themselves. We want to make sure that children know that their feelings about the transitional process are important and that they should be encouraged to share or to express those feelings. We should make an attempt to bolster childrens' self-esteem so that they won't be afraid to speak up. At the same time, we should bolster parents' self-esteem so they won't be afraid to speak up, so that they won't be afraid of the systems that impact upon them and will be able to confront the system. Some of the parents said that other parents won't speak up for fear that if they do, they may get involved in a system that may end up investigating them or even make an attempt to take their children. Because of those kinds of fears, sometimes they are uncomfortable confronting the system. But we need to encourage parents to stand up and be the primary advocates for their children.

Another concern was that parental involvement must be consistent across systems. Many times parents who are involved in the Head Start program are constantly involved in the progress of their children; they volunteer in the classroom, they spend time with them, etc. Then, when they move or enter other systems or the school system, they're not that involved. We feel that we need to keep the parents involved and keep that involvement as they make transitions throughout the systems so that our children can be healthy and ready to learn.

We also felt that parents should be involved in program design and the policymaking decisions that affect and impact upon their children. One suggestion is that we form parent boards, which are very prevalent in Head Start but do not exist in many other systems. After the transition occurs, parents need to continue to be involved. For example, parents that are involved in Head Start need to stay involved as their children grow and move through other programs.

Parents need to form their own support groups. When they do, programs should work with them. In other words, when a parent group forms a support group to help themselves and to help other parents work through the transitional process, the programs and systems should be there for them, to support them, help them learn the transitional process, and provide materials or whatever they need to make that transition as smooth as possible.

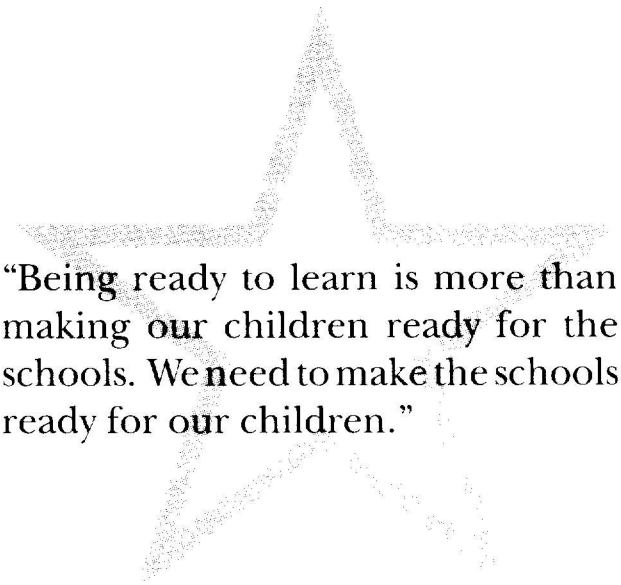
Program counselors should be appointed to help parents prepare for the transition. Also, parents need to be aware of not only the needs of their own children, but the needs of others—to move away from, "me, my four, and no more."

Consistency is the key to successful transitions. We need to be aware of the impact on children and parents of abolishing programs without notice, and many times without preparation to have those needs met through another area. We need stabilized funding so that programs can address the problems, instead of just looking at the symptoms.

Someone suggested that the transitional process would be easier if we developed an interstate communication system. We should create a national computer network so that the information on parents in one State could be readily accessible to another State. When people such as the Migrant workers move from one State to another and they have to apply for benefits, they have to close out their file in the first State, reapply at the next, go through that whole process again, and reopen their files. Often it takes a long time before they get the benefits. Sometimes they are ready to move on to the next growing season or the next location before the benefits even get started. So, if we had a national network, that information would be readily available, and that could speed up that recertification or reapplication process.

Also, another thing that came up was to create a way that school credits could be acceptable from State to State. People move through different situations. They have things that are credited in one State, and when they go to the next State, the school says, "I'm sorry, but this is not credited here." Then, the child has to go through that whole process again.

Establish one-stop shopping—and I won't elaborate on that because it has already been stated. Decrease the time spent on paperwork. Make forms less complex. And make an effort to cut down on the duplication of information during the recertification process. Many



"Being ready to learn is more than making our children ready for the schools. We need to make the schools ready for our children."

times parents go in to be recertified, and they give the same information they gave 3 months ago. Sometimes in Delaware, when you go to be recertified or to get services, they tell you that you have to be at the social service agency at 7:30 a.m. They see you at 8:30 a.m. or 9:00 a.m., and then they give you paperwork to fill out that you just filled out the last time. No information has changed, but they say, "Well, you have to do it." We could cut down on that process and speed it up.

Workers need to be sensitive to the needs of the parents who come in and should be aware of the stereotypes and not have negative attitudes towards them, because they wouldn't be there if they didn't need the help.

The other area of concern was flexibility. We need to make the eligibility criteria flexible. For example, some people have incomes above the guidelines to receive Medicaid but also have children with special needs. They can't get regular insurance because the child has a preexisting condition, so the insurance company does not want to cover them. So those people get lost in the cracks. We need to pave the way of smooth transitions by making programs and facilities flexible.

One of our delegates expressed that she has a special needs child who has been mainstreamed into the classroom. When that child has to go to the bathroom, he's made to go to the other side of the school because it takes him a little bit longer to use the bathroom, and they don't want him to hold up the other children. We don't think that's fair, and that situation needs to be addressed.

We already talked about flexible hours. Employers need to understand the parents' need for daycare, leave for medical visits, and appointments with other programs. Remember that the family and their individual needs still exist when income levels change.

Transportation was an issue and must be improved and addressed, especially in rural areas. Without transportation, the children are not going to be able to make successful transitions between programs and obtain other needed services.

Another area of concern is increasing and promoting the use of school social workers. Social workers could act as advocates for parents and children so that they can help them with the transitional process. They can help families access services and become a primary link between school systems, parents, and the community.

The last and final area is that legislative action must be taken to improve our children's transitions. First, we see a role of the parent to take the responsibility to elect family advocates in political offices. We need to work to develop Federal and State laws and regulations that better address the families' needs to make the transitional process much easier. We need to find a way to enforce the laws that are already on the books. We also need not to just address the needs of one individual's problems. For example, one of the parents shared that they were in the process of suing the school system for some needs for their children and that when that fight is over, and that parent wins, the next parent has to go through the same process. We think that systems need to learn from those fights with parents and those kinds of things that happen. They need to learn from the results so that other parents don't have to learn how to fight the systems better. We need to make sure that our programs are adequately funded so that the needs that they are designed to address can be addressed.

In summary, we want to remind you of the three C's. Consistency, continuity, and coordination of

services are necessary to promote healthy children in families that are ready to learn. We want to issue another challenge—and this is not necessarily to Dr. Novello—but we not only want our children to be healthy and ready to learn. Being ready to learn is more than making our children ready for the schools. We need to make the schools ready for our children.

Responder Panel[3]

James O. Mason, M.D.
Assistant Secretary for Health
U.S. Department of Health and Human Services

I want all of you to know how much I appreciate this opportunity to be here with you. I want to express appreciation to all you parents, and I don't need to tell you that your three representatives up here are tremendously articulate and very well prepared. I could talk for 2 hours just in responding to what the three of them have said, and obviously I don't have time to do that. Let me say that I'm not just the head of the U.S. Public Health Service; I'm also a father. I have 7 children and 17 grandchildren, so I could sit out there as well as stand up here. I hope I can express my sympathy for your point of view both as a governmental official and as a parent.

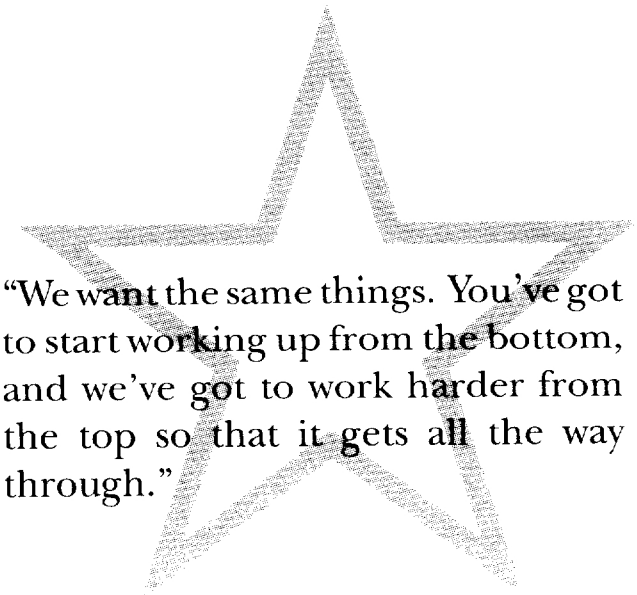
I think it was Ms. Reeves who talked about the importance of our children. So often we read in the newspapers about being competitive with our automobiles, electronics, or pharmaceutical industry, but we are here to reaffirm that the most important product that this Nation has is its children. Our children are the future of America, and every minute we spend here is time more than well spent. I believe—and I don't think it's just because this is an election year—I've never seen a meeting where the President and three departmental heads (three Secretaries) came, and that's a commitment of this Government to the importance of children and doing something in this partnership between the Federal level and parents.

I don't want to repeat what has been said by other speakers, but I want to respond to a number of questions that were raised. When President Bush came here and talked about his comprehensive plan for health care reform, he was addressing a number of the problems that have been described. This reform, which will provide tax credits or certificates and tax deductions, will encompass 9 million Americans. It will provide access to health care services for all poor Americans. It will create insurance pools so that people at high risk will not have to pay those higher premiums; they'll be in the same pool with many other folks, to average the risk out. The President talked to you about health insurance security so if you move from one community to another, or from one job to another, your health benefits would be portable. Then he talked about choice. You see, choice and a tax credit (a certificate) empower a parent; you don't have to be part of a system for just poor people. You take your certificate and you buy your health care from a program that will provide the quality and the content of

[3] *The remarks of the Responder Panel have been edited for clarity.*

services that you need. Then he talked about affordability and cost containment. If we can convince Congress to enact this plan, it will begin to address some of the health care problems that you are encountering and that I encounter as a grandfather.

I would just like to answer the question: "What are we going to do?" I just want to mention two things and then I will sit down. First of all, we are here to listen, and I think listening is probably the most important thing you can do so that you understand the concerns. You've heard the recommendations for solving these problems. But we need to do more than listen. Here's one example of what I am going to do. Each quarter I meet with the officials of State and territorial health departments and with your State health department commissioners. Each quarter I meet with the U.S. Conference of City Health Officers and the National Conference of County Health Officers. I'm going to discuss the things that you've been talking about with them because this is a partnership. It was said that leadership should come from all of us and, of course, it's got to come from parents, our neighborhoods and communities, our cities, our counties, our State, and the Federal Government. Only when we all provide that leadership will this system really work optimally, and I will pledge to you my support to do all I can to work not only at the Federal level but down through that system of health officials to see whether we can implement your recommendations.



"We want the same things. You've got to start working up from the bottom, and we've got to work harder from the top so that it gets all the way through."

Now let me give you an example, and time doesn't permit me to give many. I agree with 98 percent of everything you've said. Let's talk about one-stop shopping. You want one-stop shopping, and I want one-stop shopping. Why don't we have one-stop shopping? There are communities—and I have visited them—in the United States of America where they have one-stop shopping. If we all want it, let's do it! There isn't any disagreement. We've talked about having a uniform application form. I'm holding up a little document that's called a Model Application Form, and this was published in the *Federal Register* on December 4, 1991, a little over a month ago. It was developed in collaboration with State and local people, and it involved the Department of Health and Human Services, the Department of Agriculture, and the Department of Education. So, at the Federal level, we want a simplified, unified, uniform application. Now why don't we have it? We want the same things. You've got to start working up from the bottom, and we've got to work harder from the top so that it gets all the way through.

You've talked about flexible hours. You want flexible hours; you not only want them, you need them. And we want flexible hours. Last Friday, Secretary [Louis] Sullivan [Health and Human Services], Surgeon General Novello, CDC Director Bill Roper, and I were in San Diego to talk about an immunization initiative for infants. And what were we pounding the table about? Flexible hours, so that parents could bring their kids in the evening, on weekends.

Let's make the systems user friendly. You want user-friendly systems; we want user-friendly systems. Let's work together to get it. We're not against each other. We're working for the same things, and somehow we have to get it into the middle. And I'm willing to work on that, and I know you will as well. I'm simply trying to say that we are striving for what you want, what you are talking about. Perhaps we can put more power into our grant applications.

Let me just say that we often provide funds for programs that you use, but we don't hire or fire the

people that provide those services. We can talk more, and we will, but we are going to have to work from both ends if we are going to make those services user friendly. We want it, and we'll do all we can; we've heard you. But don't let them kid you down at any other level. We want it; you want it; let's get it. Let's work together.

Let me just end by talking about this document. We have what we call Healthy People 2000. This is not a Federal program; it's a national program. You helped develop the 22 priority areas and the 300 specific, measurable, realistic goals of where this Nation could be by the year 2000. We've pulled Healthy Children 2000 out of a much thicker document, and of the 3,000 measurable objectives for the Nation for year 2000, 170 of them relate to mothers, infants, children, and adolescents. We hope that you will work with us so that even before the year 2000, as soon as possible, this Nation will have arrived at where you—as you helped us develop these—said we ought to be. And we're willing to work with you; we are partners, and we thank you for your input.

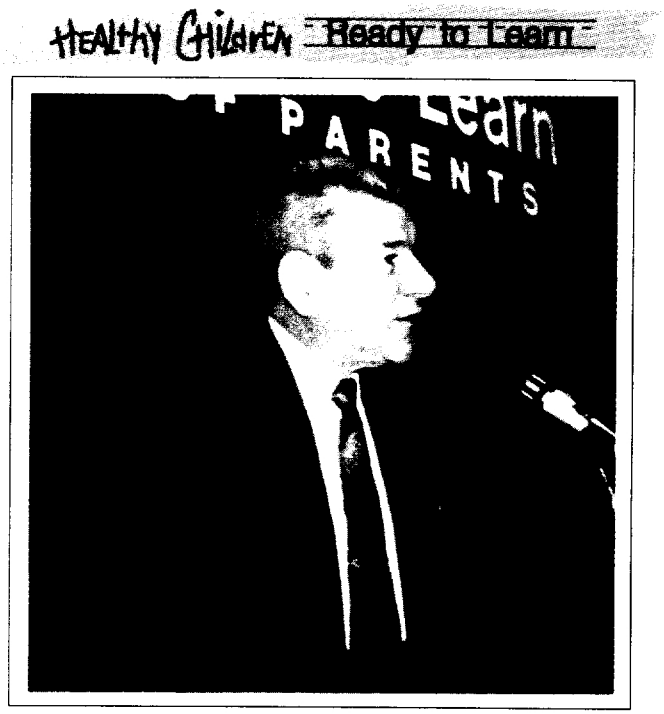
John T. MacDonald, Ph.D.
Assistant Secretary for Elementary and Secondary Education
U.S. Department of Education

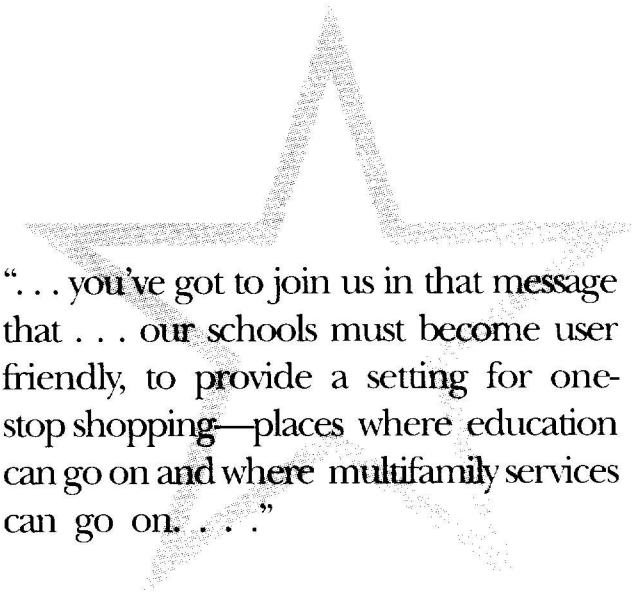
I would like to thank our presenters for what I consider to be an extremely inspirational message, but one that has a great deal of meaning to us. I would like to focus my comments in terms of the presentations on children and their families. I just returned last night from the Organization of American States meeting in Guatemala City on issues that affect the hemisphere in terms of the same kinds of things that we are talking about today—precisely the same kinds of problems that you've brought here. We are dealing with a hemispheric problem that we have to address if we are going to survive, not just as a Nation, but as a hemisphere.

What I heard today, in sum, means involvement, flexibility, a role of advocacy, and finally, as Larry [Bell] shared with us, consistency, continuity, and coordination. I would like to talk a little bit about commitment, as the other C, to children and their families in an integrated way, a much more integrated way than we've ever done before. In my trips around the country and also in spending 34 years in this business of children and families, I found that, on the awareness issue, it means you must not only be made aware but you must have access.

Jim used the term "user friendly." Our schools basically have never been user friendly because the schools that we have today are designed for a society, frankly, that doesn't exist today in most areas. I can remember, some months ago, [Secretary of Education] Lamar [Alexander] convened a group of us with an eminent sociologist, a guy I have a lot of respect for and who has done a lot of work in this area for years. We were kicking around the question, "Why don't our schools work any more?" And he said, "Heck, it's very basic. What you are trying to do with your schools is for a bunch of folks who don't exist any more."

This gets to the access issue, what you need to do with folks. They can't get at you, and you can't get at them. So why don't you think about it? I think back to the experiences I had as a principal years ago, working in an area where poor parents had many of the same problems that you have addressed in your presentations. They worked. They had to work. They had to get their youngsters off early; they couldn't get back to





"... you've got to join us in that message that ... our schools must become user friendly, to provide a setting for one-stop shopping—places where education can go on and where multifamily services can go on. ..."

school to attend sessions or conferences or this, that, or the other thing. At that time, we had Title I—that was 27 years ago, when I came on board—and we developed what we called extended school. This is very similar to what Lamar mentioned that Decatur [Georgia] is doing now. We have the Federal resources to open up the access issue. You can change the mindsets out there if you join us in that attempt, working with our State commissioners, your State legislators, and your local school folks to say that there is a system out there that will support your needs, if it is properly designed. We want access to it, and we want to use it. But you've got to join us in that message that we are trying to get across to people that our schools must become user friendly, to provide a setting for one-stop shopping—places where education can go on and where multifamily services can go on in terms of local agency services, State agency services, and, of course, the educational services that should go on on a continuum, places where a school operates from early in the morning until late at night and on weekends and is open during the school year, where it never closes, and it shouldn't. It's your largest real property investment. It doesn't mean the teachers, as Lamar pointed out in his remarks, have to take on all these other chores. They are not trained to do so—fine. But with that kind of setting, or a setting comparable to it in a community, we can reach and provide for children and their families the kinds of needs that we need to meet today.

It really bothers me terribly—to the point where I don't understand it—when I think back to the late 1950s and 1960s. When we built elementary schools, we built little clinics in them, and dental centers, and so forth. Try to find a new elementary school today that has that provision where we can provide that kind of service to a child and his family. It doesn't happen any more. We have to return to some of the things we identified earlier on that parents need and children need and get back to it and make those provisions and open up those schools to do those things.

Let me talk about transition for a minute. Larry [Bell] was talking about transition. Let me throw out a bias of mine that we've been trying to work with—[Commissioner of the Administration for Children, Youth and Families, Department of Health and Human Services] Wade Horn and his folks. Transition, to me, means from conception to birth; it means from birth to school and community; and it means to the final thing that the President has also mentioned, and that is to making a life. Unless we have the kind of system in place that provides for that and can deliver that, we're going to find ourselves generationally not making strides that we need to make to address the needs that we have today. Looking at some of the things that I looked at for the past 3 days in a Third World country—that can't happen here. We have the ingenuity, resources, intellect, and experience that most people don't on how to approach this effort, and we can do it.

Let me say in closing that if we use what we know and use it creatively, we can develop support for what we are trying to put through in reauthorization of all the elementary and secondary programs—that's 57 programs and currently over $9 billion. What we are trying to say is that we need a massive urban intervention program utilizing Federal resources in conjunction with State and local resources to provide for communities, an opportunity to plan for whatever number of years it takes to pull those resources together, locating the school or another center

as a hub to provide an extended service or extended school concept so that children and their families can utilize the various resources in collaboration to accommodate the needs we have.

We have many programs out there currently, for example, that can help each other. For example, Wade's program [Head Start], even with the President's increase, will still not serve all the youngsters who are currently eligible. But Wade can use our program Even Start, which is for children 0 through 7 years old and their parents, to provide not only parenting and child care services but also job training and placement services. That program can buy Head Start services, can be used to expand Head Start services, or can create its own. Our Chapter I program, which is basically age neutral, can also be used to buy Head Start services, expand Head Start services, or buy their own.

In other words, what I am saying is that in terms of integrating what we have currently on the books today, we can do a better job. With our Department of Agriculture, with its Women, Infants, and Children [WIC] programs, we've recently signed a Memorandum of Understanding with them so that our Migrant programs can utilize WIC services. We want to expand that to Even Start because Congress, on our request, has now expanded the age range, not for children from 1 through 7 years old, but from 0 to 7; I wish I could get it from prenatal to 7. But it's in this way that we tie things together, and the Surgeon General and her office with the Healthy Children Ready to Learn Task Force has been instrumental in pulling those of us together who have been working on this so that, again, we are more integrated than we have been before.

We will continue to strive in this direction, but we are going to need your support with Congress to continue in this direction, where we are pulling together and coordinating all the Federal efforts around the one focus—what we need to do for our children and our families who need them the most. Thank you very much.

Catherine Bertini
Assistant Secretary for Food and Consumer Services
U.S. Department of Agriculture

President Bush has told those of us whom he appointed to jobs in his administration that he wanted us "to work to reorient government to better serve the needs of individuals." I remember that quote exactly because I thought that was so critical to defining our jobs; it is certainly critical to defining why Dr. Novello has convened this Conference: to talk about one group of people—children and their parents—and how, by working together with parents on behalf of healthy children, we are helping children be ready to learn and to grow strong. Your confidence in Dr. Novello is very well placed, and I know that she has been not only an outstanding spokesperson for these issues, but also, in convening all of us together, is making a constructive effort to seeing this happen. I've learned a lot already today, and I'd like to share some thoughts in several areas: one-stop shopping, service coordination, improving services, empowerment, and then finally some ideas about solutions.

Before I start, though, first of all I want to explain why I am here. As Secretary Madigan said when he spoke yesterday, the Department of Agriculture spends more than half of its budget on food assistance programs for the poor and for children throughout the country. So in my portfolio, I manage the Food Stamp program, school lunch and breakfast, WIC, summer food program, food program on Indian reservations, food for the elderly, food for childcare centers, Head Start centers, and others—there are 13 programs all together, with Food Stamps, school lunch, and WIC being the largest. Also, I come here as a colleague of the people at the table and as a colleague of Dr. Novello's and Dr. Mason's.

One-stop shopping, as Dr. Mason said, is absolutely a must around the country. We agree totally on that issue in bringing all social services together, and as every speaker here said, that is a critical component. We have been sending a lot of books to Delaware because 12 centers there have combined all social services except for job training—WIC, Food Stamps, AFDC, Medicaid,

various child development projects and programs—all together in one office. I visited one of those offices; it was a pleasant place. One receptionist sees the clients, and all of their information is on a computer, which sounds simple and makes sense. But it was a huge undertaking for the State to convince the different Federal agencies involved to all participate in that project. It is a model, and we encourage many States—

we sent many people there—to see how that works, hoping that we can help them go more toward one-stop shopping in putting services together.

The President mentioned the immunization program. We've been very involved in that from the WIC perspective because it is one of the few places where very young children come within the system. If we can combine services and provide immunization services there at WIC clinics, it might be a very productive and helpful program to initiate. To that end, Dr. Mason and I have been working aggressively with health directors around the country to promote joint services for immunization and WIC.

Secretary Madigan yesterday mentioned direct certification for children in the school lunch program. This is a critical program, and I want to expand on it briefly. It doesn't make sense that a child may not be able to access a school lunch or breakfast just because of a bunch of paperwork that wasn't turned in. The way the system worked before direct certification, as you know, was that at the beginning of the year, the school sent home a form, through the child, to the parent that said, "Please fill out this form. Your child may be eligible for a free or reduced-price meal; tell us your income." Many times those papers don't get returned; a lot of parents don't want to fill out that paper; some parents may never get it; some parents may not be able to read it. So children end up not being in the school lunch and breakfast program, under which they may be eligible for free meals, because of paperwork. What direct certification is doing—and in the counties that have started this already, we've had great success, and it just began in September—is marrying computer lists. They marry the computer list of the kids enrolled in school with the families that are enrolled in AFDC and Food Stamps. They keep this confidential; it follows all the confidentiality requirements. But instead of getting a letter stating that "your child may be eligible," when this works—and it has worked so far in the many schools that have started it—parents get a letter at home that says, "Your child **is** eligible for school lunch." And, in fact, whether the letter ever gets home or not or the parent reads the letter is irrelevant because the

child gets the lunch or the breakfast. I would encourage people to go home and ask their school district if they have done this yet.

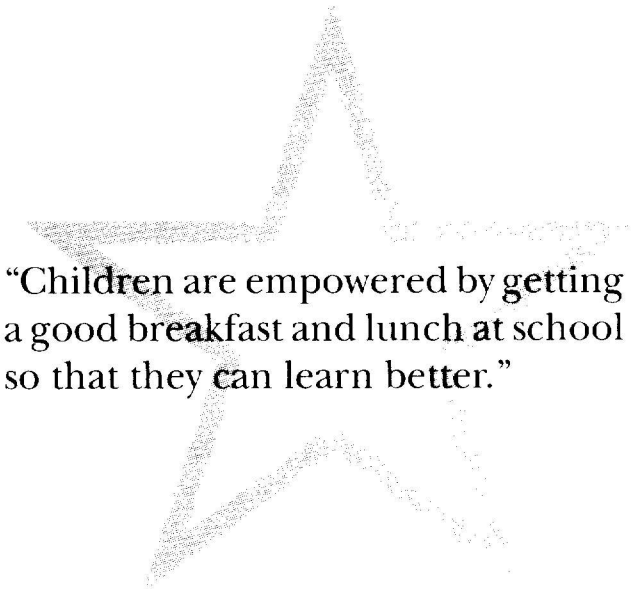
On the Food Stamp and AFDC side, I was at the Department of Health and Human Services managing the AFDC program before I came to [the Department of] Agriculture. One of the reasons I was asked to come is that the Administration cares about trying to put these programs together. Almost everyone who is an AFDC recipient receives Food Stamps, and the majority of Food Stamp recipients receive AFDC. It certainly makes sense to simplify the rules and regulations. The people who determine eligibility have thick books in every State for each of AFDC, Food Stamps, and Medicaid. Anyone having to learn the rules and how to work through them takes on a fairly remarkable chore. So what we are doing is working on the Federal level to identify eligibility requirements. So far, we've identified 52 eligibility factors that are different in the two programs, and we are working now to determine which ones we can change to make them the same or similar, so it will be easier for eligibility workers to manage, and ultimately easier for those who are in need to access the system in both programs.

We learned from this process, however, that we have to identify these [needed changes], but we can't make all the changes ourselves. Many of the changes will require congressional approval, and we will be looking at changes we can make in the Federal Government and identifying when we need to go to Congress to request other changes.

I found out one of these changes when I first came to this job. In Alabama, I went to a Food Stamp office to apply for Food Stamps because I wanted to see how the system worked. I filled out lots of forms, and then the worker gave me one form that indicated I had to take it home and have my husband fill it out. I said, "Why? You're taking me at my word that I'm the head of the household, and all these other forms are OK for me to sign. Why do I have to take this one home for him to sign?" "Well, because that's the requirement. Every adult in the household has to sign this particular form." Well, that didn't make any sense to me, whatever; it was a form dealing with whether or not we were U.S. citizens. So, I came back and asked questions about it, and a lot of the eligibility workers laughed. We'd been telling you that this was duplication for a long time. We proposed in the Farm Bill to Congress that they change this and eliminate the two signature requirement, and we got it changed. That was the good news. Then we found out that AFDC and Medicaid have the same requirement.

The final point on service coordination that I want to mention is what I think is the most exciting one we are working on, and that is called Electronic Benefit Transfer. We have now in the Food Stamp program a pilot project, and I want to explain what it is. This EBT, as it's called, is using the equivalent of bank ATM [Automatic Teller Machine] technology for the purpose of providing benefits for Food Stamps and, potentially, for AFDC, WIC, and other programs as well. The way this works is, or would be, that there are no longer food coupons in any community that undertakes this project. People get a plastic card and have a private PIN [Personal Identification Number]. The State or the county programs the amount of money that would otherwise be food coupon money into the account. When a client takes the card to the grocery store, the recipient runs this card through a machine at the checkout line, and it debits the appropriate Food Stamp account for that month. She could also use it, if it's an AFDC card, in a bank cash machine to take out her AFDC allotment, not necessarily in one lump sum, although that is certainly her option, but also in any amounts that she wants for the month.

We have, in the areas where we are testing this [EBT]—Reading, PA; Albuquerque, NM; Casper, WY (for WIC); Ramsey County, MN; and Baltimore, MD—only praise from clients who have been using this and from the Government and the private sector who have been using it as well, with one exception that I will mention in a minute. The people who use Food Stamps in AFDC have been thrilled with it, and the comments that we hear and the research that we have say that people like it. They like it because, first of all, it gives them security; people don't have to wait at the mailbox



"Children are empowered by getting a good breakfast and lunch at school so that they can learn better."

(as they must if their food coupons or their AFDC is mailed) to make sure they get it. They don't have to cash the AFDC check in one lump sum and sometimes pay money to a check cashing place to get it cashed; it empowers them to be able to make decisions about how much money they want at each particular time. When they use this card in the grocery store, they don't have to deal with the coupons and counting out the coupons and dealing with it; they don't have to deal with anyone else trying to steal and use their coupons before they get to the grocery store. It's a quicker way to get through the system when they get to the grocery store.

In Wyoming, one woman at a cash register told me that she had been a WIC client and now she was working, managing the cashiers in the store. One of the reasons that she liked working there was that the card took the confrontation away in the line. Because (this program was in WIC, she said, but it could work in WIC or Food Stamps) the machine says what's eligible and what's not eligible, there doesn't have to be a battle between two people for that purpose. It's a benefit for the stores; it helps them move people through the line faster. It's a benefit for the clients on WIC because you don't get one voucher, one time a month. When you get one voucher once a month you have to use it all, and that's tough if they don't have your type of cereal that day. With this new system, you can go back and use the card again; you don't have to buy all of your milk once a month and have it rot in the refrigerator, but you can go back over and over again. It's a real plus.

It's also a plus for the taxpayers, I have to say, because it will ensure that all of the money that the taxpayers are spending on food—in our budget this year is $34 billion—will be spent on food, and it will be an overall plus. What we have to do is ensure that it's cost effective, and the way that it's cost effective we hope, through our studies, is through combining services.

If we combine Food Stamps and AFDC and perhaps WIC, and perhaps someday other programs that we can save on the administrative costs, which I think was mentioned by a couple of speakers before, it will help us in the long run. That is the one problem: we have not yet proved that it will save administrative money, but we are determined to do that. States can implement this program for Food Stamps after April 1 of this year without a demonstration project.

As far as improving services, as Secretary [of Agriculture] Madigan said, President Bush for the last 2 years has increased the WIC program by proposing larger increases than any president ever—$223 million last year, $240 million this year. That combined total is going to help us serve more than 300,000 more people in the WIC program. Improving services in WIC goes beyond just putting more people in the program; it extends to improving the actual services that we provide.

One of the things that we've done in the WIC program is to look, for instance, at the issue of promoting breast feeding, and the issue of helping to empower mothers to make a choice between breast feeding and bottle feeding after they have given birth. Once when I visited a WIC store in Mississippi and went through the line looking at what I would buy, I told them I was a breast-feeding mom. I wanted to go through the line as a breast-feeding mom and pick up the food I would get. I picked up my peanut butter, eggs, cereal, milk, and my other products and then they said, "Oh, well, if you weren't breastfeeding, here, this is the formula that you would get." Well, there was so much formula for the

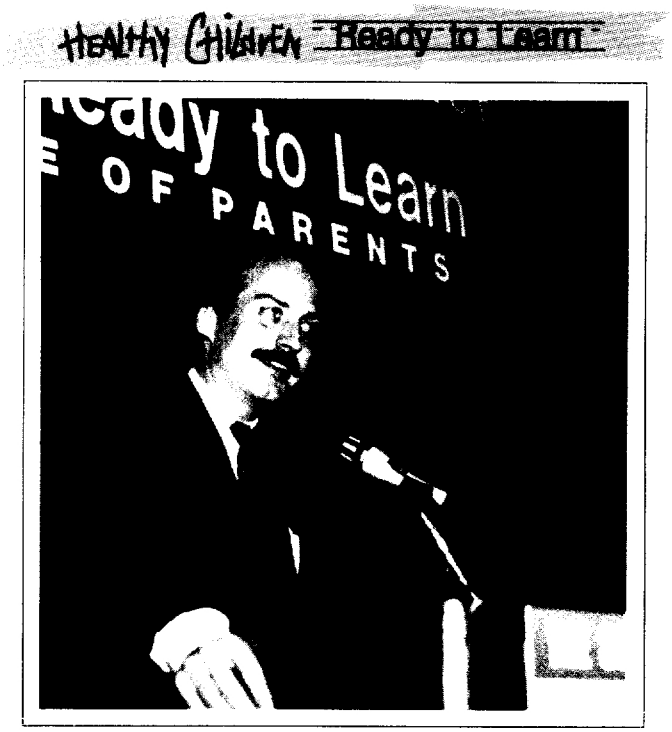
month that I couldn't carry it out of the store! It is no wonder to me that only 10 percent of WIC moms breastfeed, when people may be thinking that they may be giving up this wonderful option of this great formula for their child. Not only would we like to empower women in making this choice, but also provide more nutrients for women who are breastfeeding. We filed a notice with the *Federal Register* asking for comments, and we intend to file a proposed rule as soon as we can to offer a separate package for breastfeeding moms in the WIC program.

In closing, school breakfast is critical for children coming to school ready to learn—all of our studies show that. Half the schools that have lunch also have breakfast; we can have more. We've been going around the country encouraging schools to offer school breakfasts, and it's really critical for children to come to school ready to learn. The summer food program is available—schools can offer it during the summer and private non-profit schools can offer it during the summer to help children have meals at school. All of these programs empower people. The WIC program empowers mothers to help make good decisions by education and nutritional support. Children are empowered by getting a good breakfast and lunch at school so that they can learn better. These programs are empowered by your comments and your direction to us.

The solutions? How can we work together? EBT can start in States for Food Stamps after April of this year. You can tell your State administrators and your county administrators that you think that they ought to have EBT. You can work with our regional offices. We will work with you, and I will take Jim Mason's lead and work with the public welfare administrators and communicate your comments specifically when I meet with the State Welfare Commissioners in 2 weeks. We can work together with changes that will simplify the application of AFDC and Food Stamps when we come up with proposals. We can work together because we need your help convincing our colleagues on the Agricultural, Ways and Means, Finance, Education, and Labor Committees. It would be helpful if we had similar rules for all of these programs. You also can help by going to your school, and if you don't have school breakfast, tell the school, school board, or someone else who is a decisionmaker in your community that you want school breakfast for the children in your school. It's an entitlement program; the Bush budget anticipates at least 500 schools entering the program next year, but it takes community leadership and community support to get that done through the schools. Every person in this room, those of us at this table, be they the parent presenters or the people in the Administration, can do a lot to work together so that we can take your direction, the thoughts that we have, and implement. We can implement the President's direction to us to reorient government to better serve the needs of individuals. Thank you very much.

Wade Horn, Ph.D.
Commissioner
Administration for Children, Youth and Families
U.S. Department of Health and Human Services

It is a pleasure to be here today at the closing day of this Conference and I want to thank the Surgeon General for the invitation to participate here, but particularly to thank her for her wisdom in acknowledging and



recognizing the importance of the role of parents in helping to get their kids to school healthy and ready to learn. If we needed any validation of how critically important parents are, we've heard that from the three representatives here on the panel this morning.

I learn not just from parents but also from my own children, which I think all of us do. And it's because of my own experiences with my own kids that I have remained committed to trying to help as best I can in my present position, help programs help parents raise their kids, because kids are our future. I could be real brief here and I could say, "Guess what, I run Head Start. Head Start works; it's great," sit down, and everybody could applaud. Because Head Start *is* a great program: *because* it, in fact, embodies much of what it is that the parents talked about today. It embodies parent involvement and empowerment. Head Start has long recognized that parents are the first and most important educators of their children. And we've embodied that empowerment in the Head Start parent policy councils. Also, Head Start integrated health services with social services long ago. Do you know that Head Start makes arrangements for one of the largest delivery systems of health services to poor children in this country? Last year, more than 600,000 children in Head Start got free medical and dental screenings and followup treatment, as well as immunizations, through the Head Start program.

It has also been a leader in removing barriers to children with disabilities in terms of incorporating them and involving them in the program as well. Head Start has long recognized that children with disabilities need to be mainstreamed. We were doing that back in 1965. I was in the 5th grade, but in 1965, we were doing that. And we were a leader in that. In fact, today, almost 14 percent of all children enrolled in Head Start are children with disabilities. We even pay parents for their knowledge. Do you know that almost 40 percent of all paid staff in Head Start are parents of children either currently enrolled in Head Start or formerly enrolled? But I'm not satisfied, and we shouldn't be satisfied because there is still much to be done.

I am just going to mention three new challenges and initiatives we are undertaking in Head Start. First of all, we need more money; we need to serve more kids. The President, over the last 4 years, has increased our budget by $1.6 billion. That's an incredible achievement—that's real money, even here in Washington.

The second thing we need to do is increase services to adults of children enrolled in Head Start. In the old days, we had this naive belief that we could save children by taking them out of the home, working with them, and sending them back. We know that doesn't work. If we are going to help children, we have to help their parents. Over the last 3 years we have been improving the kinds and quality of services to adults of children enrolled in Head Start, particularly in the area of adult literacy. By the end of this year, we will have an adult literacy program in every Head Start program in this country. We need to do a better job of working with substance abuse problems where they exist in the families we serve. A recent study shows that at least 20 percent of all adults who have children enrolled in Head Start have a serious substance abuse problem. We need to do a better job, and we've been working with Dr. Mason and his staff, particularly in the Office for Substance Abuse Prevention and also with the Office of Treatment Improvement, to try to better coordinate services around substance abuse issues in Head Start, focused on the parents.

The third thing we need to do is to use Head Start as a wedge to increase job skills of the parents who have their children enrolled in Head Start, and we've been doing that in active collaboration with the new [Job Opportunities and Basic Skills training] JOBS program, the 1988 Family Welfare Act, and also with trying to merge or coordinate with the [Job Training Partnership Act] JTPA programs as well.

We have to recognize that times have changed. We have a number of homes with no parents at home when Head Start is done at 12 noon. We have to do a better job of coordinating with new childcare monies, and particularly childcare development block grant monies to ensure that, for those Head Start children who have parents employed outside the home, we can keep those centers open so those kids don't have to be bused across town to another center or, worse yet (and it does happen), sent home with the hope that somebody is there.

Finally, in terms of transition, we have to do a better job of moving kids from Head Start into the public schools. Larry Bell talked about making our kids ready for school, but he also said that we have to do a better job of making our schools ready for our kids. We do. Sometimes people point to Head Start, and they say, "Do you think it's a success? It's not a success. Because you know what? After your kid gets a year or two of Head Start, 5 years down the road, the gains start to dissipate." And I say, "Sure. If the child graduates into neighborhoods that are riddled with violence, if the child graduates into homes that are riddled with substance abuse, if the child graduates into schools that are unresponsive to the needs of their children, what do you expect?" Head Start is not an inoculation against everything that can possibly go wrong in that child's community. The fault is not Head Start's; we need to do a better job of what happens to those children when they leave Head Start. That's why it's been so gratifying over the last 3 years to work with Jack MacDonald in ensuring that we make those connections between Head Start and the public schools. Thank you for the invitation to be here.

Christine Nye

Director
Medicaid Bureau
Health Care Financing Administration

I want to thank [parent presenters] Larry Bell, Sherlita Reeves, and Ellie Valdez-Honeyman for your comments this morning. It's always so crucial and important that we hear the things that concern and interest you. Much of what I heard this morning had to do with the Medicaid program. The interesting thing about this Conference and what I've heard this morning is that it struck a relevant chord for me not only as a parent but also as an administrator of the Medicaid program.

As Dr. Mason said, I really didn't know how to frame my remarks to you this morning, but it's absolutely true that you want these things to happen. We want these things to happen too, so why don't they happen? Let's make them happen, and I think that is so important. Not only are we all as parents somehow affected or infected by the things that you said this morning; it goes deeper than that in other ways too.

For example, I'm the parent of two daughters, one of whom would have been 4 a month ago, but who, despite all the efforts of technology, died. And I'm also the parent of a little girl who will be 3 next week. So I have, personally, because of that, a deep commitment to many of the things that you do. Similarly, I can go through people in the Medicaid Bureau who are working on eligibility policy, on home- and community-based waivers, who also have a commitment to making things better, not only as professional people working in the Medicaid program, but who also are personally involved in some of the things that you are involved in as well. And that occurs not only at the Federal level—that we as people share these things—but also at the State and local levels.

I wanted to make a few comments today, and there are many things that I could say—so many things that we are trying to accomplish, so many areas where we are still falling short, so many things that we have to work on together. Medicaid is a massive program. It serves almost 30 million Americans, and 17 million of those are children. Children are disproportionately represented in terms of the number of those in poverty that are served. More children in poverty are served than adults or the disabled, for example. But despite that, and you all know this, it's become such a visible thing of late, that we still serve less than 50 percent of people in poverty in this country despite the fact that we are spending over $100 billion on Medicaid this year. So, Medicaid is receiving a lot of focus, not only through reforms in the Medicaid program but also, more recently, through the President's proposal for health reform in terms of Medicaid's key role in that system and also through additional key reforms that have to be made in Medicaid to make it more responsive to the American people.

There have been enormous changes in the Medicaid program lately in response to the concerns and issues you've raised. There have been expansions in eligibility. There are options and mandates in many States; as many as 20 States have enormously expanded eligibility for children to the maximum. There are changes for pregnant women and for infants, again,

enormous changes, in response to the concerns expressed by you and others. I think the concern that I've heard expressed repeatedly is about the dropoff or the "falling through the cracks." That problem is one that has not been addressed adequately so far, but again I think that the President's proposal is one that would address it.

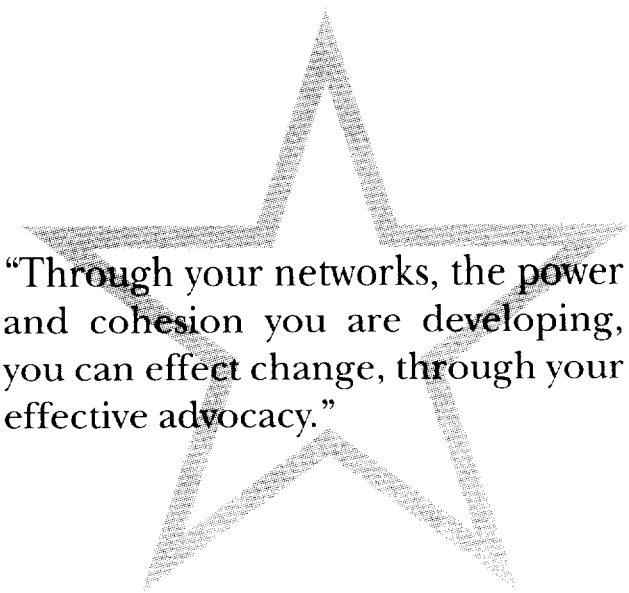
In terms of service expansion, again, in Medicaid, there is an enormous recognition of some of the problems that are faced—increased flexibility in providing waivers to keep disabled and other children at home and not in institutions, and enormous changes in terms of the increased use of case management for various population groups in Medicaid, particularly for pregnant women and for children, but also for disabled children. What I consider the greatest child health reform in Medicaid since it was enacted is the enormous expansion in the Early Periodic Screening, Diagnostic, and Treatment Program, the EPSDT Program, the child health screening program in this country.

Along with service and eligibility expansion, there are also enormous concerns about access. Trying to streamline these application forms, getting eligibility workers out to places, and trying to expand the amount of dollars paid to community health centers and persons providing obstetrical and pediatric services are all access issues in dealing with red tape problems, trying to overcome some of the barriers that physicians and other providers have with Medicaid. But again, as Dr. Mason said, these are things that you and I believe, and they are happening, but we need to continue to make them happen.

One thing that is a reality about Medicaid is that it is a Federal-overseen and State-administered program. States have enormous flexibility, which is both a strength and a weakness in the program as you try to make the kind of changes that are most appropriate for your communities. Through your networks, the power and cohesion you are developing, you can effect change, through your effective advocacy. I would suggest, as a followup to this conference, and maybe this is already planned, that you debrief your State Medicaid people about the kinds of things that you discussed and that came out of this conference.

We had a handout here; it was a one-page information sheet about Medicaid, and on the flip side was a list of all the regional offices for the Health Care Financing Administration and the people there whom we have designated to be responsible for maternal and child health issues. Those people are available to you to help you to approach and access the system. Also, we have a wonderfully knowledgeable person, Bill Hiscock, who will be more than willing and eager to answer your questions.

In terms of your questions, "What are you going to do with these recommendations and all the time that we've spent and the heart-felt feeling that we have about changes that need to be made?" I have found this enormously helpful and also rejuvenating in terms of my commitment in trying to make some of these things happen, clarifying policies in what Medicaid will and will not cover and in transportation, and making sure that States are implementing the child health screening service appropriately. So, for that I want to thank you. I wish you much success when you return to your States and discuss at that level the things that you have discovered or heard.



"Through your networks, the power and cohesion you are developing, you can effect change, through your effective advocacy."

Lou Enoff
Principal Deputy Administrator
Social Security Administration

I accepted a call from Dr. Novello last evening, and I will tell you I'm glad I came. I'm glad I accepted, and it is a real pleasure to be here. I, too, am a parent. My youngest is graduating from high school this year, but I am also an expectant grandparent; I don't have a picture yet, but I have a sonogram, if you'd like to see that. We're anxiously awaiting that. I've been involved in the activities of all three of our children in the schools, in the curriculum council, and in the PTA, and I just want to say, keep up what you are doing.

I'm here not only because I'm a parent. You're probably saying, "What the heck does Social Security have to do with kids?" Well, most people think of Social Security as a retirement program. And we are, I think, a very successful retirement program. We have a budget of over $300 billion, and we pay 40 million checks every month on time—we've done that for more than 50 years. We have 1,350 offices around the country, where I assume you all get very good service when you go there. We have people who serve you with compassion and efficiency. We're proud of that. But many people don't realize that we at Social Security also have a great deal to do with children. Every month, we pay more than $1 billion to more than 3 million children under one of the Social Security programs because, in addition to retirement, Social Security has a survivor's program and a disability program. We pay children of retired workers, children of disabled workers, children who are themselves disabled, and children whose parents are deceased and where there is a need for income. So, every month we do pay 3 million kids more than $1 billion.

Let me speak for a moment about some of the things that we have done in response to the questions that have been raised here. First, in terms of access, a few years ago Social Security installed an 800 telephone number, toll free, nationwide, 12 hours, from 7 a.m. to 7 p.m., so that you can call us from anywhere in the country. You'll get someone who will help you, including bilingual help. If you need a referral, we can refer from there. We're talking about Social Security

business, generally. We can't refer you for everything, but we will help you if you call us on that 800 number. We can make an appointment for you in one of the offices if you need to come into the office. We're trying to bring that service to where people can access it from their home, if they need it.

Second, I would mention the program that we administer called SSI, Supplemental Security Income. It reaches another 4 or 5 million eligible people. Commissioner King launched an SSI Outreach Program. We recognize that we in government cannot do this alone. We cannot find the people who might be eligible for this program and who have a needs base there. But we know that you in the community do know about people, so we've begun an outreach campaign in all of our local offices where we try to educate those who are involved in the community to help us find those who may be eligible for the program. It's been very successful, and we've had a 20 percent increase in applications in both of the last 2 years, and we are continuing to forge those partnerships with community organizations. We need your help, and we'd be glad to work with you in any of your organizations in helping to find persons who may be eligible for SSI.

Also in the last 2 years, we have launched a special program for children with disabilities who may be

eligible for SSI. Some of you may have heard of the Zebley court case. In that situation, we've developed a whole new procedure for determining disability in children. We've worked with pediatricians, school social workers, and others to define what disability means in a child. We've had a lot of help from the Public Health Service, and we've had a lot of input from community groups. During the last year and a half, we've taken 450,000 applications from children with disabilities, and we've increased the number of persons receiving those benefits from about 200,000 to more than 400,000.

You mentioned one-stop shopping. Working with our colleagues in agencies represented here, we've begun to integrate our services. We are locating our offices whenever we can together with other State, local, and Federal offices that have the same clientele that we do. Secretary Sullivan has launched a program of integration of services, and all of us in [the Department of Health and Human Services] HHS are working closely to try to coordinate our service delivery at the local level. We do have a standard of service. For the first time, we have published standards of service for our offices, and we have just begun receiving public input to that. We will be modifying that as we go along, and we will be publishing our goals and how long it should take you to receive service in a Social Security office. We issue a Social Security card, for instance, in 10 days now. It used to take us a month to do that. We have other goals, too. We are trying to determine what is most important to the public so that we can put our emphasis in that area. I think it was Ms. Reeves who said, "What will we do, if we don't like what we hear?" Well, I hope you'll call us, if you have a problem or a concern about Social Security. I mentioned the 800 number; if you call that number and don't get satisfaction, I hope you'll call me. My number is 410-965-9000. We are your servants here; we are here to help you.

Chapter 5

Commitment of Our Leaders

Chapter 5

Commitment of Our Leaders

President George Bush and prominent members of his administration expressed their personal commitment to the Healthy Children Ready to Learn Initiative by attending the Conference and speaking to the participants. President Bush delivered his keynote address in the afternoon of the first day. In addition, each day of the Conference began with a keynote speech given by heads of the cosponsoring Government agencies: Secretary of Health and Human Services Louis Sullivan; Secretary of Agriculture Edward Madigan; and Secretary of Education Lamar Alexander. Roger Porter, Assistant to the President for Economic and Domestic Policy, also addressed the participants. This section contains their remarks.[1]

George H. Bush

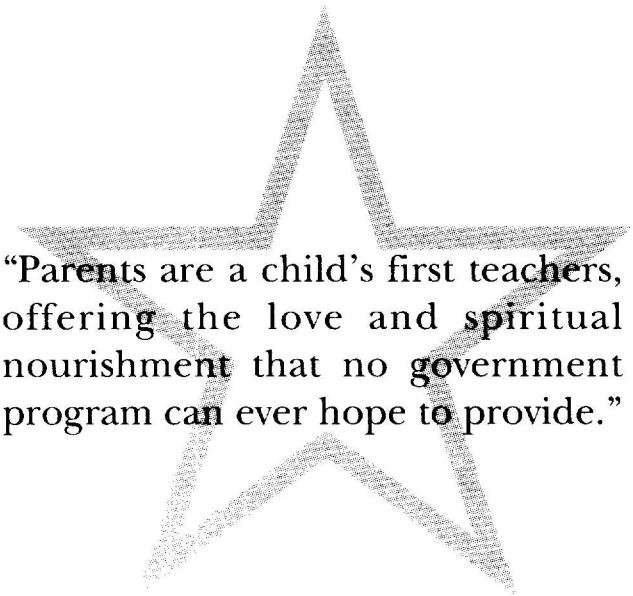
President of the United States

Might I just say at the beginning of these brief remarks that I am very proud of Lou Sullivan and what he's doing as Secretary of Health and Human Services. He's doing a superb job, and we all are grateful to him. And let me just say it's a pleasure to be here today to help launch this historic Conference.

I particularly want to thank our Surgeon General, Antonia Novello. She has inspired people all across the country with her example and her message. And she sums it up this way, better than anyone: "All children have a right to be healthy." Then she says, "We need to speak for those who cannot speak for themselves."

That's why you've gathered here this week, and you've come to lead a great movement of parents, doctors, teachers, public programs, and private enterprise—a movement destined to transform America. Here's our goal: By the year 2000, every American child will start school healthy and ready to learn. Our success will provide a lifetime of opportunity for our children. It will guarantee the health and safety of our families and neighborhoods, and it will ensure that America remains the undisputed leader of the world.

Now, I am proud that our administration is part of this movement. In this administration, families come first. We're proud to join hands with people like Trish Solomon Thomas, who has come from New Mexico to be here this afternoon. She has two children, both of them with special health needs. She perfectly expressed the spirit of our movement when she said, "I used to be shy, but I had to learn to stand up for my kids." And that's why we're here, to stand up for our kids. We will not let them down. Our movement draws its strength from Trish and the millions of parents like her. The title of this Conference says it all: "Healthy Children Ready to Learn: The Critical Role of Parents." Parents are a child's first teachers, offering the love and spiritual nourishment that no government program can ever hope to provide.



If I can brag for just a minute here today, you may know of Barbara's work promoting literacy. I'm very proud of her. She wants to help parents understand just how important it is to read to their kids. When parents read aloud to their young ones, they open their children

[1] *Some of these remarks have been edited for clarity.*

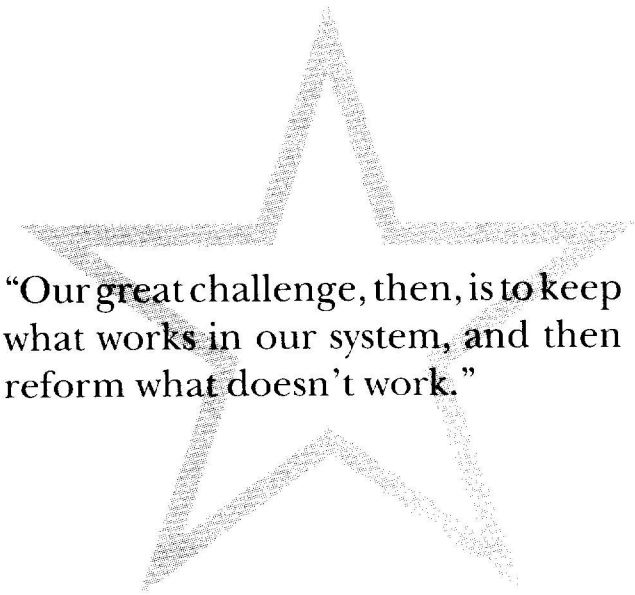
to the joy of a larger world; they teach the self-assurance and curiosity that comes from learning. Barbara asked me to extend her best wishes. She's now on a learning program, an education program right this minute, in the State of Mississippi.

Our movement instills the habits of good health: wholesome nutrition, sound hygiene, and protective measures like early immunization. Parents know that learning and health are two sides of the same coin. Again, parents, families, and communities are the key. But government can help and must help. Last June, for example, Dr. Sullivan and I, with able advice from Dr. Novello, took steps to ensure that no American child is at risk from deadly diseases like polio, diphtheria, and measles. We launched an initiative to support childhood immunizations, especially immunizations for kids in the early years of life. Now, that's a crucial step toward meeting our goal. I'm proud we've been able to help. Since 1988, we've more than tripled the dollars for Federal immunization efforts, from $98 million to $297 million for 1992.

On Friday, Dr. Sullivan and the Surgeon General and I were out in San Diego, and we had the privilege of visiting Logan Heights Family Health Center to see firsthand the benefits of this initiative. We spoke with parents and community leaders, and every one of them stressed the importance of early immunization in preventing illness. Logan Heights is, one of many, I'm sure, a perfect example of what can be done if concerned individuals set their minds to it. The Center was founded by a wonderful woman named Laura Rodriguez, who's become one of our administration's Points of Light, helping others and setting an example in the process. Laura saw a need, and with hard work and dedication, she rolled up her sleeves and did something about it. Logan Heights now serves 75,000 patients a year. So I say, "Thank God for people like Laura. She's an example for all of us." There are many, many other examples right here in this room.

For those kids who need a head start in preparing for school, we've made sure that they'll get it. In the last 3 years, we have almost doubled the funding for Head Start

programs, and this year, I have proposed the largest single increase in Head Start's history: $600 million. This year's increase will ensure that 157,000 more kids will be able to start school ready to learn. Head Start brings children and parents into the classroom and into the learning process. Head Start works because parents take the lead. You may not know this, but volunteers in Head Start outnumber paid staff by eight to one. Head Start works because people care. We're making sure it continues to work. If it's good for America's kids, it's good for America.



"Our great challenge, then, is to keep what works in our system, and then reform what doesn't work."

These are important steps. But there's more to do. We must address the larger issues of American health care. Last week, I proposed a four-point plan to do just that. Every American family must have access to affordable, high-quality health care.

I don't need to tell you that the American health care system has problems. The crisis has probably touched many of you right here in this room. Right now, more than 8 million children go without health insurance because skyrocketing costs have placed coverage beyond the reach of their parents. And even parents who are covered worry about losing their family's insurance if they move on to a different job or, worse still, lose the job they have. You shouldn't have to live with this kind of uncertainty. No American family should, and my proposal would put an end to that.

Yet I think we should keep one thing in mind. It's important to remember that, for all its problems, our health care system still provides the best health care in the world. That's why people from all over the world come here seeking better care. Most often they're trying to escape health care systems in which the government dictates how much care you'll get and what kind you'll get and when you'll get it. In America, that's unacceptable.

Our great challenge, then, is to keep what works in our system, and then reform what doesn't work. We must maintain a maximum freedom of choice and the highest quality care. At the same time, we must make sure that our children have access to health care their parents can afford, sick or healthy, rich or poor.

That's what this four-point plan does, and let me just briefly spell it out for you. First, I want to make health care more affordable and accessible. I want a $3,750 tax credit for low-income families to help them buy health insurance; for middle-income families, I've proposed a tax deduction for the same amount. Poor people, those who don't file taxes, also would be covered under this plan.

Second, to cut costs, we will make health care more efficient. The math is simple: The larger the group being covered, the lower the cost per individual. So we've proposed health insurance networks that bring companies together to cut administrative costs and make insurance affordable for working parents.

And third, we must cut out waste and abuse. We can start with medical malpractice lawsuits that drive up the cost of care for everyone. A doctor pestered with frivolous litigation ends up passing his legal costs right along to you, the American people, and right along to the patient. When you go to the doctor, I don't want you to have to pay a lawyer, too. Just pay the doctor.

Finally, we must slow the spiraling costs of Federal health programs. These costs are rising far beyond the rate of inflation, and that only endangers important benefits while making less money available for more pressing needs.

There it is. A common-sense reform that will maintain high-quality care, cut costs, ensure maximum freedom of choice, and give every family—rich or poor, sick or healthy—access to health care. I know how important this is, particularly for parents who have children with special needs. My plan will ensure that you can change jobs without endangering the health insurance on which your child depends. We're building on our system's strengths. We're avoiding the pitfalls of nationalized care, the kind that people from all over the world come to America to escape.

All these approaches for meeting our goal of healthy children ready to learn must build on a basic truth, that, in this country, families come first. Government programs that overtake the rightful role of families and communities, deny them the freedom of choice, or bind them up in red tape are simply unacceptable.

Our movement is about strengthening families. Over the next few days, I'm told you will continue a great national dialog, share information, explore new ideas, and then return to your communities to lead the good fight. Your commitment is an inspiration, and I thank you for inviting me to get a feeling of it firsthand.

May God bless all of you. Thank you all and may God bless America. Thank you very, very much.

Louis W. Sullivan, M.D.

Secretary of Health and Human Services

Good morning. It is a sincere pleasure to welcome everyone to the "Healthy Children Ready to Learn" Conference. I'd like to take a moment to commend my colleague, Dr. Antonia Novello, who has been working diligently during her tenure at the Department of Health and Human Services to improve the health and well-being of America's children. This very timely and important Conference is the culmination of 18 months of planning among the Office of the Surgeon General, the Departments of Agriculture and Education, the National Governors' Association, and so many others. I am confident that this Conference will play an essential role in our department-wide effort to improve school readiness.

You know it is not often that we policymakers in Washington stop to confer with the real experts about the challenges facing American children. But today we are. Today, we are convening parents from every State in our Nation. Together with educators and health professionals from the front lines, we can network, share promising programs, and strategize about how we can meet the President's first National Education Goal that "by the year 2000 all children in America will start school ready to learn."

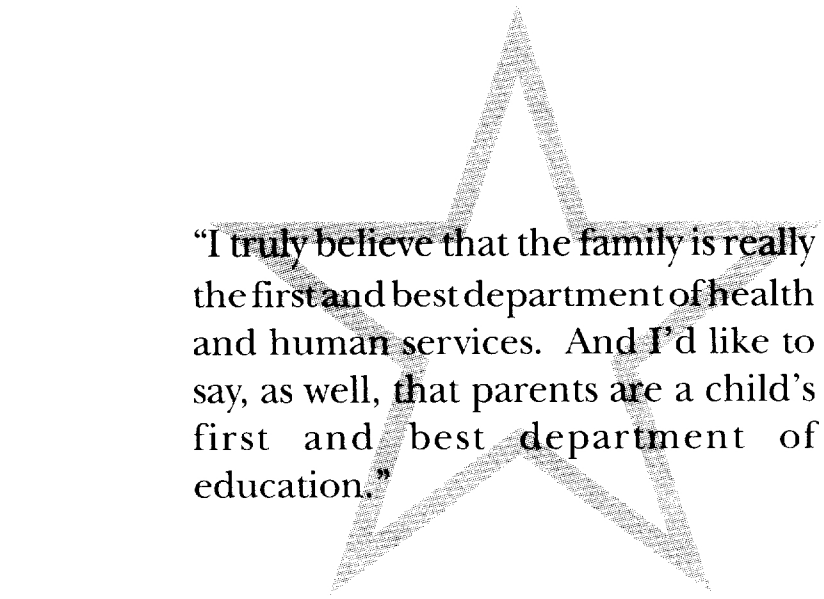
As we all know, a good beginning is often the key to success. This is especially true when we speak of children. As parents, health care professionals, psychologists, educators, and others who work with children will attest, the experiences of childhood shape the course of a lifetime. This sentiment was beautifully captured by John Milton, who wrote: "Childhood shows the man as morning shows the day."

What determines whether a childhood is a beautiful sunrise in warm tones of amber and crimson, or a grim, colorless dawn? First and foremost, a child needs to be secure in the love of his or her parents. A father who reads to his child each night before bed, or a mother who proudly displays crayon masterpieces on the refrigerator, is really laying the groundwork for a positive school experience. In addition, a warm, colorful childhood is a healthy childhood. Children's health and their ability to learn are mutually dependent. Being ready to learn depends upon a child having enough to eat, being protected from preventable diseases, growing up free from environmental pollutants, and having access to health care. Helping parents to provide a healthy childhood for their children is a central part of the mission of my Department.

In his fiscal year 1993 budget, President Bush has provided us a blueprint for action. The President's budget proposal has three areas of emphasis: First, we must invest in children; second, we must focus on prevention; and third, programs must empower parents.

Investing in Children

Investing in children is simply good health care policy. The time and resources we devote to children now will pay continuous dividends in the future in the form of healthier and more productive citizens. In recognition of this fact, the President's budget proposes to increase investment programs serving children to $100 billion, up from $60 billion in 1989.



Healthy Start

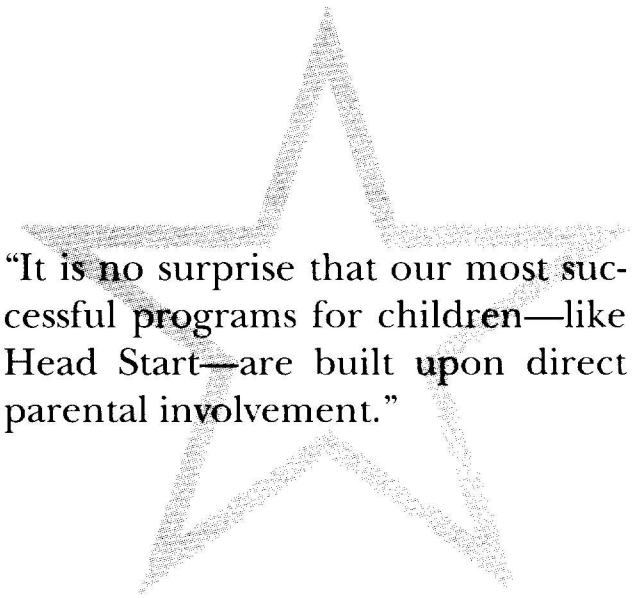
The first few years of life, beginning in the womb, are the most crucial period of child development. Therefore, if we truly desire to invest in the next generation, we must begin before the child is even born. We must begin by making sure every mother receives early, quality prenatal care. Overall, nearly 25 percent of all women—and nearly 40 percent of Black and Hispanic women—do not receive prenatal care in their first trimester of pregnancy.

Lack of prenatal care is a contributing factor to this Nation's disgraceful infant mortality rate. Despite spending more on health care than any other nation, the United States remains 24th among nations in the rate of survival of infants. Each year, 40,000 American babies do not live to celebrate their first birthday. Black babies are more than twice as likely as white babies to die.

The President and I have made infant mortality a national priority by developing a new infant health initiative, Healthy Start. Our strategy is to concentrate resources in 15 communities with stubbornly high infant mortality rates. Each community is given the flexibility to create a mix of services tailored to the needs of their population. We are requesting $143 million to provide these 15 communities with the resources necessary to fully implement their detailed strategies for reducing infant mortality rates by at least 50 percent over a 5-year period. We will use the knowledge gained from these demonstration projects as a model for other communities across the Nation.

Focus on Prevention

The President's budget also will focus resources and attention on preventive health programs. Common sense argues that it is better to invest in prevention and screening programs than to wait until the advanced stages of disease, when treatment is more complicated and more costly.



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Immunizations

Childhood immunizations are among the most cost-effective prevention activities. A $1 investment in measles-mumps-rubella vaccine may return $14 in avoided medical care costs. We can be proud of the fact that 97 percent of American children entering school are immunized. However, to be fully protected, children need to be properly immunized by the time they are 2 years old. Our rates among preschoolers are much lower, and in some inner-city areas, the immunization rate among 2 year olds is an abysmal 20 percent.

That is why the President has requested $52 million for our immunization activities—an increase of 148 percent since 1989. My Department will use this increase to target those children most at risk. These dollars will translate into 6.7 million polio vaccinations, 4.1 million measles-mumps-rubella vaccinations, and 2.6 million hepatitis B vaccinations.

Lead Poisoning

Lead poisoning, the most common environmental disease of young children, is another preventable disease. As many as 3 to 4 million American children under 6 years old may have lead levels in the blood high enough to cause developmental delays, learning disabilities, behavioral problems, decreases in intelligence, and even death.

Low-income, minority children growing up in urban areas are most at risk of having dangerously high levels of lead in their blood. The President's budget requests $40 million, a 90 percent increase, for CDC Lead Poisoning Prevention Grants. These grants will support about 30 statewide lead poisoning screening programs.

Empower Parents

The third emphasis of the President's budget is the critical role of parents and the need to support programs that empower parents. I truly believe that the family is really the first and best department of health and human services. And I'd like to say, as well, that parents are a child's first and best department of education.

Educators often speak of the "hidden curriculum of the home" to describe the important lessons we learn during our first few years of life. We learn that our parents love us very much, and that gives us a sense of security. We learn how to share, and we learn right from left and right from wrong.

These are not easy lessons to teach. And all too often this learning does not occur because parents cannot, or do not, attend to the needs of their children. It is no surprise that our most successful programs for children—like Head Start—are built upon direct parental involvement.

Head Start

Head Start has won the confidence of the American people. It is known as a program that works and a program that is worthy of our tax dollars. Many of you in the audience are familiar with Head Start; some may even serve on parent councils, which guide the operations of the individual centers.

President Bush, a firm believer in the value of Head Start, has proposed the largest single-year funding increase in the history of Head Start. The $600 million he has requested will serve an estimated 157,000 additional children in 1993. These additions would mean that funding for Head Start has more than doubled since President Bush came to office. This unprecedented increase in Head Start supports participation of all eligible and interested disadvantaged children for one year.

The President's Health Care Proposal

In addition to targeted interventions such as Head Start and Healthy Start, the President announced last week his health care reform proposal. Under the President's plan, the middle class will get help to pay for health care through a new income tax deduction. For poor families, the plan guarantees access to health care through another new feature: a health insurance credit. In combination, these tax provisions will help more than 90 million Americans and cover 95 percent of the uninsured.

This morning I've outlined the tremendous new resources that the President wants to make available for children. But more money alone is not enough. The critical element of any initiative to help children is parents. Unfortunately, for reasons ranging from parental exhaustion to preoccupation with careers, children today spend 40 percent less time with their parents than they did in 1965—an average of only 17 hours a week! To put that figure in perspective, American children spend an average of 25 hours watching television each week.

I'm encouraged to see so many parents and child experts gathered for this Conference. Over the next few days, you will have the opportunity to use your combined expertise to move this Nation toward the goal that all children will begin school ready to learn. To borrow again from Milton, you will have the opportunity to make childhood a warm and radiant sunrise, ushering in a day of golden hope.

Thank you all. Godspeed to all of the Healthy Children Ready to Learn participants.

Edward Madigan

Secretary of Agriculture

Nutrition is basic. All things can be possible for a child who is well fed; very little is possible for a child, or a pregnant mother, or anyone for that matter, who doesn't get the nutritious foods we all need to grow, to learn, and to excel. It's our job to get that information to you and before the public and into everyday practice. There are 64 million children in the United States today, and all of them share this need. That's why we're here this morning.

The President recognized the importance of a strong nutrition foundation in his education initiative. The first of his six National Education Goals is that "By the year 2000, all children in America will start school ready to learn."

To achieve this, we have to ensure that they receive the nutrition they need for healthy minds and bodies. That responsibility begins before children are born. Working with mothers, we must ensure that the number of low-birthweight babies is significantly reduced through good prenatal care.

Although we are investing large amounts of money and effort to help, it's the parents of children in these programs who have the primary role to play in their care and feeding. One of our best programs for reaching both children and the parents of children at risk is the Supplemental Food Program for Women, Infants, and Children, or WIC. This program provides supplemental food and nutrition education to low-income pregnant, postpartum, and breastfeeding women; infants; and young children—all at nutritional risk. WIC serves one in three babies born every year. That's about 5.3 million participants this month alone. And our highest priority is low-income pregnant women and their infants. What's more, WIC has become a gateway to other government services, especially health care. Through WIC, pregnant women are learning about and obtaining health services they need. Local WIC agencies refer applicants to Medicaid if it's likely they're eligible.

WIC is an adjunct to health care that participants receive at local health clinics. For example, WIC personnel promote breastfeeding among program participants, coordinate with State and Federal immunization programs, and provide alcohol and drug abuse prevention education and referrals.

WIC is cost-effective. A major study done in 1987-88 in five States showed that Medicaid-eligible pregnant women who participate in WIC do indeed have healthier babies than low-income women who do