy
Ms. Ellen Gilbert
International Creative Management
Hon. Daniel Glickman
Secretary of Agriculture
Mrs. Katharine Graham
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Dr. Stanley Greenspan
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Dr. Megan Gunnar
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Ms. Margaret Hale
Executive Director, West Virginia Kids Count
Ms. Martha D. Haley
Director, Public Affairs, Lifetime Television
Dr. David Alan Hamburg
President, Carnegie Corporation of New York

Dr. Robert E. Hannemann
President, American Academy of Pediatrics
Hon. (Sen.) Thomas R. Harkin
D/Iowa
Mr. Irving Harris
Chairman, The Harris Foundation
Mr. William Harris
KidsPAC, Head Start
Dr. Jane M. Healy
Author
Ms. Judith Nolte Heimer
Editor-in-Chief, American Baby Magazine
Mrs. Teresa Heinz
Chairman, Heinz Family Foundation
Ms. Harriet Meyer Horwitz
Executive Director, Ounce of Prevention Fund
Mr. Jeffrey Jacobs
President, Harpo Entertainment, Inc.
Ms. Eloise Jenks
President, National Association of WIC Directors
Ms. Judith Marie Jerald
Brattleboro, VT
Dr. Gloria Johnson-Powell
Judge Baker Children's Center
Ms. Judith E. Jones
Director, Free to Grow
Hon. Elena Kagan
Office of Domestic Policy, The White House
Dr. Elaine C. Kamarck
Office of the Vice President
Hon. (Sen.) Edward M. Kennedy
D/Massachusetts
Dr. Patricia Kuhl
Professor & Chair, Department of Speech & Hearing Sciences
University of Washington
Dr. J. Ronald Lally
Director, Center for Child & Family Studies, WestED
Dr. Philip J. Landrigan
Director, Office of Children's Environment Health, EPA
Mr. Arnold Langbo
Chairman of the Board & CEO, Kellogg Corporation
Mr. Ralph S. Larsen
Chairman and CEO, Johnson & Johnson
Dr. David M. Lawrence
CEO, Kaiser Permanente Medical Care Program
Ms. Geraldine B. Laybourne
President, Disney/ABC Cable Networks
Ms. Dolores Leckey
Executive Director for the Secretariat, Catholic Conference
Dr. Arthur Leibowitz
Chief Medical Officer, AETNA US Healthcare

Dr. Michael Levine
Program Officer, Carnegie Corporation of New York
Mr. David Liederman
Executive Director, Child Welfare League of America
Dr. Carolynn Lindeman
National President, Music Educators National Conference
Dr. Evelyn Gruss Lipper
Associate Professor of Clinical Pediatrics, Cornell Medical Center
Ms. Melissa Ludtke
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Dr. Shirley M. Malcom
Director of Education, American Association for the Advancement of Science
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Mr. Lawrence A. McAndrews
President & CEO, National Association of Children's Hospitals
Dr. Bruce McEwen
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Ms. Gail McGovern
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Dr. Evelyn K. Moore
Executive Director, National Black Child Development Institute
Dr. Herbert L. Needleman
University of Pittsburgh Medical School
Dr. David Olds
University of Colorado
Dr. Bruce Perry
Senior Fellow, CIVITAS Initiatives
Dr. Carol Brunson Phillips
Executive Director, Council for Early Childhood Professional Recognition
Dr. Deborah Phillips
Director, Board on Children, Youth & Families, National Academy of Sciences
Dr. Bruce Ramirez
The Council for Exceptional Children
Mrs. Michele Singer Reiner
Castlerock Entertainment
Mr. Robert Reiner
Castlerock Entertainment
Ms. Barbara Reisman
Executive Director, Child Care Action Campaign
Mr. James J. Renier
Renier & Associates
Ms. Nan H. Rich
National President, National Council of Jewish Women
Dr. Julius Richmond
Professor of Health Policy, Emeritus, Harvard University Medical School
Mr. John E. Riggan
Chairman of the Board, National Association of Child Advocates

Hon. Richard W. Riley
Secretary of Education
Ms. Geraldine Robinson
The Children's Museu
Dr. Gloria Rodriguez
President and CEO, Avance Family Support & Education Program
Ms. Susan Roman
Executive Director, American Libraries Association Services to Children
Hon. (Gov.) Roy R. Romer
Governor of Colorado
Mr. Edward F. Rover
Charles A. Dana Foundation
Ms. Esperanza Segura
Mr. Rudy Segura
Honorable Donna E. Shalala
Secretary of Health & Human Services
Dr. Carla J. Shatz
Professor of Neurobiology, Howard Hughes Medical Institute
Mr. Jack Shifrel
Community Advocate
Ms. Marilyn Smith
Executive Director, National Association for the Education of Young Children
Mr. Marshall Smith
Acting Deputy Secretary of Education
Mr. Richard M. Smith
Editor-in-Chief & President, Newsweek, Inc.
Dr. Mary Susan Stine
Section Chief of Developmental Medicine, DuPont Hospital for Children
Ms. Maria Gregory Taylor
Parent Education Specialist, Parents as Teachers Program
Ms. Inez Moore Tenenbaum
President, South Carolina Center for Family Policy
Ms. Ruth Tracy
Navajo Chapter Coordinator, Pilot Parents
Mr. Thomas Van Coverden
President and CEO, National Association of Community Health Centers
Dr. Harold Varmus
Director, National Institutes of Health
Hon. Melanne Verveer
Assistant to the President & Chief of Staff to the First Lady
Ms. Yasmina Vinci
Executive Director, National Association of Child Care Resource
and Referral Agencies
Mr. David Walker
Executive Director, North Carolina Partnership for Children
Ms. Claudia Wayne
Executive Director, National Center for the Early Childhood Workforce
Mr. Melvin Wearing
Chief of Police, City of New Haven
Dr. Betsy Weaver

President & CEO, Parent's Plus, Inc.

Ms. Bernice S. Weissbourd
President, Family Focus
Dr. Miriam Westheimer
Executive Director, HIPPY USA
Dr. Clarissa Leister Willis
Executive Director, Southern Early Childhood Association
Ms. Mildred Winter
Executive Director, Parents as Teachers National Center, Inc.
Ms. Marti Worshtil
College Park, MD
Dr. Ernst L. Wynder
President, American Health Foundation
Dr. Edward Zigler
Professor of Psychology, Yale University
Dr. Barry Zuckerman
Professor & Chairman of Pediatrics, Boston Medical Center

THE WHITE HOUSE

WASHINGTON

April 16, 1997

MEMORANDUM FOR: INTERESTED PARTIES

FROM: KRIS BALDERSTON

SUBJECT: FINAL UPDATE ON THE EARLY CHILDHOOD REGIONAL SATELLITE SITES

Attached is a near final list and map of the eighty-two (82) regional satellite sites for the White House Conference on Early Childhood Development and Learning which will be held on Thursday, April 17, 1997. (I say "near final" because we continue to get calls from state and local officials including Members of Congress who are planning to hold similar sessions. By Thursday morning, I am sure we will reach nearly 100 sites.) In just three weeks, the Regional Administrators from HHS, Education, USDA, EPA, and GSA set up sites in 36 states (OH, FL, and WI do not appear on the map) in every federal region of the country. As you review the materials, please note the following points:

- These are not just "conference-watching" sessions. In nearly every case, the local organizers have replicated the East Room program. They will watch the morning session via satellite and create their own panel sessions of local experts to discuss early childhood issues in the afternoon. Many plan to develop their own local action plans.

- Each of the satellite sites will distribute White House materials and collect the names of their participants so that we can send each of the attendees a final report. Most of the sites are planning to send the White House a 1-2 page summary of their own proceedings for inclusion in the White House document.

- There is genuine excitement in the regions about participating in this conference. The Regional Administrators note that the local respondents immediately jumped on the opportunity to participate and help organize it. Anecdotally, we have learned that 600 people are planning to attend the Phoenix conference, 300 in Kansas City, 350 in New York City, 200 in San Francisco, 150 in South Texas, and 250 in Philadelphia. In most cases organizers expect an average of approximately 100-150 participants. As you look through the sites, you will note that many of the satellite sessions are being held in hospitals, universities, high schools, and federal buildings.

Finally a special thanks should go to Laura Schwartz for answering a million technical questions from administrators throughout the country, Pat Lewis for answering their press inquiries, (Jay Wolf our Cabinet Affairs intern who spent countless hours inputting the information), and Eric Dodds, the White House Liaison at GSA, who is the main point of contact with the Regional Administrators. Also a thanks to HHS, DoEd, GSA, USDA, and EPA for contributing funds to put the program up on the satellite.

WHITE HOUSE CONFERENCE ON EARLY CHILDHOOD	DEVELOPMENT AND LEARNING APRIL 17, 1997
Boston University -Boston, MA (2 sites)	Illinois Institute of Technology - Chicago, IL
Boston Federal Executive Board - Boston, MA	University of Minnesota - St. Paul, MN
Lesley College - Cambridge, MA	Minnesota Extension Service - St. Paul MN
University of MA - Worcester, MA	Cincinnati Public Schools - Cincinnati, OH
Springfield Technical Community College - Springfield, MA	Indiana State Department of Health - Indianapolis, IA
Brown University - Providence, RI	University of Missouri - Kansas City, MO
University of Rhode Island - Kingston, RI	Epworth Family Learning Center - East Prairie, MO
University of Rhode Island - Providence, RI	Cooperating School Districts of St. Louis County - St. Louis, MO
Stamford Public Schools - Stamford, CT	St. Louis Community College - St. Louis, MO
Groton Public Schools - Groton, CT	Southwest Livingston County R-I School District - Ludlow, MO
New Haven Public Schools - New Haven, CT	Federal Aviation Administration - Kansas City, MO
University of Connecticut - Storrs, CT	Neosho R-V School District - Neosho, MO
University of Vermont - Burlington, VT	Missouri Department of Health - Independence, MO
NH Division of Children, Youth & Families - Concord, NH	Heartland Education Agency - Johnston, IA
University of Maine at Fort Kent - Fort Kent, ME	Child Care Resource and Referral - Des Moines, IA
University of Maine at Orono - Orono, ME	Iowa Pilot Parents Program - Ft. Dodge, IA
Manhattan Borough Community College - New York, NY	Cowles Elementary School - Des Moines, IA
Cornell University - Voorheesville, NY	Kirkwood Community College - Cedar Rapids, IA
Cornell University - Ithaca, NY	Kansas Department of Education - Topeka, KS
Cornell University - Albion, NY	Kansas Dept. Of Social & Rehab. Services - Topeka, KS
Cornell University - Middletown, NY	NW Kansas Education Service Unit - Oakley, KS
PBS TV Affiliate - Rochester, NY	Kansas State University - Manhattan, KS
American Booksellers Association - Tarrytown, NY	Creighton University - Omaha, NE
Rutgers University - Livingston, NJ	Nebraska Department of Education - Lincoln, NE
St. Christopher's Hospital for Children - Philadelphia, PA	Alliance Public Schools - Alliance, NE
Egleston Children's Hospital - Atlanta, GA	Arkansas Children's Hospital - Little Rock, AR
Tennessee University - Nashville, TN	Arkansas River Education Co-Op - Pine Bluff, AR
East Tennessee State University - Johnson City, TN	Texas A&M - Weslaco, TX
University of Tennessee - Knoxville, TN	University of Texas Arlington - Arlington, TX
University of Tennessee - Martin, TN	University of Texas Arlington - El Paso, TX
Chattanooga State Technical Community College - Chattanooga, TN	Our Lady of the Lake University - San Antonio TX
Roper Mountain Science Center - Greenville, SC	Southwest Texas University - San Marcus, TX
Instructional Television Studio - Birmingham, AL	Children's Hospital of Oklahoma - Oklahoma City, OK
North Carolina State University - Raleigh, NC	Tulsa Community College - Tulsa, OK

WHITE HOUSE CONFERENCE ON EARLY CHILDHOOD	DEVELOPMENT AND LEARNING APRIL 17, 1997
Department of Human Services - Hugo, OK	
Albuquerque Technical Vocational Institute - Albuquerque, NM	
Onate High School - Las Cruces, NM	
Southeastern Louisiana University - Hammond, LA	
Colorado Department of Health - Denver, CO (2 sites)	
Auraria Media Center Library - Denver, CO	
Phoenix College - Phoenix, AZ	
Central AZ College - Coolidge, AZ	
San Francisco State University - San Francisco, CA	
Sacramento State University - Sacramento, CA	
Fresno State University - Fresno, CA	
UCLA - Los Angeles, CA	
Mable Smyth Auditorium - Honolulu, HI	
High Desert Conference & Training Center - Las Vegas, NV	
GSA Regional Headquarters - Auburn, WA	

WHITE HOUSE CONFERENCE ON EARLY LEARNING AND DEVELOPMENT QUESTIONS AND ANSWERS

GENERAL QUESTIONS ON THE CONFERENCE

Q. What will be discussed at the conference?

The conference will highlight new research on brain development in very young children and discuss what it means for parents, caregivers and policy makers. We now know that children's earliest experiences actually affect the development of their brains and are essential to their ability to learn, develop, and reach their full potential. This conference will be a call to action to all members of society -- including the business, faith and health communities, the media, child care providers and government -- to use this information to strengthen America's families.

Q. What kind of impact do you expect this conference to have?

We hope that this conference will mark the beginning of a national dialogue on how best to support, stimulate, and nurture children in the first years of life. That means a national dialogue on how to provide high quality, affordable child; how to make sure children have health insurance; and how to give them early educational opportunities. We also hope to send a simple message to parents and caregivers: that they should read to, sing to, play with and talk to children in the earliest years.

Q. How can the President reconcile his interest in early childhood development with the fact that he signed a welfare bill that will throw over a million children into poverty?

The President signed welfare reform because he believes that we need to end the cycle of dependency and help all Americans take responsibility for their own lives. The President believes -- and all the evidence suggests -- that children who grow up in households and communities where there's work will be far better off in the long run than those who don't. The welfare bill dramatically expanded the availability of child care for people moving from welfare to work, while preserving health, safety and other quality standards for child care.

Q. Doesn't this new research mean that women should stay home?

No. What the research suggests is that we should support all parents, those who work outside the home and those who don't. There are terrifically engaged parents who go to work, and there are parents who stay home but don't know or chose to spend time talking, reading and singing to their children. A recent report indicates that children in quality child care settings do just as well as children whose mothers stay home. What's most important is that children are surrounded by loving, nurturing caregivers who understand the importance of the first few years of life.

Q. Doesn't this new research mean that we can stop investing in children once they reach the age of three?

No. It would be nonsensical to stop spending money on things like crime prevention, schools, and job training. But we now know that early childhood is a critical time in children's development. Investments early can reduce the need for investments later, and we ought to set our priorities with that in mind.

Q. Given the new research, do you see an enhanced role for government in the lives of young children?

There are certainly things that government can do. The President fought for Family and Medical Leave so that workers can take leave to care for a newborn or adopted child, and he has proposed to expand FMLA to allow people to take up to 24 hours off each year for things like finding child care or school activities. The President has also expanded Head Start and created Early Head Start, increased participation in WIC, and raised immunization rates. But parents are responsible for raising their children. The purpose of this conference is to share information about what we can all do to enhance our children's development and learning, and to highlight model community efforts that are working across the country to support children and families.

Q. Isn't this conference just about government intruding into the family?

No. Parents raise children but, like it or not, children are influenced by businesses, schools, the media, and the government, to take just a few examples. This purpose of this conference is to share information about what we can all do to enhance our children's development and learning. The conference will also highlight model community efforts that provide voluntary assistance to parents and children, although most of these local initiatives do so with financial support from the federal government.
[NOTE: DOJ supports the New Haven Police initiative; AVANCE receives funding from Early Head Start, Even Start, and Family Preservation; and The Ounce of Prevention receives Early Head Start and Head Start funding.]

Q. Will there be a report on the conference?

Yes. There will be a report coming out of the conference that digests the research and its practical applications, summarizes the recommendations of the panelists, and provides a resource guide for parents, caregivers, and policymakers. We are also putting together a web page devoted to the conference that will be accessible through the White House home page.

Q. Is this conference part of Rob Reiner's 0-3 campaign?

No. Rob Reiner is working on an important effort -- a national engagement campaign involving foundations, corporations and media to spread the word about the significance of the first few

years of life. The President and the First Lady support his efforts and believe they complement the White House Conference, but the two are separate.

Q. Why aren't any Republicans participating in the Conference?

We invited the three Republican and three Democratic members of the NGA's Children's Task Force and asked both its co-chairs to participate in the afternoon roundtable discussion. None of the Republicans were able to attend. We also invited key Republican and Democratic Members of Congress, and one Republican will attend.

Q. A number of Members of Congress have sent a letter to the President urging him to devote at least one-third of the discussion to the development of the brains of fetuses. Will you do this?

Brain development before birth is a relevant topic. In fact, one of the panelists has done extensive work in this area. It will surely be discussed at the conference.

QUESTIONS ON POLICY INITIATIVES

<u>Department of Defense</u>

Q. You are holding the military child care system up as a model. Why is it so good?

The military child care system is noted for its high quality standards, including a high percentage of accredited centers; a strong oversight and enforcement system, that includes a 1-800 hot line for parents to report concerns; mandatory training for child care providers; relatively generous wages and benefits tied to continued training and education; a system of linking up and providing needed support to individual home care providers; and sufficient funding to make quality child care affordable.

Q. Isn't the military child care system so good because the military spends so much to fund it?

Experts agree that the military child care system is the best in the country for a number of reasons. It is true that the military recognizes that quality child care costs more than most parents can afford to pay and, therefore, the Department of Defense provides sufficient funding so that parents can afford the fees.
[NOTE: The military pays 50% of child care costs with appropriated funds. Parents pay according to a sliding scale based on income. Last year the average weekly fee was $65 per week.]

In addition, the military child care system is noted for its high quality standards, including a high percentage of accredited centers; a strong oversight and enforcement system, that includes a 1-800 hot line for parents to report concerns; mandatory training for child care providers; relatively generous wages and benefits tied to continued training and education; and a system of linking up and providing needed support to individual home care providers.

Q. What are you doing to ensure that all Americans have access to affordable child care?

The President has proposed a $500 per child tax credit, expanded the Earned Income Tax Credit to help working families with children and, in the welfare reform law, increased federal funding for child care by $1 billion, providing services for over 660,000 children -- 65% of whom are under 5 years old.

Q. Why should the military use their resources to help civilian child care providers?

There's no doubt that the military's first priority is protecting the national security and supporting its own service members. This initiative will not undermine that mission. Much of this can be done without a significant expenditure of dollars. One piece of evidence that that is true is that the military is already reaching out to civilian child care providers in their communities, though in a less comprehensive, coordinated way. This initiative will also benefit the military by providing workers for its child care centers and by increasing the number of available spaces.

Health Care

Q. Many Congressional Republicans say they are opposed to new entitlements. How are you going to convince them to expand health care coverage?

The President's children's health proposal is not a new entitlement, but a capped program which gives states the flexibility to design innovative ways to extend health coverage to uninsured children. This carefully targeted investment has been fully paid for in the President's balanced budget. Moreover, we have seen enormous interest from both Republicans and Democrats in expanding health care for children, and we are optimistic that we will be able to pass a children's health bill this year.

Q. Couldn't you reach these children more effectively through an existing mechanism such as the Medicaid program, the tax code, or an existing discretionary program?

The President wants to pass bipartisan legislation that will extend health care coverage to up to five million uninsured children. He is willing to consider any ideas that will enable us to reach this goal.

Q. Is it really worth cutting $22 billion from Medicaid and implementing a per capita

cap just to expand coverage to a few more children?

First of all, the President has proposed $7 billion in net savings in Medicaid, which represents a reduction of about 1% off of the current Medicaid baseline over the next five years. Also, the President's plan to expand coverage to more children is not paid for solely from our savings in Medicaid. Moreover, because under a per capita cap States would get more dollars when they cover additional children and because children are relatively inexpensive to cover, we believe that this policy may well provide States with positive incentives to extend health care coverage to more children.

Q. Does the President support the Kennedy-Hatch children's health care bill which finances children's health care expansions by increasing the tobacco tax?

First of all, the President is delighted that there is so much bipartisan interest in expanding health coverage to children, and he will continue to work with Senators Kennedy and Hatch and others in Congress to pass a balanced budget this year that extends health care coverage to more uninsured children.

While the Hatch-Kennedy bill pays for new expansions by increasing the tobacco tax, the President has a proposal which would expand coverage to millions of additional children and is paid for in the context of his balanced budget plan. Regardless of the source of financing, assuring a significant commitment for children's health care will continue to be a top priority for the President.

That being said, studies of State excise tax increases indicate that they can have significant public health benefits, particularly for children and adolescents, because the increased cost can discourage them from starting and continuing to smoke.

Q. The Hatch-Kennedy children's health coverage bill seems to be losing support even by some of its cosponsors because of the tobacco tax financing. Are you concerned about these recent developments?

No piece of legislation in this town experiences smooth sailing throughout the legislative process. The President continues to be very encouraged by the strong bipartisan support for an investment in children's health coverage. In addition to the Hatch-Kennedy bill, a number of others in Congress are coming forward with proposals to expand children's health insurance. Just this week, Nancy Johnson joined the list of Republicans who have put forth proposals on to expand children's health care coverage. And we expect there will be many more. This should be a major priority for this Congress, and it is a top priority for the President.

<u>Safe Start</u>

Q. What is Safe Start?

Safe Start is a program designed to change the way law enforcement officers respond to children who are the victims of or witnesses to violence. The program will provide training on early childhood development to community police officers, prosecutors, probation and parole officers, school personnel and mental health providers. It prepares the people on the frontline to respond better to the needs of children who have been exposed to violence, and to intervene in time to prevent any further evidence.

Q. How much will this program cost?

In fiscal year 1997, the Department of Justice will spend $700,000 of already appropriated funds on the program.

Q. How many individuals and communities will be reached by Safe Start?

Safe Start builds on a program that is already in place. In addition to providing additional intensive training and technical assistance to the four communities already taking part in the program, the Department of Justice will involve four additional communities and will provide training on early childhood development to 20,000 law enforcement and other professionals in more than 50 communities.

Q. Is President Clinton trying to turn police officers into social workers?

No. New Haven Policy Chief Wearing -- part of the panel at today's conference -- is a cop's cop, who rose up the ranks from detective to police chief. He will tell you that his department's partnership with the Yale Child Study Center helps stop the cycle of violence by providing early intervention to children who are exposed to violence and who, if left untreated, would be more likely to become violent offenders themselves.

<u>Early Head Start</u>

Q. Aren't many more children eligible for Early Head Start than are being served?

We estimate that nearly 3 million children ages 0 to 3 are eligible for Early Head Start while only 23,000 are currently served. However, Early Head Start is a very new program. The first Early Head Start grants were awarded in October 1995. The President's 1998 budget would nearly double the number of children and families served, from 18,000 in fiscal year 1995 to 35,000 in fiscal year 1998. The President is committed to continuing to support this program.

Q. Have the organizations who will receive this new funding been selected?

No. Today, we are announcing a competition for this funding. The Department of Health and Human Services expect to announce the new grantees in September.

Ready*Set*Read Kits

Q. How were the kits developed?

Fifty reading, literacy and early childhood groups worked with the Department of Education on the basic design for the kits. The materials were then developed by researchers from the Early Childhood Technical Assistance Center, and finally a working group of families, caregivers and early childhood administrators reviewed and commented on them.

Q. How and when will these kits be distributed?

In May, kits will be mailed to families served by early childhood programs across the country like Even Start, Foster Grandparents, and Learn and Serve Early Childhood Programs. It will also be available to the public through the Department of Education's toll-free number at 1-800-USA-LEARN and will be available on the Internet through the Department of Education's home page. The kits are available in Spanish and English.