CARING FOR YOUNG BLACK CHILDREN AT RISK IN LOUISIANA

HEARING

BEFORE THE

SELECT COMMITTEE ON CHILDREN, YOUTH, AND FAMILIES HOUSE OF REPRESENTATIVES

ONE HUNDRED FIRST CONGRESS

FIRST SESSION

HEARING HELD IN NEW ORLEANS, LA, JULY 14, 1989

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CARING FOR YOUNG BLACK CHILDREN AT RISK IN LOUISIANA

FRIDAY, JULY 14, 1989

HOUSE OF REPRESENTATIVES,
SELECT COMMITTEE ON CHILDREN, YOUTH, AND FAMILIES,
Washington, DC.

The Committee met, pursuant to notice at 9:30 a.m. in the Kearny Hall Lounge, Dillard University, New Orleans, Louisiana, Honorable George Miller (Chairman of the Committee) presiding.

Members present: Representatives Miller, Boggs and Holloway.

Staff present: Ann Rosewater, staff director; Jill Kagan, professional staff, Howard Pinderhughes, professional staff; Carol Statuto, minority deputy staff director.

Chairman MILLER. The Select Committee on Children, Youth, and Families will come to order. I am Congressman George Miller, the Chairman of the Select Committee and I want to say how pleased I am that the——

[Applause.]

Chairman MILLER [continuing]. How pleased I am to bring my own cheerleader, Mrs. Boggs—but how pleased we are as members of this Committee, to be here today and to be here in conjunction with Dillard University's National Conference on Minority Child Care and Family Issues, a conference that we think is very important. We were honored to be invited to participate, and we are not only looking at the results of this hearing today, but also all of the other papers that have been presented during the Conference to help the Select Committee as we struggle with the issues of concern to minority families and as we struggle to try to get the Congress to become more enlightened and more understanding of the problems that these families confront in today's society.

Let me say at the outset that in spite of all the invitations, the hundreds that we get on a monthly basis at the Select Committee, we would not be here without Mrs. Lindy Boggs.

[Applause.]

Chairman MILLER. She insisted, when she first heard of this Conference, that we participate and that we make sure that we understand the importance of this Conference. It was a close race, I must tell you, I guess you could say it was a photo-finish in the horse race because then came Clyde Holloway, who said there is one thing this Select Committee is going to do if I am going to keep coming to these meetings, and that is we are going to the Dillard Conference.

[Applause.]

Chairman MILLER. They both have shown a great deal of—let us stop this applause for a minute, okay? [Laughter.]

They have both shown a great deal of wisdom, because there is a great deal of concern on our Committee as we have sat and taken testimony and as we have struggled in the legislative arenas to see how to address the issues that confront minority families, and how to confront the issues of child care.

I have to tell you, for those of you that do not know, this Committee is everybody's third Committee, and you have to volunteer. We do not draft you, we assume that if you want to be on this Committee, you are concerned about the future of America's children and we expect you to participate. Clyde Holloway is among our newest members to the Committee, and he has been a stalwart in terms of coming to our hearings, listening to the testimony, reacting to that testimony and acting in the legislative arena.

When we get all done with our views, we then have to turn to Mrs. Boggs, because she has the purse strings and it is not just her purse—she is talking about the nation—we are talking about a real purse here. She has just finished a week of marking up legislation in her subcommittee on appropriations on housing and urban development and on the programs of foster care and child abuse and all of the social service and education programs that the Congress will be debating in the coming weeks.

I think that Louisiana can give us special insight into what is happening with respect to the problems of child care and to the economy and the stress that this places on families; what it means to languish at the poverty level and not to have the kinds of services that we saw this morning at Kingsley House, where we saw families that were confronting crises, in many instances crises that were not of their own making. A few services could leverage that into success for themselves, for their children, for their employment opportunities. And I think once again we witness the fact that child care can be a very real tool in helping the success of families. It allows people to seek out training, it allows people to seek out employment, in some instances allows us to stop child abuse and allows families a little bit of respite, a little bit of time to take stock of where they are in many instances in terrible pressing economic situations. And that is what we hope we will be able to build on here today.

We are also very honored to be joined on the panel this morning by Mrs. Effie Barry, who is the wife of the Mayor of Washington, D.C., Marion Barry. Mrs. Barry has worked long and hard in these programs at Children's Hospital National Medical Center in Washington, D.C. Again, this Conference has attracted such attention that she has joined us here today expressly at the direction of Children's Hospital because these are problems that confront every institution. All too often, as Mrs. Barry knows, our hospitals get these children when it is almost too late, and when they are the most expensive children that we can encounter in this country. And what we hope to be able to learn here today is how we can avoid that.

[Opening statement of Congressman George Miller follows:]

OPENING STATEMENT OF HON. GEORGE MILLER, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF CALIFORNIA AND CHAIRMAN, SELECT COMMITTEE ON CHILDREN, YOUTH, AND FAMILIES

I am pleased to bring the Select Committee on Children, Youth, and Families to New Orleans to address the needs of young black children at-risk in Louisiana in conjunction with Dillard University's National Conference on Minority Child Care and Family Issues. Let me give special thanks to my colleague on the Select Committee, Congresswoman Lindy Boggs, a long-time mentor and advocate for children in Congress and in this State. Without her invitation and assistance, we would not be in New Orleans today.

Major policy improvements for children are now being considered in the Congress, and this timely hearing will bring to our deliberations useful insight into the special needs of the thousands of Louisiana's young black children who live in urban and rural poverty. In addition, this hearing will explore selected public and private sector initiatives which show promise in bringing opportunity for a healthy start and continued healthy development for these children and their families.

The increasing number of children born into poverty is one of the most alarming trends examined by this committee over the last six years. Tragically, the oil bust has taken an added toll—economically and in many other ways—on this state's children and their families. Louisiana's unemployment rate has remained high even in the face of eight years of "economic recovery" in the nation. New Orleans alone has one of the highest unemployment rates among all our nation's cities.

Economic supports for the lowest income women and children are limited at best. Given the many competing claims on the state's strained budget, Louisiana's public assistance program provides an income that is less than one-third of the federal poverty level.

As a result of severe economic strife, increasing numbers of young black children in Louisiana are at risk of infant death and disability, drug addiction, arrested development, low academic achievement, chronic and serious illnesses, including AIDS, child abuse, and violence. Unless early and comprehensive steps are taken, these are the children who become prime candidates for chronic welfare dependency, homelessness and crime.

For many children, the road to school failure and ill health begins at birth. Infant mortality claims a terribly high proportion of babies in the state. Among black infants, the rate of 17 deaths per 1,000 births is twice that of white infants.

This committee has documented that the problems of infant mortality and low birthweight could be prevented with early, comprehensive prenatal care. Yet, in 1986, less than half of all pregnant black women in Louisiana received adequate prenatal care, the key to overcoming these problems.

We will also hear today that in New Orleans, which has more people per capita living in public housing than any other city in the nation, at least one out of five units are substandard and unsafe. Such precarious environments compound the risks to the 10,000 low-income children under age 6 in this city who reside in public housing.

One of the Select Committee's most striking findings is the courage and tenacity of low-income and minority families who struggle daily to overcome these odds, regain their economic independence and provide the best beginnings for their children. For them, quality child care has become as essential as food, housing and health care. Yet, 9,000 Louisiana children remain on a waiting list for state subsidized child care. In some areas of the state, there is no subsidized child care at all.

It is not that we lack the knowledge to prevent many of the problems confronting young black at-risk children and their parents. Effective prevention and intervention efforts offering preventive health care, child care and early childhood development, as well as home-, community- and school-based parenting education and counseling, are working to offset the enormous obstacles which these young children face.

This morning we had the opportunity to visit Kingsley House and observe firsthand a model for community action that offers in one location comprehensive services for families at greatest risk—referral services, Head Start, child care, and even a family preservation program to help troubled families stay together. Programs such as these reach only a fraction of the children who need help.

Let me welcome the assembled state legislators, doctors and health care professionals, prominent business leaders, child care providers, social service providers, community activists and parents who will testify today. Thank you for the contribution your participation will make to our efforts in Congress on behalf of children.

"Caring for Young Black Children at Risk in Louisiana"

A FACT SHEET

LOUISIANA'S ECONOMIC CRISIS TAKES TOLL ON CHILDREN AND FAMILIES

** Between 1984-1989, the national unemployment rate dropped from 7.6% to 5.1%. In Louisiana, the unemployment rate remained constant at 9.6% throughout these years. (U.S. Department of Labor, 1989)

** Between 1981-1985, the annual per capita income increased nationally at an average rate of 6%, while in Louisiana, per capita income decreased at about 1% annually. (Congressional Research Service [CRS], 1989; Southern Growth Policy Board [SGPB], 1989)

** In 1985, 18% of Louisiana's population lived in poverty, the eighth highest poverty rate in the country. In 1987, 25,000 children (45%) ages 0-5 in Orleans Parish lived below 145% of the federal poverty line ($16,893 for a family of four). (Center on Budget and Policy Priorities, 1988; New Orleans Council for Young Children [NOCYC], 1988)

** In 1988, the maximum AFDC payment level for Louisiana families with no other income was only 24% of the federal poverty level ($11,650 for a family of four) and 30% of the state's AFDC standard of need. (Children's Defense Fund [CDF], 1989)

GROWING NUMBER OF CHILDREN AT-RISK IN LOUISIANA

** While the number of children being born annually in Louisiana declined between 1982-1987, the proportion of nonwhite births increased from 38% to 42% of the total. (NOCYC, 1988; Louisiana Department of Health and Hospitals [LDHH], 1989)

** Between 1982-1986, the percentage of babies born in Orleans Parish who were nonwhite increased from 72% to 78% of all live births. (NOCYC, 1988)

** In 1986, almost 17% of infants born in Louisiana were born to women under age 20; almost one-fourth of all black babies in

Louisiana were born to teen mothers. Similarly, in 1987, births to teens in Orleans Parish accounted for almost one out of five births. (CDF, 1989; LDHH, 1989)

** In 1986, among southern states, Louisiana had the third highest birth rate for girls aged 10-14 (2.4/1,000), and for teens aged 15-17 (45.2/1,000). (Southern Regional Project on Infant Mortality [SRPIM], 1989)

CHILD CARE LIMITED AND OF UNCERTAIN QUALITY

** Between FY 1985-FY 1987, child care funding under the Title XX Social Services Block Grant decreased in the state from $13.4 million to $7.54 million, and the number of children served declined from 7,830 to 6,554. (Bank Street College [BSC], 1988)

** There are currently over 9,000 children in Louisiana on a waiting list to receive state subsidized child care; almost 6,000 of these children are in Orleans Parish. (NOCYC, 1988; personal communication with Robinson, 1989)

** Among the 10,000 children ages 0-5 who live in public housing in New Orleans, child care is available for only 30%. (Gilbert, 1989)

** Over half of the administrators of child care programs in Louisiana who responded to a Bank Street College of Education survey expressed concern about the quality of child care programs in the state. (BSC, 1988)

TOO FEW LOUISIANA BABIES GET HEALTHY START

** In 1986, Louisiana's infant mortality rate was 11.9 deaths/1,000 live births, the seventh highest infant mortality rate in the nation; 75% of the parishes in Louisiana had an infant mortality rate higher than the national rate of 10.4. (NOCYC, 1988; LDHH, 1989).

** In 1986, the infant mortality rate among Louisiana's black infants was even higher, 17.0 deaths per 1,000 live births. (CDF, 1989).

** In 1986, 8.6% of all infants born in Louisiana had low birth weight, third highest among all states. The rate of low birthweight among white babies in Louisiana was 5.8%, while among black babies it was 12.9%. (CDF, 1989)

** Between 1980-1984, the percentage of babies born in Louisiana with low birthweight in the state's poor, rural counties increased from 8.8% to 9.4%; among black babies from these counties, the rate increased from 12.5% to 12.8%. (Public Voice for Food and Nutrition, 1988)

** Babies born to teen mothers are at even greater risk of low birthweight. In 1986, Louisiana ranked 49th in the percentage of births to teens that were low birthweight (11.4%). Almost 15% of births to black teenagers were low birthweight that year. (CDF, 1989)

** In Louisiana, the total cost of AFDC, Medicaid and Food Stamp programs for families begun with a teenage birth in FY 1986-1987 was more than $252 million. (SRPIM, 1989)

TOO MANY WOMEN DENIED PRENATAL CARE/NUTRITION IN LOUISIANA

** In 1986, only 49% of all black babies in Louisiana were born to women who received adequate prenatal care. (CDF, 1989)

** In four of Louisiana's parishes (Orleans, Terrebonne, Lafourche and Tangipahoa), more than 35% of all babies are born to mothers who receive inadequate or no prenatal care. (LDHH, 1989)

** In 1988, an estimated 45% of the high-risk eligible pregnant women, infants and children in Louisiana were denied high protein food and nutritional guidance through the Special Supplemental Food Program for Women, Infants and Children (WIC). (LDHH, 1989)

CHILDRENS' SAFETY THREATENED

** Between 1981-1988, the total number of child abuse investigations in Louisiana more than doubled from 11,094 to 23,165 per year. (Louisiana Office of Community Services [LOCS], 1989)

** In Orleans Parish alone, there were 2,028 cases of verified child abuse in 1988. (LOCS, 1989)

Chairman MILLER. I would like, if I might at this time, to recognize my colleagues for any opening statements that they may have. First of all, Mrs. Boggs.

Mrs. BOGGS. Thank you very much, Mr. Chairman. I thank you for being here, thank all of you on the panel and all of you out here for being here, and thank you, Dr. Cook, for hosting us and Dr. Fernandez and everyone who has been instrumental in bringing this hearing about.

Today's hearing is really especially important because it addresses the most vulnerable families who, in the face of our seriously declining economy here in Louisiana, face extraordinary obstacles to supporting their young children.

I am very grateful to Dillard for their generous hospitality to this conference and to us and for their assistance in putting this hearing together. Congratulations are in order as well, for their leadership and for the success so far that will continue to go down in history of the First National Conference on Minority Child Care and Family Issues.

We had the opportunity, as Mr. Miller has told you, of visiting Kingsley House this morning, a place that is very dear to my heart, and as all of you know who are from Louisiana, it is a highly successful, comprehensive program addressing the critical needs of the city's youngest children and their families. It was a wonderful privilege to visit this program, where as a young sorority pledge, I performed one of my very first social service duties. That was a thousand years ago. The program has grown and changed over the years to reflect the changing needs of the community, but I have carried my experiences at Kingsley House with me during my whole tenure and various other kinds of social service operations and in Congress, and especially in my service on this Committee, the Select Committee on Children, Youth, and Families.

Unfortunately, thousands of young children and their families in Louisiana have no Kingsley House to which they can turn. In some parts of the state, families have no child care, no health care, and very scarce resources in family support services of any kind.

Our hopes for the future vitality of Louisiana rest with the young children in our state. As we will learn, black children in Louisiana are particularly vulnerable.

Fortunately, the nation has begun to recognize early intervention programs. And it is my ardent hope that the state and local efforts we learn about today, along with the critical involvement of business, labor, schools, churches and community groups, will bring new hope and new challenges to our state to invest wisely in our most valuable resource—our children.

I am especially delighted to be among some of my closest friends and colleagues who have been lifelong advocates working diligently to assure that children and their families have every opportunity to succeed, and I look forward to hearing from all of you this morning.

I welcome all of you here today and I look forward to the rest of the testimony.

[Opening statement of Congresswoman Lindy Boggs follows:]

OPENING STATEMENT OF CONGRESSWOMAN LINDY BOGGS, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF LOUISIANA

It gives me great pleasure to host the Select Committee on Children, Youth, and Families in New Orleans today. Today's hearing is especially important as it addresses the most vulnerable families, who, in the face of our seriously declining economy, face extraordinary obstacles to supporting their young children.

I am grateful to Dillard University for their generous hospitality and for their assistance in putting this hearing together. Congratulations are in order, as well, for their leadership and for the success of the first National Conference on Minority Child Care and Family Issues.

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Unfortunately thousands of young children and their families in Louisiana have no Kingsley House to which they can turn. In some parts of the state, families have no child care, no health care, and scarce resources for family support services of my kind.

Our hopes for the future vitality of Louisiana rest with all the young children in our state. As we will learn, black children in Louisiana are particularly vulnerable.

Fortunately, the nation has begun to recognize the value of investing in successful, cost-effective early intervention programs. It is my ardent hope that the state and local efforts we learn about today, along with the critical involvement of business and labor community, schools, churches and community groups, will bring new hope and new challenges to our state to invest wisely in our most valuable resource—our children.

I am especially delighted to be among some of my closest friends and colleagues who have been lifelong advocates working diligently to assure that children and their families have every opportunity to succeed, and I look forward to hearing from all of you this morning.

I welcome all of you here today and look forward to all of the testimony.

Chairman MILLER. Mrs. Barry, would you like to say something?

Mrs. BARRY. Thank you very much. I would like to say good morning to all of you, and it is indeed a pleasure to be here in New Orleans attending this First National Conference on Crises in Black Families as it relates to children.

As Congressman Miller said, we certainly want to be able to intervene at an early time so that when we see the children in the hospital, it is for regular checkups rather than crisis situations, life-death situations.

I would like to commend Dillard University and President Cook for the foresight and leadership in hosting this First Annual Conference, and for certain we hope that you have been able to network and gain a great deal of information that you can take back to your own individual agencies and organizations, and hopefully together we can begin to be a part of the solution rather than just addressing the problems.

Chairman MILLER. Congressman Holloway.

Mr. HOLLOWAY. Let me say what a pleasure it is for me to be here this morning and say thank you to the University for putting this Conference on. I appreciate the fact that from the day they came into my office to inform me of the Conference until today we have had an opportunity to work with you.

As you will probably see through the hearing today, there is a marked difference, at which I think no one will be surprised, knowing Washington—there is a marked difference of opinion on differ-

ent subjects. Yet because of people like our chairman, and like Mrs. Boggs, who we love very dearly, although we might disagree we can still work together. We also can appreciate each other and we are grateful we live in a country where we can disagree.

While we were over at the Kingsley House this morning, one of the teachers was asking the students what color the sun was. Some of them of course said yellow, and some of them of course said orange, and one of them even said brown. I said that reminds me of Congress because we kind of disagree and have all different opinions.

But it is a pleasure for me to be here. I serve the Eighth District of Louisiana, which runs as far south as LaPlace, runs all the way north, almost to Natchitoches, and runs from Basile over in Evangeline Parish all the way to Greensburg in St. Helena. So I have a totally different concept and a totally different district than Lindy has. Although she was born in my district, and is very familiar with the problems of it. I represent basically a rural district, but yet a high minority district. My district has tremendous unemployment problems, as we have through most of Louisiana. However, my district probably has more unemployment than the City of New Orleans and the other districts of Louisiana.

We do have tremendous problems with our children, we all have different approaches within our families responding to these challenges. I do not think there is a greater problem in America today than the breakup of families, the problems of our family. I think it is our job as legislators to do everything we can to strengthen the families in this country again. We need to give tax breaks to the families. We also need to stop the decline of the birth rate in this country. There is going to be a day where without immigration, we will not have young Americans. We must turn the family around and bring it back to the basis that we feel it should be.

The one issue we are discussing that I have the greatest interest in, of course, is child care. I went to Washington not intending to address the issue of child care. I wanted to go fight the bureaucracy and many associated problems. But when you get there, you find out you do not always end up fighting the issues that you went there to fight.

Through this Committee, and I have to say through the Chairman and the issues that we have heard, I gained a tremendous interest in child care. I have the leading bill at this point on the House side. My bill has 115 co-sponsors. My bill is solely tax credits to the individual. I am knowledgeable enough to know that we probably will not get a bill through the House that is totally tax credits. However, when I introduced such a bill some people said we were crazy to even introduce a bill with tax credits, and now we have grown in co-sponsors, grown in support. Our support is not only from the Republican side but we have a variety of cosponsors. We have black and white cosponsors, we have northeastern liberal Democrats as well so we feel that it is a bill that gives the money to the people, it gives the money to the family.

Back in 1948, families of median income paid two percent in taxes. Today, families of median income pay 24 percent in taxes. To me that is a tremendous problem right there in itself. It is one that we need to address, we need to give the money back to the families.

We need to give them reasons and give them hope for the future. We need to let them take the money home. I feel that they are the best judge, regardless of what we say and we hear about instances where there is abuse, I still believe the parent is the best one to choose what kind of child care they need. Whether they care for their children at home, which is by far the best means if the mother is able to stay home with the child. If not, whether they choose religious care, whether they choose grandparents to care for their children or whether they choose to have relatives to care for their children or whether they have no choice, and I think a lot of times that is when it comes down to putting them in child care centers, which are great, some of them. We looked at a great one this morning.

So I am here to say that we are going to differ in opinion, but yet we are going to try to work together for the good of the country, the good of the family, the good of our children, to make this a better country to live in.

It is my pleasure to be here. I am probably not in a crowd that would vote for my bill that much today. But still there is tremendous support for my bill, there is tremendous support for the concept of giving tax breaks back to the family. That is what I am here to advocate today, but also try to learn through the testimony that we have so I will be better able to serve my country, better able to serve the families and the children of this country.

Thank you for having me and it is my pleasure to be here.

[Applause.]

[Opening statement of Congressman Clyde Holloway follows:]

PREPARED STATEMENT OF CLYDE C. HOLLOWAY, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF LOUISIANA

Mr. Chairman and distinguished members of the committee, I am glad to be a part of this conference. I am very concerned about the problems of high infant mortality, low academic achievement, drug addiction, the need for good child care and other hardships faced by black youths.

I strongly support programs such as Head Start that give help to disadvantaged youth so they can succeed in school. I also am a member of the Task Force on Infant Mortality. There is no reason any state in a nation as advanced as ours should not have the assistance they need to solve the problem of infant mortality. I am also concerned about the drug epidemic in Louisiana and the United States and I will do all that is within my power to stop its spread.

I believe one of the most important ways we can solve these and many other problems is by strengthening families. For this reason I have introduced H.R. 2008, the Holloway-Schulze Toddler Tax Credit, which will give up to $1,000 per child to families to use in purchasing or providing care for their pre-school children.

My bill strengthens families by allowing them to choose the type of care their children need. Bills such as ABC and H.R. 3 only reward those parents who let the federal government decide which type of child care they may receive. These bills are a comprehensive attempt by the federal government to "take over the nursery," dictate which forms of child care are acceptable and cut parents out of the process.

My bill does not discriminate among child care providers. Whether a family chooses to care for their own children, or have them cared for by relatives, neighbors, religious or commercial providers, they would receive the toddler tax credit.

Bills such as ABC and H.R. 3 leave parents who watch their own children completely out of the picture. This amounts to some 65% of families. I believe parents who make financial sacrifices, in the form of less income, so they can watch their own children, deserve the same assistance as families who choose to send their children to day care centers. A recent survey by *Time* magazine states the number one reason for the increased crime rate among youth is lack of parental supervision. Yet ABC and H.R. 3 give *no* help to parents who care for their own children.

My bill also provides a credit to parents who choose to have their children cared for by religious providers. Churches play an important part in child care. They usu-

ally provide care at reduced rates to be of service to economically needy families. Approximately one-third of all child care centers are church sponsored or based. However, ABC and H.R. 3 will only allow church providers to receive assistance if they remove all traces of religion. Under ABC and H.R. 3 "milk and cookie" prayers or religious pictures would be forbidden. And church sponsored providers who don't comply with the rules will lose government assistance. Yet, at the same time they will be forced into a no-win situation of competing with federally subsidized commercial child care providers.

Supporters of ABC not only believe parents cannot be trusted to make the right choices about their children's care, they also believe parents cannot be trusted with money for child care. They criticize my bill because it entrusts money to parents. They believe the federal government is more honest than parents when it comes to spending money. I think anyone who believes this should take a look at the scandals within the Department of Housing and Urban Development in the news today.

The Holloway-Schulze bill offers more assistance and more choice to more families at less cost than any other bill. No wonder it has attracted more formal and grass root support than any other child care bill. In fact, the Holloway-Schulze bill is the most widely supported child care reform legislation today pending in the U.S. House of Representatives.

Chairman MILLER. It gives me great pleasure to welcome our host today, and that is the President of Dillard University, Dr. Samuel DuBois Cook. Dr. Cook.

[Applause.]

STATEMENT OF DR. SAMUEL DUBOIS COOK, PRESIDENT, DILLARD UNIVERSITY, NEW ORLEANS, LA

Dr. COOK. The Honorable Mr. Chairman, Congres ıan Miller, our illustrious own Congresswoman, Mrs. Lindy Boggs, Congressman Holloway and other distinguished members of the Select Committee, Mrs. Barry, staff members and other ladies and gentlemen, what a great joy, honor and privilege it is to welcome you to Dillard University on this historic occasion of the First National Conference on Minority Child Care and Family Issues.

We are so proud and pleased that you decided to hold your field hearings at Dillard University. We have a shared vision and dream about children and families and all the awesome consequences for the quality of life, social stability, progress, productivity, responsibility and health of the republic. We share a common commitment to intrinsic worth and dignity of the individual and his or her birth right as Americans.

We have a common affirmation of the American dream and the promise of American life. Issues of child care and related issues of the family are ultimately issues and values and priorities and concerns of the American dream and the promise of American life. The American dream is about equality of opportunity, freedom, the dignity and worth of each individual, the pursuit of happiness and self-development and self-fulfillment.

Our National Conference on Minority Child Care and Family Issues is informed and inspired by the humanism, idealism and realism of the American political and social tradition, the American dream and the majestic promises and higher possibilities of the land.

So I welcome you with open arms, enthusiasm, celebration, gratitude and excitement. Our National Conference is historic, unique, special and noble. Your presence is the culminating and mountaintop event of ennoblement, enrichment, excitement and fulfillment.

Thank you for holding your hearings on symbolic Bastille Day in the historic State of Louisiana, the great City of New Orleans, on the beautiful campus of Dillard University, which is proudly located in the distinguished Congressional District of that great American, the very special and magnificent human being, the one and only Mrs. Lindy Boggs.

[Applause.]

Mr. HOLLOWAY. Mr. Chairman.

Chairman MILLER. Yes.

Mr. HOLLOWAY. I request that we may revise and extend our remarks and also that we may have two weeks to submit any testimony for the record. I think our minority leader would like to submit some testimony and we would like to keep the record open for that please.

Chairman MILLER. We will do that. Let me say that many, many people requested to testify at this hearing. We obviously were not able to accommodate everyone, but we will keep the formal record of this particular hearing open for an additional two weeks, so if you hear something that you think needs to be reinforced or something that you think needs to be taken issue with, we would certainly welcome your comments on the testimony today because we think it helps us round out the hearing in that fashion. To those who asked to testify and we were not able to accommodate you, obviously our apologies.

We will begin with our first panel, which will be made up of Merline Robins, who is a parent and a peer tutor with the HIPPY Program, which is the Home Instruction Program for Preschool Youngsters in New Orleans. She will be accompanied by Carol Good from the National Council of Jewish Women; and the Honorable Ben Bagert, who is a Senator from Louisiana State Senate here in New Orleans; and Pres Kabacoff, who is the Chairman of the New Orleans Council for Young Children in Need and Chairman of the Orleans Parish School Board Early Intervention Task Force.

Welcome to the Committee. I will recognize you in the order in which I called your name. We are a rather informal committee, so you just relax and we will be interested in hearing what you have to say. Your written statements will be put in the record in their entirety and to the extent to which you can summarize will obviously be appreciated so that we will have time for questions from members of the Committee.

Ms. Robins, we are going to start with you. Welcome.

STATEMENT OF MERLINE ROBINS, PARENT AND PEER TUTOR WITH THE HOME INSTRUCTION PROGRAM FOR PRESCHOOL YOUNGSTERS, NEW ORLEANS, LA

Ms. ROBINS. Thank you.

Chairman MILLER. You are going to need to pull that microphone close to you and talk up. We have got a large crowd here and people in the back of the room here want to hear what you have to say.

Ms. ROBINS. Yes, sir.

VOICE. Excuse me, sir. I would like to ask a question.

Chairman MILLER. Yes?

VOICE. The hearing comments are only going to be limited to those persons who have made requests ahead of time?

Chairman MILLER. That is correct.

VOICE. It is not going to be open to the floor?

Chairman MILLER. It will not, simply because we have a time problem with my own schedule and I believe Congressman Holloway's schedule also. We will try, as I said, if people want to submit statements, we will accept those statements over the next two weeks.

Ms. JOHNSON. My name is Karen Johnson and I am in the home ownership program under public housing and we definitely need to talk with some more Congress people. I have already talked to Mrs. Boggs.

Chairman MILLER. You cannot do better than that.

Ms. JOHNSON. Pardon?

Chairman MILLER. You cannot do better than that.

Ms. JOHNSON. I know that. But we also want to educate the public about some of the issues.

Chairman MILLER. I understand. And let me just say that we have to stick to the agenda and the witness list that we have, and again my deepest apologies. That does not prevent members of the audience or others from contacting us individually on other items. This is a very selected topic, it does not cover all of the problems that the families in our cities confront.

Ms. JOHNSON. Well we were not aware of that.

Chairman MILLER. Thank you, Ms. Johnson.

Ms. Robins.

Ms. ROBINS. All right, sir.

Dear Committee Members——

Chairman MILLER. We are going to need everybody's cooperation in this room if we are going to hear the witnesses. Please speak as loud as you can.

Ms. ROBINS. All right, sir.

Chairman MILLER. Okay.

Ms. ROBINS. Dear Committee Members: I want to take this time to thank the U.S. House of Representatives Select Committee on Children, Youth, and Families for giving me this opportunity to testify about an early childhood intervention program that works.

My first experience with the Home Instruction Program for Preschool Youngsters (HIPPY) occurred when I brought my son Christopher to our neighborhood school for pre-kindergarten registration. However, upon arrival, I was informed that registration does not necessarily guarantee enrollment. We were then informed of an alternative early intervention program called HIPPY.

Due to Chris' screening results, he was not accepted in the preschool class. I then began to investigate the HIPPY program. After several inquiries, I was visited at my home by a recruiter from the HIPPY program. I was briefed on the philosophy of the program and subsequently agreed to participate.

Nearing the end of two years in the program, Chris has developed in the following:

1. Problem-solving skills;

2. Sensory discrimination skills meaning visual, auditory and tactile;
3. Verbal language skills;
4. Positive self-concept;
5. Minimization in hyperactivity tendencies.

I am also please to share with this Committee that as a result of working in the capacity of a HIPPY tutor, I have found a new level of confidence which is allowing me to enter a four-year professional early childhood program at a local prestigious university.

[Applause.]

[Prepared statement of Merline Robins follows:]

PREPARED STATEMENT OF MERLINE ROBINS, PARENT AND PEER TUTOR WITH THE HOME INSTRUCTION PROGRAM FOR PRESCHOOL YOUNGSTERS, NEW ORLEANS, LA

Dear Committee Members:

I want to take this time to thank the U.S. House of Representatives Select Committee on Children, Youth, and Families for giving me this opportunity to testify about an early childhood intervention program that works.

My first experience with the HOME INSTRUCTION PROGRAM FOR PRESCHOOL YOUNGSTERS (HIPPY) occurred when I brought my son Christopher to our neighborhood school for pre-kindergarten registration. However, upon arrival, I was informed that registration does not necessarily garantee enrollment. We were then informed of an alternative early intervention program called HIPPY.

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Sincerely yours,

Merline Robins

Ms. Merline Robins
HIPPY Tutor
Curriculum & Instruction

Chairman MILLER. Pres Kabacoff.

STATEMENT OF PRES KABACOFF, CHAIRMAN, NEW ORLEANS COUNCIL FOR YOUNG CHILDREN IN NEED AND CHAIRMAN, ORLEANS PARISH SCHOOL BOARD EARLY INTERVENTION TASK FORCE, NEW ORLEANS, LA

Mr. KABACOFF. Thank you. My name is Pres Kabacoff, I am a businessman, lawyer, real estate developer.

Chairman Miller, like other people have said, thank God for Lindy Boggs here in New Orleans. Representative Holloway, Mrs. Barry, I am proud to be before you. New Orleans sits as a port of entry on the Mississippi River, our country's greatest waterway. Centrally located in the western hemisphere, it is a fascinating city steeped with cultural authenticity and architectural beauty, and is enjoyed by locals and visitors worldwide. However, like most of our older urban centers, the affluent downtown workers reside in the suburbs, leaving the city with an ever-growing, poorer population and shrinking tax base. Furthermore, our economy has been damaged by the 1982 collapse of our major industry, oil and gas.

To overcome our economic woes, most argue a need for industrial diversification beyond our port; oil and gas and tourism, our fastest growing industry. However, it is generally felt we cannot attract new business because of the inadequately trained work force. Most cite the failure of our education system, kindergarten through twelfth grade, for these shortcomings.

New Orleans is not alone. Virtually every inner-city school system has been similarly criticized. It is true, schools need to be restructured so as to produce graduates prepared to handle the technical requirements of today's jobs. Even service-industry jobs demand more than a high school dropout can handle. Despite claims that our schools are failing because of the high dropout rate, schools are designed to drop out students and in fact today dropout rates are one half what they were 50 years ago. The problem is today, there is nothing to drop out to. Manufacturing and intensive labor-oriented industries are rare today and almost non-existent in the inner city. In New Orleans 30 years ago, a dropout could become a well-paid stevedore working on the river. Containerization has virtually eliminated this employment opportunity.

Yes, we need to restructure our schools, but blaming education ignores serious problems over which education, K through 12, has no control. For a variety of reasons, over the last 25 years we have had a transformation of the American family. Today we have single-family parents, women in the work force, falling real wages and welfare benefits that are not tied to inflation. The result is that we have a dramatic increase in the number of children in poverty. In fact, the United States leads the industrialized world with 25 percent of our children born into poverty. In New Orleans as well as many other urban centers, we are close to 50 percent.

Poverty is far and away the biggest predictor of educational failure. Poverty causes children to suffer the multiple stresses of inadequate pre- and post-natal health care and nutritional care, child abuse, inadequate day care, pre-school training and parental involvement. Poverty kills. It results in high infant mortality, physi-

cal and emotional immaturity and a poorly defined concept of self. In New Orleans, of our 10,000 live births, 8000 are minority and 4500 are born into poverty; 1500 will fail first grade and though required to stay in school until age 16, most are functionally out of the system before they reach middle school. Almost one half will ultimately drop out prior to graduation, 20 percent will become teen-age mothers, a majority of the dropouts will end up jobless, non-producing and/or juvenile delinquents at a tremendous cost to the health and quality of life in our community.

We recognize resources are limited but we must start spending our dollars where they are most cost-effective. My research reveals that breaking the cycle of poverty requires comprehensive and early intervention. Longitudinal studies of children attending Head Start programs in Ypsilanti, Michigan and Harlem show astounding statistics of the number of children graduating from high school, entering college, obtaining employment and reducing teenage pregnancy and juvenile delinquency. The Committee on Economic Development, whose membership is literally the who's who of chief executive officers of the major companies in our country, claim that to impact urban centers in the most cost-effective way, we need to intervene early and comprehensibly with sex education, pre- and post-natal care, health and nutritional care, appropriate day care, pre-school programs and parental education and empowerment. It simply makes sense, the most informative period of a child's life is in the early years.

Obviously, comprehensive early intervention will be costly, but the costs will be more than offset by the savings in remedial education, reduced incarceration and the increase in employable taxpaying citizens. It is an investment.

The United States is a great country, when it makes something a priority, it gets the job done. In the last 25 years, tremendous strides have been made to reduce poverty among the elderly from one in three to one in ten. This was accomplished by redirecting $450 billion of our entitlement budget, three-fourths of that, to elderly entitlement needs, a tremendous accomplishment.

Of course, the elderly represent a growing and politically influential segment of our society, having 8000 new members a day in the American Association of Retired People, 20 million members. Unfortunately, there is no lobby for the young and we spend only one billion dollars for Head Start, which now reaches only one in five children in need. It is obvious we do not put Head Start in a category that we—we only pay the teachers $7000. What does that say of the importance of an early childhood teacher. At the same time, poverty among the elderly decreased to 10 percent, in our country children born into poverty grew from 25 percent to almost one in three and in New Orleans it is one in two.

The trends do not bode well for our future. Economically, if we do not recognize the priority of strengthening our young, who in the future will pay the costs for our elderly services, military expenses and interest on our national debt and deficit? I simply would ask the federal government to look to the future, recognize the necessity of comprehensive, early childhood intervention, make it a priority and fund it.

I am glad to see in today's paper that Kemp plays well to urban blacks, quoting, "There is nobody in the cities or the suburbs who do not realize we have got to do something for the folks who have been left behind. I have not met anybody; left, right or center, in the profit or non-profit sector or in the religious community who does not recognize if we fail in urban America we miss a magnificent opportunity to show that democracy can work for the least of us as well as the well-off." I hope that translates into a real priority in this area, this is where the dollars need to be put.

I would like to make one comment on behalf of Dillard University. It hopes to establish a national research center on minority child care and family issues. It would be a model, a pilot for immediate resolution of the several crises facing America's black and hispanic communities, it would have a house conference facility, a library and instructional rooms, research facilities, demonstration projects, satellite communications to link the 120 historically black colleges across the country. The university is prepared to be a partner with the public and private sectors to lift the nation's low-income children out of hopelessness and into a full share of the American dream. New Orleans is the most appropriate site in the country for this effort. If you look at our statistics, we are the lowest, we have the greatest number of poor, the greatest number of children born in poverty of any city in the country.

There is no more urgent need than children and their future. New Orleans and Dillard University are ready to join Congress in leading the way to a better quality of life for all of our Americans.

Thank you very much.

[Applause.]

[Prepared statement of Pres Kabacoff follows:]

PREPARED STATEMENT OF PRES. KABACOFF, BUSINESSMAN, LAWYER, REAL ESTATE DEVELOPER, NEW ORLEANS, LA

CARING FOR YOUNG, BLACK CHILDREN AT RISK IN LOUISIANA

New Orleans sits as a port of entry on the Mississippi River, our country's greatest waterway. Centrally located in the Western Hemisphere, it is a fascinating city steeped with cultural authenticity and architectural beauty, and is enjoyed by locals and visitors worldwide. However, like most of our older, urban centers, the affluent downtown workers reside in the suburbs, leaving the city with an ever-growing, poorer population and shrinking tax base. Furthermore, our economy has been severely damaged by the 1982 collapse of our major industry, oil and gas.

To overcome our economic woes, most argue a need for industrial diversification beyond our port; oil and gas; and tourism, our fastest growing industry. However, it is generally felt we cannot attract new business because of an inadequately trained labor force. Most cite the failure of our education system - kindergarten through twelfth grade - for these shortcomings.

New Orleans is not alone. Virtually every inner-city school system has been similarly criticized. It is true, schools need to be restructured so as to produce graduates prepared to handle the technical requirements of today's jobs. Even service-industry jobs demand more than a high school dropout can handle. Despite claims that our schools are failing because of the high dropout rate, schools are designed to drop out students and, in fact, today's

dropout rates are one-half the rate 50 years ago. The problem is today there is nothing to drop out "to." Manufacturing and intensive labor-oriented industries are rare today and almost non-existent in the inner city. In New Orleans thirty years ago, a dropout could become a well paid stevedore working on the river. Containerization has drastically reduced this opportunity.

Yes, we need to restructure our schools, but blaming education ignores a serious problem over which our public school system (kindergarten through twelfth grade) has no influence. For a variety of reasons, over the last 25 years we have had a transformation of the American family. Today, we have the single-parent family, women in the work force, falling real wages and welfare benefits. The result is a dramatic increase in the number of children born into poverty. Whereas the United States leads the industrialized world with 25 percent of our children born into poverty, in New Orleans as well as many other urban inner cities, it is close to 50 percent.

Poverty is far and away the biggest predictor of educational failure. Poverty causes children to suffer the multiple stresses of inadequate pre- and post-natal health and nutritional care, child abuse, inadequate day care, pre-school training and parental involvement. Poverty kills and results in high infant mortality; physical and emotional immaturity; and poorly designed concepts of "Self." In

Orleans Parish, of our 10,000 live births, 8,000 are minority and 4,500 are born into poverty; 1,500 will fail first grade and, though required by law to remain in school until age 16, most are functionally out of the system before they reach middle school; almost one-half ultimately will drop out prior to graduation; 20 percent will become teenage mothers; and majority of dropouts will end up jobless, non-producing juvenile delinquents, at a tremendous cost to the health and quality of life in our community.

Recognizing resources are limited, we must start spending dollars where they are most cost-effective. My educational research reveals breaking the poverty cycle requires early and comprehensive intervention. Longitudinal studies of children attending effective pre-school programs show dramatic improvements in the number of children graduating from high school, entering college, obtaining employment, and in reducing teen pregnancy and juvenile delinquency. The Committee for Economic Development, whose membership is the "who's who" list of the chief executive officers of the major companies in the U.S., recommends the most cost-effective way to improve the plight of our inner-city educational system is to intervene early and comprehensibly into the lives of our children, to include: 1) sex education, 2) pre- and post-natal care, 3) health and nutritional care, 4) appropriate day care and pre-school programs, and 5) parental education and empowerment. It sim-

ply makes sense - the most informative period in a child's life is the early years.

Obviously, comprehensive, early intervention will be costly, but the costs will be easily offset by savings in remedial education, reduced incarceration and the increase in employable tax-paying citizens.

The United States is a great country - when it makes something a priority, it gets the job done. In the last 25 years, tremendous strides have been made to reduce poverty among the elderly from one in three to one in ten. This was accomplished by directing three-fourths of our 450 billion dollar U.S. Entitlement Budget to elderly needs. Of course, the elderly represent a growing and politically influential segment of our society, gaining 8,000 new members a day in the Association of American Retired People. Unfortunately, the young do not have such a lobby, and only one billion is spent on Head Start which now reaches only one in five of the children needing this program. At the same time poverty among the elderly decreased to 10 percent, children born into poverty grew from 10 percent to 25 percent and are almost one out of two in our inner city.

These trends do not bode well for the future of our country. Economically if we do not recognize the priority of strengthening our young, who in the future will pay the costs for our elderly services, military expenses, and interest on the national debt of our deficit? I would ask our federal

government to look in the future, recognize the necessity of comprehensive, early childhood intervention, make it a priority and fund it.

Chairman MILLER. Mr. Bagert.

STATEMENT OF HON. BEN BAGERT, SENATOR, LOUISIANA STATE SENATE, NEW ORLEANS, LA

Senator BAGERT. Thank you.

Mr. Chairman, Mrs. Boggs, Mrs. Barry and Congressman Holloway, members of the Committee, I am Senator Ben Bagert of the Louisiana State Senate. I appreciate the opportunity to speak before you today.

Dr. Cook, this ambitious project which Dillard has undertaken gives me one more good reason to be proud that Dillard lies within my Senatorial District and to also be proud that I grew up and have lived my entire life in this neighborhood. Thank you for putting this on.

The issue we study here today, the special concerns of at-risk black children, is of particular significance to me because my District includes six federal housing projects in which these problems are rampant. I have seen the problems up close, I have seen the despair. I feel personally responsible for trying to find a solution.

The scope and severity of the problems, as you know, are staggering. Adolescent pregnancy, the scourge of drugs, substandard housing and other dangers in our inner cities are eroding the cornerstone of our society. That cornerstone is the traditional family, it is disintegrating in the inner city at a rate never seen before. I include in my written testimony some of the horrifying statistics.

The problems obviously must be addressed through a number of avenues. I know child care is a particularly hot topic in Congress right now and I am particularly impressed with the approach advocated by Louisiana's own Clyde Holloway. It appears to offer more assistance and more choice to families, and families are the key to solving our problems.

In my own efforts to deal with these issues, I have used a three-prong approach.

First, I have worked to attack the adolescent pregnancy problem head-on, using an encouraging private, civic and family entities to the greatest extent possible.

Second, I have introduced comprehensive legislation which aims at solving the illegal drug problem which plagues our inner cities, by cutting back on the demand-side through the combined use of more effective rehabilitation and stricter punishment for drug users.

Third and finally, I am working with tenants in public housing for greater use of the tenant management concept which has been advanced by Secretary Jack Kemp.

The themes linking all these efforts are self-help and community involvement with government not so much as a provider of first and last resort, but more as a facilitator, a catalyst which will start a chain reaction going.

Please allow me to focus for a moment on my adolescent pregnancy proposal. Obviously when children beget children, as is hap-

pening at a frightening rate in Louisiana today, both usually suffer lasting negative consequences.

Our first job then is to try to prevent the occurrence of such pregnancies. But how?

The legislation which I have enacted just last week created the Louisiana Adolescent Pregnancy Commission. It will attack the problem through a comprehensive service and grant award program specifically designed to marshal the resources of private organizations such as church, civic and community associations.

Such organizations would, of course, be required to meet a fairly rigid set of criteria, ensuring that the organizations have the resources and expertise to undertake such projects.

Their programs must promote traditional family values and should seek to inculcate in adolescents a sense of individual self-worth and a willingness to be responsible for their actions.

To further strengthen family ties, children must have written parental approval to participate in the program.

Grant recipients may provide a wide range of programs including media campaigns, role model programs and educational services aimed at discouraging adolescent sexual activity and specifically including the teaching of abstinence as the only 100 percent effective method of preventing adolescent pregnancy and sexually transmitted diseases.

Among other options covered in the new legislation are counseling, nutritional information, referral to pediatric and other health services and child care.

Finally, a crucial component of my legislation is that the bulk of the grants will be used for start-up costs with the amount of the grant to each specific program decreasing each year thereafter.

This will encourage grant recipients to gradually build their own private fund-raising operations.

Mr. Chairman, the federal government can help Louisiana's new adolescent pregnancy program get moving. It can help by providing start-up funding and also by helping us make contact with private foundations which wish to help. Your contacts through this Committee may well help us find a group willing to use our new approach as a laboratory of hope where families will provide the cure.

To sum up the approach then, government should act as the catalyst, not the whole solution.

Mr. Chairman and members of the Committee, we must be extremely careful in dealing with child care legislation. Traditional family values must be protected if we are to succeed. We do not want to create a generation of people who do not remember the family household as the center of their childhood experience. Worse, some evidence has begun to accumulate which suggests that when very young children go into full time day care, many suffer emotional and intellectual harm.

If the government really wants to help children develop well, it should make it easier for parents to be with their children when they are very young, not subsidizing their separation. Big brother cannot handle the role of the mother.

So the state's best approach is to promote the involvement of parents, family, religious and charitable organizations, because only close human contact can meet deep human needs.

Thank you very kindly for allowing me to be here.

[Applause.]

[Prepared statement of Senator Ben Bagert follows:]

PREPARED STATEMENT OF HON. BEN BAGERT, SENATOR, LOUISIANA STATE SENATE, NEW ORLEANS, LA

MR. CHAIRMAN, MRS. BOGGS, MR. HOLLOWAY, MEMBERS OF THE COMMITTEE: I AM LOUISIANA SENATOR BEN BAGERT, AND I HAVE BEEN A MEMBER OF THE LOUISIANA STATE LEGISLATURE FOR MORE THAN 20 YEARS.

I APPRECIATE THE OPPORTUNITY TO SPEAK BEFORE YOU.

AMBITIOUS PROJECT WHICH DILLARD UNIVERSITY HAS UNDERTAKEN GIVES ME ONE MORE GOOD REASON TO BE PROUD THAT DILLARD SITS WITHIN MY SENATORIAL DISTRICT.

THE ISSUE WE STUDY HERE TODAY - THE SPECIAL CONCERNS OF AT-RISK BLACK CHILDREN - IS OF PARTICULAR SIGNIFICANCE TO ME BECAUSE MY DISTRICT INCLUDES SIX FEDERAL HOUSING PROJECTS IN WHICH THESE PROBLEMS ARE RAMPANT.

THE SCOPE AND SEVERITY OF THE PROBLEMS, AS YOU KNOW, ARE STAGGERING. ADOLESCENT PREGNANCY, THE SCOURGE OF DRUGS, SUBSTANDARD HOUSING, AND OTHER DANGERS IN OUR INNER CITIES ARE ERODING THE CORNERSTONE OF OUR SOCIETY.

THAT CORNERSTONE, THE TRADITIONAL FAMILY, IS DISINTEGRATING IN THE INNER CITY AT A RATE NEVER SEEN BEFORE. I INCLUDE IN MY WRITTEN TESTIMONY SOME OF THE HORRIFYING STATISTICS.

THE PROBLEMS OBVIOUSLY MUST BE ADDRESSED THROUGH A NUMBER OF AVENUES. I KNOW CHILD CARE IS A PARTICULARLY HOT TOPIC IN CONGRESS RIGHT NOW, AND I AM ESPECIALLY IMPRESSED WITH THE APPROACH ADVOCATED BY LOUISIANA'S OWN CLYDE HOLLOWAY. IT APPEARS TO OFFER MORE ASSISTANCE AND MORE CHOICE TO MORE FAMILIES, AND FAMILIES ARE THE KEY TO SOLVING OUR PROBLEMS.

IN MY OWN EFFORTS TO DEAL WITH THESE ISSUES, I HAVE USED A FOUR-PRONGED APPROACH:

FIRST, I'VE WORKED TO ATTACK THE ADOLESCENT PREGNANCY PROBLEM HEAD-ON, USING AND ENCOURAGING PRIVATE, CIVIC, AND FAMILY ENTITIES TO THE GREATEST EXTENT POSSIBLE.

SECOND, I'VE INTRODUCED COMPREHENSIVE LEGISLATION WHICH AIMS AT SOLVING THE ILLEGAL DRUG PROBLEM WHICH PLAGUES OUR INNER CITIES, BY CUTTING BACK THE DEMAND-SIDE THROUGH THE COMBINED USE OF MORE EFFECTIVE REHABILITATION AND/OR STRICTER PUNISHMENT FOR DRUG USERS.

THIRD, I'VE INTRODUCED LEGISLATION PROVIDING CARE AND ASSISTANCE TO HOMELESS AND RUNAWAY YOUTH, AGAIN STRESSING THE NEED FOR COMMUNITY INVOLVEMENT.

FOURTH AND FINALLY, I FULLY SUPPORT HUD SECRETARY JACK KEMP'S CALL FOR GREATER USE OF THE TENANT-MANAGEMENT CONCEPT IN PUBLIC HOUSING PROJECTS.

THE THEMES LINKING ALL THESE EFFORTS ARE SELF-HELP AND COMMUNITY INVOLVEMENT, WITH GOVERNMENT NOT SO MUCH A PROVIDER OF FIRST AND LAST RESORT, BUT MORE AS A FACILITATOR, A CATALYST WHICH STARTS A CHAIN REACTION JOINING COMMUNITY NURTURE AND CIVIC PRIDE TO CREATE A NEW, MORE STABLE COMPOUND.

I'VE PROVIDED COPIES OF MY LEGISLATION AND STATEMENTS ON THESE SUBJECTS. FOR NOW, THOUGH, SINCE I HAVE LIMITED TIME, PLEASE ALLOW ME TO FOCUS ON MY ADOLESCENT PREGNANCY PROPOSAL.

OBVIOUSLY, WHEN CHILDREN BEGET CHILDREN, AS IS HAPPENING AT A FRIGHTENING FREQUENCY IN LOUISIANA TODAY, BOTH USUALLY SUFFER LASTING NEGATIVE CONSEQUENCES.

OUR FIRST JOB, THEN, IS TO TRY TO PREVENT THE OCCURRENCE OF SUCH PREGNANCIES.

MY LEGISLATION CREATED THE LOUISIANA ADOLESCENT PREGNANCY COMMISSION TO ATTACK THE PROBLEM THROUGH A COMPREHENSIVE SERVICE AND GRANT AWARD PROGRAM, SPECIFICALLY DESIGNED TO MARSHAL THE RESOURCES OF PRIVATE ORGANIZATIONS SUCH AS CHURCH, CIVIC, AND COMMUNITY ASSOCIATIONS.

SUCH ORGANIZATIONS WOULD, OF COURSE, BE REQUIRED TO MEET A FAIRLY RIGID SET OF CRITERIA, ENSURING THAT THE ORGANIZATIONS HAVE THE RESOURCES AND EXPERTISE TO UNDERTAKE SUCH PROJECTS.

THEIR PROGRAMS MUST PROMOTE TRADITIONAL FAMILY VALUES, AND SHOULD SEEK TO INCULCATE IN ADOLESCENTS A SENSE OF INDIVIDUAL SELF-WORTH AND A WILLINGNESS TO BE RESPONSIBLE FOR THEIR ACTIONS.

TO FURTHER STRENGTHEN FAMILY TIES, CHILDREN MUST HAVE WRITTEN PARENTAL APPROVAL TO PARTICIPATE IN THE PROGRAM.

GRANT RECIPIENTS MAY PROVIDE A WIDE RANGE OF PROGRAMS, INCLUDING MEDIA CAMPAIGNS, ADULT ROLE MODEL PROGRAMS, AND EDUCATIONAL SERVICES AIMED AT DISCOURAGING ADOLESCENT SEXUAL ACTIVITY AND SPECIFICALLY INCLUDING THE TEACHING OF ABSTINENCE AS THE ONLY ONE HUNDRED PERCENT EFFECTIVE METHOD OF PREVENTING ADOLESCENT PREGNANCY AND SEXUALLY TRANSMITTED DISEASES.

AMONG OTHER OPTIONS COVERED ARE COUNSELING, NUTRITIONAL INFORMATION, REFERRAL TO PEDIATRIC AND OTHER HEALTH SERVICES, AND CHILD CARE.

FINALLY, A CRUCIAL COMPONENT OF MY LEGISLATION IS THAT THE BULK OF THE GRANTS WILL BE USED FOR START-UP COSTS, WITH THE AMOUNT OF THE GRANT TO EACH SPECIFIC PROGRAM DECREASING EACH YEAR THEREAFTER.

THIS WILL ENCOURAGE GRANT RECIPIENTS TO GRADUALLY BUILD THEIR OWN PRIVATE FUNDRAISING OPERATIONS.

THE FEDERAL GOVERNMENT CAN HELP LOUISIANA'S NEW PROGRAM GET MOVING, BY PROVIDING START-UP FUNDING AND ALSO BY HELPING US MAKE CONTACT WITH PRIVATE FOUNDATIONS WHICH WISH TO HELP.

YOUR CONTACTS MAY WELL HELP US FIND A GROUP WILLING TO USE OUR NEW PROGRAM AS A LABORATORY OF HOPE WHERE FAMILIES PROVIDE THE CURE.

TO SUM UP THE APPROACH, THEN: GOVERNMENT SHOULD ACT AS THE CATALYST, NOT THE WHOLE SOLUTION.

WE MUST BE CAREFUL IN DEALING WITH CHILD-CARE LEGISLATION. TRADITIONAL FAMILY VALUES MUST BE PROTECTED; WE DO NOT WANT TO CREATE A GENERATION OF PEOPLE WHO DO NOT REMEMBER THE FAMILY HOUSEHOLD AS THE CENTER OF THEIR CHILDHOOD EXPERIENCE.

THE LAST THING WE NEED IS FOR BIG BROTHER TO BECOME BIG MOMMA.

SO THE STATE'S BEST APPROACH IS TO PROMOTE THE INVOLVEMENT OF PARENTS, FAMILY, RELIGIOUS, AND CHARITABLE ORGANIZATIONS...

BECAUSE ONLY CLOSE HUMAN CONTACT CAN MEET DEEP HUMAN NEEDS.

THANK YOU.

Chairman MILLER. Ms. Robins, let me ask a question about your son, Christopher. The HIPPY programs run in conjunction with the preschool program. Did you do this separately because he could not get in a preschool program, is that how you became involved?

Ms. ROBINS. Yes.

Chairman MILLER. So you were involved with his education, you were providing the education at home.

Ms. ROBINS. Yes, I am his mom, I am his first teacher.

Chairman MILLER. Right.

Ms. GOOD. He was too bright for the preschool program.

Chairman MILLER. He tested too well.

Ms. GOOD. Right. And so as a result, some mothers try to hold their children down so that they will test as poorly as possible so that they can get into the preschool program. It is a horror.

Chairman MILLER. But very often the HIPPY program is run in conjunction with the preschool program.

Ms. GOOD. Right, and we hope that it will.

Chairman MILLER. That would be the ordinary case.

Ms. GOOD. Right. And that is what we hope for the HIPPY program, that it will run in conjunction with the preschool classes and the mothers will also work with their children at the same time.

Chairman MILLER. I see.

Ms. GOOD. Giving them an added benefit.

Chairman MILLER. I am going to need the cooperation of the audience in terms of your conversations if everybody in the room is going to be able to——

Okay, I understand, I just was a little confused there.

Mr. Kabacoff, let me thank you for your testimony. I come from a state, the State of California, that was number one in support for its educational system a number of years ago and then we went through a series of governors, both Democratic and Republican, who somehow decided that education would be a place where you cut the budget and the university system was sort of a public whipping boy. And the state is now 47th or 48th in the nation, a tragic loss. But interestingly enough we are now told by almost all of our business leaders that if they are going to make any new reinvestment in California, a massive new infusion of education dollars has to take place in our state. We found we were losing businesses to North Carolina and to South Carolina, Tennessee and to other southern states where governors had made a decision about their university systems, about their elementary systems.

So it is interesting that while we always thought all of our competition was going to be coming from the Pacific rim we found out our competition was coming from those states that were making that kind of investment, that the companies were willing to move from one state to another, and that they were looking at the question of education. And when you read about the very, very difficult situation that this state is in with respect to revenues to provide education or any other services, you know, it is distressing. I am obviously not a legislator from Louisiana but to figure out how you get this system going again so that you can provide that work force that, as Mr. Holloway pointed out, by all indications is facing a shortage.

And if these are not the best educated kids in the nation, this nation is not going to do too terribly well in international competition.

Mr. KABACOFF. I will give you an alternative scenario. United States is a great country, we have very powerful industries and companies. We will assure that our companies continue in a viable way. If our people cannot fill those jobs, we will bring in foreign labor, qualified foreign labor, to serve those companies. The question then will become, in a number of years, if we do not put our money into our cities and into our urban poor and resurrect the strength there, as to whether democracy or marshal law will make more sense. In other words, we will have to evaluate our interest in security. Are we more concerned about our self-preservation and well-being than we are about democratic rights.

As you build a mass of uneducated people that are illiterate and out of the mainstream, they present a security risk. It is a very sad way to look at it, but I think the United States as a great country will maintain its industrial base, and we will have very serious problems in cities and in our country in terms of security if we do not invest in the quality of our children at those ages. So that is an alternative point of view.

I have heard the statistics that by year 2020 we will be 25 million laborers short of being able to compete world-wide. I think we will solve that in other ways. What happens to the quality of our life in our country as we do that.

Chairman MILLER. That was the subject of raging debate yesterday in the United States Senate where we started to change immigration laws to be based upon education, which is a new development for this country.

Mr. KABACOFF. Which way did they go?

Chairman MILLER. Well the bill passed, and there is constant discussion, certainly in our state, about importing labor. We passed an immigration bill to keep people out of this country, we now see the discussion as a question of whether or not we are going to bring people from Japan, from China, skilled professionals, and from Mexico. And that is—I think you are correct that that is starting to appear to some people to be an alternative to struggling with the serious problems that we have in this country. I would suggest, as you do, it is a very, very serious problem.

Mr. KABACOFF. But the solutions are there. We know what we need to do.

Chairman MILLER. Oh, there is no question about that.

Mr. KABACOFF. We know we need to do early childhood, we need to catch this mother before she gets pregnant, we need to discourage that with teen-agers, you need to make sure she goes and gets the pre-natal and post-natal care so you do not end up with a 30 percent low birth weight baby and the deficiencies there. You need to provide child care. Many of these mothers are not capable at 14 and 15 of providing child care. A little house and the family on the prairie is gone as a family environment in our city. You need to provide an adequate preschool. These are programs but when you spend $70 billion on the stealth bomber, which is our budget for Head Start for 70 years——

[Applause.]

Mr. KABACOFF [continuing]. We do not have our priorities in the right place. And I feel to some extent I may be preaching to the converted, but I want to make the point that——

Chairman MILLER. Well we still have some distance to go.

Mr. KABACOFF. Perhaps we do. But I suggest to you that we know the solutions, there are solutions, there is no need to waste our population in that way. It is not cost-effective, it does not make sense. I will argue that as strong as I can.

Chairman MILLER. Mrs. Boggs.

Mrs. BOGGS. Thank you very much, Mr. Chairman.

Ms. Robins, I am very proud of you and I would like to ask you about the aspect of the HIPPY program in which you have apparently participated, and that is that parents who are taught to teach their own children——

Ms. ROBINS. Yes.

Mrs. BOGGS [continuing]. Then become very interested in more learning opportunities for themselves. Is that correct?

Ms. ROBINS. Yes.

Mrs. BOGGS. And you have taken advantage of that opportunity.

Ms. ROBINS. Yes, I have.

Mrs. BOGGS. What is it that you are doing now?

Ms. ROBINS. Right now I am a parent tutor and in August I plan to enter into a prestigious university——

Ms. GOOD. Say Dillard University.

Ms. ROBINS [continuing]. Which is Dillard University. What it does, the program works along with the mother and the child, it is called quality time fun time. It deals with books, booklets, activity booklets, and the child and the mom spends about 15 to 20 minutes each day. We require that the parents read that story book every day because it will increase that child's vocabulary.

Mrs. BOGGS. I know that since you are now working part time that you have also had a difficulty in another direction and all the various kinds of organizations that we have, and I understand that your son has a disability?

Ms. ROBINS. Yes, he has scoliosis.

Mrs. BOGGS. And because you are working part time, you are no longer eligible for the AFDC or Medicaid?

Ms. ROBINS. Yes, that is one aspect of the program, which I am glad of because I did not want to get tied down into that syndrome. Dealing with AFDC does not allow you to really deal with a job because they always cut down. The more money you make the less benefits you get from the program. So I am very glad that I am off.

Mrs. BOGGS. Do you have any kind of health insurance?

Ms. ROBINS. None at this time, but in the future there will be.

Mrs. BOGGS. Good, thank you.

[Applause.]

Mrs. BOGGS. Pres, I am very proud of your testimony and I wholeheartedly endorse your endorsement of Dillard as a national center on the minority child.

Mr. KABACOFF. Great.

[Applause.]

Mrs. BOGGS. I would like to tell you about a couple of things that occurred this week. Mr. Miller has referred to the fact that the Appropriations Subcommittees and full Committee have been working

extraordinarily hard and in two of the bills that we have marked up now, that we have passed, one in the energy and water resources and one in HUD and the independent agencies, which include NASA and National Science Foundation, Veterans and so on, high research activities. Lou Stokes, Congressman Lou Stokes of Cleveland, who is my seat-mate on the committees, and I have put in amendments which have been passed recognizing the need to encourage our young people, to prepare them properly, encourage them into the areas of engineering, technology, science, which will prepare them and our country for the 21st century.

You know the children who entered school last year are going to enter the work force at the turn of the century, and that is something to think about. With the knowledge that by the year 2000, one-third of university and college students will be minority students, that we have to prepare these children to be able to take the kinds of courses that the work force is going to demand. And so in the two big-ticket items money-wise that passed these two committees; in energy, the super-collider and in HUD and the independent agencies, the space station; Lou and I were able to say that the participation of black—traditionally black, minority universities and colleges, and that among minorities and women, disadvantaged, that there should be at least ten percent wherever possible of all of the preparations, all of the procurement, all of the jobs are reserved for women and minorities.

We felt that was extraordinarily necessary in order to make certain that the black colleges and universities are able to train the young people in order to bring them into the kinds of jobs that our country is going to need so desperately.

It is wonderful to have the insight of a young and very, very valuable business person in our community. I do recognize it and I thank you very much.

[Applause.]

Mrs. BOGGS. Benny, I was so glad to hear about your bill because we were at Kingsley House this morning and we were told that one-third of the funding for all the programs that are there, and many of the programs themselves come from federal and state initiatives, a third comes from the United Way and the other third from private sources. The state programs are so essential to the holistic sort of approach that Kingsley House takes, in all the areas that you pointed out, and I know how tough it has been to get any monies from the state for programs, and I really do congratulate you on having the bill and on your interest.

You did mention, all of you, public housing and the problems. We have of course a fine member of our audience who wishes to address it. Also this week in the HUD and independent agencies bill, we did re-fund the pilot program in public housing to have day care centers especially for the people who would go out to get training and to get jobs, so that was financed again this week.

[Applause.]

Mrs. BOGGS. Thank all of you very much.

Chairman. MILLER. Mr. Holloway.

Mr. HOLLOWAY. Pres, you mentioned that early comprehensive intervention is the most cost-efficient means of breaking the pover-

ty cycle. Does the cost effectiveness vary according to who funds and implements the intervention?

Mr. KABACOFF. No.

Mr. HOLLOWAY. It does not vary if it is locally funded, state funded or federally funded? You still feel it is——

Mr. KABACOFF. If you have sufficient dollars—it is an area—you know the phrase "we do not want to throw money at things" applies to an awful lot of areas. But as I said, in the Head Start program which only serves really one out of five right now—the federal government supports that—teachers are paid only $7000. It is such an informative period of a child's life you need a qualified, early childhood trained teacher there. And so there are costs associated with these programs. Unfortunately—

Mr. HOLLOWAY. At that point let me stop you and ask you what do you estimate the cost to be?

Mr. KABACOFF. I would estimate the cost to be—I know 15 years ago—Lindy will correct me if I am wrong—there was an $11 billion day care bill and early childhood bill proposed to Congress, which passed, and was vetoed by President Nixon. What has inflation been since 1965–1966, that means $11 billion——

Mr. HOLLOWAY. It has not been too bad since 1980, but it was very bad before that.

Mr. KABACOFF. But you are talking about $11 billion at that time equating to $30 billion today. I would suggest that you are talking about a multi-billion dollar program to intervene comprehensively in early, but it will pay off. The Committee for Economic Development, which is a series of heads of Exxon and head of Procter & Gamble quote to me in the statistics that I have read that for every dollar you spend on a preschool program, you are going to save $4.75 in remedial education, the cost of incarceration, which in our parish is some $29,000 a year for a person, we have to pay to put them in jail. Or just the loss of an earning taxpayer, the loss of that person from our—that is what is happening to our community. We do not have a sufficient number of people that are producing effectively, in a cost-effective way. That is why we have to rely on oil and gas and other industries.

So my point is, we will not be able to afford an Orleans Parish to touch this basis. Private business, as hard as they try in public/private partnerships cannot accomplish this task. They can beat the drum, they can recognize the needs, but in my estimation the federal government is going to have to step up to the plate in this way in a major way. We perhaps disagree on that point, but that is my view of the solution. The states will have to do their part, the cities where they can. Orleans is going to be facing a $30 million additional shortfall this year, we will be cutting police and fire and obviously we have cut NORD, we have taken our summer programs for our children—the only athletic opportunity they have in the city is now taken away from our inner-city children because we just do not have the money. It is a tough town.

So perhaps I am speaking from a worse point of view than other people, but in other cities it is happening as well.

Mr. HOLLOWAY. Well let me back up to say that I agree with you. I think Head Start is a great program and very likely we are going

to implement additional money for it in our bill before we have a vote on it if it comes up.

Mr. KABACOFF. Great.

Mr. HOLLOWAY. But I think sometimes we get confused on what is the need of Head Start, what is the need of child care, what groups are we trying to address, are we trying to do it for everyone or are we trying to do it for the people who need it.

In the federal government, we talk about defense, that is our job, we have to defend this country or we will not be free. I agree with the spending for this purpose. We have to keep the levels and do it as cheaply as we can. But I feel that we get confused sometimes on who should qualify for programs, who can do it on their own. Day care and Head Start are two totally different programs and should be kept separately. We should never pass a program which confuses the difference between Head Start and child care, between those who need help and those who do not.

Mr. KABACOFF. Let me suggest to you—and I think you are absolutely correct, we do confuse it. Intervening early and comprehensively means that you start from minus nine months and try to eliminate a teen-age pregnancy in all the ways that you can do that. Then make sure that that parent gets involved and is taught how to parent. That parent is the most important person you have got when you child is one year old, that needs to know when to take the child to go get proper health care, when to get their teeth straight and those things.

Then you have to have your day care. When you have a working mother, a tax incentive works. In our area, with many poor, many poor are not able to work, not even able to find jobs and fundamentally are also, because of their youth not capable of giving to their child what is necessary, so in that area subsidies are necessary in my view. Tax incentives and credits are necessary to encourage working mothers or people trying to find a job to be able to find some place for their child and that works in that area.

Head Start is a program which happens at three and four year old age and they are all different components, but without a comprehensive package—and I would contend to you that it decreases in importance from birth to five on up in years. The most important time is right there at birth. If you do not have the right prenatal attention, you are going to come out low birth weight and you are 30 percent off the mark, you start off with a tree that is only going to grow this high no matter what you do.

And so you need a comprehensive package, and unfortunately we cannot afford it all in New Orleans, so we are looking for some help.

Mr. HOLLOWAY. I will try to be as brief as I can, Senator Bagert, how about giving us an update on your bill, on the teen pregnancies. Have there been any grants given out at this point?

Senator BAGERT. Thank you for your interest, Congressman Holloway. The teen pregnancy bill is very new, the ink on it has just dried. The Governor signed it last week, we enacted it the week before. The State of Louisiana did not fund the bill this year, we had a difficult enough time getting it passed, but we did provide that the Commission could receive grants, both from private foundations and from federal sources, and we do not yet have any fund-

ing of course because we have just completed the enactment of the bill.

Mr. HOLLOWAY. I could not agree with you more than when you stated that only human contact can meet human needs. I think that hits at the heart of my own philosophy and the fact that if we are going to empower families, we have to let them make their own choices or make some of their own choices.

Senator BAGERT. Congressman, let me call something to your attention, which I think we should all consider as the backdrop against which this debate over child care is staged. I think we all agree that we want to make sure that children are adequately provided for. The question for debate is what is the proper means. But one of the troubling things that has set the stage for the problem which gives rise to the debate is a very disturbing social trend which has occurred in this country gradually and imperceptibly over the last few years.

Let me read for a moment from an article by the American Enterprise Institute by Carl Zinsmeister. The disturbing social trend that he refers to is the rapidly rising tax burden on families with children. "It is a remarkable but little appreciated fact that in the early decades after World War II middle class families with children were almost entirely exempt from federal income tax. A married couple with a median income, two kids and average deductions, paid just nine dollars in federal income tax in 1948. What a change that is from today. Families with median income and two children pay lots in federal income taxes these days. Indeed, working wives are earning 28 percent of total family income these days. That is just about the size of the average family's total federal tax bill. In other words, the wife is working just to pay off Uncle Sam, no more." It is a disturbing trend and I hope that we take note of it.

Mr. HOLLOWAY. Thank you. I have no further questions, Mr. Chairman.

Chairman. MILLER. Let me just reserve a position, as my own personal position as Chairman of this Committee, that we would be fooling this audience and we would be fooling ourselves if we think for a minute we are going to have any substantial positive impact on the problems that we have just talked about here in the last half hour without major, major, major new federal funding. It is not going to happen.

[Applause.]

Chairman MILLER. And we have listened for the last decade to people suggesting that somehow the federal government should back out of these fields, the federal government has crowded out foundations or well-meaning people or charities and that it would all be taken care of. In that decade all of the negative figures with respect to our children have gotten worse and what the foundations have told us, what the corporations have told us, what the non-profits have told us, what the charities have told us, is that in fact they cannot do the job. So if we are going to continue to live a fiction that somehow we can have child care and somehow we can have healthy pregnancies and somehow we can have educated children and we can do it without spending money, all we are going to

be doing is continuing to count the casualties. We are going to have them and they are going to continue to mount up.

[Applause.]

Chairman MILLER. This is not about applause. I just think we had better come to grips with it. This is not 1948 and you are not going to pay nine dollars in taxes, and if we all paid nine dollars in taxes, not only would the federal government go down the tubes, but so would the rest of this country. This is a much grander country today than it was in 1948 and a lot of that happened through public programs, whether it is universities or the space program or the military program or the highway program or what-have-you. You got something for your money. You may not have gotten as much as I would like or Congressman Holloway or Congresswoman Boggs or anybody else would like, but the fact of the matter is we had better think about what it means to invest in this country and what it means to invest in the children of this country.

And if we are going to do it on the cheap, we will all have this conference, the 25th Annual Dillard Conference on Children, and the problems will be the same. The numbers will change, and that is what we had better understand. It is simply a fiction when you look at the numbers, of the millions of children that are unserved today after eight years of cutting back the eligibility, after eight years of cutting the budget, and serving no new children. Do not let a new eligible—do not expand a single eligibility category, and you have millions of children, millions, not 200 at Kingsley House, but millions of children across this country that cannot get into that program. We have thousands and hundreds of thousands of pregnant women that in all likelihood are going to have a damaged baby at the time of birth because they cannot get onto a program they are already eligible for. It is the same eligibility as in 1980 after the big cuts in eligibility. They are already eligible. There is no foundation money that is going to make that up. There is no amount of private charity, it just is not going to work that way.

And I think we have to be very careful when we talk about what we want for our children and when we tell you what it is going to cost. And I have been a very strong supporter of what we call and what is now almost the law in Congress, and that is pay-as-you-go, Gramm-Rudman. I am willing to choose those priorities. I would take that stealth bomber, put it back in the hangar and take the program and do something else with it. Or raise your taxes.

We have a three-alarm fire going in this country with our children and it does not matter if they are suburban, it does not matter if they are black or if they are white. All of our children are suffering a denial of opportunities because we have not had the courage to invest in them the way our parents invested in us, the way the generation that went before me invested in me, the way I hope to be able to invest in my children. Somehow the next generation is suggesting we do not have to do it for all children—we do, they are our children.

That is enough.

[Applause.]

Mr. HOLLOWAY. Well I think where we want to get is the same, I just think and I feel as the person I am—that the federal government cannot solve the problem. It is much deeper and it goes much

farther than back to the breakup of the family. It has to do with where we have gone as a country. It goes much deeper than trying to fund it with federal dollars. You know, if that was the total answer, I would be willing to vote for new taxes tomorrow, to solve the problem. I do not believe that is the sole answer to our problem.

Chairman MILLER. I could not agree with you more, the federal government cannot solve this problem, but you cannot solve it without the federal government.

Mr. HOLLOWAY. Well I disagree.

[Applause.]

Chairman MILLER. Thank you very much for your testimony. You obviously got a spirited debate going here already. We are using up other people's time, and we came here to listen.

The next panel will be made up of Linetta Gilbert, who is the Director of Social Services at the Housing Authority of New Orleans; Pearlie Elloie who is the Director of the Office for Children, Youth and Families in New Orleans; Herbert Eddington—Dr. Herbert Eddington, who is a former Chairman of the Board of Pardons, State of Louisiana, former Board member of the NAACP, New Orleans and Barbara Emelle, who is an Instructional Specialist, New Orleans Public Schools and Nancy Alexander, who is the Executive Director for Child Care Services, Inc. of Northwest Louisiana.

Welcome to the Committee. As you can see, our interest in this is passionate, our concern for our children.

Ms. Gilbert, we are going to start with you and again, all of your written testimony and your documents will be made a part of the record of this hearing and you proceed in the manner in which you are most comfortable. Welcome.

STATEMENT OF LINETTA J. GILBERT, DIRECTOR, SOCIAL SERVICES, HOUSING AUTHORITY OF NEW ORLEANS AND PRESIDENT, LOUISIANA ASSOCIATION FOR THE EDUCATION OF YOUNG CHILDREN, NEW ORLEANS, LA

Ms. GILBERT. Good morning and welcome to New Orleans, Louisiana, the dream state and the city where we plan to make dreams come true for all our citizens. I am Linetta Jones Gilbert, employed as the Director of Social Services for the Housing Authority of New Orleans, and as a private citizen I serve as the President of the Louisiana Association for the Education of Young Children. For the past 19 years, I have committed myself to developing, advocating and implementing quality programs for young children and their families at the national, state and local levels.

Thank you for the opportunity of addressing this august body. It is my hope that the information presented here will cause some changes to be made in the way that national, state and local policies are developed and programs are implemented for black and minority children and their families. My deepest regrets lie in the fact that these hearings were not scheduled for two or three days and that they cannot be televised. As you have heard and will hear, Louisiana and New Orleans face cataclysmic challenges at a time of receding resources. No doubt we present a macrocosmic

view of the impact of poverty within a major American city. This picture can well be seen in many other locations.

My testimony today will cover an economic overview of the City of New Orleans and the State of Louisiana; information regarding the impact of housing on black children and their families and some information on developmental and safety needs of young black children in child care. A study conducted by the Urban Decision Systems in 1986 revealed that almost half of the City's households had an income of $15,000 or less and 91 percent of those households had an income of less than $10,000.

A more recent study completed by the New Orleans Council for Young Children in Need gives yet another view. In New Orleans today approximately 45 percent of all households are at or below poverty level and national data still lists our city as having the highest unemployment rate in the nation.

In the poorer areas of our city, incomes reflect welfare assistance, social security, disability and retirement benefits as sources of income. Within the public housing units in New Orleans, approximately 35 percent of all heads of households are employed and the remaining 60 to 65 percent of heads of households are receiving some form of public income subsidy.

Please note that the women and children on welfare in Louisiana receive income which equals 24 to 26 percent of the federal poverty level.

The work force of the city consists of state and city employees, service and hospitality employees, small business efforts and nonprofit agencies and organizations supported by governmental or foundation grants.

The main basis of jobs here is no longer oil or its by-products, but is quickly shifting to tourism. While most of our workers begin entry level jobs at minimum wage, many of our employers offer limited or no fringe benefits for workers. Often adult workers are hired to work part time up to 35 hours a week, thereby exempting the employer from providing employee benefits. While this permits more persons to be employed, it limits the amount of social, health protection; that is, private pensions, group health plans and disability insurance, for individuals and families. According to a recently published document by the Ford Foundation entitled "The Common Good—Social Welfare and the American Future", approximately two million Americans work full time all year while remaining below the official poverty line.

Many New Orleanians and other Louisianians are living testimonies to these findings.

Let me say at this time that the economic status of this city is only an indication of the lack of jobs provided by others—private industry and public agencies. However, the real economic tragedy is the inability for many people to use their innate abilities to establish small businesses or cottage industries. This is directly related to the complex and convoluted process of meeting eligibility criteria through existing systems. These systems have traditionally and currently excluded poor and minority business ventures.

Another tragedy is the prominent role which racism plays in the educational preparation, training, recruitment, selection, hiring and job retention of black people in New Orleans. Studies conduct-

ed during the last two years in the public school system of Orleans Parish speak to the need for restructuring the parish public schools from top to bottom. The goal—to better prepare our young children for future employment, education and/or business opportunities.

Let me just say here that, Mr. Miller, when you mentioned what Congress was busy doing this week, I became infuriated. If you are talking about importing labor, let me tell you what you are saying to the black and minority communities of this country; you are saying that our culture, our heritage, our fine upbringing, those that produce fine black families, indigenous skilled people, great educators, great American scientists and inventors, great mathematicians, writers, teachers, musicians, political leaders, medical doctors, nurses, researchers, social policy people—that none of those people are important enough to continue to grow and learn. That is a heck of a statement and it is very insulting. It is unconscionable that the American Congress is considering it.

[Applause.]

Ms. GILBERT. What happens—what happens to a dream deferred? Does it dry up like a raisin in the sun or fester like a sore and then run? Does it stink like rotten meat or crust and sugar over like syrupy sweet? Maybe it just sags like a heavy load, or does it explode?

Housing in New Orleans has been called a crisis and a tragedy, but has yet to be called a comprehensive plan.

In our city a study was conducted by the League of Women Voters and published in 1989, this year, and it profiled our housing situation in this manner:

thirty to fifty thousand of the 229,000 housing units in New Orleans are substandard;

only 33 percent of the substandard units are worth rehabilitating;

3500 units do not have plumbing;

72,000 households are believed to need help to cope with housing costs;

nearly 16,000 substandard units are occupied by lower income households.

Public housing managed by HANO, the Housing Authority of New Orleans, provides low-rent housing for approximately 50,000-60,000 people. HANO is the sixth largest housing authority in the nation and was one of the first to be chartered in the nation. While HANO has received modernization monies for all of its conventional developments over the years except Iberville, during the past years, now major renovations are greatly needed to improve and sustain the housing stock.

Specifically management practices and policies, locally and federally, over the years have permitted the deterioration of roofs and ceilings and floors; densely populated developments with highly unsanitary conditions, encouraging rodents and other vermin; non-waterproofed buildings causing mildewing and mold collection; calcification of water pipes and old plumbing fixtures; poor and no property maintenance and abusive use of apartments by tenants; political interference with the selection of tenants and the eviction of undesirable tenants, and the removal of procedures and personnel to ensure security in all of our developments.

What does all this mean for the children, young, poor and black in New Orleans? It means that our children are being adversely affected by poor housing conditions.

A study conducted in Edinburgh, England and published in May 1987 documents the fact that low-income children living in damp, molding houses were affected physically and emotionally. They had higher rates of respiratory symptoms unrelated to smoking and higher rates of symptoms of infections and stress. The study revealed inordinately high scores among these children related to problems with sleep, energy, pain, physical mobility, emotional reactions and social support.

"Preventing the New Morbidity", a paper developed by the President's Committee on Mental Retardation and published last year says that "Children born and reared in poverty are especially vulnerable to multiple causes of mental retardation." This paper goes on to say, "It would be a serious miscalculation to assume that socio-cultural and economic variables are implicit only with respect to mild retardation; in fact, poverty and related circumstances engender a much greater risk of severe retardation along with increase incidents of other health and mental disabilities." The writers conclude "We must focus our attention primarily on prevention methods that relate to socio-economic conditions."

Large numbers of Louisiana's children continue to be born underweight, ill or face death within the first nine months of life. Infant mortality rates are twice as high for blacks as whites in this state. Large numbers of infant deaths occur among young black mothers who are poor.

All of the previous testimony that I have given helps to define "at risk". Young black children in Louisiana are at risk of living in families with too little or no earned income; receiving little, poor or no health services. They are at risk of having parents who remain poor because of low salaries. They are at risk of being away from their parents while their parents work two to three jobs to "make ends meet". They are at risk of being relegated to substandard housing and/or being evicted because the family cannot afford to pay the rent. They are at risk of becoming handicapped or suffering symptoms of poor health and mental health directly connected to poor housing conditions and they are at risk of dropping out of school. They are at risk of not enjoying a stable family life because public policies will not allow for that, it will not allow for an unemployed father to live in the household while the family receives welfare. They will not allow for free or low-cost health care for men 18 to 64 years of age except at one location in this city. They will not allow for adequate varieties of employment so that male and female heads of households can provide for their families needs; and finally, they—our children—are at risk of death, literally and figuratively, physically and emotionally, cognitively and spiritually.

A report released earlier this year suggests that current child care and early education services in Orleans Parish which include five year old kindergartens, limited state and federal support which come together to provide pre-kindergarten programs for four year olds, private for profit center, private not-for-profit centers

and Head Start only meet the needs for 40 percent of the children in need in our parish.

Public housing in New Orleans has approximately 10,000 residents between the ages of zero and five. Child care services are available and affordable for only approximately 30 percent of these children. In one of our developments, there exists a high rate of illiteracy among young female heads of household. There are nearly 650 children between the ages of zero to five years old and one—I repeat—one Head Start program which only accommodates 36 children. This same development has some private for-profit providers of child care who are unable to accept neighborhood children because the parents cannot afford the fees. Some such providers who have been in the black community for 15 to 25 years giving quality care are finding it difficult to survive during this economic time without state sponsored child care slots or adequate numbers of fee paying clients.

Family day care, a legitimate method of providing child care to small groups of children in the home have been difficult to sustain in New Orleans, with no subsidy and diminishing numbers of employed parents. Most identifiable family day care in the city and state is connected to networks or sponsoring agencies that offer training, technical assistance, monitoring and referral agencies.

So who is taking care of the children in New Orleans and Louisiana? The answers are many:

Adults, 19 to 60 plus years of age who have worked with young children for between five to 20 years.

Adults, some of whom have some formal training or credentialing or certification in the field of education or early education, and that is approximately 30 percent.

Others, approximately 60 percent, who have had informal training or non-degree courses at a college or vocational institution. Approximately 10 percent of the workers have on-the-job training only.

Although it is difficult to establish a data base, it is speculated that most child care staff in this area earn approximately $6000 to $8000 per year. Few, only those associated with public agencies, have health care or disability benefits. Only one local four-year university offers affordable education in Early Childhood Education towards a baccalaureate. There is also a program at the bachelor's degree level and the graduate level in Special Ed and there are numerous certificate training programs in the area vocational education and the associate degree program at Delgado. And I am pleased to say that our newly revised state licensing standards will require 12 hours of training annually for child care staff and for administrators or directors of programs.

The bottom line is that child care and early education will not solve the problems cited in the earlier part of this paper, but it will do, as the authors of the book "Changed Lives" indicate. It will "give young children in need a firmer foundation on which to mature and prosper, an edge in opportunity and performance. It is part of the solution, not the whole solution."

Twenty plus years of study and programming for young children have resulted in one consistent finding—early intervention in the

lives of young children has a direct and positive impact on the lives of children and families.

Child development systems are supportive systems—I will say that again—child development systems are supportive systems which enhance the ability of the family to carry on regular daily activities while young children receive quality supervision, care, nurturing and encouragement for learning. Child care and early childhood services may be provided in a variety of settings, but must be offered by those who know and understand children and for whom the child or children in their care is their primary interest.

In the State of Louisiana, you have the statistics about our vendor care on your fact sheet, so I will not go through that, but I do want to say that even though we list the numbers of people on the waiting list, what we do not say is that there are numbers of people who call the state office daily or who refuse to call because they know the impossibility of receiving care.

Let me just summarize——

Chairman MILLER. I hate to do this but I am going to have to ask you if you can wrap this up so we can make sure we have time for the other witnesses.

Ms. GILBERT. I just want to summarize by saying that we need a plan—you are right, this is crisis intervention at its finest now. We have reached a problem of epidemic proportions and so I am recommending that we develop a plan that will require black and minority families to take responsibility for their children but will give them the means to do it. That will provide jobs and training and allow them to work in industries that revitalize their neighborhoods and their children's lives and that will train them for technology, that will create job opportunities, that will provide jobs with adequate salaries and that will also focus on developing again personnel who are willing to work in our city schools, men especially.

The rest of it can be read and I thank you for your time.

Chairman MILLER. Thank you very much, Ms. Gilbert.

Ms. Elloie.

[Applause.]

[Prepared statement of Linetta Gilbert follows:]

PREPARED STATEMENT OF LINETTA J. GILBERT, DIRECTOR OF SOCIAL SERVICES, HOUSING AUTHORITY OF NEW ORLEANS, NEW ORLEANS, LA

July 10, 1989

Good morning, and welcome to New Orleans, Louisiana--the "dream state" and the city where we plan to make dreams come true for all our citizens. I am Linetta Jones Gilbert, employed as the Director of Social Services for the Housing Authority of New Orleans (HANO), and as a private citizen I serve as the President of the Louisiana Association for the Education of Young Children (LAEYC). For the past nineteen (19) years I have committed myself to developing, advocating and implementing quality programs for young children and their families at the national, state, and local levels.

Thank you for the opportunity of addressing this august body. It is my hope that the information presented here will cause some changes to be made in the way that national, state and local policies are developed and programs are implemented for Black and minority children and their families. My deepest regrets lie in the fact that these hearings were not scheduled for two or three (2-3) days and that they will not be televised. As you have heard and will hear, Louisiana and New Orleans face cataclysmic challenges at a time of receding resources. No doubt we represent a macrocosmic view of the impact of poverty within a major American city. A picture which probably can be easily viewed in many other locations.

My testimony will include the following information:

- an economic overview of the City of New Orleans and the State of Louisiana;
- information regarding the impact of housing on Black children and their families; and
- some information on the developmental and safety needs of young black children in child care.

A study conducted by the Data Analysis Unit of the City of New Orleans in 1986 indicated that the population of the City of New Orleans was approximately 564,000 people. The study further delineated the population in this way:

- 15.36% of the New Orleans families were headed by females;
- The average household income was $21,283.00;
- 26.18% were below the poverty level;
- 17.67% of the families had jobless heads of households;
- 39.52% of housing units were owner occupied.

A study conducted by Urban Decision Systems (1986) - Los Angeles revealed that almost half of the City's households had an income of $15,000 or less; and 91% of these households had an income of less than $10,000.

A more recent study completed by the New Orleans Council for Young Children in Need (1988) gives yet another picture. In New Orleans today approximately:

- 45% of all households are at or below poverty level; and
- national data still lists our City as having the highest unemployment rate in the nation (approximately 13%).

In the poorer areas of the City, incomes reflect welfare assistance, social security, disability and retirement benefits as sources of income. Within the public housing units in New Orleans, approximately 35% of all heads of households are employed and the remaining 60-65% of heads of households are receiving some form of public income subsidy.

Please note that women and children on welfare in Louisiana receive income which equals 26% of the federal poverty level.

The workforce of the City consists of:

- State and City employees;
- service and hospitality employees;
- small businesses efforts; and

- non-profit agencies and organizations supported by governmental or foundation grants.

The main basis of jobs is no longer oil and its by-products, but is quickly shifting to tourism. While most of our workers begin entry level jobs at minimum wage, many of our employers offer limited or no fringe benefits for workers. Often adult workers are hired to work "part-time" up to 35 hours thereby exempting the employer from providing employee benefits. While this permits more persons to be employed, it limits the amount of social/health protection (i.e., private pensions, group health plans and/or disability insurance) for individuals and families. According to the recently published document by the Ford Foundation entitled The Common Good - Social Welfare and the American Future:

- "approximately 2 million Americans work full-time all year while remaining below the official poverty line."

Many New Orleanians and other Louisianians are living testimonies to these findings.

Let me say at this time, that the economic status of the City is only an indication of the lack of jobs provided by others--private industries/public agencies. However, a real economic tragedy economically, is the inability for many people to use their innate abilities to establish small businesses or cottage industries. This is directly related to the complex, convoluted process of meeting eligibility criteria through the existing systems. These traditionally, and currently, exclude poor and minority business ventures.

Another tragedy is the prominent role which racism plays in the educational preparation, training, recruitment, selection, hiring and job retention of Black people in New Orleans. Studies conducted during the last two years by the Orleans Parish School Board:

- Drop Out Prevention Task Force Report;
- Educating Black Male Youth: A Moral and Civic Imperative;

speak of the need for restructuring the parish public schools from top to bottom. The goal--to better prepare our young children for future employment, education and/or business opportunities.

"What happens to a dream deferred?
Does it dry up
Like a raisin in the sun?
Or fester like a sore--
And then run?
Does it stink like rotten meat
Or crust and sugar over--
Like syrupy sweet?
Maybe it just sags
Like a heavy load
or does it explode?"

Langston Hughes

Housing in New Orleans has been called a crisis, a tragedy, but has yet to be labeled a comprehensive plan.

A study conducted in our city by the League of Women Voters and published in 1988 profiled the situation in the following manner:

- 30,000 - 50,000 of 229,000 housing units in New Orleans are substandard;
- only 33% of the substandard units are worth rehabilitating;
- 3,500 units do not have plumbing;
- 72,000 households are believed to need help to cope with housing costs;
- Nearly 16,000 substandard units are occupied by lower income households.

Public housing managed by HANO provides low-rent housing for approximately 50,000 - 60,000 people. HANO is the sixth largest housing authority in the nation and was one of the first chartered housing authorities in the nation. While HANO has received modernization monies for all of the conventional developments except the Iberville Development, during the past years, major renovations are greatly needed to improve and sustain the housing stock.

Specifically, management practices and policies, locally and federally, over the years, have permitted:

- the deterioration of roofs, ceilings and floors;
- densely populated developments with highly unsanitary conditions--encouraging rodents and other vermin;
- non-waterproofed buildings causing mildewing and mold collection;
- calcification of water pipes and old plumbing fixtures;
- poor/no property maintenance and abusive use of the apartments.

What does all of this mean for young, poor Black children in New Orleans? It means that our children are being adversely affected by poor housing conditions.

- A study conducted in Edinburgh, England and published in May 1987 documents the fact that low income children living in damp, molding houses were affected physically and emotionally. They had higher rates of respiratory symptoms (unrelated to smoking) and higher rates of symptoms of infections and stress. The study revealed inordinately high scores among these children related to problems with sleep, energy, pain, physical mobility, emotional reactions and social support.

- "Preventing the New Morbidity", a paper developed by the President's Committee on Mental Retardation, published February 1988 indicates that:

> "Children born and reared in poverty are especially vulnerable to multiple causes of mental retardation." The paper goes on to say, "It would be a serious miscalculation to assume that socio-cultural and economic variables are implicit only with respect to mild retardation; in fact, poverty and related circumstances engender a much greater risk of severe retardation, along with increased incidents of other health and mental disabilities.

The writers conclude:

> "We must focus our attention primarily on prevention methods that relate to socio-economical conditions."

Large numbers of Louisiana's children continue to be born underweight, ill or face death within the first nine months of life. Infant mortality rates are twice as high for Blacks as whites in this state. Large numbers of the infant deaths occur among young Black mothers who are poor.

All of the previous testimony help to define "at risk". Young Black children in Louisiana are at risk of:

- living in families with little or no earned income;
- receiving little, poor or no health services;
- having parents who remain poor because of low salaries;
- being away from their parents while parents work 2-3 jobs to make "ends meet";
- being relegated to substandard housing and/or being evicted because the family can't afford the rent;
- becoming handicapped or suffering symptoms of poor health and mental health directly connected to the poor housing conditions;

- dropping out of school;
- not enjoying a stable family life because of public policies which don't allow for:
  - an unemployed father to live in the household while the family receives welfare;
  - free or low cost health care for men 18-64 years of age except at one location in the City;
  - adequate varieties of employment so that male and female heads of households can provide for their family's needs; and, finally;
- death--literally and figuratively; physically and emotionally; cognitively and spiritually.

A report released early this year suggests current child care/early education services in Orleans Parish including:

- 5 year old Kindergartens;
- limited state/federal support pre-Kindergarten programs for 4 year olds;
- private for profit centers;
- private not for profit centers; and
- Head Start;

meet the needs for only 40% of the children in need.

Public housing in New Orleans has approximately 10,000 residents between the ages of 0-5 years of age. Child care services are available/affordable for approximately 30% of these children. In one of our developments there exists a high rate of illiteracy among young female-heads of households. There are nearly 650 children between 0-5 years old and one Head Start program which only accommodates 36 children. This same development has some private-for-profit providers of child care who are unable to accept the neighborhood children because the parents cannot pay the fees. Some such providers who have been in the Black community for 15-25 years giving quality care are finding it difficult to survive during this economic time (i.e, without

state sponsored child care slots or adequate numbers of fee paying clients).

Family day care, a legitimate method of providing child care to small groups of children in the home has been difficult to sustain in New Orleans with no subsidy and diminishing numbers of employed parents. Most identifiable family day care in the City and State are connected to networks or sponsoring agencies that offer training, technical assistance, monitoring and referral services.

"Who's taking care of the children?" is a question often asked. In Louisiana, the answers are many:

- adults 19-60+ who have worked with young children for between 5-20 years;
- some (less than 30%) who have formal training/credentialing or certification in the field of education;
- others (approximately 60%) who have had informal training or non-degree courses at a college or vocational education school;
- approximately 10% with on-the-job training only.
- although it is difficult to establish the data base for this, it is speculated that most child care staff earn approximately $6,000-8,000 per year;
- few, only those associated with public agencies, have health care or disability benefits.
- only one local 4-year university offers affordable education in Early Childhood Education (UNO) towards a Baccalaureate. There is also a program at the Bachelor's and the graduate level in Special Education;
- there are numerous certificate training programs in the area vocational-education schools and an Associate Degree program at Delgado;

- newly revised state licensing standards will require 12 hours of training annually for child care staff and for administrators or directors of programs.

The bottom line is that child care/early education will not solve the problems cited in the earlier part of this paper, but it will as the authors of the book, Changed Lives indicate:

> "give young children in need a firmer foundation on which to mature and prosper--an edge in opportunity and performance. It is part of the solution, not the whole solution." (p. 115)

Twenty plus years of study and programming for young children have resulted in one consistent finding--

Early intervention in the lives of young children has a direct positive impact on the lives of the children and the family.

Child development systems are supportive systems which enhance the ability of the family to carry on regular daily activities while young children receive quality supervision, care, nuturing and encouragement for learning. Child care or early childhood services may be provided in a variety of settings, but must be offered by those who know and understand children and for whom the child or children in their care is their primary interest.

In the state of Louisiana, vendor day care services (those paid for by the State for parents who are employed or in training or who are abusive) have dwindled consistently from 8,915 slots to 3,829. Currently, there is a waiting list of approximately 9,400 families state-wide and 6,000 of those names are residents of New Orleans. Even these numbers do not accurately reflect the need. Too many parents who need the service are told of the "impossibility" of getting it, and they do not call to be placed on the list. Affordable and good child care is essential to

enabling mothers the chance to seek work or participate in training.

Recommendations

As I see it, I must share with this committee some recommendations to contend with these problems. These recommendations indicate shared responsibilities among families, government and business.

The State of Louisiana and the City of New Orleans face a crisis in the provision for the well-being of its Black children and families. Albeit, this crisis is one which has evolved over several years and it has now reached epidemic proportions. A plan to provide crisis intervention and resolution must be formulated. The plan must:

1. require Black families to take responsibility for their families and give them the means to do it by:
    a. providing jobs and training to allow work in industries which will revitalize homes, neighborhoods and social service systems which will prepare them to remain employed in agencies using new technology;
    b. creating new job opportunities through imaginative economic development to help families recapture self-respect and become self-sufficient;
    c. providing adequate jobs with salaries and benefits which will allow families to care for themselves.
    d. providing intensified programs in urban schools for children and adults;
    e. providing special scholarships/fellowships to encourage more Black male teachers; and

f. providing better salaries for teachers who work in schools in Black community.

2. assist families in acquiring adequate, affordable housing. Homeownership opportunities and policies which govern costs for private sector rentals must be given close attention.

3. provide for a high visibility Tactical Team defined by local community and government and recruited and funded by the federal government. This team would be assigned to help Louisianians rebuild Louisiana. The team should be comprised of technicians with abilities in human service, economics, business and housing. They should be assigned to work in specific locations within the State for five years. This team should have direct access to key governmental leaders as well as grassroots community people.

Federal dollars must be made available for early childhood services. A funded program which will allow for parental education about quality child care; resource and referral systems for parents; various types of child care delivery systems; that will pay up front so that "poor" parents can afford to pay for care and not have to choose between paying child care or paying the rent; that allows for a state to develop adequate child care training programs and regulatory functions.

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STATEMENT OF PEARLIE H. ELLOIE, DIRECTOR, OFFICE FOR CHILDREN, YOUTH, AND FAMILIES, TOTAL COMMUNITY ACTION, INC., NEW ORLEANS, LA

Ms. ELLOIE. To Congressman George Miller, Chairman of the Select Committee on Children, Youth and Families and other members of the Committee, let me express my appreciation for the opportunity to appear before you. And I would like to publicly extend my deepest appreciation to Congresswoman Lindy Boggs whose work in the Congress has made such a tremendous difference in the lives of children and their families, not only in the Second Congressional District, but throughout the State of Louisiana and throughout the nation.

I am Pearlie Hardin Elloie, Director of Total Community Action's Office for Children, Youth and Families, which is the Head Start program. TCA, as we are more commonly known here in the City of New Orleans, is the local officially designated community services/community action agency. As I said before, my primary job with the agency is to direct its Head Start program.

From the summer of 1965 through the end of this month, over 7500 four and five year old children will have received the benefits of an eight-week summer Head Start experience, and more than 14,000 three, four and five year old children will have received the benefits of a comprehensive, full year, full day Head Start program. Over these many years administrators, staff, parents and policy councils have planned programs to meet the needs of children and their families. We have planned and implemented developmentally appropriate curricula, detected physical and emotional abnormalities through health screening and secured needed treatment. We have secured eye glasses, hearing aids, wheelchairs and other medical appliances for children. We have provided children with nutritious meals, preventive and restorative dental care and shoes and clothing when needed. We have taken field trips to the zoo, the airport, city hall, and to other places beyond their depressed neighborhoods. We have provided guidance, direction and support to parents. We have nurtured leaders among parent groups, exposed them to the broader community, provided opportunity for volunteer service, job training and jobs. Our families have truly been our partners.

Our partners, however, are in trouble. Poor and minority families are besieged with multiple problems. These problems tax the emotional energy of our families, leaving them victims of society's either inability or unwillingness to resolve the inequities of life among American families. The extent and complexity of these problems render our families unable to grow into cohesive, self-sufficient units. The problems of alcoholism and substance abuse, inadequate and substandard housing, inadequate health care, especially mental health care, insufficient number of quality child care slots, the feminization of poverty and the lack of opportunity to attain economic self-sufficiency have contributed to the growing erosion of the family unit.

Of the 992 families enrolled in our Head Start program, 890 are headed by a single parent, usually female, although we are seeing a growing number of households headed by single fathers. We are

also experiencing increasing numbers of young children being cared for by grandmothers. Many of these children have been abandoned by their substance-abusing mothers. These families present unique challenges to Head Start and other helping professions, not only in terms of how it affects the child's development but its impact on the family unit and on the wider community.

The widespread use of drugs has created a subculture of violence, crime and family and individual breakdown that has pervaded every segment of our society, especially the poor and minority community. It is a problem that must be attacked head-on and with a real commitment to ending the scourge of drugs in our community. The magnitude of this problem demands immediate action from all of us, for each of us has a role to play.

Governmental units must allocate funds for research, drug prevention initiatives and drug treatment programs. It is unthinkable that once one comes to the crossroads and decides to stop using drugs that a treatment program would cost five, ten or even fifteen thousand dollars. The cost itself says that treatment and rehabilitation is not for the poor.

What is this nation saying to th se of us who, for whatever reason or reasons, have fallen prey to drugs, have come to the edge of the cliff, want to return to safety and cannot afford even an inadequately staffed and poorly trained treatment facility? Are we really committed to the eradication of substance abuse in our communities? And what of other problems facing our families—the feminization of poverty and the rapidly growing number of mothers of preschool children in the work force. Female heads of households are more likely than their male counterparts to be either unemployed or underemployed, to have annual incomes within the poverty range, to live in substandard housing, have inadequate or no health insurance for the family, to have custody of dependent children and to need child care services.

Being a single parent, even for those women whose standard of living prior to becoming single was middle class, almost immediately places the family in need of special considerations and services. According to the publication "U.S. Children and Their Families", in 1985, 66 percent of black children, over 70 percent of hispanic children and nearly half of all white children living in female headed households lived in poverty.

Several weeks ago I interviewed a professional woman who was recently divorced and had moved, with her three children, to smaller quarters in a less desirable neighborhood. Her major concern was not the salary attached to the position but whether or not our agency's fringe benefits package included health insurance and child care for employees. This woman's dilemma typifies the plight of many single women whose income must cover the high cost of health insurance and child care for their families if they are to stay in the job market. This nation must provide adequate health insurance at a reasonable cost to its citizens, adequate housing for its citizens and quality child care for its youngest citizens.

Linetta Gilbert just gave you some facts on the number of kids who are in preschool classes here in Orleans Parish so I will not repeat that.

I will say, however, that we urge Congress to proceed with all deliberate speed to create and fund a system of quality child care for our nation's children. We strongly recommend that any such program includes a well-funded staff training component. We urge increased funding for Head Start programs and consideration of the Head Start program performance standards as a model for national child care standards.

Most importantly, however, we urge the creation of not just a child care system, but a comprehensive child care system, one that is geared toward the child's emotional, physical and intellectual development and focused on the family. The child cannot be separated from his family. If we are to solve children's problems, we must commit ourselves to the resolution of problems facing the family. Social policy must focus on the family and the need to build and support the maintenance of self-sufficient families in all segments of our society.

And while you are doing your job, we here in Head Start pledge our continued support in building support systems for our families, in assisting families in removing barriers to self-sufficiency, in assisting families in achieving greater social competency and economic self-sufficiency and in working with the larger community in the adoption of social and public policies focused on the family, its strengths, its uniqueness and its need to become and remain a self-sufficient unit able to fulfill its role as primary child care provider, teacher and transmitter of culture for their children.

Thank you.

Chairman MILLER. Thank you. Dr. Eddington.

[Applause.]

[Prepared statement of Pearlie Elloie follows:]

PREPARED STATEMENT OF PEARLIE ELLOIE, DIRECTOR, OFFICE FOR CHILDREN, YOUTH, AND FAMILIES, TOTAL COMMUNITY ACTION, INC., NEW ORLEANS, LA

To Congressman George Miller, Chairman of the Select Committee on Children, Youth and Families and other members of the Committee, let me express my appreciation for the opportunity to appear before you. I would like to publicly extend my deepest appreciation to Congresswoman Lindy Boggs whose work in the Congress has made a tremendous difference in the lives of children and their families; not only in the 2nd Congressional District but throughout the state of Louisiana and the nation.

I am Pearlie Hardin Elloie, Director of Total Community Action, Inc.'s Office for Children, Youth and Families. TCA, as we are more commonly known, is the local officially designated community action/services agency, having been incorporated in December of 1964 to administer poverty funds for the City of New Orleans. Since 1964 our Agency has remained innovative and energetic in addressing the issues and needs of the community, specifically the poor and disadvantaged.

Since the day of its incorporation TCA has stressed community action in the total community, especially in six primary target and several secondary non-contiguous areas having an aggregate population of 183,499 people.

The comprehensive community action strategy we have employed over the years to combat poverty has involved a wide range of organizations, agencies and people, especially residents of our

official target areas. We are proud of our track record in creating opportunity for the development, nurturing and support of leadership among residents of our target areas. Our Board of Directors is composed of public officials, labor and religious representatives, neighborhood representatives and the public-at-large.

I give you this information to make clear our way of "doing business", i.e., to work with people to effectuate needed change within their communities and throughout the city and state. As an agency we are totally committed to "community" action-planning and working with, not for, people. This spirit of recipient participation pervades all our programs, especially our Head Start Program.

From the summer of 1965 through the end of this month over 7500 four and five year old children will have received the benefits of an eight week Summer Head Start experience and more than 14,000 three, four and five year old children will have received the benefits of a comprehensive full year, full day Head Start Program. Over these many years administrators, staff, parents and Policy Councils have planned programs to meet the needs of children and families. We have planned and implemented developmentally appropriate curricula; detected physical and emotional abnormalities through health screening and secured needed treatment. We have secured eyeglasses, hearing aids,

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wheelchairs and other medical appliances for children. We have provided children with nutritious meals, preventive and restorative dental care and shoes and clothing when needed. We have taken field trips to the zoo, the airport, city hall, and to other places beyond their depressed environments. We have provided guidance, direction and support to parents. We have nurtured leaders among parent groups, exposed them to the broader community, provided opportunity for volunteer service, job training and jobs. Our families have truly been our partners.

Our partners, however, are in trouble. Poor and minority families are besieged with multiple problems. These problems tax the emotional energy of our families, leaving them victims of society's inability or unwillingness to resolve the inequities of life among America's families. The extent and complexity of these problems render our families unable to grow into cohesive, self-sufficient units. The problems of alcohol and substance abuse; inadequate and sub-standard housing; inadequate health care, especially mental health care; insufficient number of quality child care slots; the feminization of poverty and the lack of opportunity to attain economic self-sufficiency have contributed to the growing erosion of the family unit.

Of the 992 families enrolled in our Head Start Program 890 are headed by a single parent, usually female, although we are seeing a growing number of households headed by single fathers. We are

experiencing increasing numbers of young children being cared for by grandmothers. Many of these children have been abandoned by their substance-abusing mothers. These families present unique challenges to Head Start and other helping professions, not only in terms of how the child's development is affected by a substance-abusing parent but its impact on the family unit and the wider community.

The wide-spread use of drugs has created a sub-culture of violence, crime and family and individual breakdown that has pervaded every segment of society, especially the poor and minority community. It is a problem that must be attacked head-on and with a real commitment to ending the scourge of drugs in our community. The magnitude of this problem demands immediate action from all of us, for each of us has a role to play. Governmental units must allocate funds for research, drug prevention initiatives and drug treatment programs. It is unthinkable that once one comes to the crossroads and decides to stop using drugs that a treatment program will cost $5000, $10,000 or even $15,000. The cost itself says that treatment is not for the poor. What is this nation saying to those of us who, for whatever reason or reasons, have fallen prey to drugs, have come the edge of the cliff, want to return to safety and cannot afford even a inadequately staffed and poorly trained treatment facility? Are we really committed to the eradication of substance abuse in our communities?

And what of other problems facing our families - the feminization of poverty and the rapidly growing number of mothers of preschool children in the work force. Female heads of households are more likely than their male counterparts to be either unemployed or underemployed, to have annual incomes within the poverty range, to live in substandard housing, have inadequate or no health insurance for the family, to have custody of dependent children and to need child care services.

Being a single parent, even for those women whose standard of living prior to becoming single was middle class, almost immediately places the family in need of special considerations and services. According to the publication, U.S. Children and Their Families, in 1985, 66 percent of black children, over 70 percent of Hispanic children, and nearly half of all white children living in female-headed households lived in poverty. Several weeks ago I interviewed a professional woman who was recently divorced and had moved, with her three children, to smaller quarters in a less desirable neighborhood. Her major concern was not salary but whether or not our agency's fringe benefits package included health insurance and child care for employees. This woman's dilemma typifies the plight of many single women whose income must cover the high cost of health insurance and child care for their families if they are to remain in the job market.

This nation must provide adequate health insurance at a reasonable cost to its citizens, adequate housing for its citizens and quality child care for its youngest citizens.

Based upon current information, including public schools for 5 year old children kindergarten, limited state and federally supported pre-kindergarten programs (including Head Start); private, not-for-profit centers and private, for-profit centers, it has been estimated that only 40% of children in need are receiving child care in Orleans Parish. We urge Congress to precede with all deliberate speed to create and fund a system of quality child care for our nation's children. We strongly recommend that any such program includes a well funded staff training component. We urge increased funding for Head Start programs and consideration of the Head Start Program Performance Standards as a model for national child care standards.

Most importantly, however, we urge the creation of not just a child care system but a comprehensive child care system, one that is geared toward the child's emotional, physical and intellectual development and focused on the family. The child cannot be separated from his family. If we are to solve children's problems we must commit ourselves to the resolution of problems facing the family. Social policy must focus on the family and the need to build and support the maintenance of self-sufficient

families in all segments of our nation.

We in Head Start pledge our continued efforts in building support systems for our families; in assisting families in removing barriers to self-sufficiency; in assisting families in achieving greater social competency and economic self-sufficiency and in working with the larger community in the adoption of social and public policies focused on the family, its strengths, its uniqueness and its need to become and remain a self-sufficient unit able to fulfill its role as primary child care provider, teacher and transmitter of culture for its children.

I thank you.

STATEMENT OF DR. HERBERT H. EDDINGTON, FORMER CHAIRMAN, BOARD OF PARDONS, STATE OF LOUISIANA, FORMER BOARD MEMBER, NAACP, AND FORMER BOARD MEMBER, GREATER NEW ORLEANS URBAN LEAGUE, NEW ORLEANS, LA

Dr. EDDINGTON. Mr. Chairman, Mrs. Boggs, Mr. Holloway and Mrs. Barry, I welcome you to New Orleans and I am glad to have you here this morning. It has been a mutual admiration society as far as you are concerned, Mrs. Boggs.

Mrs. BOGGS. Thank you.

Dr. EDDINGTON. My name is Herbert H. Eddington, I am a Dr of Chiropractic. You put me as a Ph.D. down there, but I am a Dr of Chiropractic. I live in the City of New Orleans and I have been intricately involved in the New Orleans community for the past 25 years. I have served as a Board member of the New Orleans Urban League, the New Orleans NAACP and immediate past President of the Alliance for Good Government and you might appreciate this, I was elected to a five year term on the Board last evening, so we are doing work with this community further.

Mrs. BOGGS. Congratulations to the Alliance.

Dr. EDDINGTON. Thank you. I am a former Chairman of the Louisiana State Board of Pardons. I feel compelled to speak to you on a subject that far exceeds the immediate area of concern, which is making day care affordable.

It has been my observation that our community has gone from a rather staid community to one racked with violence, crime and the negative aspects of life. We have tremendous problems and continue to grapple with the solutions.

Single parent households are at a recordbreaking level in this community. Often young black males have few positive role models and the traditional father images have been replaced by the drug pushers as the role models for young black males. An inmate at Angola prison came to New Orleans and made a statement that he does not understand why so many young people are knowledgeable about crime and criminal activity. He added that the young people that we are sending to Angola from the New Orleans metropolitan area are some of the most incorrigible individuals who are incarcerated. As Chairman of the Pardon Board, I had one of the old-time inmates tell me that those people we were sending from here were plain animals, they have no souls, they have no understanding about life, they have no appreciation for life or those things that brought us all in this country to the point where we are today.

We cannot exonerate those individuals who have been leaders in our vast communities across this nation. They have gone from being leaders to being individuals on a quest seeking material gains that have replaced the moral fiber that held us together as a race. I believe it is imperative that we provide viable options for working parents and those who would like to work but cannot afford day care. That is why I have come before you and would like to take this opportunity to stand behind a bill that in my opinion will not further deteriorate the black family. By giving them the opportunity to have a member of their family or a close relation provide care badly needed by some of the young mothers without

mates. This bill will afford them the opportunity to seek gainful employment.

House Bill 2008, the Holloway-Schulze Toddler Tax Credit Bill would afford a mother the opportunity to have someone she trusts take the responsibility of caring for her child or children while she seeks employment. This bill moves in a direction that does not take the responsibility of children away from their family or people they trust and does not put into the hands of the state the control over the lives of innocent individuals who are unknowingly involved.

I do not have any objections to controls being placed on day care centers as recommended by the ABC bill. I encourage the government to see that these institutions hold out to the public to care for our most precious commodity are held to the highest standards that will let them operate efficiently. But I do not feel that government should take away from an individual the freedom to choose the route that he or she might wish to take with their own siblings.

In closing, I want to congratulate this Committee for coming to New Orleans and holding this conference at Dillard University, which has grown under the tutelage of Dr. Cook. He has done a tremendous job with it. I am sure you are going to be in other parts of the country, but we want to thank you for being with us today and hope that the decisions that are made here will help you to make—the information you receive here will help you make better decisions that are more understandable by us the populous, when you get back to Washington.

Thank you.

Chairman MILLER. Thank you.

[Applause.]

[Prepared statement of Dr. Herbert H. Eddington follows:]

PREPARED STATEMENT OF DR. HERBERT H. EDDINGTON, OWNER AND ATTENDING PHYSICIAN OF THE CANAL/CLAIBORNE CHIROPRACTIC CENTER, FORMER BOARD MEMBER—NEW ORLEANS URBAN LEAGUE, FORMER BOARD MEMBER—NEW ORLEANS NAACP, FORMER PRESIDENT—ALLIANCE FOR GOOD GOVERNMENT, FORMER CHAIRMAN—LOUISIANA STATE PARDON BOARD, NEW ORLEANS, LA

My name is Dr. Herbert H. Eddington, and I live in New Orleans, Louisiana. I have been intricately involved in the New Orleans community for the past 25 years. I have served as a Board Member of the New Orleans Urban League, the New Orleans NAACP, immediate past President of the Alliance for Good Government and former Chairman of the Louisiana State Pardon Board. I feel compelled to speak to you on a subject that far exceeds the immediate area of concern which is making day care affordable.

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In closing, I want to congratulate this Committee for coming to New Orleans and I'm sure in other parts of the country to seek answers to a problem that is very close to every parent with or without a spouse in this country. It is my hope that you leave New Orleans with information that will make your decisions in Washington somewhat easier and more understandable by the voting electorate. Thank you.

STATEMENT OF BARBARA C. EMELLE, INSTRUCTIONAL SPECIALIST, NEW ORLEANS PUBLIC SCHOOLS, NEW ORLEANS, LA

Ms. EMELLE. Good morning to the Committee and welcome again to New Orleans.

My name is Barbara Emelle, I am an Instructional Specialist with the New Orleans Public Schools for Early Childhood Education and I am also a member of the Board of Directors of the Louisiana Association for the Education of Young Children.

I would like to begin by thanking you for the opportunity to address this committee regarding steps taken by the New Orleans Public Schools to intervene in our students' educational careers prior to the age of six.

The New Orleans Public Schools' interest in the child under six years dates back to 1928 when full day kindergarten was established. The demonstrated need for intervention prior to kindergarten along with research supportive of the significant impact of quality preschool led us to a Title I homestart program in 1972. Homestart existed until 1984 when we changed to our present Chapter I preschool program that now includes 100 classes. Also in 1984, Louisiana established the Early Childhood Development Project, which provided grants to school districts for preschool classes; our district has submitted proposals and received the maximum of four classes since 1985.

Yearly evaluations of the preschool program have yielded positive gains in achievement and in self-concept of the children. Surveys conducted by the state and studies by our evaluation department have indicated that these children have been able to maintain grade level work.

Our superintendent, Dr. Everett Williams, has focused on early childhood education since his appointment in 1985. As a result—that is why our Chapter I preschool classes have increased from the original number of 56 to the present number of 100, and our citizenry showed their support by voting for a millage election to finance early childhood programs, classes, materials. Due to that millage election, 27 additional preschool classes will be opening in the fall.

This overwhelming support of early childhood education received its biggest bolster from the business community, headed by Mr. Pres Kabacoff. Mr. Kabacoff formed the New Orleans Council for Young Children in Need. The Council, along with the business community began to focus in on the report of Children in Need that was developed by the Committee on Economic Development. The report indicating that for every investment of $1.00 into preschool education there would be a return of $4.75, stood out with the businessmen.

Community involvement and commitment to early childhood education has gone farther than the voting booth. School business partners have put up monies for preschool classes, staff development, a day care center, and various early childhood materials. In 1986, one organization, the National Council of Jewish Women, Greater New Orleans Section, brought to our attention the Home Instruction Program for Preschool Youngsters known as HIPPY, that Mrs. Robins talked about earlier. This program is a two-year home based preschool education program that puts story books and activity packets into the hands of disadvantaged four and five year olds and their mothers. In 1987, The Council of Jewish Women initiated and funded HIPPY in cooperation with the New Orleans Public Schools at the C.J. Peete Housing Development in association with Thomy Lafon Elementary School.

There were 55 families participating. This school year the program expanded to 91 families with additional funding coming from a grant from the State Department of Education and a grant from the Mayor's Education Foundation, again reiterating the community's support of early childhood education. Besides providing the children with many learning experiences, HIPPY helped mothers to build up their self-esteem, some began to seek employment, many have become more active in school activities and as you have heard earlier, one has planned to attend college.

As our school system deals with ways of trying to reach our at-risk four year olds, we cannot ignore the area of teen-age pregnancy, 18 percent of our babies born at Charity Hospital are of teen-age parents. Through a grant of $600,000 from the Robert Woods Johnson Foundation, a school-based health clinic was opened in February 1988 at the Carver High School to provide health care to students at risk of dropping out because of health problems. There will also be a day care center for children of the students at Carver, scheduled to open in the fall.

Furthermore, in September as a part of a dropout prevention program at the John McDonogh High School, a day care center for children of students will be established and funded by the school's business partner, IBM.

As stated here today, the New Orleans Public Schools have begun to make big strides in educating the pre-kindergarten child, who has been identified as at risk for failure. However, in a school district of 85,000 in which over 85 percent are minorities and 85 percent of the entire school district is eligible for free lunch, we are not reaching all who are in need of this early intervention. We have approximately 6700 children entering our kindergartens and over 50 percent of them would be in need of early intervention based upon previous registration for our classes. In September we

will only be able to service approximately 2600 children. There are also comprehensive services such as health and dental care and social needs that we cannot fulfill, but which are essential the the physical, social, emotional and intellectual growth of these children.

On behalf of the New Orleans Public Schools, I implore this Committee to initiate and/or support any legislation that would aid our cities and school districts in protecting and nurturing all their children in becoming successful students and productive, independent adults. They are our future.

Thank you.

[Applause.]

Chairman MILLER. Thank you. Ms. Alexander.

[Prepared statement of Barbara Emelle follows:]

PREPARED STATEMENT OF BARBARA C. EMELLE, INSTRUCTIONAL SPECIALIST, NEW ORLEANS PUBLIC SCHOOLS, NEW ORLEANS, LA

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Yearly evaluations of the preschool program have yielded positive gains in achievement and in self-concept of the children. Surveys conducted by the state and studies by our evaluation department have indicated that these children have been able to maintain grade level work.

Our superintendent, Dr. Everett Williams, has focused on early childhood education since his appointment in 1985.

As a result our Chapter I preschool classes increased from 56 to 100 and our citizenry showed their support by voting for a millage election to finance early childhood programs, classes, etc. Due to that millage election, twenty-seven additional preschool classes will be opening in the fall.

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hands of disadvantaged 4 and 5 year olds and their mothers. In 1987 NCJW initiated and funded HIPPY in cooperation with the New Orleans Public Schools at the C.J. Peete Housing Development in association with the Thomy Lafon Elementary School. There were 55 families participating. This school year the program expanded to 91 families, with additional funding coming from a grant the State Department of Education and a grant from the Mayor's Education Foundation, again reiterating the community's support of early childhood education. Besides providing the children with many learning experiences, HIPPY helped mothers to build up their self-esteem; some began to seek employment; some were encourage to register in literacy classes; many have become more active in school activities involving other children in school; and one has plans to attend college.

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Submitted by -

Barbara C. Emelle

Barbara C. Emelle
Instructional Specialist
New Orleans Public Schools

STATEMENT OF NANCY P. ALEXANDER, EXECUTIVE DIRECTOR, CHILD CARE SERVICES, INC. OF NORTHWEST LOUISIANA AND LOUISIANA REPRESENTATIVE AND PUBLIC POLICY LIAISON, SOUTHERN ASSOCIATION ON CHILDREN UNDER SIX, SHREVEPORT, LA

Ms. ALEXANDER. Do you mind if I stand? I just get too passionate about this topic to keep my seat, I am afraid.

I am Director for Child Care Services with Northwest Louisiana, we are from the north, the other part of Louisiana. We operate child care centers for families of all income levels, so we serve affluent families, but primarily low income families and we are very much aware of the needs of all. I am also here in my capacity as Public Policy Liaison for the Southern Association on Children under Six, which is an organization of 15,000 members that has developed a legislative platform and a position statement on quality child care.

We do have a child care crisis and I do not see that crisis being solved without an intensive federal effort. Yes, we have child care available for persons of affluence, but with some limitations. A parent with a handicapped child, for example, who wants that child mainstreamed, may find—and very likely will find—centers unwilling to accept her child. Tax credits I think are wonderful, I am for anything that helps parents with child care; however, having a little more money in your paycheck does not help you find a program that will accept your child with spina bifida. Talk to any parent of handicapped children.

I am something of a minority in Louisiana, I came from a very traditional home, my parents were born here, I have lived here all of my life, and part of those traditional values taught me that you save your money, you put it in a bank, you draw interest on it, you buy what you need, you pay for it, and you can have more. And I see that correlation with what we do with children. We know that what we put into programs for young children is an investment, we need to put the money there, draw the interest on it, and we can do more for our nation.

The cost of decent child care today is $3000 to $5000 a year. We heard that Head Start teachers make $7000. They deserve to be able to put their children in decent programs so that their children can have programs equal to what they are providing for other people's children. That is a lot of money, but broken down on an hourly basis, we are only talking about a little over a dollar an hour for care for our children. What does it cost us to board our dog at the kennel while we go on vacation—it is a lot more than that.

We hear a lot about training for child care workers. I have people tell me, well she was a mother, she knows how to care for children. I would like to challenge anyone in this room to go to a child care center, say I would like to take over a class of three year olds for 15 minutes, and find out if training is needed. [Laughter.]

Ms. ALEXANDER. Many of us flew here. Just because we flew here does not mean that we could land that plane that we came in on.

For persons with limited income, the problems are compounded. With lack of education the only work that may be available to

them, minimum wage, part time. It costs money to work. We have to have clothes, we have to have transportation. If we cannot afford to accept the only jobs for which we are qualified, we cannot accept those jobs. And I will get to welfare reform and that legislation in a moment.

We know full well what the early experiences do for young children. Basic trust, learning that the world is a good place to be in, starts when we are an infant and someone changes our diaper promptly and someone feeds us when we are hungry and does not just ignore our needs.

What we put into programs for young children has been well documented to save us four to five dollars in terms of teen-age pregnancy, Angola, incarceration, caring for a severely burned child who threw neglect was injured. The Child Care Action Campaign conducted a survey a year or so ago and found that business and industry lose $3 billion a year in lost productivity and absenteeism when child care arrangements break down. So child care is not just a social issue, it is not just an educational issue, it is very much an economic issue.

We used to have some funding for subsidized child care in Louisiana, the Title 20 block grant. Cuts have reduced that tremendously. One record here showed 6000 slots, the current information I have is that it is down to 3400 with over 10,000 on the waiting list. And as Linetta mentioned earlier, that waiting list is the tip of the iceberg. People do not bother to apply when they hear it is not available because of a freeze or because of lengthy waiting lists.

We did pass some legislation in 1988, the Family Security Act which many of us know as welfare reform. That offers some help but there are some problems in the proposed regulations there. One problem is that states are not mandated to provide child care in the proposed regulations. Without child care, people are not free to accept work and that needs to be quality child care. We are not breaking the cycle of poverty if we take children and put them in a warehouse situation. It has got to be quality. The proposed regs also say that payment is to be at 75 percent of the market rate. And that is saying that poor children only deserve 75 percent of the quality of care that the rest of the world can afford. With children who are already coming from a disadvantaged situation, they need more, not less.

Quality child care is necessary to fulfilling the goals of the welfare reform legislation that you all passed in last year's Congress, but unless we assure that quality, we are not going to break the cycle. Lowering the age to one year will do a lot in terms of helping the child at the earliest possible age.

We in this room, we are educated people, but very few of us could identify ten words that we have added to our vocabulary in the last year. The average four year old in a stimulating environment vocabulary will grow at least 4000 words. Now we know the relationship between language skills and achievement in school. And yet, we as adults are not growing at the rate that four year olds are growing, and those four year olds and three year olds and two and one year olds need to have the best we can provide so that they can have the kind of success in school to meet the work needs of tomorrow, and we all know how much that has changed.

We do have a crisis in Louisiana, as we do in the south and in the nation. Tax credits offer some relief for certain families. Head Start offers a lot and it has been proven to be successful. But we also have some areas that we very much need to address, such as the direct subsidies through grants, certificates, however it is done, to increase the availability, to provide for more quality child care, training for staff, higher staff salaries. The turnover rate in child care is 40 percent nationwide, which means out of every ten caregivers, four of them are going to leave during the year because the work is hard, the salaries are low, the benefits are few and yet they are some of the most dedicated, conscientious people that I know. But that is not good for children, consistency in caregivers is necessary for young children to grow and develop.

I appreciate the opportunity to be here today. I care very much about this topic. Mr. Holloway, I would like to let you know that the Louisiana Association, the affiliate of the SACUS, the Southern Association on Children Under Six, will be meeting for its annual conference in Alexandria in November of this year.

I would like to close with urging the Committee to——

Mr. HOLLOWAY. I thought you were going to tell me you all endorse my child care bill.

Ms. ALEXANDER. We have not done that, no. SACUS is one of 130 organizations that have supported the ABC bill, although I will say that the changes that have come about through the Senate do make it a much more comprehensive and a much better bill than it was when it went in, or as it was designed last year.

I support it in addition to other things, if I can address it that way.

But we must provide for our children, they are our future. And you are right, we do need an intensive federal effort to do that.

[Applause.]

[Prepared statement of Nancy Alexander follows:]

PREPARED STATEMENT OF NANCY P. ALEXANDER, EXECUTIVE DIRECTOR, CHILD CARE SERVICES, INC. OF NORTHWEST LOUISIANA AND PUBLIC POLICY LIAISON AND LOUISIANA REPRESENTATIVE TO SOUTHERN ASSOCIATION ON CHILDREN UNDER SIX, SHREVEPORT, LA

Louisiana has a child care crisis. For persons with adequate resources, child care is available, yet needs may still not be met because of a lack of quality infant care, night, weekend or part-time care, and problems in securing care for mildly ill children.

For persons with limited resources, the high cost of recent care limits parents' ability to secure needed care. Child care is expensive. Costs range from $3,000 to $5,000 per year per child if staff ratios are adequate to meet children's needs. Yet child care workers salaries are generally minimum wage or only slightly higher; benefits nonexistent or very limited. The work is hard and demanding; stress and burnout take their toll on dedicated workers. Low salaries, few benefits, and exhausting work create a high turnover in the field, a turnover rate that is detrimental to the well-being of children. Researchers have long recognized the importance of consistency of caregivers with young children, yet a 40% average turnover rate means that consistency is rarely provided and children suffer.

For persons of limited income—the working poor, in-tact families struggling in a depressed economy, the increasing numbers of single mothers and teenage parents—decent care is often unobtainable, and families settle for what they can get whether or not it is best for their children or even adequate. Or, they must forgo the advantages of education, job training or employment because of a lack of care.

Research has consistently documented the importance of the early years in relation to a child's future success. Drop-out and drug abuse prevention, teenage preg-

nancy prevention and educational attainment are all dependent on children's early experiences. Unless children from low-income families receive intervention, they are greatly at risk. For every $1 spent on programs for young children, cost savings have been reported in various studies of between $4 and $5 on remedial education and medical costs. The Child Care Action Campaign found that nationwide, business and industry lose 3 billion dollars per year in lost productivity or absenteeism when child care arrangements break down. Quality child care is an investment in our future and the three issues of quality, affordability, and accessibility must be addressed if Louisiana is to have a workforce to meet the needs of business and industry today and tomorrow.

In Louisiana, the Social Services Block Grant (Title XX) was a source for providing child care assistance for a number of years, but money spent on child care through that source has gradually diminished. Now, only 3,400 children are receiving help with nearly 10,000 on the waiting list. The waiting list only represents a fraction of the persons who need help, however. When persons become aware that assistance is not available because of a freeze or lengthy waiting list, they often simply do not apply.

The Family Security Act of 1988 (Welfare Reform) will provide some assistance with child care for persons who become employed after receiving training. This assistance, however, is limited to one year. Since it is unlikely that a person can go from AFDC to becoming self-supporting in one year, a problem will again result once the year is up. Under the FSA, states have the option of providing child care and enrolling parents in training when children are as young as one year of age. Unless Louisiana selects this option, we will not be getting maximum results from this reform legislation. The longer a mother is one welfare, the more difficult it is to break the cycle, and the longer a child is in an unstimulating environment, the more unlikely it is that the child will ever catch up. The years before school are vital years for language development, and the development of basic trust and self-esteem, all necessary for school success.

Additional problems with the Family Security Act proposed regulations are as follows:

States should be mandated to provide child care for all required participants. Unless this quarantee is mandated in the federal regulations, states will likely not provide child care to all who need it and the whole purpose of the act will be undercut dramatically and become ineffective.

This child care should be provided at the market rate, rather than 75% of the market rate. Paying less than the cost of care implies that these children deserve only 75% of the quality of care that the children of more affluent families receive. In actuality, they need *better care* and *more support services* from centers since many AFDC families have transportation problems and other difficulties that center staff must assist with. Paying at 75% market rate also limits the supply and options for parents who need convenience and accessibility. Many programs will undoubtedly refuse to accept AFDC children unless they are paid full market rate.

Voluntary participants should receive full support, including child care. Voluntary participation should be fully encouraged, and evidence indicates that voluntary participation will increase if child care is available. Persons who volunteer are obviously the most likely to be successful.

Quality child care is essential in fulfilling the intent of the FSA. The regulations make no reference to quality, and in fact, by encouraging "voluntary providers" to fill aide positions, discourage quality. The Abt Study, a comprehensive study of child care commissioned by Congress several years ago, determined that the most important factor in a child's care was the qualifications and training of the caregiver. While volunteers can be used effectively to supplement a program, they simply cannot be counted on to fill positions. Some state licensing regulations even prohibit the use of volunteers in counting staff/child ratios. Continuity of care is crucial in the development of basic trust in young children, and the use of volunteers simply does not provide that continuity. Since the FSA will be providing care for children at risk, continuity in caregivers is even more necessary.

Participants should not be encouraged to use informal arrangements. Informal arrangements are the most likely to break down and undermine the success of the FSA. States must be required to assist parents in selecting dependable arrangements. Otherwise, the parent may unwittingly be at a disadvantage in the job market. The use of federal funds for resource and referral programs can help parents in seeking dependable care.

It should not be up to the state to determine if an unpaid caregiver can be found. A person who is available because he or she is not working may not be willing to assume the burden of caring for a child. Children need care from person who want

to care for them, and such action as forcing unwilling persons to care for young children will only increase the incidence of child abuse. The family alone should determine if there is a caregiver available.

We must view the Family Support Act in two ways: one, in terms of reducing welfare rolls by providing training and job opportunities; and two, by providing for the needs of the children to assure that these children receive the kind of loving care and developmentally appropriate experiences to prepare them for school success and avoid their becoming welfare statistics. We can only accomplish that goal with emphasis on quality care.

If the proposed federal regulations remain unchanged, then Louisiana must seek other means of addressing the problems that will be raised. We must address the social, educational, and economic issues of child care in our state—and we must do it now. Our future is at stake.

Chairman MILLER. Thank you very much, and let me thank you all for your testimony. I think you make the point that is coming out of this conference, and that is that for so many of the problems that are visited upon low income families and minority families, child care is a major tool in alleviating them.

I must say, Ms. Gilbert, let me suggest again that we would be kidding ourselves if we think that we can put a child in care for four, five, six, seven hours a day and then put them back into an environment that is unsafe and unhealthy and unstable and believe that we are going to get the full potential out of that child. And I would certainly recommend your testimony. The figures and the numbers that you cite in your testimony are devastating because when you start talking about the housing units, those housing units represent families and that environment—child care is not going to solve all these problems, it has to be done together with these other initiatives. We have to develop environments, and communities have to develop the environments for these children and then child care will do all of the things that we believe it can do. So there are a number of things to concentrate on here.

Ms. Emelle, let me just say that I sit on the Board of the National Council of Jewish Women's Center on the Child and am delighted that the school district here has made a decision to work in cooperation with the HIPPY program. It has been time tested and as we heard earlier from Ms. Robins, provides an awful lot of help to parents and I think both parties get educated in this effort, which is exciting.

Ms. Alexander, I think we are going to have a child care bill out of the Congress. As you mentioned, the Senate has passed a bill. It is going to incorporate both the goals of Mr. Holloway and Mr. Miller and Mrs. Boggs. We are probably going to have both tax credits and efforts to increase the supply, so that those people that need the tax credits to have the out-of-home placement of their child will be able to find that and hopefully it will be high quality and decent care. And those who find that that tax credit enables them to stay home will be able to do that also.

One of the things I have learned in my eight years in working with child care issues is that it is a mosaic. These families are all different, communities are different and employers are different and we need to match up the needs of that family, whether it is to stay home or out-of-home placement or center based or with your next of kin or somebody down the street. But we also need to make sure that there is a stimulation process going on and there is quality for those children. But I am quite encouraged, we both worked

to report out the child care bill in the House Education and Labor Committee and I would think before this Congress goes home for the year, we will be sending the vehicle down to the President of the United States, and I think it will make a difference in this country.

Thank you very much. Wait a minute, that is just me.

Mrs. Boggs.

Mrs. BOGGS. The testimony has been so full and so splendid and I want to thank all of you for it. I think that Ms. Gilbert being able to tell us that children are at risk across the board is the most compelling evidence that we have received.

And Pearlie, of course we have worked together for a thousand years I think, but Pearlie Elloie really helped to start the Head Start program. She was one of the original persons who worked in that initial year and has worked with it ever since. The Widening Horizons program that came out of it apparently is health and I am very proud to hear that, Pearlie.

I think one of the problems that she addressed has not been addressed by others, and that is that when you go into being a single parent as a female, you oftentimes have lowered standards of living because you have a lower income, and I do not think that had been brought out previously and it is a very, very difficult problem. The feminization of poverty of course occurs at all stages of a woman's life.

Dr. Eddington, I was so pleased that you focused on the image of the black male. I think this is so very, very important to the stability of our families, to the rebuilding of the confidence of the children and for them to be able to have role models to keep them from the kind of person that they end up being when they arrive at Angola, is probably the most important thing that you could do in our community that you have served so long and so well.

Ms. Emelle, I was thinking that—we talked about Homestart and we went into Chapter I and now I think that last year's bill that Mr. Harkins helped Mr. Miller and Mr. Holloway in perfecting, that we had the Evenstart program which is really incorporating all of the aspects of the HIPPY program but starting with the youngest child, and that was a very, very cost-effective program, as you have said.

Ms. EMELLE. We have applied for that also, we have put in a proposal for it.

Mrs. BOGGS. Right. The cost-effectiveness figures to make a great difference. Mr. Miller led us in 1983 to taking statistics on cost effectiveness of the WIC program, the Head Start program and the school lunch program. In 1987, he led our committee into gathering new statistics which verified the cost effectiveness of those three programs and as a result, they were placed in the safety net program category, so that they could not be cut. And yesterday, in the agriculture appropriation bill, we increased the WIC appropriation by $186 million.

Chairman MILLER. I must jump in there. That is the largest increase we have had in WIC in five years and I am going to give kudos here because when I first came to Congress, I along with Senator Humphrey were able to move WIC from a pilot program to a full time program. We all know the impact on pregnant women

and the money it saves and the lives it saves, but it has been a struggle over the last decade. We have gone time and again to Mrs. Boggs on this, and to the Budget Committee on a bipartisan basis. Now everybody agrees on this program. We asked for the largest increase and we got it and I will tell you it almost brought tears to my eyes the other day when I went back to the office and there was a note on my desk that said we made it. Usually they take our good intentions and they give the money to somebody else. This year the money came to us and I just want to thank Mrs. Boggs publicly for that.

[Applause.]

Chairman MILLER. We in Congress do not always get to be associated with success, but the WIC program is a success by everybody's measurement.

Mrs. BOGGS. Ms. Alexander, I think that you helped us so much to point out the necessary steps we must take in order to bring about the goals of welfare reform. We all knew that we had to have welfare reform, we can continue to change and to be able to perfect, but we have to take into account what we have to do with the children and with child care and with health care in order to really be able to carry out welfare reform.

So thank all of you so very, very much.

Chairman MILLER. Mr. Holloway.

Mr. HOLLOWAY. Well I have a whole list of questions, but since the testimony has been so good and it has taken us a long time to go through it all I am going to just try to summarize a second here and pass on the questions. I want to just tell you a little bit about the Holloway-Schulze Toddler Tax Credit. I am not hard-hearted and we are not always against programs. I do believe both the WIC program and the Head Start program are both two tremendous programs. I think my basic philosophy is we must see that we put the money where it does the most good. And I am still a believer that the Federal Government cannot do it all, that you have to do something, you have to want something. We have to turn our community back to care. I do not care if it is in your own home or it is a single parent, we have to do our part. The church has a role, we all have a role to play. But basically what my bill does, and the reason I think it is so good, is that it helps 10 million children versus the ABC bill, as it is going to come out, which reaches one million children. We target the low income, we target the people who need it the most by reaching—once you earn $8300 and it works up to that point, but you max out at $10,000, if you have one child you get a $1000 tax credit, if you have two children under preschool you get a $2000 tax credit. That is a dollar an hour addition to your pay.

I have to believe that most black families, most Spanish families, most white families can do more good with a dollar added into their pay, and I am talking about someone who makes $8300 to $10,000 and then it steadily declines from there up to $45,000. But I have to believe that you benefit greatly from a tax credit as a parent, whether you work or do not work. And there are many parents who stay home and they really forfeit a great deal of income so they can stay home and raise their children especially to school age. This $1000 or this $2000 can mean much more to them—and I

am not to say that is the end of the road. I do not think that addresses the handicapped child. We still have a role as the federal government, but we do not have enough money to meet all the roles you are going to ask us to play. We are going to be paying back in a 55 percent tax bracket if that is what we want to do to try to meet the tremendous need.

I believe that we can go back and we can give our people some belief in the country with not only this tax credit, but I also like the earned income tax credit which is totally separate. We can add another dollar to your salary. You know, you could really bring a minimum wage person's salary up, not to the point that they can make a living without any help but you can get them to the point that they can have pride, not only in themselves, but in their family again, in their country again. And I have to believe that it is much better to encourage people to get out and work and have pride in themselves than it is for us to continue down a bureaucratic road by taking billions of dollars and tying anywhere from 25 to 50 percent up in administrative costs, that does not do anyone any good. I am a firm believer that my approach is the best. I do believe we need to add other programs to it, but tax credits put the money where it helps the most. It costs the same to help 10 million families versus helping one million families. To me tax credits are the direction we have to go in and we have to go back to where we have come from, back to the things that have to happen.

But I just wanted to say I am not against helping the poor. I grew up in a family that would have qualified for poverty, one where we were taught pride and were taught that we could do what we wanted to. I think that is what we have to instill back in our people in the black community, as well as in the other poor communities of this country. But it is a pleasure for me to be here before you and to be able to try to tell you that there is another approach to child care and we end up working out the best in the long-run, even though we come out with totally different approaches.

The Child Care bill we passed before, to me does nothing for poor income people. You have to show receipts from child care to get a tax break. Who in a $15,000 range can afford to show receipts for child care that they paid for—no one. So it only helps the more wealthy families. I think we have to help where it is needed the most, and that is in the low income families of this country, whether they be black or white or yellow.

Thank you.

Chairman MILLER. Thank you very much for your testimony and for your time. We appreciate it.

Our next panel will be made up of Marsha Broussard, who is the Executive Director of the Louisiana Primary Care Association; Emma Bromon, who is Executive Director of the National Council of Negro Women of Greater New Orleans; Dr. Michael Kaiser who is the Director of Pediatric AIDS Program, Children's Hospital in New Orleans; Lieutenant Teddy Daigle who is the Operations Commander, Juvenile Division, New Orleans Police Department and John Rondeno, who is a member of the Board of Directors of the YMCA.

Welcome to the Committee and we appreciate you taking your time. I am going to ask for a little bit of order. My understanding is that there has been distributed or is about to be distributed some information on how those of you who may want to submit additional comments or testimony to the Select Committee can go about doing that. With the cooperation of Dillard, we will see that those remarks are forwarded to the Select Committee. And also I believe a sign-up sheet is available for those of you who want to receive additional information from time to time from the Select Committee either on our activities or some of the studies, investigations that we do. We certainly welcome your sign-in.

Also, let me say that I believe Robert Collins is here from Senator Bennett Johnston's office. We want to thank him for sending a representative, and I also again want to thank Dr. Samuel Cook for not only hosting this but sticking with us through this morning. We appreciate that.

With that. Marsha.

STATEMENT OF MARSHA BROUSSARD, EXECUTIVE DIRECTOR, LOUISIANA PRIMARY CARE ASSOCIATION, BATON ROUGE, LA

Ms. BROUSSARD. Thank you.

Chairman MILLER. Please if you want to talk or whatever, if you could just step out in the hallway so everybody can hear the witnesses. Welcome.

Ms. BROUSSARD. Thank you. Again, my name is Marsha Broussard, I am the Executive Director of the Louisiana Primary Care Association. One of our major concerns is providing access to health care services for the poor and indigent of Louisiana. We are a network of community health centers, located all over the state. We also have associate members in New Orleans, i.e., the City of New Orleans Health Department, New Orleans Health Corporation. However, I would like to point out at the beginning of this testimony that New Orleans currently does not receive federal assistance for community health services, (and that is true of the other seven centers in the State of Louisiana). So one of our main goals is to obtain 330 or federal assistance for the City of New Orleans—where 40 percent of our poor and indigent reside in this state.

My testimony addresses the subject of access to health services and the impact upon health status of young children at risk in Louisiana. It specifically deals with why there is poor access to prenatal and post-natal care and the resulting high infant mortality rates in Louisiana. And we all know that for every dollar spent on pre-natal care, we save $3.00 on intensive care services.

Access is defined as the freedom or ability to obtain or make use of. Within the context of health care, the definition implies that there is a sufficient amount available to satisfy the need and it also implies that the user is knowledgeable about how to use the system. The situation for poor and black women and children in Louisiana is the antithesis of access to health care, as health services are not freely available and more often than not, women are not knowledgeable about how to obtain the services or they are frustrated with the current system.

Pre-natal care is supposedly available to all pregnant women in Louisiana, and in theory financial access—or financial status is not a barrier to access. Approximately 40 percent of all births in Louisiana are to blacks and over 50 percent deliver at state supported hospitals or charity hospitals because they are Medicaid recipients or because they have no means to pay.

For the women who utilize the charity system, this certainly means long waits for appointments, irregular or infrequent pre-natal clinics, and especially for rural women long distances to travel for services. One very recent, very tragic example of this is taking place at W.O. Moss Regional in Lake Charles. Earlier this week, OB-GYN services previously provided by LSU Medical School were discontinued. Moss was forced to contract with private general practitioners to provide low-risk pre-natal and GYN services. But to date has not been successful at negotiating a contract with local OB-GYNs to care for high-risk cases.

High-risk cases are currently being referred to University Medical Center in Lafayette which is 70 miles away. I'm talking about women and children who are already ill and at-risk, who already have problems with transportation and they are having to travel 70 miles away for pre-natal care. Since none of the three private hospitals in Lake Charles will accept charity or Medicaid deliveries except on an emergency basis, women are also currently delivering at University Medical Center—I mean currently delivering their babies. So in addition to having to go to Lafayette for pre-natal care, they also have to deliver the baby in Lafayette.

And since no pediatricians in the Lake Charles area will accept Medicaid or indigent babies for post-partum services, the Community Health Center in Lake Charles is seeing all Medicaid and indigent babies in a weekly clinic. Sick infants are equally inconvenienced as mothers must also travel with fragile babies to Lafayette for services.

What is currently happening in Lake Charles has already occurred in other parts of Louisiana. Another area where the infant mortality rate is 30 deaths or more per 1000 live births is the northeastern part of Louisiana. These are rural areas; Madison, Tensas, East Carroll, West Carroll Parishes. In some of these parishes up to 40 percent of the population is black, which is a very high percentage of black people. In this four-parish area, there are no OB-GYNs and pediatricians, nor are there private general practitioners who will accept Medicaid. Patients must travel up to 45 miles away to E.A. Conway, the charity facility, for services. A similar situation exists in Tangipahoa, St. Tammany, Washington areas, which is in the Baton Rouge—rural areas surrounding Baton Rouge city.

It is estimated the number of private physicians who participate in the Medicaid program—and that means they are receiving some payment—is between 13 and 30 percent in Louisiana. However, the actual number of private, primary care practitioners who participate and the degree to which they participate is not known. Private clinicians claim that reimbursements are too low, Medicaid recipients are more likely to file malpractice lawsuits. The lack of private practitioners who will accept Medicaid and the increasing financial problems of the public system are two major contributing

factors that public health officials expect will send Louisiana's infant mortality rates to even higher heights.

One outcome that can be expected is an increase in the waiting period before women receive their first pre-natal visit. And as we all know, timely pre-natal care has a direct relationship to pregnancy outcomes.

Currently high-risk mothers in outlying areas are already waiting up to four weeks, on average, and some up to eight weeks—high-risk mothers—when the recommended period is one to two weeks for a normal pregnancy. This is an increase over 1987 when an average of 22 percent of pregnant women began pre-natal care during the second and third trimester and in some areas the average was 25 to 28 percent. Explanations for delayed treatment in the charity system are a combination of factors including difficulty in scheduling and rescheduling appointments, long waiting lists, irregular or infrequent pre-natal clinic hours, transportation problems, particularly for rural women who have to travel up to 50 miles to a charity facility.

Racial factors also play a significant role in pregnancy outcome in Louisiana where black babies are twice as likely to die as white babies. An analysis of Medicaid expenditures per recipient, according to race, indicated that the average assistance amount per black was only 41 percent of the total for whites. When further analyzed by age groups, blacks under age one received 84 percent of the assistance that whites receive; from age one to 20, blacks received 39 percent of the assistance received by whites and from 21 to 44 only 28 percent. This clearly suggests that black women and children, their knowledge of how to access services for which they are eligible is a problem. It also raises the question of racism on the part of white private providers, who may accept white Medicaid patients and not accept blacks.

Another aspect of access relates to the complexities of public assistance programs and the difficulties associated with qualifying for them. For example, eligibility for WIC, the food supplemental program designed for pregnant women, infants and children, is at 185 percent of the poverty level, whereas eligibility for SOBRA, which is for pre-natal services for pregnant women—and SOBRA is designed to streamline the eligibility process but eligibility is only at 100 percent in comparison to WIC.

To make matters even more complicated, when the pregnant female is applying for SOBRA, the unborn child is counted as a family member but is not counted when that same mother is attempting to qualify her child for services under the same program. Would it not be much simpler for the mother and less labor intensive for the system to have one eligibility process where the other could apply for all services?

It is quite clear that without some strong and rapid interventions, Louisiana can expect higher infant mortality. Improved access to care must be made available to women as soon as possible. Private physicians must both be provided with incentives to participate in the Medicaid program and must also act more compassionately towards these women.

There are also insufficient numbers of black physicians, particularly those who practice in rural areas and pressure should be ex-

erted upon our legislature to appropriate more dollars for programs which assist minorities in entering medical professions and then assist them with establishing and maintaining a practice in rural areas.

Part of the solution also lies in improved outreach and educational programs that help low-income people apply for public assistance programs. Providing young blacks with appropriate sex education and other self-esteem programs earlier in the educational process is also part of the solution. Louisiana currently has the second highest teen pregnancy rate in the country and poor pregnancy outcomes are more common with teen pregnancies.

Community health centers can also play an important role in Louisiana, but we need more of them. Community health centers provide comprehensive care services and are 80 percent federally funded. They are located in communities and therefore access is not a problem. Currently there are four centers in Louisiana and three additional satellites. You can support federal appropriations for community health centers by—communicating with your Congressmen. Today, we have them right here and I know that this week specifically you all have been in the process of appropriating funds for community and migrant health centers. I would hope that you can respond to where we are in the appropriation process as far as community health centers are concerned. It would be great if we could get appropriations for some new starts and some special initiatives for our state.

In addition to that, we are also in support of continuing to fund the National Health Service Corps program which, as you know, provides physicians for under-served areas, because Louisiana is also looking at a very severe recruitment problem within the next year.

So I thank you for the opportunity to address the committee, and I really would like to hear where we are with those programs.

Chairman MILLER. Thank you very much. Ms. Bromon will be next. I would also like to recognize Deslie Isidore-White, who is the Executive Assistant to U.S. Senator John Breaux, who is also with us this morning.

[Prepared statement of Marsha Broussard follows:]

PREPARED STATEMENT OF MARSHA BROUSSARD, EXECUTIVE DIRECTOR OF THE LOUISIANA PRIMARY CARE ASSOCIATION, BATON ROUGE, LA

Good Morning! My name is Marsha Broussard, I am the Executive Director of the Louisiana Primary Care Association, and I was invited to discuss the health conditions of young children at risk in Louisiana, specifically from the perspective of the adequacy of health care and its impact upon the infant mortality rate and overall health status of black children age 0-6.

I would like to focus part of my testimony on the subject of access which not only addresses whether health care is adequate, but also whether health care is reaching those populations at risk, and if not, then why not. "Access" is defined as the "freedom or ability to obtain or make us of." It certainly implies that there is sufficient amount to satisfy the need, and it also implies that the user is knowledgeable about how to use the system. For blacks, access to health care is dependant upon adequacy and knowledgeability of the current health care system.

Prenatal care is supposed to be available to to all pregnant women in Louisiana, and in theory financial status is not a barrier to access. However, the reduction in services at charity hospitals and public health units has created tremendous problems in terms of geographic access for blacks. Approximately 40 percent of all births in Louisiana are to blacks, and over 50 percent deliver at state supported hospitals.

The most recent tragic example of this is taking place at W.O. Moss Regional in Lake Charles. Earlier this week OBGYN services previously provided by LSU medical school were discontinued. Private general practitioners are currently providing low risk prenatal and GYN services, but the state has not successful at negotiating a contract with local OBGYN's to care for high risk cases. High risk cases are currently being referred to University Medical Center in Lafayette which is 70 miles or away.

As far as deliveries, the three private hospitals will only accept charity or medicaid deliveries on an emergency basis, so women are also currently delivering at University Medical Center in Lafayette. Since no pediatricians in the Lake Charles area will accept medicaid or indigent babies for post-partnum services, the Community Health Center is seeing all medicaid and indigent babies in a weekly clinic.

This type of problem is typical of situations all over the state. It is estimated the number of private physicians who participate in the medicaid program is between 13 and 30 percent. However, the actual number of private primary care practitioners who participate, and the degree to which they participate is not

known. Private clinicians claim that reimbursements are too low, and medicaid recepients are more likely to file malpractice lawsuits.

The lack of private practitioners who accept medicaid and the increasing financial problems of the public system are party to a number of factors that public health officials expect will send Louisiana 's infant mortality rates to higher heights. One outcome that can be expected is an increase in the waiting period before women receive their first prenatal visit. Currently high risk mothers in outlying areas have to wait four weeks on average for their first appointment.

In 1987 approximately 22 percent of pregnant women in Louisiana began prenatal care during the second and third trimester, and it is estimated that half of the prenatal patients served in the public sector wait more than the recommended 1-2 weeks for an initial visit, and thousands wait from 4-8 weeks for their first visit. For some parishes, typically those with higher infant mortality rates, up to 25-28% of women did not begin prenatal care until the second or third trimester.

Other explanations for delayed treatment is a combination of factors including difficulty in scheduling and rescheduling appointments, long waiting lists, irregular or infrequent prenatal clinic hours, and transportation problems, particularly for rural women who may be have to travel 50 or more miles to a charity facility.

Racial factors also play a significant role in pregnancy outcome in Lousiana where black babies are twice as likely to dies as white babies. A analysis of medicaid expenditures per recipient according to race indicated that the average assistance amount per black was only 41 percent of the total for whites. When further analyzed by age groups, blacks under age 1 recieved 84 percent of the assistance that whites recieved. However from age 1-20, blacks received 39 percent of the assistance received by whites, and from age 21-44 only 28 percent. This clearly suggests, that for black women and children, knowledge of how to access services for which they are eligible is a problem. It also raises the question of racism on the part of white private providers who may accept white medicaid patients, and not accept blacks.

Another aspect to improving the health status of children at risk is to start with the assumption that mother and child are a unit, and that mothers are the main vehicle to impacting upon the health status of children. This seems like an obvious statement, but current public health system policy and structure contradicts this and undermines the effectiveness of programs designed to help. One example is the differences in eligibility guidelines for public assistance programs such as WIC, and SOBRA. Eligibility for WIC the food supplemental program designed for the pregnant woman, infant, and child is at 185% of the poverty level, whereas eligibility for SOBRA, which is designed to streamline the

eligibility process for prenatal services, is only at 100 percent of the poverty level. This means that women must apply and qualify separately for two different programs.

Some of the solutions to these problems may lie in improved outreach and educational programs that assist low income people with applying for public assistance programs. Exerting more pressure on legislatures to appropriate more dollars to programs which assist minorities in entering medical professions could also increase the number of black providers. Environmental issues also impact children's health in rural areas. Providing young blacks with sex education, and other self-esteem programs earlier in the educational process has also been successful although it is not done often and consistently enough.

Ms. Bromon.

STATEMENT OF EMMA B. BROMON, EXECUTIVE DIRECTOR, NATIONAL COUNCIL OF NEGRO WOMEN OF GREATER NEW ORLEANS, INC., NEW ORLEANS, LA

Ms. BROMON. Thank you. Mr. Chairman Miller, Congresswoman Lindy Boggs, Congressman Holloway and Mrs. Barry and other members of the distinguished House Select Committee on Children, Youth and Families, my name is Emma B. Bromon and I am the Executive Director of the National Council of Negro Women of Greater New Orleans. I am also a Commissioner on the just assigned Commission—the Louisiana Adolescent Pregnancy Commission which Senator Bagert just mentioned.

I am here today to discuss the consequences of teen-age pregnancy and the impact of those consequences on their children ages zero to six years of age. We are definitely in the midst of a growing crisis. Adolescent pregnancy and the rising tide of maternal and child poverty actually threatens our present and blights the future. There are too many of our children having children before they have their educational or economic futures under control and before they can even begin to realize the responsibilities that parenting and family life entail.

This translates then into a highly vulnerable population of young mothers and fathers who are ill-prepared to maintain themselves or even to nurture a new generation of children. It also means an increasing number of children are born at risk of disease, untimely death, poor health and education, economic deprivation and other attendant ills of poverty.

As was just mentioned, the infant mortality rate is impacted disproportionately by births to young teen mothers. Though a great number of these mothers and children do survive, the odds of death for both mother and child increase alarmingly when the mother is under the age of 15. And those youngsters who do survive incur one risk after another, most prominent again is the risk of poverty. And with poverty comes every other risk that you can possibly think of in terms of social, physical and psychological handicaps. In fact, teen-age mothers suffer significantly by every indicator of well-being. They have larger families, less education, greater marital instability when there is marriage and they lack marketable skills.

Poverty is insidious and unrelenting. Its overriding determinant impacts upon pregnancy and parenting teens leaves them in a state of hopelessness, desolation and despair. And even increase the chances of younger children becoming mothers.

In the State of Louisiana we have children living in poverty and this is an enormous tragedy. Over one third of our children under the age of five live in poverty. We have been told earlier about the long waiting lists that we have for day care. Of the state supported day care, we have 3829 children receiving day care services and another 9362 on a waiting list. And we all know what happens to those youngsters who are on the waiting list.

What is the problem or the scope of the problem? I am not going to go into all the statistics because you have them in your packets. Suffice it to say that we are aware that 485,000 babies are born to teen-agers every year. This does not include the four hundred plus

thousand that are aborted. Most of those who have babies keep their babies and currently 3.3 million babies are living with teen-age mothers. Thirty percent of those adolescents who become pregnant once, become pregnant again within a period of two years.

I think one thing that is striking about Louisiana is that in 1987, we had 12,439 births to youngsters who were between 18 and 19. We had 8000 births to children 17 and under, we had 1,094 births to children 15 and under, and 67 births to children 11, 12 and 13 years of age.

What we have found since we have worked in the program for teen-agers, since 1980 we have an adolescent mother's initiative program. We have seen mothers who are utterly despaired, utterly despondent, showing an awfully high degree of stress. About two months ago, an 18 year old mother climbed to the top of a rail of an overpass and threatened to jump because she was homeless, jobless and saw no way out for her baby. Teen-age mothers are the hidden homeless. I would like to say that again—teen-age mothers are the hidden homeless. Many are constantly moving from relative to relative and from friend to friend. And more and more they are showing up at temporary shelters which are not designed to meet the needs of the mothers nor of their babies. This vulnerable population is being abused and is becoming abusive due to their inability to cope with the stressful situations in which they find themselves.

Young mothers, particularly those who are isolated without supportive people in their environment or supportive programs are at high risk of both abusing and neglecting their children. In our State of Louisiana, in 1988, there were 13,000 reported cases of sexual, physical abuse and neglect. And these were to children between the ages of zero and six years of age.

What we need to think about when we think about abuse and neglect is that these young mothers, maybe they are well intentioned, but if they do not have the background that is needed, the education that is needed, the parenting skills that are needed and other kinds of nurturing instinct which they themselves often lack, we will find more and more abuse.

Just briefly, the National Council of Negro Women has an adolescent mother's initiative program which is a nationally recognized model program. It provides young women with classroom training addressing the parenting skills, providing them with GED training and education, providing them with maternal and child health care and vocational and career guidance. We instill, we help them to incorporate positive self-esteem and positive values. Decision-making skills permeates the whole thing because if a young woman cannot make sound decisions, or a young father for that matter, then everything else is for naught.

We provide free day care for the youngsters and transportation is also provided. I think the best thing about this program is that as all of you already know the majority of the young women, once they become pregnant, and also the young men, they graduate from high school at a 40 percent rate less than those young men who do not have babies. Of those young women who do become pregnant, the majority of them will not complete school. That being the case, the job placement rate is a critical component and

we have had a 50 percent job placement rate for this particular group in unsubsidized employment since 1980.

In 1984, the National Child Labor Committee recognized adolescent mothers program as a model program. We have seen 1500 young women since 1980, providing them with direct service in all of the areas mentioned. We have had to have the program become more and more comprehensive and we have done that by working along with other agencies and institutions, the Louisiana State University School of Medicine and also the New Orleans Regional Vocational Technical Institute.

I would like to remind the Committee of a fact which you already know much better than I probably can tell you, that prevention is much cheaper than remediation and it is time that we provide the early intervention in those areas that it is needed. It is time that we provide adequate day care, the ABC bill provides a tremendous opportunity, particularly for this population because we are not talking about young women or young men for that matter who are at the point where they can receive a tax credit for day care as discussed by Representative Holloway. They will not be able to receive any kind of tax credit. These young people are at the stage in their life when they will not make nearly $8000. Many of them are not even in the labor force. There is a youth unemployment rate which exceeds 48 percent in the black community. So we need to look at the possibility of providing subsidies where infants and children will be able to receive the kind of quality day care that is needed.

We need to give greater consideration to alternative schools and alternative education because we are seeing a high incidence, a greater number of youngsters below the age of 15 becoming pregnant, and we need to look at alternative education as another possibility.

I trust that this Committee will in fact be reminded, as I am reminded, that we are working with a highly vulnerable population. We are working with a powerless group, a group without power, a group which is in need of powerful friends such as you.

I should like to close my presentation with Proverbs 31:9. It says "Open your mouth, judge righteously and plead the cause of the poor."

Thank you.

[Applause.]

[Prepared statement of Emma Bromon follows:]

PREPARED STATEMENT OF EMMA B. BROMON, EXECUTIVE DIRECTOR, NATIONAL COUNCIL OF NEGRO WOMEN OF GREATER NEW ORLEANS, INC., NEW ORLEANS, LOUISIANA

Congresswoman Lindy Boggs and other members of this distinguished House Select Committee on Children, Youth, and Families, my name is Emma B. Bromon, and I am Executive Director of the National Council of Negro Women of Greater New Orleans, Inc., a United Way social service agency. I am here today to discuss the consequences on children born - not of women - but of girls who are still locked in the naivety of their own childhood.

We are in the midst of a growing crisis. Adolescent pregnancy and the rising tide of maternal and child poverty threaten America's future and blight the present. Too many of our children are having children before they have their educational and economic futures under control and before they understand the responsibilities that parenting and family life entail. This translates into a vulnerable population of young mothers and fathers, ill-prepared to maintain themselves or to nurture a new generation of children. It also means an increasing number of children born at risk of disease, untimely death, poor health and education, economic deprivation, and other attendant ills of poverty. I should like to underscore the above by sharing with the case of Mary.

Mary (from a poor family) became pregnant when she was 13 years old. Her baby was born when she was 14 years old. The infant had a congenital heart defect. Before Mary could cuddle her baby and experience what should be joys of motherhood, she had to learn about birth defects. Before she could handle the birth defect, she had to deal with major surgery as the baby underwent surgery at two weeks of age. Before she could handle the sitting up with the baby and the surgery, her baby died. Mary had to be helped to overcome the deep depression brought on by the trauma she experienced.

The infant mortality rate is impacted disproportionately by births to young, teen mothers. Though the great majority of both the young mothers and children survive, the odds of death for both mother and child increase alarmingly when the mother herself is a child and single. Those who do survive incur one risk after another. Most prominent is the risk of poverty, which brings with it the risk of virtually every other social, physical, and psychological handicap. In fact, teenage mothers suffer significantly by every indicator of well being: they have larger families, less education, greater marital instability; when they do marry, and they lack marketable job skills.

These consequences have direct implications for their youngsters, who often have their futures snatched from them before they

breathe their first breath.

What is the scope of this problem? It is immense. Nationwide, approximately a million teenage pregnancies occur annually. Of these, approximately 80% are unintended. In 1988, there were 485,000 babies born to teenagers. Most kept their babies. Thirty percent of adolescents who were pregnant once became pregnant again within two years.

In Louisiana in 1987, 16.8% of all babies were born to females 19 years and under. Of the 12,439 teen births, 67% or 8,351 were to children age 17 and younger. 1,094 or 9% of these births were to children 15 and under. Seventy-six were born to children 11, 12, and 13 years of age.

Orleans Parish accounted for 1,762 births to teenagers in 1988. Teenage mothers, without adequate support systems, are showing a higher degree of stress and depression. About two months ago, an eighteen (18) year old mother climbed to the top rail of an overpass and threatened to jump because she was homeless, jobless, and saw no way out for her baby or for herself.

Teenage mothers are the hidden homeless. Many are constantly moving from relative to relative and from friend to friend. More and more are showing up at temporary shelters not designed to meet their needs or their babies' needs. This vulnerable population is being abused and is becoming abusive, due to their inability to cope with the stressful situations in which they often find themselves.

The impact of the negative consequences of teenage pregnancy for children ages 0 to 6 years can be overwhelming.

Adolescent pregnancy is not only a major social problem facing our country for the almost 500,000 young women under the age of 19 who have babies each year, it is also a serious concern because of the consequences for the children of these young mothers who, in most cases, are still maturing themselves and are ill-equipped to parent a child effectively. The outcomes for the infants and children depend upon many factors including the individual characteristics of the infant, the developmental maturity of the young mother, and the available support within both the family and the broader community. Frequently, the mother's own developmental struggles with dependency and autonomy from her family interfere with her ability to be sensitive to the changing needs and demands of her infant. The mother may give mixed messages to her infant both in what she does and the way she communicates. We not uncommonly see significant depression in these young mothers interfering with their ability to nurture their babies which can lead to withdrawal in the baby and lack of a sense of trust in this earliest mother-infant relationship.

Recent research following infants and children of young mothers in different geographic regions of the country have documented not only cognitive deficits that result from lack of consistency and responsiveness in the environment of poverty within which most of these young mothers live, but also early problems with the regulation of emotions (Field, 1980; Furstenberg, et al, 1987; Osofsky, et al, 1988; Osofsky & Eberhart-Wright, 1988). In the state of Louisiana, the tragedy of children living in poverty is enormous. According to U.S. Senator Breaux of Louisiana, almost one-third of the children under the age of five live in poverty. The latest day care figures for the state provided by the Office of Community Services indicate that while day care services are provided for 3,829 children in Louisiana, another 9,362 children are on the "waiting list." How are those children cared for who are waiting for day care? We all know the unfortunate answer to that question and also know that many of those children have adolescent mothers as parents. Child care is essential for young mothers to be able to continue their education, find a job, and become self-supporting.

Young mothers, particularly those who are isolated without supportive people in their environment, are also at high risk for both abusing and neglecting their children. In the state of Louisiana, recognizing that these figures represent an under-reporting of the actual occurrence, in 1988, there were almost 13,000 reported cases of physical and sexual abuse and neglect of children ages 0 to 6 years (Office of Community Services). Separate data is not available for adolescent mothers; however, we know that the occurrence of both abuse and unreported neglect is high. Available qualilty day care would provide positive stimulation for the infants and children and be a supportive experience for the young mothers.

All of these factors play a role as the child enters school. Frequently, children of young mothers are ill-equipped to deal with the classroom setting both cognitively and emotionally. They are often deficient in basic skills being raised in an environment that has not provided the earlier important experiences to prepare them for the school environment (Hayes, 1987; Slaughter, 1988). In addition, they may not have a good sense of themselves and, thus, have difficulties relating to both teachers and peers. Family life is frequently disordered within the environment of poverty with little opportunity for responsive interactions with adults. Because of early difficulties in self-esteem, they are not confident of their ability to achieve and be successful. Further, since they may be disruptive in the classroom as they have difficulty with the lessons, they may be labeled very early as troublemakers. Such labels diminish further their chances of being successful in the school setting. Thus, as the tasks of school become more

frustrating, they may find other less adaptive ways of relating in school. The "street culture" (Ogbu, 1989) may have more appeal and incentives than other settings for the child.

Thus, as we consider the problems of adolescent pregnancy and the impact of an early pregnancy for the mothers, we must also be mindful of the important repercussions for future generations of children being raised by young mothers. The opportunities to provide an optimal environment for their youngsters are minimal both because of their own often limited capacities to meet the needs of a child when they are so young themselves and because of their situation of being caught in a cycle of poverty from which it is very difficult to escape. We must focus on both primary and secondary prevention as we consider these issues in an effort to both prevent the first pregnancy and bear in mind the importance of "care and restoration" of the young mother who already is responsible for the welfare of her child.

Since 1980 our local agency, National Council of Negro Women of Greater New Orleans, designed and implemened the Adolescent Mothers initiative program (AMIP). AMIP is a nationally recognized model for intervening with adolescent mothers and their young children. Classroom training and counseling are provided in the following areas: Prenatal Care; Parenting Skills; Family Life Management Skills; Maternal and Child Health; Career/Vocational Education Counseling; Job Readiness Assessment; GED preparation provided by Orleans Parish School System; Child Abuse Prevention; Positive Self-esteem; Decision-making Skills; and Job Placement. Free day care for their young children and transportation are provided. Each of these components are critical to the success of this program. The job readiness and job placement components are essential elements inasmuch as the majority of adolescent who become pregnant never complete their education. In 1985, the National Child Labor Committee recognized AMIP as a model program. Since the program's inception there has been a 50% job placement rate on unsubsidized jobs. Hundreds of young mothers have gone on to further their education.

There are two other programs sponsored by our agency that are also important in the area of teen pregnancy prevention. The "What Is A Man?" TeenAge Pregnancy Prevention Program focuses on the males ages eleven (11) to seventeen (17) years. This is a ten-session forum which offers presentations, dialogue, and focus group discussions concerning positive personal/family values; decision making skills; the benefits of delaying sexual intercourse until the young man can assume and accept the responsibility of fatherhood; and discussions on the consequences of teenage pregnancy and parenthood.

The Teen Enlightenment Program is also directed towards pregnancy prevention as well as providing information which enlightens the adolescents about what is normal for their stage of development. Students are reached through the Orleans Parish Schools. The Reality Awareness for Pregnancy Prevention Program (R.A.P.P.) is

presented upon request in the schools. In the 1988 school year, 20,000 students participated in the Teen Enlightenment Program. Counseling is available to families who are having problems with their teenagers.

Hope is really the best contraceptive when coupled with real life options and a belief in the future.

In New Orleans, Black teenagers have an unemployment rate of above 48%. Our Agency has a Job Training Partnership Act (JPTA) Sanitary Maintenance program which trains disadvantage youths (males & females) ages seventeen (17) through twenty-one (21) years janitorial and housekeeping skills and places them on jobs. Our job placement is among the highest in the state--eighty (80) percent.

Currently, NCNW is participating in an Aids Research Demonstration Project with the Desire Narcotics Rehabilitation Center. We are responsible for the Sexual Partners Outreach component. Fifty area churches located in close proximity to the ten public housing developments are working cooperatively with our Agency as we reach out to sexual partners of IV Drug users. These individuals are recruited to participate in the study. They are interviewed, given a blood test and counselled. AIDS Education will be provided to individuals and groups.

All of the Agency's programs are interrelated and provide both prevention and care and restoration. We are serving the needs of the powerless who are in need of powerful friends as you.

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STATEMENT OF MICHAEL KAISER M.D., DIRECTOR, PEDIATRIC AIDS PROGRAM, CHILDREN'S HOSPITAL, NEW ORLEANS, LA

Dr. KAISER. Good morning.

As a pediatrician and as the Director of the Emergency Room at Children's Hospital, I have expertise and opinions on lots of the topics discussed this morning, yet I have been asked to focus specifically on the problems of pediatric AIDS in Louisiana.

There are now over 1600 children less than 13 years of age, who have been diagnosed with AIDS. If the current trend continues, AIDS will be among the top five leading causes of death in children within the next three or four years. It is estimated that by 1991, there will be at least 10,000 HIV-infected children in this country and 10 percent of all pediatric hospital beds will be occupied by a child infected with HIV.

Through the pediatric AIDS program at Children's Hospital, we are now aware of over 60 children in the metropolitan New Orleans area alone who are HIV-infected or children of HIV-infected mothers. In addition, at the present time, we are following 13 HIV-infected pregnant women who will soon be giving birth. These women include one 14 year old and two 15 year olds identified within the past few weeks.

When we discuss pediatric AIDS in Louisiana, let me be perfectly clear. This is a disease of young, minority children born to mothers who are economically disadvantaged. Over 90 percent of the children are black or hispanic. Over 90 percent have mothers who are HIV-infected, 85 percent of these children come from households which are Medicaid eligible.

The pediatric AIDS program, PAP, is a program which provides support, education and services to HIV-infected children and their families, and furnishes information to the community about pediatric AIDS. During the past nine months, PAP has succeeded in filling some of the gaps in service; however, we have also faced frustrating problems without apparent solutions that daily confront these women and children.

First, some of the successes. PAP has assisted Charity Hospital in developing a system whereby a woman who is identified early in pregnancy as being HIV positive is offered a system of counseling, education and support services that continues throughout her pregnancy, the birth of her child and throughout her child's life. This system is unique at Charity, which as a public hospital for the indigent usually provides fragmented health care through multiple different clinics.

We have also developed a unique collaborative program with Therapeutic Family Care. TFC recruits potential foster families who serve as PAP volunteers until a child is placed in their home. In this manner, the parents are already comfortable interacting with HIV-infected children prior to placement. This program has allowed for a pool of foster parents to be available, thus avoiding the problem of border babies seen in other parts of the country.

One of the key components of the program is to provide education, not only to the direct caregivers of a child with HIV-infection, but to anyone who surrounds the child, including the school, other caregivers, health professionals and child care centers. It is hoped

by educating the people surrounding an HIV-infected child, some of the stigmatization and discrimination experienced by these children can be avoided. PAP has delivered presentations to schools ranging from private suburban to inner city public schools and has addressed over 2000 children and adolescents from preschool through medical school.

While PAP's staff has been successful in these many different areas and many others, they have also been successful in identifying several areas of specific concern.

The only residential facility available to people with AIDS in New Orleans is the Lazarus Complex. Lazarus House can accommodate women but no children. Thus, families must be separated if they need residential care.

In Louisiana, Medicaid does not cover many of the drugs children with AIDS require. For example, oxygen, an item often needed by children diagnosed with AIDS, is not covered. Nor is this item covered for children who are in state custody.

Foster families receive an average of $1000 per month reimbursement for providing care to an HIV-infected child. A single woman caring for her own HIV-infected child receives $130 per month in AFDC benefits.

There is no respite care available to families attempting to care for a child with AIDS. Foster care families receive a maximum of one-half day every two weeks of respite care which barely meets their needs.

Mental health services available to families infected or affected by AIDS are extremely limited. Essentially, the mental health system in Louisiana offers medication, but provides very little therapy or support. The present system is clearly overwhelmed.

HIV-infected children frequently demonstrate developmental delay. While there are indeed services available to meet the developmental needs of these children, the services are limited and extremely fragmented. Negotiating the existing developmental service system in Louisiana could put even the best educated individual to test and would surely overwhelm and intimidate the socially disadvantaged.

Perhaps of greatest concern is our state's failure to plan for the future. At this time, there is no state policy addressing the concerns and needs of children with HIV infection. There are no clear guidelines regarding the testing of children in general, nor specifically for children who are in state custody. Children in state custody presently are denied permission to participate in experimental drug protocols, perhaps denying these children access to life lengthening treatments.

But of greater concern is the tenuousness of our present system. As the numbers continue to expand exponentially, we will soon be overwhelmed. And as the epidemic continues to expand beyond the inner city, there are no resources beyond the New Orleans area for children with HIV infection.

The problem of pediatric AIDS is not unique to Louisiana. The problems of a child born to an HIV-infected mother are similar in New York, Newark, Miami and in New Orleans. Unfortunately, in Louisiana, the problems are magnified. The life expectancy in Louisiana is lower than the other 49 states. The infant mortality rate

is the seventh highest in the nation. The percent of the population in poverty is 18.5 percent, second in the nation. Louisiana ranks second in the states with the highest percentage of births to teenagers.

It has frequently been said that the AIDS epidemic challenges the compassion of our society. In Louisiana, for its littlest victims, we are truly challenged. Born into poverty, often with parents who are IV drug users, always with a mother who is HIV-infected herself, and also in need of medical and social services, born in a state with a devastated system of medical, mental health and social services, these children face overwhelming odds. It will truly be our challenge to provide the compassionate care these children deserve.

Thank you.

[Applause.]

[Prepared statement of Michael Kaiser, M.D., follows:]

PREPARED STATEMENT OF MICHAEL KAISER, M.D., F.A.A.P., DIRECTOR, PEDIATRIC AIDS PROGRAM, CHILDREN'S HOSPITAL, NEW ORLEANS, LA

Acquired Immunodeficiency Syndrome, AIDS, is a new disorder of extraordinary morbidity and mortality. Since 1983, it has been recognized that the Human Immunodeficiency Virus (HIV) can cause infection in newborns and children. There are now over 90,000 adults and 16,000 children less than 13 years of age who have been diagnosed with AIDS as defined by the Centers for Disease Control. If the current trend continues, AIDS will be among the top five leading causes of death in children within the next three or four years. The epidemic is already the ninth leading cause of death among children ages 1 to 4, and the seventh in young people between 15 and 24. It is estimated that by 1991, there will be at least 10,000 to 20,000 HIV-infected children in this country, and 10% of all pediatric hospital beds will be occupied by a child infected with HIV.

In children, HIV infection occurred predominantly in offspring of women who are also infected with HIV. Nationwide, 75% of

pediatric AIDS cases are born to HIV-infected women. These women became infected either through their intravenous drug use or through unsafe sex with an infected partner.

In Louisiana, there have only been 20 cases of pediatric AIDS reported, two-thirds of these cases are children of mothers infected with the virus. However, clearly, the 20 cases in Louisiana are only the tip of the iceberg. Through the Pediatric AIDS Program at Children's Hospital, a community-wide program, we are now aware of over 60 children in the metropolitan New Orleans area alone, who are HIV-infected or children of HIV-infected mothers. In addition, at the present time, we are following 13 HIV-infected pregnant women who will soon be giving birth. These HIV-infected pregnant "women" include one fourteen year old and one fifteen year old identified within the past few weeks. When we discuss pediatric AIDS in Louisiana, let me be perfectly clear, this is a disease of young, minority children born to mothers who are economically disadvantaged. Over 90% of the children are black or Hispanic. Over 90% have mothers who are HIV infected. Eighty five percent of these children come from households which are Medicaid eligible.

As the number of HIV-infected children in New Orleans increased, it became clear that the children and their families had

a need for a coordinated system of care. Most of these children have parents who are also HIV-infected and are struggling with medical and psycho-social problems themselves, making it impossible for them to access an already fragmented health and social welfare system. During the summer of 1988, Children's Hospital was the recipient of one of 13 grants funding Pediatric AIDS Demonstration Projects from the Health Resources Service Administration - a division of the Federal Bureau of Maternal and Child Health. Of the 13 projects receiving funding nationwide, Children's Hospital is the only children's hospital to directly receive such a grant award.

The Pediatric AIDS Program, PAP, is a program which provides support, education, and services to HIV-infected children and their families, and furnishes information to the community about pediatric AIDS and HIV infection. During the past 9 months PAP has succeeded in filling some of the gaps in service by providing a coordinated system of care to the mothers and children with HIV infection. However, we have also faced frustrating problems, without apparent solutions, that daily confront these women and children.

First, allow me to discuss some of the successes...

PAP has assisted Charity Hospital of New Orleans in developing

a system whereby a woman who is identified early in pregnancy as being HIV positive is offered a system of counseling, education, and support services that continues throughout her pregnancy, the birth of her child, and throughout her child's life. This system is unique at Charity, which as a public hospital for the indigent, usually provides fragmented health care through multiple different clinics. A single Case Manager assigned prenatally provides services and support for the mother and child for as long as services are needed. This Case Manager provides focus to a system which would otherwise appear confusing and overwhelming. This system has improved compliance for the necessary frequent medical visits for both the mother at the Adult Outpatient AIDS Clinic and the child at the Pediatric AIDS Outpatient Clinic.

The PAP Resource Planner and other staff have developed a unique collaborative effort with Therapeutic Family Care (TFC), which is a program of Associated Catholic Charities. TFC recruits potential foster families who are trained, in collaboration with the NO/AIDS Task Force, during the PAP volunteer training. The prospective parents serve as PAP volunteers until a child is placed in their home. In this manner, the parents are already familiar and comfortable interacting with HIV-infected individuals prior to placement. This program has allowed for a pool of foster parents

to be available, thus avoiding the problem of border babies seen in other parts of the country.

A support group for HIV-positive women is held bi-monthly, and is co-led by the PAP Case Manager, and the Obstetrical Screening Nurse from Charity Hospital. This group targets women who are pregnant or recent new mothers. In addition to psychosocial group support, women are offered a nutritious lunch, child care (by PAP volunteers), transportation, and children's items, such as toys and diapers.

PAP, with the cooperation of the NO/AIDS Task Force, has recruited and trained 23 volunteers. These volunteers often provide respite care while the child is at home or in the hospital. In addition, PAP volunteers provide child-care at the support group and clinic, and have assisted the program staff in many other areas.

PAP has identified the needs of eleven children "affected" by the AIDS epidemic. These children have family members who have AIDS, which has impacted their young lives. These children are provided counseling, support, and volunteer assistance by PAP.

One of the key components of the program is to provide education, not only to the direct care givers of a child with HIV-infection, but to anyone who surrounds the child including the

school, other care givers, health professionals, child care centers, etc. It is hoped by educating the people surrounding an infected child, some of the stigmatization and discrimination experienced by these children can be avoided. PAP has helped to formulate the policy for children with HIV infection for the New Orleans Public School system, as well as other public and private schools in the New Orleans area.

PAP has delivered presentations to schools ranging from private suburban to inner city public schools and has addressed over 2,000 children and adolescents from preschool through medical school. Teachers and parents have frequently attended. PAP joined the Partnership in Education Program, a unique program developed by the New Orleans Public School System to bring together students and faculty with resources in the community. A partner can be matched either with a particular school or a specific program within the school system. PAP chose to be partners with two programs - Drug Free Schools and Family Living and AIDS. A future collaborative project includes working with the Peer Assistance Coordinator of the Public School system to educate students who are presently counselors in the Drug Free School Program to also provide AIDS risk reduction information to their peers.

While PAP staff have been successful in these many different areas, they have also been successful in identifying several areas of specific concern.

Foster Care - At present, recruitment of foster families for children with AIDS is limited. Many gay couples who have applied and have met all other qualifications have been denied certification based on the fact that they are living together without the sanction of marriage. Single individuals, homosexual or heterosexual, who may have less support to offer, can be certified. As the need for additional foster parents grows, we will need to look at these types of alternative placements.

Residential Care - The only residential facility available to people with AIDS in New Orleans is the Lazarus Complex which has 13 beds. Lazarus House can accommodate women but not children. Thus, families must be separated if they need residential care. There are no residential facilities available which provide for the entire family system.

Medicaid Coverage - In Louisiana, Medicaid does not cover many of the drugs children with AIDS require. For example, oxygen, an item often needed by children diagnosed with AIDS, is not covered. Nor is this item covered for children who are in State custody.

Hospital days are limited to 12 days per year which rarely covers one admission for a child diagnosed with AIDS. Lack of access to drugs and supplies often prolong these admissions.

Foster Families receive an average of $1,000 per month reimbursement for providing care to an HIV-infected child. A single woman caring for her own HIV-infected child receives $130 per month in AFDC benefits.

Respite Care - There is no respite care available to families attempting to care for a child with AIDS. Foster care families receive a maximum of 1/2 day every two weeks of respite care which barely meets their needs.

Mental Health - Mental health services available to families infected or affected by AIDS are extremely limited. Essentially, the mental health system in Louisiana offers medication, but provides very little therapy or support. The present "system" is clearly overwhelmed. For example Pontchartrain/Chartres Mental Health Center presently sees 2,400 clients with a staff of five, a caseload of 480 clients per worker.

Developmental Services - HIV-infected children frequently demonstrate developmental delay or developmental disabilities. While there are indeed services available to meet the developmental needs of these children, the services are limited and extremely

fragmented. There is a lack of home base services, limited center-based services, a lengthy evaluation process, and poor coordination between the multiple agencies providing developmental services. Negotiating the existing developmental service system could put even the best educated individual to test and would surely overwhelm and intimidate the socially disadvantaged.

Perhaps, of greatest concern is our State's failure to plan for the future. At this time, there is no State policy addressing the concerns and needs of children with HIV infection. There are no clear guidelines regarding the testing of children in general, nor specifically for children who are in State custody. Children in State custody presently are denied permission to participate in experimental drug protocols, perhaps denying these children access to life lengthening treatments.

But of greater concern is the tenuousness of our present system. The PAP staff have been able to develop a comprehensive, coordinated system of care for children with HIV infection. But as the numbers continue to expand exponentially, we will soon be overwhelmed. Furthermore, when present grant funds expire, in two years, the present system will crumble and these children and

families will overwhelm an unprepared, fragmented health care system. As the epidemic continues to expand beyond the inner city, there are no resources in Louisiana, beyond the metropolitan New Orleans area, for children with HIV infection.

The problem of pediatric AIDS is not unique to Louisiana. The problems of a child born to an HIV-infected mother are similar in New York City, Newark, Miami, and New Orleans. Unfortunately, in Louisiana, the problems are magnified. The life expectancy in Louisiana is lower than the other 49 states. The infant mortality rate is the seventh highest in the nation. The percent of the population in poverty is 18.5%, second in the nation. Louisiana ranks second in the States with the highest percentage of births to teenagers. In 1987, there were 12,430 births to women age 19 and under, representing 16.8% of all births. In Louisiana, a single mother with one child receives $138 per month from AFDC, this is about 25% of the poverty rate.

It has frequently been said that the AIDS epidemic challenges the compassion of our society. In Louisiana, for its littlest victims, we are truly challenged. Born into poverty, often with parents who are I.V. drug users, always with a mother who is HIV-infected herself and also in need of medical and social services, born in a State with a devastated system of medical, mental health,

and social services, these children face overwhelming odds. It will truly be a challenge to provide the compassionate care these children deserve. May we work together to meet that challenge.

STATEMENT OF LT. TEDDY DAIGLE OPERATIONS COMMANDER, JUVENILE DIVISION, NEW ORLEANS POLICE DEPARTMENT, NEW ORLEANS, LA

Lt. DAIGLE. Good afternoon, ladies and gentlemen. Thank you for the opportunity to speak before you today.

My name is Teddy Daigle and I am a Lieutenant with the New Orleans Police Department. I am assigned to the Juvenile Division and prior to my present assignment, I was Commander of the Child Abuse Section for more than six years.

I was asked to provide this Committee with, among other things, statistical information about the prevalence of child abuse and neglect in the City of New Orleans and in the State of Louisiana. I have attached statistical information which I hope will be helpful to this Committee. Time, however, will not permit me to discuss all of this information, but I would like to talk about some of the trends that we have experienced.

Louisiana and New Orleans have experienced many of the same trends of child abuse cases that have been observed across the country. We have experienced a significant increase in investigative cases of child abuse and neglect. In the state, investigated cases increased from 6749 in 1979 to a total of 23,165 in 1988. Child protective service for Orleans Parish investigated 2605 cases in 1983 and 3058 in 1988. We have also observed a very large increase in investigated cases of child sexual abuse. In 1979 288 children statewide were reported to be victims of child sexual abuse. That number increased to 2073 in 1988. New Orleans Police Department Child Abuse Section investigated 217 cases in 1983 and 423 cases in 1988.

Like most of the nation, we have also experienced a significant increase in the number of sexual abuse cases involving victims under the age of 10 and cases involving juvenile perpetrators.

In serious physical abuse or neglect cases, children under seven years of age are most often the victims. The age group with the highest risk to be physically abused is from one to three years of age. The average age of victims of child abuse related fatalities in our state has consistently been under the age of three.

In addition to seeing a large number of physical abuse and neglect victims under seven years of age, we have observed a majority of our victims coming from the city's poorer neighborhoods.

A number of studies conducted over the last 15 years have indicated that th[illegible]e is some correlation between child abuse, delinquent beha[illegible], violent behavior or criminal behavior. One study indicated that in 50 percent of the families reported for abuse, there was at least one child who was later taken to court as delinquent or ungovernable. Research has also shown that as high as possibly 75 percent of adolescent drug addicts and 75 percent of adolescent prostitutes were sexually abused. In 1984 a study indicated that 75 percent of all individuals incarcerated in jails in this country reported a previous history of abuse and neglect.

As might be expected, along with the increase in investigated cases of child abuse in our city, we have experienced an increase in juvenile delinquent behavior. In 1983, the New Orleans Police Department Juvenile Division handled 254 juveniles for violent

crimes. That number increased by 72 percent in 1988, to a total of 438 juveniles charged with violent crimes. Juveniles charged with murder increased from 10 in 1983 to 26 in 1988. That is an increase of 160 percent. The number of juveniles charged with drug offenses increased by 90 percent over a five-year period. In 1983, 160 juveniles were charged with various drug offenses. By 1988, that number had increased to 298 juveniles.

One of the big controversial topics in Congress presently concerns day care for young children. I have heard a number of advantages that we can expect from proper day care, advantages such as children who are less likely to become involved in juvenile delinquent behavior, children who can be expected to perform better in our school system and many others.

There are two advantages I have yet to hear, that I would like to share with this Committee today. One of the many causes of child abuse are single parents who have no support system and become overwhelmed with caring for their children. Child care would provide those parents with much needed private time away from the stress of child care, thereby lowering the risk of child abuse in that family. In some child abuse cases, the cause of abuse can be related to poor parenting skills and lack of understanding of child development. Good child care could be used to increase parent's knowledge in both of these areas, again eliminating a major cause of child abuse in young children in some families.

Until we adequately address the problems of child abuse, poor living conditions, juvenile delinquency, teen pregnancy, lack of proper day care and other problems that adversely affect child development, I think we will continue to experience increases in violent crime rates, drug addictions and other similar problems that can threaten this nation.

Thank you.

Chairman MILLER. Thank you very much.

[Applause.]

[Prepared statement of Lt. Teddy Daigle follows:]

PREPARED STATEMENT OF LIEUTENANT TEDDY DAIGLE, JUVENILE DIVISION, NEW ORLEANS POLICE DEPARTMENT, NEW ORLEANS, LA

My name is Teddy Daigle and I am a Lieutenant with the New Orleans Police Department. I am assigned to the Juvenile Division and prior to my present assignment I was the Commander of the New Orleans Police Department's Child Abuse Section for more than 6 years.

I was asked to provide this committee with, among other things, statistical information about the prevalence of child abuse and neglect in the City of New Orleans and the State of Louisiana. Before providing those statistics, however, I think that it is important to point out several facts about the accuracy, or more specifically, the inaccuracy of child abuse statistics in general.

When someone obtains statistical information regarding cases of child abuse, they are most often informed by the person providing such information that the statistics reflect only those cases that are reported, not the actual cases that occur. The term "Reported Cases" is itself usually inappropriate and misleading. The number of cases provided are most often acutely "investigated cases", not reported cases. When a case is reported, the agency receiving the report will first review the information to determine if it fits their criteria for acceptance and investigation. If it does fit their criteria, it will be counted as a "reported case". If on the other hand it does not meet the criteria of that agency, the call may not be recorded as a reported case.

In addition, the number of reported or investigated cases provided by many child protection agencies, including the Louisiana Department of Social Services, does not include those cases where the child is abused by a person who is not a family member or primary caretaker. In Louisiana, as in many other states, the child protective service is not required to receive or investigate many of the cases involving out of home abusers.

The Louisiana Department of Social Services investigates only those cases where the person believed to be responsible for the abuse is a "caretaker" as defined in Louisiana Revised Statute 14 Article 403. The law defines caretaker as "any person legally obligated to provide or secure adequate care for a child, including a parent, a paramour of the child's parent residing in the same home as the child, tutor, guardian, legal custodian, foster home parent, an employee of a public or private day care center, or other person providing residential care".

The responsibility for investigating cases committed by out of home abusers usually is placed with law enforcement agencies. To my knowledge, there is no one location or agency in this state that collects statewide statistics on the number of children physically abused, sexually abused or sexually exploited by persons who are not caretakers.

Most statistical information is gathered from the child protective services, therefore, they usually do not include the thousands of children who are abused or exploited annually by individuals who are not family members or primary caretakers.

Bearing these factors in mind, statistics can provide us with information about the numbers of cases investigated and some trends over a period of time. I have attached some statistical information that I hope will be helpful to this committee. Time will not permit me to discuss all of the information, however, I would like to speak about a few of the statistics and some of the trends we have experienced.

Louisiana and New Orleans have experienced many of the same trends in child abuse cases that have been observed throughout the country. We have experienced a significant increase in investigated cases of child abuse and neglect. In the state, investigated cases increased from 6,749 in 1979 to a total of 23,165 in 1988. The child protective service for Orleans Parish investigated 2,605 reported cases in 1983 and 3,058 cases in 1988.

The New Orleans Police Department's (NOPD) Child Abuse Section investigates only those cases that are determined to require law enforcement involvement. They are usually the more serious cases, chronic cases or those cases that involve victims who are young children.

In 1979 the NOPD Child Abuse Section investigated 427 cases of abuse and neglect. Investigations reached a high of 916 cases in 1984. In 1988 a total of 761 cases were investigated.

We have also observed a very large increase in investigated cases of child sexual abuse. In 1979, 288 children statewide were reported to have been victims of sexual abuse. That number increased to 2,073 in 1988. The NOPD Child Abuse Section investigated 217 cases in 1983 and 423 cases in 1988. Like most of the nation we have also experienced a significant increase in the number of sexual abuse cases involving victims who are under ten years of age and cases involving juvenile perpetrators.

In serious physical abuse or neglect cases, children under seven years of age are most often the victims. The age group with the highest risk to be physically abused is from one to three years of age. The average age for victims of child abuse related fatalities in our state has consistently been under the age of three years.

In addition to seeing a large number of physical abuse and neglect victims under seven years of age, we have observed a majority of our victims coming from the city's poorer neighborhoods.

A number of studies conducted over the last fifteen years have indicated that there is some correlation between child abuse and delinquent behavior, violent behavior or criminal behavior. One study indicated that in 50% of the families reported for abuse, there was at least one child who was later taken to court as delinquent or ungovernable. Research has also shown that as high as possibly 75% of adolescent drug addicts and 75% of adolescent prostitutes were sexually abused. A 1984 study indicated that 75% of all individuals incarcerated in jails in this country report a previous history of abuse or neglect.

As might be expected, along with the increase of investigated cases of child abuse our city has experienced an increase in juvenile delinquent behavior. In 1983 the NOPD Juvenile Division handled 254 juveniles for violent crimes. That number increased by 72% in 1988, to a total of 438 juveniles charged with violent offenses. Juveniles charged with murder increased from 10 in 1983 to 26 in 1988, an increase of 160%. The number of juveniles charged with drug offenses increased by 90% over a five year period. In 1983, 160 juveniles were charged with various drug offenses. By 1988, that number had increased to 298 juveniles.

One of the big controversial topics in the Congress presently, concerns day care for young children. I have heard a number of advantages that we can expect when good day care is provided. Advantages such as, children who are less likely to become involved in juvenile delinquent behavior, children who can be expect to perform better in our school system and many others.

There are two advantages I have yet to hear, that I would like to share with this committee. One of the many causes of child abuse is single parents who have no support systems and become overwhelmed with caring for their children. Child care would provide those parents with much needed private time away from the stress of child care, thereby lowering the risk of child abuse in that family. In some child abuse cases, the cause of the abuse can be related to poor parenting skills and a lack of understanding about child development. Good child care could be used to increase parent's knowledge in both of these areas. Again, eliminating a major cause of child abuse for young children in some families.

Until we adequately address the problems of child abuse, poor living conditions, juvenile delinquency, teen pregnancy, lack of proper day care, and other problems that adversely effect child development, I think we will continue to experience increases in violent crime rates, drug addiction and other similar problems that can threaten this nation.

ATTACHMENT: A

CHILD ABUSE STATISTICS

1987 NATIONAL CHILD ABUSE STATISTICS:

Total Number of Cases Reported	2,178,384
Cases Per 1,000 Children	34
Increase From Previous Year	4%
Increase From 1976	225%

Source: American Humane Association

* 1976 was the first year the American Humane Association compiled national statistics.

* * The total number of cases reported may not include a majority of the cases involving children who have been abused by persons other than family members or primary caretakers.

LOUISIANA CHILD ABUSE STATISTICS:

	1979	1983	1988
Total Cases Investigated	6,749	17,383	23,165

Total number of valid cases in 1988 - 18,119

Number of victims in valid cases of: (1988)

Neglect	10,568
Physical Abuse	4,792
Sexual Abuse	2,073
Emotional Maltreatment	122
Fatalities	31

Source: Louisiana Department of Social Services

ORLEANS PARISH CHILD ABUSE STATISTICS:

Orleans Parish Department of Social Services.

	1983	1988
Total Cases Investigated	2,605	3,058
Total valid cases	Unknown	2,028

Number of victims in valid cases of: (1988)

Neglect	1,136
Physical Abuse	510
Sexual Abuse	282
Fatalities	5

Source: Louisiana Department of Social Services

New Orleans Police Department, Child Abuse Section.

Cases Investigated	1983	1988
Physical Abuse	233	284
Sexual Abuse	217	423
Neglect	112	42
Deaths	16	12
Total	578	761

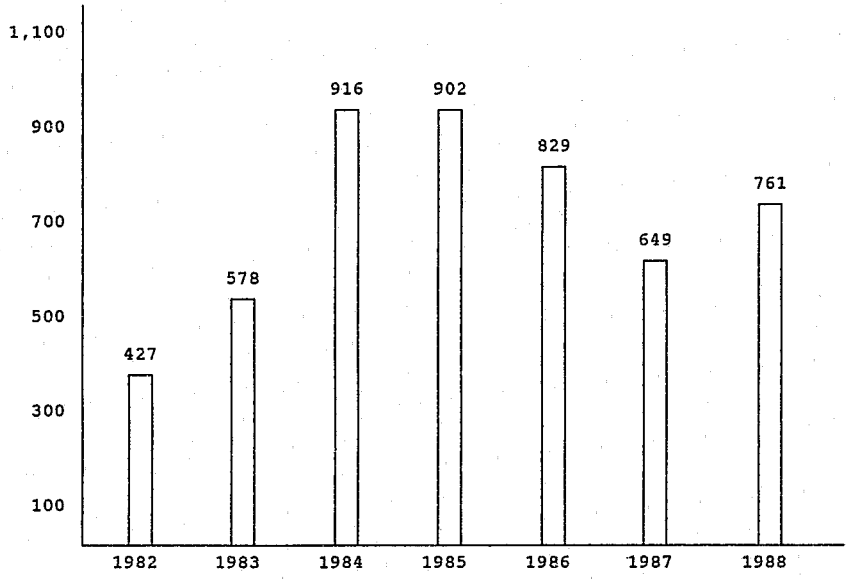
Source: New Orleans Police Department, Child Abuse Section

ATTACHMENT: B

NEW ORLEANS POLICE DEPARTMENT

CHILD ABUSE STATISTICS

TOTAL INVESTIGATED CASES



*For the period of Jan. 1 to June 30, 1989, 396 cases were investigated.

NOTE: The reductions in total cases investigated in 1986 and 1987 were due primarily to newer more restrictive criteria for case acceptance and a reduction in manpower. (Additional manpower has been provided in 1989)

Source: New Orleans Police Department, Child Abuse Section

ATTACHMENT: C

NEW ORLEANS POLICE DEPARTMENT
JUVENILE DIVISION

JUVENILE VIOLENT CRIME COMPARISON

YEAR	1983		1988			
CRIMES	# OF OFFENSES	# OF OFFENDERS	# OF OFFENSES	+ OR- CHANGE IN %	# OF OFFENDERS	+ OR - CHANGE IN %
MURDER	10	10	24	+140%	26	+160%
AGGRAVATED BATTERY (GUN)	12	12	37	+208%	35	+183%
AGGRAVATED BATTERY (KNIFE)	34	37	30	-12%	27	-27%
AGGRAVATED RAPE	11	15	20	+81%	17	+13%
AGGRAVATED RESIDENCE BURGLARY	1	1	10	+900%	13	+1,200%
ARMED ROBBERY WITH GUN	66	57	44	-50%	46	-20%
ARMED ROBBERY WITH KNIFE	15	17	4	-73%	10	-59%
AGGRAVATED ASSAULT	62	59	91	+47%	91	+54%
ILLEGAL CARRYING CONCEALED GUN	42	46	160	+271%	173	+276%
TOTALS	253	254	420	+66%	438	+72%

NOTE: At the time this information was compiled the total juvenile offenses and the total number of juveniles taken into custody in 1988 were not available. The last statistics that were available were for the year to date at the end of November, 1988. The totals for both categories were computed by dividing eleven (11) months into the total for the end of November, 1988 to obtain a monthly average. That average was then added to the total for the end of November, 1988 to get the yearly average for 1988.

Source: New Orleans Police Department, Juvenile Division

ATTACHMENT: D

NEW ORLEANS POLICE DEPARTMENT
JUVENILE DIVISION

JUVENILE DRUG COMPARISON

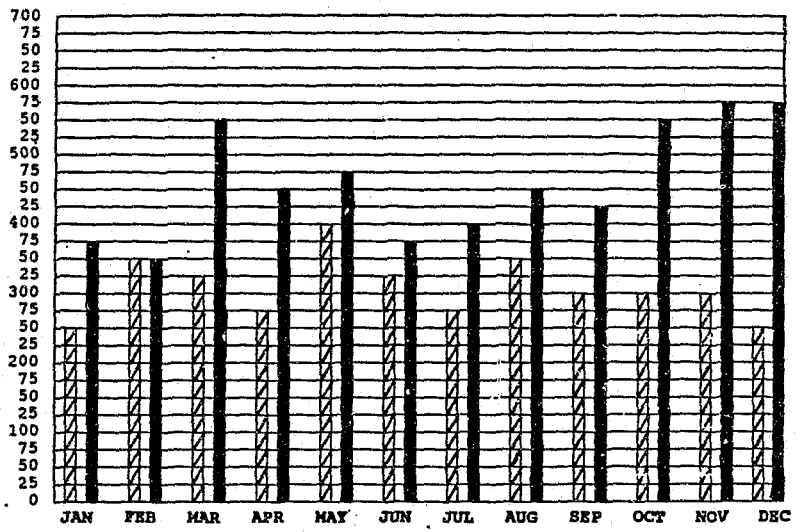
YEAR	1983	1988	+ OR - CHANGE (IN %)
CRIMES	# OF ARREST	# OF ARREST	
POSSESSION			
MARIJUANA	67	103	+54%
SCHEDULE I	0	2	+200%
SCHEDULE II	26	68	+184%
SCHEDULE III	5	2	-60%
SCHEDULE IV	0	2	+200%
SUB-TOTAL	98	177	+81%
DISTRIBUTION			
MARIJUANA	29	34	+17%
SCHEDULE I	3	0	-300%
SCHEDULE II	22	85	+286%
SCHEDULE III	8	2	-75%
SCHEDULE IV	0	0	0
SUB-TOTAL	62	121	+95%
TOTALS	160	298	+90%

NOTE: At the time this information was compiled the total juvenile drug arrest in 1988 was not available. The last statistics that were available were for the year to date at the end of November, 1988. The totals were computed by dividing eleven (11) months into the total for the end of November, to obtain a monthly average. That average was then added to the total for the end of November, 1988 to get the yearly average for 1988.

Source: New Orleans Police Department, Juvenile Division

ATTACHMENT: E

JUVENILE DIVISION - CASES HANDLED
1983 COMPARED TO 1988



	COMPLAINTS 1983	COMPLAINTS 1988	PER-CENT INCREASE	PER-CENT DECREASE
JANUARY	249	366	47%	-
FEBRUARY.....	361	356	-	02%
MARCH.....	312	551	77%	-
APRIL.....	275	449	64%	-
MAY.....	411	473	15%	-
JUNE.....	331	375	14%	-
JULY.....	283	391	39%	-
AUGUST.....	348	452	30%	-
SEPTEMBER.....	290	412	42%	-
OCTOBER.....	333	560	39%	-
NOVEMBER.....	290	584	102%	-
DECEMBER.....	261	586	125%	-
TOTAL	3744	5555	INCREASE 48%	0%

Source: New Orleans Police Department, Juvenile Division

STATEMENT OF JOHN RONDENO, MEMBER, BOARD OF DIRECTORS, DRYADES STREET YMCA AND MEMBER, BOARD OF DIRECTORS, DESIRE COMMUNITY CENTER, NEW ORLEANS, LA

Mr. RONDENO. Good afternoon. I really appreciate the opportunity to address this hearing. My name is John Rondeno. I am the founder and president of Families Active in Total Health, Inc. We are a non-profit corporation dedicated to serving all segments of the community. One of the programs we are currently working on is the implementation of a literacy program for the elderly and handicapped residents in the Guste High Rise development. I am a Board member of the Dryades Street YMCA which serves the inner city youth of New Orleans. I serve on the Board of the Desire Community Center, whose facilities serve the youth of the Desire Housing Project, the Florida Housing Project and the surrounding area. I also serve on the Board of Aletheia, Inc., which focuses on the crisis of pre-teen and teen-age pregnancies.

My purpose in speaking to you today is to point out some of the needs of the minority community. However, in order to understand the magnitude of our problems, we must first be able to distinguish the difference between the problem and the results of the problems, otherwise known as cause and effect.

In trying to identify or isolate some of the problems, we must first look at the family structure. In the last 20 to 30 years, we have seen a decline in the family structure, and with that decline we see the effect it has had on our youth. Today, we have a lack of discipline, an abundant amount of substance abuse, pre-teen and teen-age pregnancy, homeless and runaway children and a total decline in the quality of education and discipline in our public school system.

In the sixties, we were told that we could no longer say prayers in our public schools or have any reference to a God or supreme being. These were the years when the so-called baby boomers were being educated. Today, this same generation of baby boomers are the parents, grandparents, aunts, uncles and leaders of today. Because of these court decisions and through no fault of their own, this generation was denied the privilege of being able to acknowledge a God or supreme being which is the foundation for all moral values and righteous judgment. So what seems to be the problem in our community is really the result of a problem created 20 to 30 years ago.

In addressing the need of minority families, especially those in the black community, we find a greater need to be identified with the family structure. The basic family structure includes a mother, a father and maybe other children. However, the family should also include the extended family including input from the grandparents and whenever possible aunts, uncles, et cetera.

Grandparents today recognize that the baby boom children have, to some degree, deserted their own daughters when they became pregnant out of wedlock, deserted their sons who got involved in

the drug culture, and deserted their children in general when they broke the law. When we were doing research for the literacy program for Families Active in Total Health, it was evident in talking to some of the elderly in the Guste High Rise development that they wanted to assist their own children in rearing their grandchildren by helping them with their homework and instilling in them some of the values that obviously eluded their children. The parents of the baby boomers did not realize by allowing the basic foundation of truth, moral value and righteous judgment to be taken away from our school system, we would have the problems we face today.

The minority community, especially the black community, needs money. In some cases we need money or tax credits to help us to obtain some of the basic needs such as child care for the working parents, parents who would like to join the work force or parents who desire to remain at home and rear their children. We need a program that would be flexible enough to allow the parents to choose who will take care of their children when they are working. It is important that the individuals or institutions that we entrust our children to are an extension of our family. We must have the freedom to choose a child care facility with the same value system that we have at home, one that would exercise the same judgment and discipline that we would if we could be there. It is very important that the family has the right to choose and provide input. Deprivation of choice encourages irresponsibility. Each individual must be in control and assume some responsibility for their own destiny. Subsidy without responsibility creates and encourages dependency. A good example is our welfare system.

The solution to these problems, though it may seem very complex, is very simple. We need help. We need help from the community at large, from the church, community organizations and we need help from the government.

The church and community organizations can provide new directions in developing and nurturing the family unit. We need help from the government in providing refundable tax credits of up to possibly $1000 per child for families to use in providing care for their preschool children. We need a program that provides the greatest benefits to the working family that earns the least amount of income.

We need programs that will not discriminate against families that primarily care for their own children, whether the care is provided by the mother, father, grandparent or some other member of the family or community. The program should extend benefits across the board, giving parents the freedom to select the child care arrangement of their choice. We do not want the government to control the education of our children. Hitler tried that to the youth of Germany, I think we know what the outcome was. We should learn a lesson.

We need programs that are cost effective and that will not establish any new government bureaucracy. We need programs that vest no additional power in government spending. In other words, a pro-

gram that is 100 percent effective in providing assistance to families with preschool children where every dollar is going directly to the parents.

I thank you for your time and for giving me the opportunity to address this critical issue.

[Applause.]

[Prepared statement of John Rondeno follows:]

Prepared Statement of John T. Rondeno, Jr., President of Families Active In Total Health, Inc., New Orleans, LA

Good morning. I really appreciate the opportunity to address this hearing. My name is John T. Rondeno, Jr. I am the founder and president of Families Active In Total Health, Inc. We are a non profit corporation dedicated to serving all segments of the community. One of the programs we are currently working on is the implementation of a literacy program for the elderly and handicapped residents in the Guste High Rise developement. I am a board member of the Dryades Street YMCA which serves the inner city youth of New Orleans. I serve on the Board of the Desire Community Center whose facilities serve the youths of the Desire Housing Project, the Florida Housing Project and the surrounding area. I also serve on the board of Aletheia, Inc. which focuses on the crisis of pre teen and teenage pregnancies.

My purpose in speaking to you today is to point out some of the needs of the minority community. However, in order to understand the magnitude of our problem, we must first be able to distinguish the difference between the problem, and the result of the problem, otherwise known as cause and effect.

In trying to identify or isolate some of the problems, we must first look at the family structure. In the last 20 to 30 years, we have seen a decline in the family structure, and with that decline, we see the effect it has had on our youth. Today, we have a lack of discipline, an abundant amount of substance abuse, pre teen and teenage pregnancy, homeless and run away children, and a total decline in the quality of education and discipline in our public school system.

In the 60's we were told that we could no longer say prayer in our public schools or have any reference to a God or Supreme Being. These were the years when the so called Baby Boomers were being educated. Today, this same generation of Baby Boomers are the parents, grandparents, aunts, uncles and leaders of todays society. Because of these court decisions and through no fault of their own, this generation was denied the privilege of being able to acknowledge a God or Supreme Being which is the foundation for all moral values and righteous judgement. So what seems to be the problem in our community is really the result of a problem created 20 to 30 years ago.

In addressing the needs of minority families, especially those in the black community, we find a greater need to be identified with the family structure. The basic family structure includes a mother, a father and maybe other children. However, the family should also include the extended family including input from all grandparents and whenever possible aunts, uncles, etc..

Grandparents today recognize that the Baby Boom children have,to some degree, deserted their own daughters when they became pregnant out of wedlock, deserted their sons who got involved in the drug culture,and deserted their children who generally broke the law. When we were doing research for the literacy program for the Families Active In Total Health, it was evident in talking to some of the elderly in the Guste High Rise development that they wanted to assist their own children in rearing their grandchildren by helping them with there homework and instilling in them some of the values that obviously eluded their children. The parents of the Baby Boomers didn't realize that by allowing the basic foundation of truth, moral values and righteous judgement to be taken away from our school system , we would have the problems we face today.

The minority community, especially the black community, needs money. In some cases we need money or tax credits to help us to obtain some basic needs such as child care for the working parents, parents who would like to join the work force,or parents who desire to remain at home and rear the children. We need a program that would be flexible enough to allow the parents to choose who will take care of their children when they are working. It is important that the individuals or institutions that we entrust our children to are an extension of our family. We must have the freedom to choose a child care facility with the same value system we have at home, one that would exercise the same judgement and discipline that we would if we could be there. It is very important that the family has the right to make choices and provide input. Deprivation of choice encourages irresponsibility. Each individual must be in control and assume some responsibility for their own destiny. Subsidy without responsibility creates and encourages dependency. A good example is the Welfare System.

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I thank you for your time and for giving me the opportunity to address this critical issue.

John T. Rondeno Jr.
5063 Dreux Avenue
New Orleans, Louisiana 70126
(504) 283-6697

Chairman MILLER. Thank you all very much for your testimony. Ms. Broussard, let me just address something that you mentioned in your testimony and that is this whole problem of applying for programs and different eligibility requirements and mainly applications. Yesterday, in the House Energy and Commerce Committee, they accepted our suggestion along with Mr. Waxman's that HHS develop a single application form so that we do not have to go through this continued problem with individuals. Hopefully the administration will be able to come up with something in the near future that will reduce the bureaucratic cost of these programs but also extend the outreach of these programs to individuals that need them so that there is progress.

[Applause.]

Chairman MILLER. Mrs. Boggs.

Mrs. BOGGS. I too thank all of you for your testimony. Ms. Broussard, I was curious about why New Orleans does not receive any funds.

Ms. BROUSSARD. I have been with the Association for about a year, so I cannot give you a total history. I think at one time New Orleans did receive 330 funds, but somehow changes took place over the last five years or so. I really do not care to try and explain something that I am not totally abreast of, however, I believe New Orleans is eligible to reapply for 330 assistance, and so the Association is focusing on trying to stimulate that kind of activity. One thing that needs to occur is appropriations for new starts. And I had asked you all previously if you would address where that is in the appropriations process, and I would appreciate knowing.

Mrs. BOGGS. We will make a serious note of that and have it asked by the Committee itself.

Ms. BROUSSARD. Is it being discussed right now? I understand that appropriations for community health centers is being considered right now.

Mrs. BOGGS. The Labor/HHS bill has not been marked up yet but it is still in the process of being discussed. It is very timely.

Ms. BROUSSARD. Good.

Mrs. BOGGS. Ms. Bromon, of course we have worked together for so many years and we really appreciate everything that the National Council has been doing, and especially your own program here since 1980 that has become a national pilot program and been accepted by many different organizations as well as governmental agencies. It is simply wonderful what you have done.

Dr. Kaiser, we know that you are very knowledgeable in all of the areas that we have discussed, and I am certain that Mrs. Barry would love to sit down and talk with you about all of them, because she is at Children's Hospital in Washington where this Committee has held some hearings on previous occasions.

I am afraid I was the one who was insistent that we have you talk about AIDS because I know what a tremendous problem it is and how remarkable it is that Children's Hospital meets each new challenge with programs and outreach that are just so remarkable. Thank you for all of the work that you are doing and cooperation of Charity and all the medical institutions. It is—and for the information that you are able to give, particularly to the people at risk.

We are so very, very—so much in need of information, that is probably the most necessary part of the whole effort against AIDS.

I am so pleased, Lieutenant Daigle that you have been with us. You have been extraordinarily helpful to everybody in town who is working on these problems. You pointed it out so specifically to us, and I know how much the Agenda for Children and all the other agencies involved with child abuse and sexually abused children depend upon you and upon the group that you help to direct.

And I do not know what we would do without the Dryades Street Y and your involvement. I really think that we know, Mr. Rondeno, that you have been guiding that agency for a very long time. You referred to the literacy program but I think that is one of the most important things that you are able to do. It is the backbone of job opportunity, of good child care, of being able to have influence over your own children. So thank you, and thank your references to a higher order.

Thank all of you so very much.

[Applause.]

Mr. HOLLOWAY. Let me say thanks to all the witnesses we have had today and for the testimony we have had. We realize we do have a tremendous problem in Louisiana. Our problem is not an urban problem, it is a rural problem, it is everywhere. In the little town I am from, I am from a town of 350 people, we have drugs, we have—I do not know that we have AIDS, I had better not say that we have AIDS, but we may have it. It is a problem that is going to be everywhere, it is not just in New Orleans. This problem is not a black problem, it is not a white problem, it is not an ethnic problem of any kind, it is a problem everywhere.

I worry about what happens in New Orleans as well as I worry about what happens to the rest of Louisiana, my district and this nation.

I appreciate very much Mr. Rondeno's testimony regarding the fact that some of the blame falls on the fact that we have lost the morals, we have let God get out of our country, and we will not solve these problems, to me, unless we bring God back into our country, through prayer or in the school, through letting our children know what ethics are all about. Unless we do this we are going to have teen pregnancies. We will never solve the overall problem without bringing something back to our country, bringing some pride back.

I want to address Ms. Broussard, regarding health care. One of our biggest problems in this country today is the fact that the rural areas are treated differently through health care payments than the city areas. That is why we have the problems in Tangipahoa and that is the reason we have the problems in St. Helena and in Evangeline, because of the fact that they are paid on a different basis. I am a member of the Rural Health Caucus. We have to equalize those payments. In many of my rural hospitals, anywhere from 80 to 90 percent of the payments are made either from Medicaid or Medicare. Without a balanced payment, those hospitals cannot stay in business. There is a need for health care in Mamou, Louisiana as much as there is in New Orleans because sometimes—maybe the hospital in Greensburg is 55 miles from Baton Rouge and those people have a need for that care. So I think that

is an issue we have to address in Washington. If there is any issue that faces us today because there is a need not only in Louisiana, but all over this country, for us to give equal treatment to rural areas of people as well as to city areas.

I just want to say in closing none of us has the answer to this problem, none of us knows completely which way the government should go. It is a tremendous problem. I think we all try to do the best we can, hopefully somewhere down the line we will come to some answers. I think we have to be very careful and see that we address the issue on the basis of need, on the basis of people who cannot help themselves. Once we do that, good things will happen, but we cannot open the door and say, on the homeless issue for instance, we are going to take care of everyone that needs a home. There are probably 40 million homeowners out there who are struggling to pay a home note. The federal government cannot answer that need, those people will have to continue to struggle. But there are people who have to have aid and help. We have to address that issue, without bringing in the ones who can care for themselves. I think is the basic issue here today. With Head Start or whatever we do, let us help the people who cannot help themselves first. Then from that point if we can raise the amount of income a person can make to qualify for Head Start, and have the money to do it, let us do it. But let us help the people who need it. Let us distinguish between the people who need help the most and those who do not. I hope we get where we want to be, whether it regards child care or other issues.

So it is a pleasure for me to be in New Orleans. I think a great deal of your distinguished Congresswoman and I enjoy serving with her. We may not always vote the same, but we sure cooperate and try to do what is best for Louisiana, and try to work together for programs that are good for our people in this state. So again, thanks to Mr. Miller for coming to New Orleans. We appreciate him coming to Louisiana. He must like it because he sounds like he wants to come back.

Thanks to everyone for being here and we enjoyed being with you.

[Applause.]

Chairman MILLER. Let me again thank you. I just want to mention two points, if I might, because it may help us out.

One, Lieutenant Daigle, let me thank you. We are hearing more and more from Police Departments on the last two points that you made and that is again that child care is being used to reduce tension within families. People can get what you call private time if they just have an opportunity to get out of that stress. Communities are recognizing that this is a real tool in the fight against child abuse.

Also, Dr. Kaiser, let me just ask you if we could make arrangements to talk to somebody else or maybe you, but we asked you specifically to address AIDS because we will be going to Miami to deal with AIDS. We have gone to a number of different cities that have been hit with the AIDS problem, but if we could also arrange to talk to somebody to get an update on crack babies, because that is of great interest to many members of this Committee. We also at the end of the year want to be able to look at this on a national

scope and see what is going on in various regions of the country. So if we could make arrangements to do that, we would appreciate it.

Dr. KAISER. I will be glad to help.

Chairman MILLER. Thank you all very much for your testimony. I guess the good news is New Orleans and Louisiana have an awful lot of good people working on these problems. The bad news for me as I travel around the country, is that New Orleans and Louisiana are not alone. The numbers change, but you know, interestingly enough, the percentages do not change very much. It is about the same percentage of kids and people in trouble and families in trouble almost anywhere we go, whether it is Salt Lake City or New Orleans. And that suggests that there is a very, very big task out there. And I know I speak for Clyde and Lindy and myself that, as we have sat on this Committee, it just becomes more and more apparent to us how many more children would be damaged, would die, would be abused and how many families would be in trouble without people who work in the social welfare, social services field in delivering services. A great portion of the successes that we have are subsidized, if you will, by long hours and low pay and demoralizing work, but there is also, I hope, the gratification of the numbers of children that we do save. This Committee has always tried to recognize those long hours and sometimes dangerous work that people do to extract children from crisis situations.

And finally, I want to—not finally, but also I want to thank Mrs. Barry for joining us from Children's Hospital to recognize the importance of this conference at Dillard and finally to Dillard for hosting this Conference. I hope it is not the first and last. I hope it is the first of many so that we can measure progress on behalf of minority families and minority children, not just in child care but a lot of other problems that plague minority families in this city, in this state and throughout this country. That is the mission of this Committee and I hope that Dillard will be successful in taking on part of that mission as a formalized part of this institution.

So Dr. Cook, thank you very much for hosting this hearing. And with that, we will stand adjourned. And thank you, the audience, for bearing with us and to all of those who are supporting the Congress.

[Applause.]

[Whereupon, at 1:00 p.m., the Committee was adjourned.]

[Material submitted for inclusion in the record follows:]

serving human needs continuously since 1896

KINGSLEY HOUSE

United Way

C. Michael Moreau
Executive Director
504-523-6221

July 14, 1989

United States Congressional
House Committee on Families,
Youth, and Children

Dear Committee Chairman:

It is indeed an honor and a priviledge to be given the opportunity to submit written testimony to your committee on the issues affecting young children and minority families in the city of New Orleans, Louisiana. As a representative of Kingsley House these issues are ones which we are constantly challenged by. Kingsley House and New Orleans Day Nursery, established in 1896, is a multi-service, private, non-profit, United Way agency serving over 3,000 clients per day in a very low-income, largely black neighborhood. Our agency delivers services to the New Orleans population through a number of different programs.

Three of our existing programs which address the needs of families with young children are: the pre-school Day Nursery and Headstart program, the Parent-Child Center and the Family Preservation program. The day nursery has the distinction of being one of the first Headstart nurseries in this city. Our children come from the immediate neighborhood and many reside within the St. Thomas Housing Development. The St. Thomas Development is one of the most economically depressed neighborhoods within the city. There are approximately 5,000 residents of this development. Most of the households are headed by females whose main source of income is Aid To Dependent Children Assistance. Many of these mothers are eligible and the waiting lists at our day care center is long. These eligible parents are usually employed in a minimum wage setting and they are in need of quality child care.

The children who attend our day nursery are from families whose daily lives are filled with the stress of survival. We encounter social problems resulting from poverty and deprivation. Problems such as child

abuse, child neglect, substance abuse, low-educational attainment, inadequate housing and a general unsafe crime ridden environment. All of these problems place the children at risk and are cause for concern. These are also hinderances to producing a maximum learning experience for young children. In an attempt to combat these hinderances, Kingsley House has provided pathways to enhance success and achievement.

Our agency has Social Workers assigned to the day care center to assist children and families. We have also established a Parent-Child Center which addresses the needs of parents with young children. The Parent-Child Center is one of two such centers in New Orleans which services poor minority families. This center is seen as a preventive measure used to improve family functioning.

In addition to this, Kingsley House has also established the first Family Preservation Services Program to be established within the State of Louisiana. The goal of this program is to help families acquire improved coping and living skills to create change in the family's situation which will enable the family to remain intact, if possible. Families experiencing a serious crisis which placed one or more children at risk of being placed outside of the home can benefit from Family Preservation Services. The family crisis may be the result of problems such as abuse and neglect of children, serious parent/child conflict, delinquent acts committed by a child, unemployment threatening the caretaker's ability to provide for the family, substance abuse, and school truancy. Our client population includes families who are usually known to most public agencies and often to correctional and mental health institutions.

All of these services are interrelated. Our families are referred to them as the need arises. These programs have proven to meet the needs of the families seen as manifesting chronic social problems. Kingsley House is advocating for increased funds to enhance day care and supportive services for minority families. We believe that such services will result in empowering families to take control of their lives and become better functioning productive contributors to society.

Sincerely,

Maudelle W. Davis

Maudelle W. Davis
Assistant Executive Director

MWD/acw

serving human needs continuously since 1896

KINGSLEY HOUSE

United Way

C. Michael Moreau
Executive Director
504-523-6221

PROGRAM HISTORY

914 RICHARD STREET, NEW ORLEANS, LOUISIANA 70130

Kingsley House and New Orleans Day Nursery, established in 1896, is a multi-service, private, non-profit United Way organization serving over 3,000 clients per day in a very low-income, largely black neighborhood. We deliver services to the New Orleans population through a number of different programs. Existing programs include an Adult Day Health Care program, a Senior Center, a Parent-Child Center, a Pre-School Headstart program, a Teen Enrichment program, an After-School, Summer Day Care program, a Children's Crisis Management program, and a Family Preservation Service program. An extension of Family Preservation Services are support groups for children and adolescents who have been victims of physical abuse.

Families experiencing a serious crisis which placed one or more children at risk of being placed outside of the home can benefit from Family Preservation Services. The family crisis may be the result of problems such as abuse and neglect of children, serious parent/child conflict, delinquent acts committed by a child, unemployment threatening the caretaker's ability to provide for the family, substance abuse, and school truancy. Our client population includes families who are usually known to most public agencies and often to correctional and mental health institutions.

The Family Preservation Services program at Kingsley House orginated as a pilot project funded by the Edna McConnell Clark Foundation of New York. The Family Preservation Services program was initiated as a demonstration program in response to the Adoption Assistance and Child

Welfare Act of 1980 (P.L. 96-272). This law mandates prevention services to keep children within the family. The focus is to offer an alternative to out-of-home placement.

The Child Welfare League of America organized a network of ten Family Preservation Service pilot programs around the country. Kingsley House Family Preservation Services (KHFPS) is one of those original pilot programs. This particular program is housed within the boundaries of Kingsley House, one of the oldest settlement houses in the South. Kingsley House is located adjacent to a housing project.

KHFPS was organized and developed as a result of a grant awarded Kingsley House by the Edna McConnell Clark Foundation of New York. FPS began serving families on October 1, 1985. These services take place in the client's home and is used as a means of breaking the cycle of child abuse and neglect.

The goal of the program is to help families acquire improved coping and living skills to create change in the family's situation which will enable the family to remain intact, if possible.

PROGRAM DESIGN

There are ten (10) major program design elements of KHFPS.

I. **Eligibility Criteria**
   - A. Imminent risk
   - B. Family safety
   - C. Client population
   - D. Who can benefit from help

II. **Service Mix and Site**
   - A. Psychological, educational and concrete assistance
   - B. Discretionary funding for emergency needs, such as food, shelter, clothing, utilities
   - C. Staff roles are flexible
   - D. In-home, intensive service

III. **Working Hours**
   - A. Irregular working hours
   - B. Twenty-four hour availibilty/accessibility

IV. **Duration of Service**
   - A. Short-term, crisis intervention. (Services are provided for a period of 6-8 weeks).
   - B. Follow-up (one to three months)

V. **Caseload and Intensity of Services**
   - A. Two families per intervention period
   - B. Eight to twenty hours per week of intervensive in-home service.

VI. **Staffing Patterns**

There are three basic staffing patterns:

A. Single therapist

B. Co-therapist

C. Team effort (in cases of emergency, only).

VII. **Treatment Model**

KHFPS operates on the premise of Systems Theory, however, the program also borrows from other theoretical models that may be useful for a specific family. The workers have utilized Structural, Cognitive, social learning, Gestalt, and Reality models.

VIII. **Linkage**

KHFPS team has developed its resource manual in effort to identify resources that can be available and accessible to the families served as needed. On-going methods of identifying resources is also a task.

VIV. **Advocacy**

Therapists advocate in many ways for the families in areas such as poor housing, health, employment, education, family courts, client rights, etc.

VX. **Paper Work and Forms**

Reports and forms used by KHFPS focus on capturing information on the individual members and on the family as a whole. Forms compliment and support a family focus approach, assessment and treatment. Paper work and forms are relevant, kept to a minimum, simple and clear, and capable of being understood by the people who fill them out and available to client families if requested.

THEORETICAL ASSUMPTIONS

It can be assumed that there are many contributing factors leading to problem behavior in youth. KHFPS focus on family relationships, neighborhood and or community relationships in an effort to understand this epidemic and its etiology. Values and assumptions mold and shape the delivery of service like thoughts mold actions. One cannot understand or implement effective Family Preservation Services without examining the beliefs which underpin them. They fall into two broad categories: 1) beliefs about the nature and importance of families and 2) beliefs about the nature of help to families.

There are at least three major themes around which the extenuated beliefs regarding families and society seem to cluster: 1) the privacy of the family; 2) the need for limited intervention by the state and its helping organizations; 3) the responsibility of the state to protect the due process rights of families.

As a society, we say we believe that all human beings and children, in particular, need to be attached and nurtured by other human beings. We further say we believe that in children, these needs are best met if they are reared in families where they can be protected, sheltered, socialized and helped to become adults who will contribute to our society.

KHFPS belive in careful, limited interventions with families in order for parents to raise children as they think best according to the expected norms of society. The service notion of KHFPS of "limited objectives" is congruent with limited intervention. The specific methods used to influence change includes role play, modeling clear communication, prescribing symptoms and which focuses on the current dysfunctional

pattern of family interaction and provide a basis for more effective change. Goal: the minimal goal is to return the family to it's pre-crisis level of functioning and to help families to solve future crises.

Family empowerment. Clinical strategies are aimed at developing the family's ability to help themselves. This is predicated on the premise that most troubled families can and want to eliminate their problems and can make changes. The pain, fear, and anger generated by a family crisis can produce enough energy to motivate a family to learn new patterns. While the crisis is an opportunity, it also presents potential danger that the helper will take control from sometimes all too willing family members. Although the therapist may spend an enormous amount of time and involvement with the family, their intent is to exercise as minimal amount of control over family decisions as possible, consonant with maintaining safety.

Belief in the primacy and power of families is the basic rationale for working with the family as a whole and delivering the services in the family's home.

Intervention generally consist of joint meetings with the family as a unit. The intervention is intensive with family contacts ranging from 8-20 hours per week. Longer periods of time may be spent at the beginning of service to defuse high emotions, understand problems, and family dynamics, obtain desparately needed material assistance, etc. Intensity and flexibility are crucial to the monitoring required to assure the safety of family members.

Interactions are short 6-8 weeks. Time limits are made clear to the family from the outset. Having an "end" to service forces family members and workers alike to focus on problem solving and to constantly monitor progress. Knowing that it will not last longer than 8 weeks makes the intensity of the contracts with the relentless pressure and attain goals, tolerable for both family and staff.

KHFPS can meet the needs of families and insure measureable outcomes by implementing the program's philosophy. We can raise the level of self-esteem by helping families to realize that accepting help and learning new parenting/life behaviors does not indicate a weakness or failure. It must be stressed that accepting services does not reflect negatively on manhood or womanhood.

The long-range goals for participants (families) are:

1. to effect change within the family in order to prevent unnecessary removal of children from their home due to child abuse or neglect
2. to prevent truancy and school drop-out
3. to reduce physical and emotional abuse
4. to reduce the likelihood of substance abuse
5. to acquire additional life skills to be used for coping the next time there is a crisis or family problem
6. to assist clients in identifying situations which increase feelings of anger, fear, anxiety and stress and cope with these feelings effectively and non-violently and eventually to gain control.

A specific objective of this program is to increase the parenting skills. This can be accomplished by praising families for small achievements. Parents must be helped to realize that they have expertise as parents who know their children and want the best for them. A second objective is to educate parents about laws pertaining to child abuse and neglect and lack of supervision. We inform parents of the law. We are in the home to help set guidelines and to establish structure. The reduction of violence within the home is a third objective. This can be accomplished by teaching families to communicate with each other and by helping them to negotiate to get needs met. Mediation and negotiation are alternatives to violent acts and a means of getting needs met. Reduced recidivism is expected as a result of replacing behaviors that got families into trouble with more appropriate actions that will work for them.

This program results in a measurable and concrete reduction of the problem of child abuse and neglect in those families served. In order to accomplish this, families must be given the intensive supportive services as early as possible. These services can also reduce the number of children lingering in institutional care system. All clients are tracked to determine if they have remained intact or if children have been taken into care since this intensive involvement with our program within six months to one year.

At this point, we are proud to report that we have a 94% success rate at keeping families together. Of the 45 families we have served from October, 1985 to April, 1987, only 3 have had any of their children

removed, one was in foster care at the time of the initial referral, and the other two voluntarily relinquished custody of high risk.

Collection of data is being compiled in order to document the things that best work with home-based family focused programs. Data can also be used to identify the similarities and the differences found in the families referred. Data is collected from the families as well as from the referral sources. This data assists us in determining the effectiveness of services. Data is collected through the questionaires and also through interviews with families who have received the services. We are currently using a data collection form developed by the Child Welfare League of America Family Preservation Services Network Unit. This is a national Data Collection effort and we have benefitted by this participation as it affords us an opportunity to learn from our experiences as well as those of others around the country.

It has already been established that this type of program elicits a greater client involvement and therefore produce improved family functioning as a result of the client's increased participation. Also, this type of service delivery program has already proven to be cost effective when it is compared to the money spent on maintaining a child in institutional care for one year. The cost of serving a complete family is far less than the cost the State would pay for one member of the family.

Between October, 1985 and April, 1987, KHFPS intervened with 258 clients which included 71 adults and 187 children. The staff worked over 280 weeks with these 45 families, delivering over 2,520 hours of intensive, individual and family therapy.

Special Characteristics

Abused children often feel very hostile toward their parents, and this anger is easily transferred to the rest of the world through delinquency during adolescence. Often, as children, they have learned pro-violent norms and violent behaviors through daily interaction with their parents.

Some of the characteristics of many parents served by KHFPS have been: poor child rearing skills, lack of education, alcohol and drug abuse, a large number of children in the home, lower quality of life, limited social skills, economic hardships - unemployment, physical abused and neglect, mother/child and marital conflicts, limited flexibility which make parents more vulnerable to stressor events, ineffective disciplinary procedures, negative labeling by parents, school, community isolation, feelings of rejection and hopelessness, lack of stress reduction resources, and limited support for child care which may promote child abuse and neglect.

This program is designed to continue the collaborative efforts between Kingsley House and the State of Louisiana to develop and expand specialized treatment skills and resources for children and their families. This program responds immediatley to families referred for services. An effort to provide intervention within twenty-four hours of the referral is made by the worker who is available to families on a twenty-four basis. Services are available at times convenient for families as often as needed with a minimum average of eight hours per week of direct contact with families.

Specified and limited objectives focus the work on keeping families together, helping them through rough periods and teaching family members new coping skills. Emphasis is placed on effecting some short-term gains in family functioning and problem reducing to resolve the current crisis. We aim toward stabilizing the family in order to help them function in a manner to either avert future crisis or to learn to cope with other situations more effectively.

Staff must be flexible and able to function in an unstructured environment. Family Preservation Services' staff must recognize and respect cultural diversity. There must be an understanding that most parents want the best for their children, but often don't know how to obtain things that are in the best interest of their children.

Staff must allow families to express their feelings and thoughts on what is happening to them. Even the non-verbal clients have opinions. Intervening staff must set the environment for clients to trust us enough to risk expressing themselves. Staff must not form an opinion or become judgemental during the initial assessment. Clients must be assured that their opinion is significant. This is a way of empowering them to tak control of their environment and assume appropriate parenting roles. It is important not become hostile with individuals who may be hostile. We must allow individuals and families their right to express anger, confusion, and mistrust. It is important to inform parents that it is possible to achieve the things in life that they want to achieve.

The use of empowerment as an important family dynamic is stressed. This helps families to feel that they can control some areas of the lives, such as selecting the times convenient for home visits. Techniques used to empower families are varied. Families are encouraged to realize self-worth and to make choices to enforce the family unit. We let families know that we are not in the homes to tell them what to do but to help them improve their skills. Families are helped to develop strategies and options. We advocate for our families and make them aware of their rights and erase their fear of making mistakes. Family members are encouraged to discuss their feelings.

Format

Each therapist is trained prior to intervening with families. Formal training for therapists is approximately 2 months, for four hours daily durations (see training list of topics.) Upon completion of formalized training, on-going training/in service is provided monthly on intervention techniques and skills building. Training is also available to other agencies and staff

Training for parents take place in the home environment where issues of isolation, child abuse/neglect and other factors are discussed. Parents are also taught new skills as it relates to positive parenting.

KHFPS offers on site training packages for line staff, paraprofessionals and supervisors, individualized for the purchasing agencies' specific needs, as well as technical assistance, consultation and conference presentations.

Determining the Target Population

KHFPS are most effective if:

1. The child is at imminent risk of placement;
2. The child has been recently (60 days or less) removed and imminent return is expected,
3. Families are willing to work together to address problems and remain intact.

KHFPS are least effective if:

1. The child's safety cannot be assured;
2. Less intensive service is appropriate but has not been tried;
3. Active psychosis of caretaker;
4. Severe drug/alcohol abuse by caretaker and refusal to participate in substance abuse treatment;
5. Family refuses services.

Levels of Risks - Immediate, High, Moderate and Low

This training will include an explanation of the purpose of risk assessment scales. A discussion of the four levels of risk will be clearly defined along with the characteristics of each level. This section will examine the determining factors which create potential assults and and maltreatment.

A. Objectives

1. To explore the areas of parent-centered risk, child-centered risk, and economic risk according to levels of severity.
2. To provide clarification of factors that arise when assessing levels of risk.
3. To provide opportunities for development of proficiency in determining risks.

B. Methodology

1. Provision of risk assessment scales
2. Use of small group discussion
3. Provision of case example exercises

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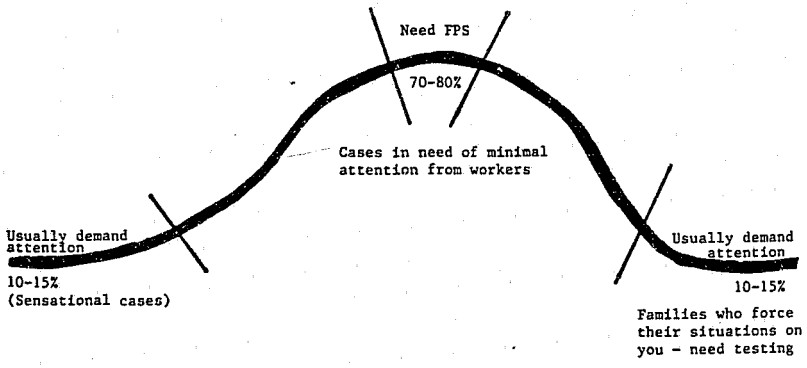
Referrals

Where cases fit on continuum



Risk Assessment

II. Risk Assessment Scale

Levels of Risk - Immediate, High, Moderate, Low

The practitioner must be skilled in being able to assess risk and take action based on that assessment. The practitioner must be able to respond to situational emergencies that place a child at risk, as well as work with families in a way to reduce or eliminate the risk factor.

In order to make a valid assessment of the level of risk, the wholistic approach must be taken to determine immediate jeopardy. You must consider the type of abuse/neglect, the extent of the abuse/neglect, the living environment in which the family exists, and the caretaker's ability to be protective and supportive.

A range of factors are examined and weighed to evaluate level of risk. Such factors are: child's age, severity and frequency of abuse or neglect, stresses, caretaker's cooperation, caretaker's intellectual and emotional abilities, and family support systems. Using a risk assessment model helps the therapist target and assess pieces of information about the child, family and environment to determine whether it is safe for the child to remain at home. One must be able to determine when less intensive services should be used.

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Questions to consider:

1. What services are available to families?
2. Is this family eligible for Kingsley House Family Preservation Services?
3. Would these case situations fall under the category of "immediate", or "high" placement risks?

Use examples: 1. Mother with newborn -- could use parent-aide, family support; and

2. Alcoholic parent who refuses treatment and is violent when drunk -- request placement of children outside home or removal of parent.

Appropriate use of less intensive services; determine when to use; what other services are available?

III. Referrals

This refers to the process of case opening. In some systems there may be legal complaints, in other cases a single request for service. KHFPS should be seen as a last resort to helping keep the family intact. The decision to make a referral must be preceded by a decision to provide intensive intervention to reduce the risk of placement of the child. In order to be an effective tool, the concept of empowerment must be adopted. Therefore, the family must want to accept services and they should enter into an agreement with program staff.

Considerations That Affect Referral Process

1. How do you presently refer a case to the KHFPS unit?
2. What is your perception of the Agency's attitude to support your decision to refer to KHFPS?
3. Will the worker be supported if a problem should arise? Will the worker get the message that it is "safer" to place the child in protective custody?
4. Has it been the "norm" to take a risk and work closely with the family or is this program an entirely new approach to servicing families?
5. What is the size of your caseload? How do large caseloads affect the referral process? Do you go to Court often?

Intensive services can help tremendously to relieve job loads.

Response -- Things to Consider

1. Within what timeframes are referrals accepted?
2. Encourage use of the formal procedures as outlined in the manual. This will be especially helpful in tracking a control group such as eligible families who are not served due to lack of openings.
3. Insure that initial contacts with the family are made within 24 hours.

What are some glitches which may occur between the referring staff and receiving staff?

1. Families needing intensive services can get them and the excuse of not assisting them because of large caseloads will not be applicable.
2. Are you willing to refer within a timely manner? Discuss the problem of allowing a lengthily waiting period of sending written case referrals. Share why KHFPS has found it necessary to wait until referrals are received in-hand before going out on an initial interview.
3. Discuss referral process of first-come-first-served. Do they have a waiting list? If not, are cases hand-picked for KHFPS or is referral purely on family need?
4. Why we insist on referring worker explaining services to families prior to KHFPS intervention.

5. Discuss the need for referring worker to refer promptly at time of crisis. Need for that worker to share information and the advantage of having someone else to share responsibility for problematic cases. (Supportive role process between staff).
6. Discuss need for receiving worker to share process of intervention with the referring worker.
7. Consideration of the skills of all units and a de-emphasis on elitism of special unit.
8. Sharing knowledge that intensive work with small caseloads can become as time-consuming and intensive as problematic and large caseloads with moderate to low-risk clients.

With large caseloads, workers can do little more than respond to crises and perform some case management functions. Small caseloads, which are a component of the FPS concept, offer public agency workers a chance to use their clinical skills and really make a difference in their clients' lives. KHFPS is a resource to child protective services in helping to prevent unnecessary removal of children from their families.

Home Instruction Program for Preschool Youngsters

NCJW Center for the Child

GENERAL BACKGROUND

The Home Instruction Program for Preschool Youngsters was developed by the National Council of Jewish Women Research Institute for Innovation in Education at The Hebrew University of Jerusalem in Israel. It is a home-based program designed for parents with limited formal schooling to provide educational enrichment for their preschool children. Support and training for the parents are given by paraprofessionals, themselves mothers of young children from the communities served by the program.

Initiated in 1969 as a research and development project, *HIPPY* in Israel has become a national program for disadvantaged families and preschoolers funded by Israel's Ministry of Education and Culture, but still operated by the NCJW Research Institute. Currently about 10,000 Israeli families in over 90 communities participate in the program annually. These numbers are a direct indication of *HIPPY*'s popularity and perceived effectiveness, since adoption of this program, rather than others, by local communities is entirely voluntary.

Extensive research in Israel, including a longitudinal study that followed *HIPPY* graduates through tenth grade, indicates that *HIPPY* benefits disadvantaged children by improving academic achievement and adjustment to school, reducing the incidence of retention in grade, and increasing the rate of school completion. [*HIPPY* research is summarized in A.D. Lombard's Success Begins at Home (Lexington, MA: Lexington Books, 1981).] Since both *HIPPY* and control children attended preschool as four-year-olds, these impacts were achieved in addition to any effects of preschool attendance.

Research findings also suggest that *HIPPY* has important positive impacts on participating mothers by improving their overall self-concepts and by increasing their interest and involvement in the education of their children, their involvement in community affairs, and their interest in pursuing further education for themselves.

HIPPY IN THE UNITED STATES

In 1982, the Ford Foundation made a grant to the NCJW Research Institute at the Hebrew University to support an international workshop that would bring *HIPPY* to the attention of early childhood educators outside of Israel. Since then annual workshops have been conducted in Jerusalem, attracting participants from both developed and developing countries. Workshop participants have gone on to implement *HIPPY* programs in Turkey, Canada, Chile, the Netherlands, and the United States.

The first *HIPPY* programs in the United States were established in 1984. Today, approximately 2,400 economically disadvantaged families participate in programs operating in nine states:

Community	State	# Families Served	Year Initiated
Bedford-Stuyvesant	New York	50	1988
Broward County	Florida	60	1986
Dade County	Florida	100	1986
Dallas	Texas	20	1988
El Dorado	Arkansas	70	1988
Fort Smith	Arkansas	95	1987
Greenville	Mississippi	35	1988
Heber Springs	Arkansas	25	1988
Helena	Arkansas	140	1987
Hot Springs	Arkansas	30	1988

Lake Village	Arkansas	70	1986
Little Rock	Arkansas	360	1986
Louisville	Kentucky	100	1987
Madison	Arkansas	70	1987
Marvell	Arkansas	50	1987
New Orleans	Louisiana	135	1987
Pine Bluff	Arkansas	95	1986
Pittsburgh	Pennsylvania	75	1988
Pulaski County	Arkansas	200	1986
Russelville	Arkansas	145	1986
Tulsa	Oklahoma	350	1984
West Memphis	Arkansas	75	1988
Wilmont	Arkansas	40	1987

Several new programs will begin in 1989 including:

Chicago	Illinois	50	1989
Grand Junction	Colorado	60	1989
Launch	Arkansas	50	1989
Minneapolis	Minnesota	60	1989
Warrensville Heights	Ohio	60	1989
Yonkers	New York	50	1989

On the basis of experience to date, it seems clear that the program is operationally viable in this country. School administrators, early childhood educators, paraprofessional home visitors, parents, and children like *HIPPY* and find its methods appropriate to their local settings. Although U.S. programs have not yet been rigorously evaluated, anecdotal and preliminary quantitative data suggest that *HIPPY* is affecting parents and children in this country in much the same way it was found to affect parents and children in Israel.

HIPPY: THE CORE PROGRAM

Duration of Program

HIPPY in the United States is a two-year program. In each of the two years there are thirty weeks of activities for parents which are scheduled to coincide roughly with the school year. Participating parents must have children who are four- or five-years old. One of the major reasons for choosing ages four and five is to stress the importance of the parental role in a child's transition from preschool to kindergarten. There are plans to extend the program to three years beginning when the the child is three years old.

Use of Paraprofessionals

Paraprofessionals, also parents from the community being served, are trained to visit the homes every other week bringing the activity packet for the parent for that week. Paraprofessionals are crucial to the design of HIPPY. Their appreciation for and knowledge of their unique communities allows them to develop trust with the families and to present the curriculum in a culturally relevant and appropriate manner.

The use of paraprofessionals from the community is a direct attempt to take into account local variation of program. Local program staff provide the HIPPY program with expert, first-hand knowledge of the community, while HIPPY training provides expertise in using the HIPPY materials successfully. Neither one alone can reach the goal.

Method of Instruction

The HIPPY activities are role-played between the paraprofessional and the parent. This method of instruction promotes a comfortable, non-threatening learning environment in which there is always room for mistakes. The parent does the activities with his or her child once the paraprofessional is gone. No one supervises or observes the parent working with his or her child.

Group Meetings

On alternate weeks, the activity packets are distributed at group meetings. The core of these meetings is the role-playing of that week's activities. The extension of the meeting is the enrichment activities which vary considerably from site to site.

HIPPY Activities

The HIPPY materials are highly structured and can be compared to a well-designed lesson plan. But HIPPY lesson plans are written for parents not teachers. They are written for parents who have had unsuccessful school experiences themselves and often feel incapable of teaching their children what they consider "school knowledge." The HIPPY structure is designed to guarantee successful learning experiences using the parent as the teacher. Since the structure in the HIPPY materials is for the parent (the teacher) and not the child (the learner), it often results in creative, open-ended learning experiences for the child. Still, not all HIPPY activities are open-ended. Some are more focused, cognitive tasks which allow for the growth and development of skills typically assumed in early elementary school curriculum.

The activity packets concentrate on language development, sensory and perceptual discrimination skills and problem solving:

Language instruction centers around a set of storybooks specifically written for HIPPY. Specific skills introduced include: listening, asking and answering questions, talking about the text, picture reading, story creation, serration and vocabulary-building.

Discrimination skills are divided into visual, auditory and tactile skills which are taught and practiced through the use of games. Visual discrimination is divided into visual-only and visual-motor activities. Visual-only activities include: describing, matching, and sorting real objects and pictures of real objects. Visual-motor activities are designed to provide the

children with a variety of situations in which they can use pencils, markers and crayons. Auditory discrimination focuses on volume and pitch, as well as rhyming sounds. "Feeling" games are used to practice the tactile discrimination between objects such as: hard-soft, smooth-rough, and thin-thick.

Problem-solving activites include listing, sorting, matching and grouping of concrete objects. Matrix games are used extensively.

HIPPY IS MORE THAN A HOME-BASED INSTRUCTION PROGRAM.

HIPPY assumes parents to be a child's primary educator.

By working with parents in the home, *HIPPY* breaks the cycle of learned helplessness. Parents learn that they play an instrumental role in their child's education, a role that cannot be replaced by schools.

HIPPY provides a child with school-readiness skills.

Elementary school curriculum assumes a certain knowledge base. More and more children experience failure at the outset of their educational careers as a result of not having this knowledge base. Early school failure is easier to prevent than to remediate.

HIPPY brings literacy into the home.

By introducing 18 storybooks throughout the two-year program, *HIPPY* makes reading one of many activities parents and children do together.

HIPPY is based on a community empowerment model.

HIPPY works with the community by training paraprofessionals from the community. By working from within, *HIPPY* builds a sense of trust among mothers, paraprofessionals and the professional coordinator. This trust can be, and has been, used as an entry point for the provision of other services.

HIPPY reaches the hard-to-reach families.

By starting in the homes, *HIPPY* reaches out to families who are receiving few, if any, services. As a result of this outreach and participant attendance at regular group meetings, *HIPPY* can become a resource center for health, literacy, child development and much more.

HIPPY promotes dialogue within the community.

HIPPY encourages the establishment of a local advisory group for each program site. Initiating, maintaining and expanding *HIPPY* within a community is, at first, the focal discussion point of such a group. This dialogue can and should expand to include other fundamental concerns regarding families and young children.

HIPPY provides lower-income communities with jobs.

By hiring and training paraprofessionals from the community, *HIPPY* has been the first step for some parents moving into the labor force. Employment with *HIPPY* helps to develop the skills and work experience needed to compete successfully for other jobs in local labor markets.

HIPPY IN NEW ORLEANS

HIPPY was brought to New Orleans in 1987 by the National Council of Jewish Women's Greater New Orleans Section (NCJW). Its first year of operation was made possible by NCJW and in-kind services from the New Orleans Parish School Board. In 1989, support

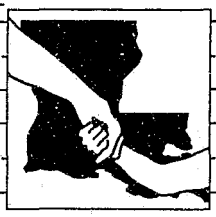
for the program was expanded to include the the Louisiana State Board of Elementary and Secondary Education and the New Orleans Mayor's Foundation for Education Incorporated. Currently it is anticipated that *HIPPY* will continue to receive support from all sources above with the exception of the Louisiana State Board of Education.

HIPPY now operates in two sites - at the Lafon and Hoffman Elementary Schools - under the administrative supervision of the Curriculum and Instruction Department, serving approximately 160 families. *HIPPY* in New Orleans is designed as a parent involvement component of the school-based pre-school programs. Still, children not enrolled in the pre-school program may also benefit from *HIPPY.*

While reliable evaluation data are not yet available from the New Orleans *HIPPY* program, reports and testimony from the parents and paraprofessionals who have participated are all positive citing *HIPPY* as a program which has benefited both parents and children. In addition, a recent interview of five kindergarten teachers with *HIPPY* children in their classroom indicates that children from the *HIPPY* program were more ready to actively participate in the kindergarten curriculum than children who did not receive *HIPPY.* These teachers have also noticed a difference in the participating parents. One kindergarten teacher said, "All disadvantaged children should have this program. The parents stand out; they take more interest. More parents want the program."

Submitted by National Council of Jewish Women, Gr. New Orleans Section, 4747 Earhart Boulevard, New Orleans, LA 70125.

For more information contact Miriam Westheimer, Director **HIPPY USA**, (212) 645-4048.



Agenda for Children

June 17, 1989

Howard P:nderhuges
Select Comm:ttee on
Ch:ldren, Youth, & Fam:ly
House Off:ce Bu:ld:ng Annex 2 Room 385
Wash:ngton, D.C. 20515

Dear Mr. P:nderhuges:

As you requested, I have compiled some data that reflects the s:tuat:on :n Lake Charles and Calcas:eu Par:sh preta:n:ng to Med:ca:d, Hous:ng, and the Off:ce of Commun:ty Serv:ces D:v:s:on of Ch:ldren, Youth, and Fam:ly Serv:ces.

MEDICAID:

(1). For the month of May, 1989 there were 2,640 cases on file at the Off:ce of El:g:b:l:ty and determ:nat:on (O.E.D.) for med:ca:d ass:stance :n Calcas:eu Par:sh. Th:s :s averag:ng 2.5 ch:ldren per household, wh:ch br:ngs the total to 6,600 on the med:ca:d card. There were 628 cases on f:le for the S.O.B.R.A. program. There were 442 cases averag:ng 2.5 ch:ldren per case br:ng:ng the total to 1,105 ch:ldren on S.O.B.R.A. There were 168 cases for pregnant women. The total amount of med:ca:d card rec:p:ents are 7,891 !!!!

(2). There are approx:mately 52 pr:vate OB-GYN, Fam:ly Prat:ce, and General Prat:c:anors :n the Lake Charles area. Out of those 52 there are only 3 who w:ll accept the med:ca:d card. One of wh:ch charges $45.00 for the f:rst v:s:t. There are approx:mately 15 Ped:atr:c:ans :n the Lake Charles area and none of them w:ll accept the med:ca:d card. The OB-GYN cl:n:c at Moss Reg:onal (state Hosp:tal) has closed so all the:r pat:ents are be:ng sent to Lafayette wh:ch :s an hour and one-half dr:ve from here. There are two ped:atr:c:ans st:ll work:ng at Moss Reg:onal so the PD cl:n:c has rema:ned open. The wa:t:ng per:od averages s:x hours before be:ng seen by a doctor at the PD cl:n:c. The Fam:ly Practice Cl:n:c :n Lake Charles has closed :t's doors so over 2,000 pat:ents now have no doctor. The only cl:n:c open to med:ca:d rec:p:ents :s Bayou Comprehens:ve. At Bayou Comprehens:ve they have one Fam:ly doctor and one Internal Medic:ne doctor. They are accept:ng new pat:ents, but are schedul:ng appo:nt-ments for October as of th:s week, last week :t was September. The doctors :n the outly:ng areas are not w:ll:ng to accept any more new pat:ents..

P.O. Box 51837, New Orleans, LA 70151

(3). The doctors are saying that they do not want to participate in the medicaid program because of lack of consideration by the medicaid recipients; high cost of mal-practice insurance; recipients are not keeping appointments; the reinbursement fee is too low for the visits medicaid limites the type of drugs prescribed; patients complain about having to use generics; the time period for receiving payments are too long.

Lake Charles has a population of 80,000 and in one month 7,891 have been approved for assistance through the medicaid program with either S.O.B.R.A. or Welfare. Children and Pregnant women are not receiving the care they need due to the reduced number of physicians and clinics participating in the medicaid program combined with the over abundance of recipients receiving medicaid.

We have a terriffic program started with S.O.B.R.A., but what good is it if there are no doctors willing to accept the medicaid card.

It is my impression that there is not enough information about the guidlines and procedures of the medicaid program available,. It could be beneficial if the state would come up with some type of flyer or other methods that would be educational to the medicaid recipient informing them of the type of coverage, how many visits are allowed (emergency and non-emergency), what medicine it will cover,etc. There is no knowledge of these facts being told to anyone applying for assistance or receiving assistance. The information can also inform the recipients of being courteous to the doctors so that the doctors may feel as though someone is looking out for their benefit. This flyer or other form of education could be sent each month along with the medicaid card.

Personally, I have been an AFDC recipient for two years and I was never informed of what the medicaid card covered for myself or my three children. It has been a situation of "learn as you go", the same as the welfare program and food stamps program. It seems that it holds you in a sitting position instead of informing you that you can grow while receiving benefits. Some worker in the welfare office will tell you what you can do, such as, go to school, get a job, buy a car, etc. and still maintain some benefits, but the majority will not!!! There have been checks misplaced:becaused of asking the wrong questions. Benefits are given up due to the humiliation of the appicant during the interview. This puts the recipient in a bad situation and they feel as though "the least amount said the better"!

Enclosed you will find copies of documents which will allow you to see just how things are in Calcasieu Parish and the Region V area..

Sincerely,

Lydia Lee
VISTA/AGRNDA FOR CHILDREN

cc Tamara Krenin
Chris Pilley

CITY OF NEW ORLEANS

DEPARTMENT OF HEALTH

SIDNEY J. BARTHELEMY
MAYOR

BROBSON LUTZ M.D., M.P.H.
DIRECTOR OF HEALTH

July 20, 1989

House Select Committee On Children,
Youth and Families
H2-385 House Office Building 2
Washington, DC 20515-6401

Dear Committee Members:

The Department of Health takes this opportunity to commend the members and the efforts of the House Select Committee.

We were disappointed at not having an opportunity to give oral testimony at the hearing on July 13, 1989, however, at the same time we are extremely pleased at the opportunity to provide the following written testimony.

As you so attentatively listened to the individuals who provided oral testimony, there is not a shadow of a doubt remaining that Louisiana is a severely troubled state. Not only is it troubled today, but more importantly the future picture is dismal.

As you read the following testimony, you will consistently find the lack of resources as the common thread that binds the ills of the state and the City of New Orleans. The years of reduced federal support along with other hard knocks, have combined to put cities like New Orleans in a very vulnerable position.

With the major portion of all federal dollars flowing through states, a city's chance to derive maximal benefits from programs and dollars, is only as good as the state's ability to access funds and services. The State of Louisiana has had difficulty providing necessary matching funds therefore, limiting the state's participantion in many programs. The state has also had problems moving awarded funds through its understaffed lethargic bureaucracy. These conditions combined to place cities such as New Orleans in a most disadvantaged position.

We are providing recommendations throughout this testimony as they relate to the various speciality areas. Our most paramount recommendation however, is for additional funding to states and most importantly cities, especially major urban cities. These cities must be provided the ability to directly access federal dollars. Barriers to financial resources must be neutralized or removed. Citizens after all, live not at the national or the state level. They live in cities, in communities and in neighborhoods that are under the care of city and county governments.

We are available to provide additional information or to answer questions on any of the content areas. Again, we thank the committee for this opportunity.

Respectfully yours,

Brobson Lutz, M.D., M.P.H.
Director Of Health

Shelia J. Webb, R.N., M.S.
Deputy Director Of Health

BL:SJW:pbl

cc: Mayor Sidney J. Barthelemy

CITY OF NEW ORLEANS

DEPARTMENT OF HEALTH

TESTIMONY TO
U.S. HOUSE SELECT COMMIMITTEE
ON
CHILDREN, YOUTH, AND FAMILIES

PRESENTED AT

DILLARD UNIVERSITY'S
1st ANNUAL NATIONAL CONFERENCE

Minority Child Care
And Family Issues

New Orleans, Louisiana

July 12 - 14, 1989

PREFACE

The occasion of the U.S. Select Committee on Children, Youth and Families Hearings presents the New Orleans Health Department with a unique opportunity to contribute to the on-going process of developing a more responsive network of support and services for the people of America.

Importantly, this opportunity presents the New Orleans Health Department with a chance to advocate for the health and associated needs of people from the most relevant context--the local community.

This compilation of testimonies cover the critical areas of:

- Health
- Mental Health
- Homelessness
- Nutrition

Individually, and combined they present a compelling statement of need for **Children, Youth and Families.**

INTRODUCTION

The state of Louisiana has a population of approximately 4 million 5 hundred people. The racial makeup of its residents according to 1980 census information is 69.2% white, 29.4% black with the remaining 1.4% consisting of other minorities. Twenty-six percent of the states total population are children. Louisiana ranks 48th in the nation by percentage of population living in poverty.

Unemployment has hovered between 11 and 14% over the past three years with Louisiana ranking 51 in the nation. Approximately 30% of the state's residents are uninsured with another 15% being underinsured.

Louisiana like many of her oil dependent sister states has suffered an economic upheaval from which she has had no real ability to return. Unable to develop other industries or convince the residents to pay more taxes or reform the current tax situation, Louisiana struggles on.

These strained circumstances contribute greatly to the poor general health status of Louisiana residents. Louisiana residents are continually faced with insufficient resources, unhealthy life styles and limited access to health care services. Inpatient and ambulatory care services are provided through the state's network of nine charity hospitals. The indigent population has traditionally received cradle-to-grave services from these institutions over the years. However, the current status of limited state's fiscal resources has significantly impaired and in some instances halted this century old system of health service delivery.

New Orleans is the largest cosmopolitan center (1985 S.M.S.A. estimate +1,329,026) in Louisiana and possesses a high level of urban poverty. Census data in 1980 indicates that 177,241 people, or 32.5% of Orleans Parish (New Orleans) inhabitants subsisted on below poverty level incomes. Reliance in Louisiana on energy, maritime, and tourism-related industries has subverted the development of alternative industries and contributed to prolonged depression of the local economy after the bulk of the country has been restored to pre-recession levels of business.

New Orleans has a population of about 600,000. Fifty-five (55%) percent of which are black. New Orleans also has significant contributions of Vietnamese and Hispanic populations who complete the picture of the New Orleans Community.

New Orleans is a city struggling with many financial constraints, diminishing external resources, constitutional prohibition against the taxing of personal income and a homestead exemption of $75,000. A combination of factors which produce a classic dilemma: we care, know what we need, and want to provide, but can not raise the money.

A major factor influencing New Orleans' financial picture is the absence of a real financial commitment of state funds to the City in general. Of special concern to the New Orleans Health Department is the near absence of funding support for public health services. The state strategy for health in New Orleans consists of funding Charity Hospital, family planning activities and a few state contracts with the City's Health Department (mostly federal funding) for WIC, CSFP, and EPSDT services.

The most ironic result of this situation is observed in the medicaid program where the state is only able to match medicaid funds sufficient to cover a mere 26% of the total potential population of medicaid eligibles in the state.

NEED

An obvious result of this situation is enormous stress exacerbating community factors which contribute to New Orleans' poor health profile:

Our rich tradition of culinary arts and well-earned reputation for Creole, Cajun & French cooking contribute to serious health problems such as:

- Elevated cholesterol levels
- Cardio-vascular disease
- Hypertension
- Diabetes

Other health problems in our community include:

- Teen pregnancy (13%)
- Infant mortality (15.5%), an attendant problem to teen pregnancy
- Low birth weight infants (8.7%)
- High cancer rates
- Respiratory Problems - a resulting from the combininations of high humidity and environmental factors.

Since the majority of the population in New Orleans is black, much of the city's health profile is determined by the health profile of the black community. The health status for New Orleans, especially the black community, is consistent with the findings of the Secretary's Task Force Report on Black and Minority Health (1986). Consequently, cancer, cardio-vascular disease, stroke, diabetes and infant mortality are the greatest factors contributing to mortality in the New Orleans community.

Existing Services available in New Orleans to meet the medical/ dental needs of the indigent are dramatically insufficient. They consist of:

1. Charity Hospital
2. The services available through the New Orleans Health Department.
3. Two Community Health Clinics.
4. Three Part-time Community Health Centers sponsored by the New Orleans Health Corp.

PRIMARY HEALTH CARE

DISCUSSION

Health Care For The Indigent & Medically Underserved in the City of New Orleans is the Department of Health's most important legislative focus and a primary concern.

Title 330 funding is an appropriation of approximately $435 million dollars which provides federal funding directly to community health centers for the provision of health care services to the indigent and medically underserved population. The State of Louisiana receives some $3,084,551 for four projects. Of this amount, the City of New Orleans receives nothing even though approximately 30 per cent of the state's indigent population is claimed by New Orleans.

New Orleans has never been a recipient of 330 funding. Presently, our two major community health clinics are funded by Community Development Block Grant monies; however, we can not depend on this continued funding. The Department of Health has aggressively sought 330 funding for the last two and one-half years. However, the appropriation has been at a near stand still five states comprising Region VI, Louisiana, which has significantly greater problems, receives less money than the others.

RECOMMENDATIONS

Long Term - the total funding appropriation needs to be increased to include new start money for New Orleans. (Approximately 3.5 million to fund six sites).

Short Range - interim monies need to be identified until the appropriation is considered.

MATERNAL AND CHILD HEALTH SERVICES

DISCUSSION:

The Division of Clinical Service of the New Orleans Health Department serves the infants, children, and families of our community through a system of Child Health Centers (well baby clinics). These clinics are open to the general public but are most heavily utilized by indigent and low-income families. The clinics are located in or near housing projects (3 clinics) or in low-income areas of the city (4 clinics). These clinics offer us a first hand opportunity to monitor the conditions of infants and children in the community.

Most of the patients we serve are born at the local (state-supported) Charity Hospital of New Orleans which delivers about 7000 newborns per year. About 33% of patients who delivers at Charity are on Medicaid. The remainder are from low-income families. This is similar to what we experience in our clinics. With the passage of SOBRA which went into effect January 1, 1989, this may change in time. In the population of patients we serve, about 90% are black and 10% are of other racial backgrounds (hispanic, vietnames, and caucasian).

The periodicity of visits to our clinics follows the latest recommendations of by the American Academy of Pediatrics' "Guidelines for Health Supervision". Physical Examinations are performed by physicians or public health nurses. Services provided at the Child Health Centers are generally preventative in nature. They include the E.P.S.D.T. program; routine immunizations; health education and counseling for parents; screenings for congenital metabolic diseases and other disease conditions such as Sickle Cell disease, lead poisoning, speech, hearing and vision problems, developmental problems, anemia, and tuberculosis. Child abuse and neglect may be detected on these visits and simple illnesses are treated. Those conditions detected upon further screening which require more extensive evaluation or care are referred to other physicians or clinics.

Eligibility for the federal food programs, Women, Infants and Children (5000 plus monthly participants) and the Commodity Supplemental Food Program (20,000 plus monthly participants) is also determined and patients may be certified for either program. Our clinics have about 65,000 patients visits each year.

Major problems related to health promotion which we encounter in infants and in children in Orleans Parish are:

A. Decreased Funding for Services: We face continuing decreases in funding to provide public health services. Funding for our division has dropped from 1,639.318 in 1984 to 1,550.838 in 1988. Poor working conditions and poor salaries have resulted in a decreased number of staff but with no changes (or even increases) in the number of patient encounters. The local and nationwide nursing shortage makes it extremely difficult to hire nurses. Staffing problems result in delays in patients being seen with waiting periods of 2-3 months for an appointment at some sites. Preventable conditions and diseases may go undetected and untreated.

B. Adolescent Pregnancy: The New Orleans Health Department's prenatal maternity clinic received funding through the State of Louisiana's Maternal Child Health block grant. The grant came from supplemental funds from the federal "Jobs Bill" monies in 1984. The goal of the program is to identify and provide full maternity services to women in low income groups who are not receiving prenatal care at Charity Hospital, private physicians, or other health care facilities on the Westbank area of Orleans Parish. The incidences of adolescent pregnancy in New Orleans are among the highest rates in both Louisiana and the nation.

Our primary concern, and the concern we wish to bring to your attention, is the adolescent who is biologically and/or psychologically immature for a pregnancy and for whom pregnancy is planned.

We believe that our country is being confronted with a problem far greater than a "normal-unplanned" adolescent pregnancy. It has been our experience that highly stressful life situations are some of the reasons why our adolescents are beginning to plan their pregnancies.

Interviews and counseling sessions with adolescents provided the following data:

- Adolescents attending the clinics are from single heads of households.
- Adolescents are Black and low income.
- Most often, the mothers have friends, lovers/or male providers living in the same households with them and their children.
- Conflict between the adolescent girl and the mother's "friend" is common occurrence.
- This conflict with the mother's friend leads to conflict between mother and daughter.

- Consciously (a very serious problem) the adolescent daughter not only wants to become pregnant to remove herself from this environment, but she plans a pregnancy.
- Finally, it is believed by many, through counseling, that the mother of this adolescent, unconsciously, also wish her daughter to leave the home to remove the conflict between her friend and her daughter.

If policies are to be formulated for the future of our children and this nation, and resources are to be set aside for our high risk adolescents, research studies on why our adolescents are beginning to plan their pregnancies are essential.

C. **Limited Access to Medical Care:** About 1/3 of our patients are presently on medicaid and although 2/3 of them are not, most are still too poor for private care, routine immunizations, and other preventive services. The low income jobs which employ many of our patients may offer little or no health insurance. Furthermore, for those few with health insurance, most health insurance does not cover preventive services. For sudden and/or chronic illnesses, the Charity Hospital Emergency Room and Charity clinics are about the only place where our low income patients can go for medical care. The Emergency Room at Charity Hospital frequently sees upwards of 300 patients per day in peak seasons. State budget cutbacks and a nursing staff shortage have also hurt Charity Hospital and have caused great delays for patients in receiving care. Long waits serve as a disincentive to patients seeking care. Those paitents who are on medicaid, are not limited to Charity Hospital. Private care may be available to them if they can find it. The inadequate medicaid re-imbursement rates, limitations on on number of visits, a history of payment denials, and other bureaucratic problems, make few private pediatricians in our community willing to accept medicaid patients.

D. **Limited Access to Medicines:** Orleans Parish is fortunate to have an endowed fund (the Sickles Fund) which provides for a pharmacy at City Hall to dispense medicines to indigent residents. Unfortunately, this fund (budgeted at $60,000 per year) is not nearly enough to satisfy the demand and is usually depleted well before the end of the fiscal year.

Also, the state medicaid program severely limits the drugs which are re-imbursable under the medicad program. These limits cause may treatable conditions to progress and eventully may require expensive hospitalizations in some cases.
cases.

E. **SOBRA Program:** With the SOBRA program having gone into effect January 1, 1989, efforts are being made to have our patients enroll in this program. These efforts nave been only partly successfully. There are several reasons for this problem. Many patients already accustomed to receiving free "well child" care at public health clinics and "sick child" care at Charity Hospital, are unmotivated to apply for SOBRA benefits. (This program, as well as the medicaid program, benefits our clinics since we bill for services just as do other providers). To further complicate matters, there is a single eligibility office centrally located in the community. The office operates by appointments only, has long lines, and long waiting times for appointments. This system offers little motivation for our patients to enroll. Also, those patients who are employed may not choose to miss work to keep these appointments in view of the afore mentioned difficulties.

F. **Lead Poisoning:** New Orleans is an old city with an abundance of old wooden housing. Many of our patients live in these old houses which may be in varying states of disrepair with peeling leadbased paint. On a regular basis, clinic patients are monitored for excessive blood lead levels and referred for treatment of lead posoning when this becomes necessary.

Funding for the lead screening program has, so far, been fairly stable from year to year under the state's Maternal and Child Health Block Grant program. It is increasingly vulnerably, though, because of the state's present fiscal crisis. To make matters worse, the the Centers for Diseases Control is planning to lower the "at risk" lead levels for infants and Children. When this occurs, the case load of affected patients can be expected to triple and will necessitate additional clinic visits, lead screenings and follow up. Increased funding to provide these services will be necessary. Also, a significant problem of contamination of soil and house dust by lead exists. This will continue to be a problem in the future even as houses are repainted with safer paints. The availability of EPA "Superfund" money to address the current and forthcoming problems with these sources of lead poisoning is critical.

G. **Legislation:** The federal Child Health Insurance Reform Package (CHIRP) legislation has not yet been enacted in Louisiana. The fiscal emergency in which Louisiana finds itself has precluded addressing many "less urgent" problems in the view of the state legislators. This legislation could benefit our employed low-income patients by giving them a choice in providers of medical care, would unburden our clinics, and would benefit the state-funded Charity Hospital by offering a funding source for its continued operation.

RECOMMENDATIONS

The consistent theme in any discussion of health needs for children youth and families comes down to resources, more specifically financial resources. It is imperative that we create a true safety net that catches those who fall through the cracks. The vulnerable members of the community the poor and disadvantage need some assurance of access to quality health care. Urban communities must have funding for maternal and child health programs and community health centers that more closely meet the need presented by communities. I change the federal policy makers to find a way to assure equal access to quality health services for all despite the influence of economically poor states and cities everywhere funds are not available.

HOMELESSNESS
AND
CHILDREN, YOUTH AND FAMILIES

DISCUSSION

The New Orleans Health Department provides health services to the homeless through the Healthcare for the Homeless Program. Statistics bear out the fact that children and families are the largest growing sub-group among the homeless. In 1988 approximately 15% of the homeless were families with children. 1989 shows that the percentage of families with children has risen to approximately 25% in 6 short months. We fully expect that the second half of 1989 will show this upward trend continuing.

The health issues facing the homeless family and affecting the well being of children can be divided into two areas: 1) Homeless pregnant women, 2) And children of families who become homeless. The lack of prenatal medical care, poor nutrition, and substance abuse produces children who when born into homelessness are at severe risk physically and emotionally. The low birth weight of these new borns, coupled with increased death risk of children born to homeless women, brings serious question to the ability of those women to provide for the physical and emotional needs of her child after birth.

Children of families who become homeless cope with this crisis in their lives with varying abilities which are largely based on the degree of stability, security, and physical and mental health they have previously experienced. Even the most well adjusted child when faced with homelessness, enters into a series of coping mechanisms which fall short of protecting them when homelessness endures. Physically, homeless children have the same illnesses as other children, however, they are at risk for greater frequency, severity, and increased complications of common childhood illnesses. Homeless children are exposed to the elements as well as to more contagious disease by virtue of the nature of the homeless existence. These children can experience regression; developmental delay; anemia; malnutrition; lead poisoning; and usually do not receive proper immunizations or treatment for diseases which leads to further health decline. In addition, homeliest children are at high risk of physical emotional, and sexual abuse. They are most times at the mercy of parents who are at many times overwhelmed by the situation, and others whom they come in contact with while on the streets or in shelters.

RECOMMENDATIONS

The needs of homeless families with children are numerous and complex. Homes, jobs, medical care, and a support network are some of the major needs common to all. Attention to health problems plays an important role in enabling homeless persons to address the many other problems they face in striving to overcome homelessness. A homeless existence jeopardizes the physical and mental health of those who experience it, and children suffer the greatest jeopardy of all. Consequently, an accessible, free, comprehensive health care network with community linkages, giving supportive assistance to homeless families and children is a necessary first step.

It will take several years of this type of comprehensive assistance before we will be able to see a significant reduction in the number of those who are homeless. However, it is evident already that homeless families and children are in the process of becoming healthier and enabled rather than becoming further debilitated because of programs that are available through the Stewart B. McKinney Comprehensive Homeless Assistance. This funding is critical and should be continued as the vital link that it is to assuring quality health care for homeless people.

NUTRITION-RELATED HEALTH PROBLEMS IN NEW ORLEANS, LOUISIANA

DISCUSSION:

The New Orleans Health Department has as its primary service population the most nutritionally vulnerable group - low income pregnant and postpartum women, infants and children. The nutrition problems of this group in New Orleans are similar to those throughout the country - a high incidence of both infant mortality and low birth weight babies (The Children's Defense Fund ranks Louisiana among the 10 worst states in these areas), iron deficiency anemia, obesity and undernutrition. These conditions are directly related to inadequate diet which has many causes - lack of financial resources to purchase food, lack of knowledge about which foods are needed for optimum health, lack of knowledge of food preparation, handling, storage and sanitation, and poor eating habits. In New Orleans these problems are compounded by high levels of poverty and low income, low levels of education, a depressed economy, and firmly entrenched cultural eating habits that include large quantities of fried foods and rich sauces.

This problem of inadequate diets and the need for a change in eating habits is further supported by the internationally recognized 15 year old Bogalusa Heart Study conducted by Louisiana State University which found high blood pressure and elevated cholesterol levels in preschool and young school-age children. The study directly linked these conditions to poor dietary habits. In addition, the Metro-Wide Cholesterol Screening conducted by the Health Department in 1988 and 1989 indicated that 65% of the population of New Orleans has cholesterol levels which put them at risk for coronary heart disease, offering more evidence for the need to change eating habits.

New Orleans also has a high percentage of pregnant teenagers (again The Children's Defense Fund rates Louisiana as one of the 10 worst states in this area). This group is at the greatest nutritional risk in the general population because of their poor eating habits and the difficulty they have in meeting their own nutritional needs for growth and development. When this is compounded by the nutritional requirements of a developing fetus the end result is often an undernourished mother and low birth weight baby.

In addition to these groups of women, infants, children and teenagers served by the New Orleans Health Department, another segment of the service population includes the low income elderly. In this group, hypertension, coronary heart disease, diabetes, and decreased mobility are added to the basic problems of malnutrition. Many elderly are surviving on meager pensions and small allotments of Food Stamps which are often stretched

even farther to support extended family members - children, grandchildren, great-grandchildren.

CURRENT STATE OF NUTRITION SERVICES' ACTIVITIES WITHIN THE HEALTH DEPARTMENT

Within the Health Department, Nutrition services is responsible for coordinating nutrition education activities in all programs for children and adults as well as administering the federal programs that provide supplemental foods and nutrition counseling to eligible low income pregnant and postpartum women, infants, children and elderly - The Women, Infants and Children,s Supplemental Food Program (WIC) and The Commodity Supplemental Food Program (CSFP). WIC services are provided at the Health Department's 7 Maternal and Child Health Centers and the Carver School Base Clinic and are linked to nursing assessments, nutrition education and counseling, and ongoing "well-baby" care as well as the issuance of the WIC vouchers or drafts to purchase supplemental foods. The current WIC caseload served in the Centers is in excess of 6000 per month. The CSFP provides a monthly supplemental food package to participants at 34 Commodity Distribution Sites in Orleans, Jefferson, Plaquemines, St. Tammany, and St. Bernard Parishes. The current CSFP caseload is 25,000 elderly and 28,000 mothers, infants and children, the majority of which receive ongoing "well-baby" care at the Maternal and Child Health Centers.

In addition to providing nutritional counseling and supplemental foods to the population eligible for WIC and CSFP, Nutrition Services also responds to requests from the general public and community groups for nutrition information, workshops on nutrition issues, and demonstrations of food preparation techniques.

RECOMMENDATIONS:

While the Health Department has successfully provided nutritional support services for a growing number of women, infants, children, and elderly, there are gaps in those services and a continual need for expansion to reach those segments of the population still in need (The Center For Budget and Policy estimates of the 169,174 potential WIC-eligible women and children in Louisiana only 98,020 were being served as of August 1988).

1. Additional outreach resources should be provided bring eligible and potentially eligible participants in to our Health Centers for services.

2. A means of providing maternity Clinics for prenatal patients at <u>each</u> Health Center is critical. Pregnant women are the smallest segment of our service population currently receiving WIC or CSFP services. Yet, nutritional services are especially crucial for this group in order to insure the birth

and survival of healthy babies. The Children's Defenses Fund in their report, The Health of America's Children, estimates that in the next 10 years this country will spend $6 billion to care for low birth weight babies in the first year of their lives, an expense which could have been avoided by insuring that all pregnant women have access to regular health care, including nutritional counseling and education. Ongoing nutritional counseling for pregnant women provides an excellent opportunity to impact not only on the health of the unborn infant but also on the nutritional status of the mother and any other family members, from babies to grandparents.

Providing information and education on breastfeeding could also be addressed in Maternity Clinics through nutrition and health counseling. Breastfeeding is generally not practiced by the low income population in New Orleans, primarily as a result of lack of information and instruction throughout pregnancy and a support system to provide answers to the questions and problems that arise when breastfeeding is actually attempted. Maternity Clinics could provide the information, instruction and support that pregnant women need to make breastfeeding an acceptable alternative.

3. School-Based Clinics should be available throughout New Orleans. The nutritional needs of pregnant teenagers can be addressed in these clinics as well as being able to interest all teens in their nutritional status through participation in athletics, dance, and self-image enhancement. Nutrition counseling and peer support groups for dietary problems can easily be coordinated with the school's food service and related health classes.

4. Home Health Care serving the disabled and home-bound with a large proportion of elderly as patients, should include services of a nutritionist and home economist. Home Health staff need training in therapeutic diets and diet management and home-bound patients need education in their nutritional needs as well as practical, hands-on demonstrations of food preparation and handling.

Nutrition Services is a preventive service as well as a support service. It must go beyond simply providing food if it is to be effective in educating the public to choose the foods they need for optimum growth, development and health with the ultimate goal of improving their quality of life. In 1979 the U.S. Surgeon General established goals for improving maternal and child health to be met by 1990. These goals included reducing the infant mortality rate to no more than 9 deaths per 1000 births, reducing low-birthweight births to no more than 5 %, providing early prenatal care to at least 90 % of all pregnant women, and providing accessible primary health care for all infants. If these goals are to be achieved by the end of this century, increased funding for nutrition and other health services is needed, not only to provide families with

supplemental foods but also to provide the staff, equipment and facilities to adequately serve pregnant and postpartum women and their infants and children.

The Ten Worst States On:

Infant Mortality, All Races
District of Columbia
South Dakota
Alabama
South Carolina
Georgia
Mississippi
Illinois
Louisiana
Maryland
North Carolina

Infant Mortality, Black
District of Columbia
Michigan
Illinois
Indiana
Alabama
Pennsylvania
Tennessee
Missouri
New Jersey
Massachusetts

Neonatal Mortality, All Races
District of Columbia
Alabama
Delaware
South Carolina
Georgia
Maryland
Illinois
Michigan
Louisiana
Mississippi

Postneonatal Mortality, All Races
South Dakota
Wyoming
District of Columbia
Oregon
Mississippi
Arkansas
Idaho
Alaska
South Carolina
Washington

Low Birthweight, All Races
District of Columbia
Mississippi
Louisiana
South Carolina
Georgia
Alabama
Tennessee
North Carolina
Colorado
Maryland

Low Birthweight, Black
Colorado
District of Columbia
Illinois
Nevada
Michigan
Pennsylvania
Minnesota
Connecticut
Louisiana
Florida

Babies Born to Women Receiving Early Prenatal Care, All Races
New Mexico
District of Columbia
Texas
South Carolina
Florida
Arkansas
West Virginia
Oklahoma
Arizona
New York

Babies Born to Women Receiving Early Prenatal Care, Black
Florida
New York
New Mexico
Pennsylvania
Arkansas
South Carolina
West Virginia
Montana
District of Columbia
Texas

Babies Born to Women Receiving Adequate Prenatal Care, All Races
District of Columbia
New Mexico
South Carolina
Texas
New York
Vermont
Arkansas
West Virginia
Florida
Arizona

Babies Born to Women Receiving Late or No Prenatal Care, All Races
New Mexico,
Texas
District of Columbia
New York
Florida
Arizona
South Carolina
Oklahoma
Arkansas
West Virginia

Babies Born to Women Receiving Late or No Prenatal Care, Black
New York
Pennsylvania
New Mexico
West Virginia
Florida
Texas
Oklahoma
Nevada
South Carolina
District of Columbia

Babies Born to Women Receiving Inadequate Prenatal Care, All Races
District of Columbia
Texas
New Mexico
New York
Florida
South Carolina
Arizona
Oklahoma
Arkansas
Nevada

Births to Teens, All Races
Mississippi
Arkansas
Kentucky
Alabama
West Virginia
District of Columbia
Georgia
Tennessee
Louisiana
South Carolina

Births to Teens, White
West Virginia
Kentucky
Arkansas
New Mexico
Tennessee
Mississippi
Texas
Oklahoma
Alabama
Georgia

Births to Teens, Black
Arkansas
Wisconsin
Mississippi
Indiana
Illinois
Missouri
Delaware
Tennessee
Kentucky
Alabama

MENTAL HEALTH

DISCUSSION

Region I (Metropolitan New Orleans Area) is comprised of three (3) parishes: Orleans, St. Bernard and Placquemines Parishes. The 1980 population census for Region I is 647,661 of this population 29.2% (189,764) are children and adolescents under the age of 18. Current estimates suggest that 5% (9,488) fit into the category of severely emotionally disturbed.

Children and Adolescents in the New Orleans Metropolitan area face massive pressures that more them prone to emotional disturbance. Unemployment is extremely high, with about 15% of heads of households unemployed. At least 33 of the population is below the federal poverty level. Aid to Families with Dependent Children (AFDC) payments are among the lowest in the nation, only including families who meet 27% of the federal poverty guidelines.

New Orleans has a high teenage pregnancy rate and a very high (over 40%) high school dropout rate. Over 10,000 children receive special education, with many more in need. Drug use, family disorganization and violence is spreading in the city, with no end in sight. There is an ever increasing number of homeless families in the area.

Region I has a large number of children in foster care. The child protection agency, and the police investigate over 3,000 reports of child abuse and neglect yearly. New Orleans is an attractive city for teenage runaways who often become involved in drugs and prostitution. The Region I Community Mental Health Center received over 2,400 requests for services to children and adolescents last year, but could only evaluate approximately 837 and actually provide therapy for fewer.

These statistics offer only a glimpse at the plight of this region's children, due to unemployment, poverty, crime and homelessness. The true suffering and emotional distress these children will endure the rest of their lives is inevitable unless something is done to help them.

There is a critical shortage of unified mental health services to meet the needs of emotionally disturbed children and adolescents in this region. There is one centralized out-patient clinic for children and adolescents: the Child and Adolescent Mental Health Program (CHAMP), with extremely limited outreach work in other parts of the region. At any one time, the clinic has about 950 active clients with about 850 admissions yearly. Presently, the admission criteria has been adjusted to only allow the new admission of children who are determined to be "suicidal, homicidal, or gravely disabled". This limitation excludes approximately 66% of other young people requesting service.

The New Orleans Adolescent Hospital (NOAH) provides inpatient psychiatric treatment for children and adolescents. This hospital has 112 beds, primarily for long-term treatment (average length of stay is 6 months). NOAH operates at an average of 99% capacity, while long waiting lists force even acutely suicidal and psychotic youths to wait up to two (2) months for admission. The waiting list forces families already in crisis, into the already burdened Child Adolescent Mental Health Program, were they must be seen daily while awaiting hospital admission.

There is no illusion that our problems here in New Orleans are unique. Recognizing this truth leads to the logical conclusion that additional resources are urgently needed to insure the opportunity for a mentally and emotionally stable future for young people. It is imperative that something be done for the sake of the young people and for our sakes' as well. Unattended emotional and mental dysfunctionality can be expressed too often in destructive and violent behavior.

RECOMMENDATION

It is in this community's best interest to recommend that additional funding be made available for mental health services to youth.

Contributions From New Orleans Health Department Staff

Brobson Lutz, M.D., M.P.H.
Director of Health

Shelia J. Webb, R.N., M.S.
Deputy Director of Health

Hosea Doucet, M.D.
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Barbara Collins, R.N., M.P.H.
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Health Care for the Homeless Director

Barbara Morin
Nutrition Program Coordinator

Mike Andry, R.S.
Special Projects Coordinator

Robert Ancira, M.D.
Psychiatric Consultant

PREPARED STATEMENT OF CAROL F. BEBELLE, COORDINATOR OF SPECIAL ADMINISTRATIVE SERVICES, NEW ORLEANS HEALTH DEPARTMENT, NEW ORLEANS, LA

SUBJECT: Medical Eligibility for Pregnant Women & Children Reforms Contained in the Sixth Omnibus Budget Reconciliation Act (SOBRA)

I am Carol Bebelle, Coordinator of Special Administrative Services of the New Orleans Health Department. My address is 1300 Perdido St., Rm. 8E13, New Orleans, LA 70112.

As administrator of a child health service program for the City of New Orleans we have watched the Medicaid support population in our program grow from 23% to 33% in the last five years. This has occurred in a state where previous to the implementation of SOBRA, medicaid eligibility was limited to families meeting only 27% of the federal poverty guideline.

Needless to say, we were ecstatic about the potential that SOBRA offered in supported medical care for as much as 95% of the remaining population in our child health programs. We soon realized that SOBRA came with its own set of problems. Principal among them was the disincentive offered by the inclusion of the mandatory child support requirement.

One-parent families are a phenomena in our society that crosses class, race and gender lines. The poor and the very poor, the historic recipients of public assistance, have always felt an almost punitive disregard for their rights to privacy, respect, and general human consideration. This population, however, having no option has "grinned and bared" the insensitivity of a system that offered to help at the expense of their image and self-image all too often.

Today, however, we find an ever increasing pool of working poor people who choose to do without rather than submit to such disregard and disrespect for their privacy and their personal respect. This group of people too are eligible for public assistance and though the system is adapting to include them, it still carries with it this apparent need to be disciplinarian. The end result is that a golden opportunity like SOBRA loses the chance to become the safety net intended for poor, pregnant women and children.

Today, however, we find an ever increasing pool of working poor people who choose to do without rather than submit to such disregard and disrespect for their privacy and their personal respect. This group of people too are eligible for public assistance and though the system is adapting to include them, it still carries with it this apparent need to be disciplinarian. The end result is that a golden opportunity like SOBRA loses the chance to become the safety net intended for poor, pregnant women and children.

The Child Support requirement is the worst sabotage strategy that any health program could run into. I strongly urge the removal of the child support requirement from SOBRA guidelines. This matter should be handled in some separate way. Our experience has been that over 50% of our recruitment efforts are ruined by this requirement. And, that means that over 50% of the children needing more consistent medical support and care are prevented from receiving it. I ask the question, is SOBRA intended to be a Health Program for pregnant women and children or a child support program? The answer can only be determined by the policy makers.

Another concern that I wish to voice is related to the mandatory income level that is applied by the SOBRA Guidelines. Currently, guidelines require a mandatory income level that is 100% of the federal poverty guideline. I would urge your consideration of a higher mandatory level, my recommendation is 125%. Again, we must look at the old adage "An ounce of prevention is worth a pound of cure." Families straining to make ends meet are not likely to be able to afford a preventive health schedule of medical care for their children that would uncover problems before they caused difficulties. No different then the poor and the very poor this population runs out of money before the basics are taken care of. My counsel would be to view this population like we view those living at or below the poverty level. Their need is no less.

In closing I would only caution that SOBRA is a real opportunity to impact the infant morbidity, mortality and child health problems in our nation. I implore you to resist the temptation to dilute the effect of this potential by some conscious or unconscious social, moral or ethical need to be disciplining, punitive, judgmental or unnecessarily restrictive.

Thank you for your time and attention.

JUL 28 198

Cameron College

July 28, 1989

Jill Kagan or Howard Penderhughes
House Select Committee on Children, Youth and Families
H2-385 House Office Building 2
Washington, DC 20515-6401

Dear Ms. Kagan & Mr. Pinderhughes:

I feel it an honor and privilege to have had the opportunity to attend the hearing held at Dillard during the Dillard National Conference on Minority Child Care and Family Issues. After listening carefully to the testimonies presented, we feel that our pilot study would help solve the following problems that were addressed at these hearings:

1. Provides child care while the mother learns a skill in order to become employable.

2. Allows the parent to choose the quality care she desires for her children.

3 Provides income for local child care centers that are now having to close due to lack of funding.

4. Prevents mothers from dropping out of school because of lack of child care.

5. The default rate on guaranteed student loans will be improved. We studied the default rate and its causation at Cameron College, New Orleans, and we discovered that most of the students who dropped out of school did not attempt, nor were they able, to repay their school loans. Most of the drops in turn were caused by lack of someone to take care of their children while the parents tried to improve their ability to earn a living. A second cause for dropping out was found to be lack of transportation to and from school.

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6. The proposed program would be very cost effective to the taxpayers by enabling people to get off the welfare rolls and become self-supporting taxpaying citizens.

7. The program suggested is very simple and requires no additional government bureaucracy for its administration.

Please read and evaluate the enclosed pilot study for child care. Your interest and support in this important matter is greatly appreciated.

Sincerely,

Eleanor W. Cameron

Eleanor W. Cameron
President

Proposal for Federal Funding of Child Care for Students Enrolled in Post-Secondary Job-Preparation Educational Institutions

Cameron College has been operating in downtown New Orleans since 1981. Its goal is excellence in occupational education with an emphasis on self-worth, community involvement, and financial independence of its graduates. The placement records in the past indicate that 85% of our graduates were employed in the area of their training.

Enrollment ranges from 450 to 550 students. Of these, eighty-five to ninety percent are black, and eighty percent are female. The majority of the students are classified as belonging to the low-income group or as public assistance recipients.

Of the female students, most are in their twenties, are unmarried mothers, and most were teenage mothers. In the article "Kids and Contraceptives", in the February 16, 1987, issue of Newsweek, it states that most young mothers come from low-income households and chances are that either or both their mothers and older sisters were teenage mothers. Furthermore, one-third of all teenage mothers have a second child by the age of 20 and, if they have dropped out of school as most of these girls do, they will probably not finish their education and will come to rely on public assistance to survive.

b) Improvement of the self-esteem and independence in both the parent and the child will take place. The parent's program of study at the college is one that includes not only skills training but also general education subjects.

c) As a result of educational skills learned the student parent will become employable.

d) The employed student will leave the welfare rolls and will serve as a role model to his/her children to want to be self-supporting rather than a welfare recipient.

Cameron College's proposals would provide child care for students showing satisfactory progress while enrolled in a college . At the same time the mother is in school learning a skill and developing into a person with a heightened degree of self-worth, the children are also to be in a learning environment, learning and developing into individuals that realize the importance of education and planning for the future. Funding for these proposals would come from the federal government. However, we feel we can show the cost effectiveness of and savings generated from these programs.

To participate in the child care program, a student would have to meet and adhere to the following requirements:

I. A student's eligibility to participate would be determined by utilizing the need analysis, which is already established and used to determine eligibility for all Title IV funds.

II. To remain in the program, a student would be required to show satisfactory progress and maintain a grade point average of 2.0 (on a scale of 4). The student would be allowed a maximum of two absences per month unless serious illness of his/her self or of the child could be documented with a doctor's report.

III. A student who must take a leave of absence from school would be temporarily ineligible for free child care until he/she returned to classes.

IV. A student participating in the program would be allowed to have up to three children in the day care program. The children would have to be between the ages of eight weeks and four years of age. No child would be eligible for day care who is old enough to attend public school kindergarten.

V. A student would be eligible for participation in the program for a total of eighteen months. An optional month would be added if it were evident that the student would need the additional time to finish the program due to an extended illness or an unforeseen circumstance that delayed completion.

This would be handled situation by situation at the disgression of the school.

VI. A student would have to show that he/she has no other means of child care.

The returns on the investment of these programs would far exceed the cost to the federal government. Instead of having a generation thinking everyone else owes it a living, and therefore refuses to pay back student loans, we would have the beginning of a generation realizing it alone is responsible for its future. Besides all of the other benefits obtained this program would help in reducing both the dropout rate of the students and the default rate on student loans.

Please help eliminate welfare and develop self-worth in all individuals by letting us try this project.

Cameron College would consider it a privilege to undertake this study to prove we can help break the cycle of generation after generation being on welfare and at the same time not punish the innocent children for the social conditions in which they find themselves.

Proposal I

The first proposal utilizes already existing day care facilities. These facilities would be in an area near the school so as to eliminate transportation problems to and from the center and to and from the school. Day care would cover a maximum period of six hours a day. Care above six hours would be paid for by the mother.

The day care centers would have to meet the following criteria:

I. The center would have to offer a well-rounded educational program for the children. It would not be just a babysitting service as this would defeat part of the objectives of the program.

II. The center must meet all the state requirements for day care centers and must have a valid state license.

III. The center would offer at least one nutritious hot meal plus one snack during the six hour stay.

The school would employ an individual to serve as administrator of the child care program. This individual would be responsible for the total operation of the program including locating prospective day care centers and doing necessary background checks on them, monitoring the academic progress of students participating in the program, and completing all

necessary bookkeeping. The funds would go directly to the day care center without the school receiving any financial remuneration for managing the program.

This proposal could be started quickly due to the fact that the day care facilities utilized would already be in operation.

The school has contacted several licensed nurseries in the area. The following are capable of accepting children of students immediately:

1. Little Angels Day Care Center, Inc.
   Owner: Cynthia Cade

2. Sheila and Sharon Nursery School (four branches)
   Owner: Mrs. Mary Pierce

The day care centers would be paid on a monthly basis from the allotted funds. These funds could be handled through any government agency exactly like college work study funds are administered through the Department of Education. The centers would be required to submit a time card for each child attending their center for the purpose of documenting their attendances.

Disbursement of the funds would vary according to the number of children enrolled at the center and would be based on the following fee schedule:

One child	$180 per month
Two children	$175 per child per month
Three children or more	$140 per child per month

Proposal II

Whereas Proposal I would utilize several different conveniently located day care centers, Proposal II would utilize only one center that would be willing to contract with the school to accept all of the participants from Cameron College.

The school has contacted one licensed nursery in the area that has the facilities to provide day care for approximately thirty-seven students.

Sheila and Sharon Nursery School
Owner: Mrs. Mary Pierce

The requirements for the center would be the same as with Proposal I. Payment and administration would also be the same.

To illustrate the cost savings of this child care plan, below is a chart indicating welfare payments versus taxes paid for a single mother with one child over 15 years.

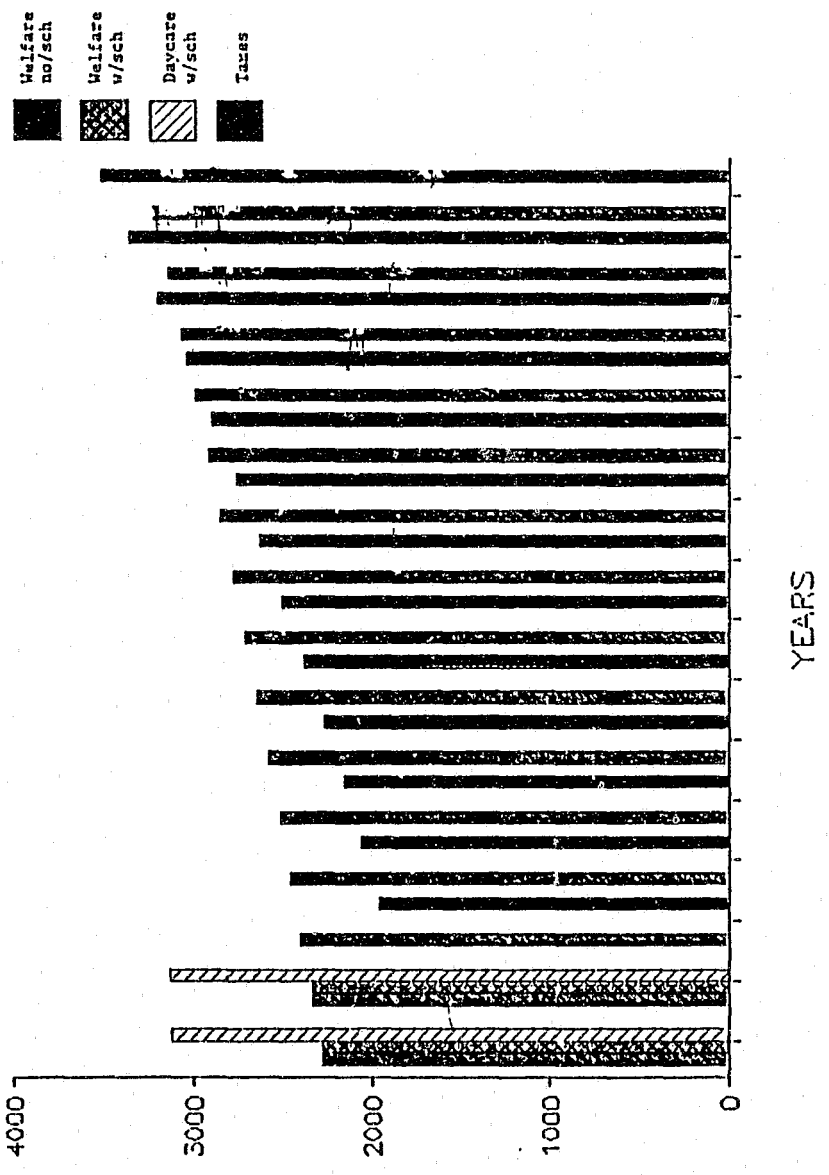
Years	Welfare no/sch	Welfare w/sch	Daycare w/sch	Taxes w/sch	Total Taxes	Salary w/sch
1	$ 2280.00	$ 2280.00	$3120.00	$ .00	$ .00	$ .00
2	2337.00	2337.00	3135.60	$ .00	.00	.00
3	2395.43	.00	.00	1960.00	1960.00	14000.00
4	2455.31	.00	.00	2058.00	4018.00	14700.00
5	2516.69	.00	.00	2160.90	6178.90	15435.00
6	2579.61	.00	.00	2268.95	8447.85	16206.75
7	2644.10	.00	.00	2382.39	10830.24	17017.09
8	2710.20	.00	.00	2501.51	13331.75	17867.94
9	2777.96	.00	.00	2626.59	15958.34	18761.34
10	2847.41	.00	.00	2757.92	18716.25	19699.41
11	2918.59	.00	.00	2895.81	21612.07	20684.38
12	2991.56	.00	.00	3040.60	24652.67	21718.60
13	3066.35	.00	.00	3192.63	27845.30	22804.52
14	3143.01	.00	.00	3352.27	31197.57	23944.75
15	3221.58	.00	.00	3519.88	34717.45	25141.99
	$40,884.79	$4,617.00	$6,255.00	$34,717.45		$247,981.76

WELFARE: The two welfare columns represents yearly amounts received for a single mother with one child over a 15 year period with assumed increase of 2.5% per year.

DAYCARE: The daycare cost would be in effect for the time period the student would be in school. Note that after three years of working the daycare cost would be collected in taxes.

TAXES: The taxes column represents yearly taxes collected from a single mother with one child over a 13 year period with starting salary of $14,000 and an annual increase of 5%. The federal tax percentage is 14% and it remains constant over the 15 years.

On the following page is a bar graph depicting this information.


Welfare no/sch
Welfare w/sch
Daycare w/sch
Taxes
4000
3000
2000
1000
0
YEARS

Evaluation:

There are several criteria that can be used to evaluate the success of the program. These include:

a) The attendance records of the students at Cameron College. Consistent, regular attendance largely suggests that a student is motivated to attend classes and will succeed.

b) The number of students who complete the program.

c) The number of students who leave with saleable skills (but who did not complete the program).

d) The number of students who are placed in jobs.

e) The appraisal of the program by the students.

f) The appraisal of the child care workers of the well being and development of the children in the nurseries.

The earliest indication of the problems in the program would be the attendance record of the students. Poor attendance, given adequate child care, would suggest that a student has other motivational problems at home or in the classroom. For academic problems, the student can be referred to tutors who are available at the college during the week and

on Saturday mornings. Students with social problems can be referred to appropriate social agencies in the community.

Disruptive or inappropriate behavior by the student in the classroom would warrant some investigation of a more deep-seated problem. An inability to help this student would be more of a personal tragedy than a failure of the program.

Another indicator of a problem in the program would be referrals from the nurseries regarding the well-being of the children. Problems with the children would affect the parents' concentration.

Staff:

Cameron College has been in operation since 1981. Its staff has the background and experience to teach and motivate low-income and welfare students. (see qualifications of faculty in appendix).

Cameron College is hopeful that within the next three years Congress will broaden its entitlement funds for child care. Education is the mother of opportunity, but education can take place only when one's personal affairs are reasonably stable.

After three years proven success perhaps the Job Training Partnership Act will issue funds to replace or add to this program. The school president, Mrs. Eleanor Cameron, has had several dialogues with the Honorable Sidney Barthelemy, Mayor of New Orleans, concerning funding on the local level. She has also conferred with Senators Bennett Johnston and John Breaux and Representatives Lindy Boggs, Billy Tauzin, and Robert Livingston.

To ensure 60 students the total project should be around $252,000 annually based on an average of 2 children per parent.

Entitlement funds to these same students yearly would be $345,600 for AFDC funds and food stamps alone. These figures do not include supplements for rent, commodities, energy, and water. Additionally, the recurrence of the entitlement cycle would not even be addressed without a program of this type.

Summary

Summary of cost based on the number of children in the family according to length of the program and placement.

30 Students	7 month program	3 children	$88,200
30 Students	7 month program	2 children	$73,500
30 Students	7 month program	1 child	$37,800
30 Students	14 month program	3 children	$176,400
30 Students	14 month program	2 children	$147,000
30 Students	14 month program	1 child	$ 75,600

STAFF

List all persons directly involved in program. State position and briefly give related qualifications and experience. (Officers, Directors, principal stockholders, owners or agencies, and instructional staff.)

Eleanor W. Cameron, M. Ed., Northwestern State University. Graduate work, University of North Carolina, Western Michigan University, Louisiana Tech, Northwestern State University, and Centenary College.

Peter Skov, M.D., Loma Linda University, California. J.D., Tulane University, New Orleans.

Karl Mayo - B.S., University of New Orleans. Five years experience as a certified teacher. Self-employed for five years in the audio-visual repair business. Director of Computer Science.

Joel Moore - M.A. University of South Carolina. Experienced certified teacher and administrator for 15 years. Dean of Education.

Yvette Badger - M.B.A. Tulane University. Experienced certified teacher and administrator for 11 years. Dean of Education.

Alfonso Gonzalez - B.S. University of New Orleans. Business owner. Experienced teacher and administrator.

FACULTY

Kathy Hamilton - B.S. Northeast Louisiana University, Monroe. Five years experience as a certified teacher. Teaches typing, speed and accuracy.

Douglas Croffitt - B.B.A. Texas Southern University, Houston. Three years experience in the business world. Teaches accounting, business machines, math, and secretarial office procedures.

Charles G. Rivet - B.B.A., Juris Doctor, Loyola University, 12 years experience as a trial lawyer. Teaches basic English, filing, and professional development.

Connie Lanier - B.S. Southeastern Louisiana University, Hammond. Five years experience in the business world. Self employed for two years as a consultant, trainer, and installer of computers. Teaches computer science classes.

Phyllis McCord - B.A. University of New Orleans. 16 years experience as a secretary. Teaches typing classes, basic and intermediate.

Mary Pagliughi - B.A. Nicholls State University. Five years experience as a secretary and payroll/accounts payable manager. Teaches word and data processing.

Susan Cosby - B.M. Columbus College. Experienced teacher.

Donald Kennedy - University of New Orleans. Programming consultant. Experienced teacher and administrator.

Wilbert Thibodeaux - B.S. Southern University. Draftsman. Experienced teacher and administrator.

Winnie Caro - B.A. Texas Women's University, Denton, Texas. 48 years experience as a certified teacher. Secretary, and real estate agent. Teaches typing, speed and accuracy.

Robert Paul - B.S., M.S., Troy State University, Dothan, Alabama. Five years experience as a registrar and instructor. Teaches filing, English, speech, and general education classes.

Beth Denton - B.A. Palm Beach Atlantic, West Palm Beach, Florida. Four years experience as a secretary, tutor, child care worker, and certified teacher. Teaches English classes and professional development.

Timothy Binns - B.A. Wright State University, Dayton, Ohio. Two years experience tutoring students. Teaches speech, professional development, filing, and accounting.

Tricia Guidroz - M.A. Northwestern State University. Two years experience as a graduate assistant in career planning and placement. Placement director. Teaches job entry training.

Louis Quarles - B.A. University of New Orleans. Ten years experience as an insurance agent and bank manager. Teaches accounting, math, and finance.

Jon Sedlacek - B.A. Cameron University, Lawton, Oaklahoma. Hotel Management, University of Las Vegas. Ten years experience as self employed investment manager and motel owner. Teaches filing and management classes.

Beth Sartain - B.S. Mississippi State University. Five years experience as a camp counselor, receptionist, and secretary. Teaches basic English, professional development, and speech.

Eloise Randals - B.S. Oklahoma Baptist University. Six years experience as a secretary. Teaches typing, basic and intermediate.

Bryant Miller - B.S. University of Southern Mississippi. Seven years experience as a captain in the army. President of his own construction company for four years. Sold computers and software for one year. Teaches computer classes.

Librarian

Lucy Bates - B.A. Xavier University. Library Science Certificate, University of New Orleans. Instructor and librarian, 30 years.

PREPARED STATEMENT OF DOROTHY JACQUES PERRAULT, PRESIDENT, PERRAULT KIDDY KOLLEGE, NEW ORLEANS, LA

In Re: Providing Quality Day-Care and Early Childhood Education

Date: July 26, 1989

I extend my gratitude to the national, state and local government leaders for their interest in improving the development of and strengthening of the foundation of our young children. We should realize that our future as a major indistrial nation, a provider of goods, rests in the development of our young child, youths and families. Our competitive global economy, which allows us to take our place in the world as producers and not merely consumers, cannot survive if we neglect any stage in the maturation process of our children. The invitation to make a presentation to the select committee is an honor.

As a professional, administrator and registered nurse, I have been involved in providing day care for 17 years and I am concerned about the depth of the problem which exists today. One need only review my vita to determine my qualifications to speak on the issues involved.

I became involved in the delivery of child care services at a time when minority children in New Orleans had little in the way of day care or early childhood education. Over the years, I have seen my system grow to include

five centers which are well respected for the quality of care given to the infant and toddlers and for the educational preparation given to the pre-school and school age child. I am well aware of the problems associated with child care, family structure and the education of the young child. As a provider in the private sector, not only am I concerned with the problem of delivering quality care to all strata of society, I am also interested in defining and protecting the role of the small business person in the industry.

The U. S. Congressional leaders have a tremendous task before them in formulating a viable approach to improving the family unit by supporting the establishment of available, affordable, quality child care centers. However, it can be done and must be supported by the American people. I pledge my support and involvement as the need demands.

In recent weeks, Dillard University and the University of New Orleans have seen fit to lend their support and facilities to the examination of the problem of providing child care. Dillard University, under the leadership of Dr. Samuel DuBois Cook, sponsored the First Annual National Conference on Minority Child Care and Family Issues. The Louisiana State Department of Education joined Dillard as a major sponsor of this conference. The presenters, resource persons, and speakers were national and local leaders in government, health care delivery systems, education, business and the social sciences. This conference was successful and stimulating and I am proud, as a Dillard alumna, to have been a part of this event. I extend my thanks to Dillard for the foresight shown in bringing the problems of child care and family issues and values into focus where they were discussed and solutions explored. That many leaders chose to become involved indicates that there are viable solutions and that we must direct our resources, both

public and private, to effecting these solutions.

The University of New Orleans, in association with a Jewish women's civic group, will be the site of a child care fair. This fair will serve to educate the public on the availability, quality, evaluation, and cost of child care services in the New Orleans area. These two events underscore the need to support and provide quality child care.

Statistics support the urgent need for providing child care in the United States; it is not necessary to present an argument for the provision of day care. The media constantly remind us of the large numbers of mothers who are employed and in need of this service. However, there are many issues to be considered in the provision, quality and funding of these services.

In recent years, there has been an infusion of government funding for day care, before and after school care, and now pre-school education. Much money is also being ear-marked for the care of infants of schoolage mothers. As a result, abuses have crept into the industry and the position of the provider in the private sector is being weakened. The allocation of large amounts of public funds makes it imperative that some guidelines for proper use be established in order to insure that the quality of these services not be compromised.

The need of centers has given rise to large numbers of unregulated and unlicensed operators. The private day-care center must conform to strict governmental regulations. The size of the facility governs the number of children who can be served. Workers must be skilled in the care and education of the young child and therefore deserved to be adequately compensated for their services. Both the facility and its staff must be insured. Workers must conform to health and safety standards. The private

center is subject to inspection by governmental agencies. These conditions, while necessary for the protection of the child, increase the cost to the providers and to a degree to the consumer and make private day care expensive to most and unaffordable to others. However, the parent of the child in a private center recognizes the importance of these regulations and accepts the burden of the increased cost.

Evidently the government establishes these regulations in the best interest of the child. It is therefore enigmatic when one considers that the government sanctions, by its support, institutions which are exempted from the minimum standards imposed on others. One example of this is family care service. In a report given on family child care, "Child Care: A Workforce Issue," by a task force created by the Secretary of Labor in April, 1988, Louisiana was found to be the only state in the union with no regulations in the following areas:

- licensing
- minimum or maximum size of the facility
- the number of children under the age of two who can be cared for by one person
- education for the task of providing care to young children
- background check for those persons employed in the child care facility
- yearly inspections for health and safety

Furthermore, family child care services are not subject to the insurance regulations. The person who provides these services in the home, by the very nature of the setting or environment, is not totally involved in child care. They are free to pursue other tasks while the children are in their care. This could often result in the children being left to take care of their own agendas. I question the wisdom of a person being allowed to

assume daily domestic tasks while supervising children.

Should children be placed in an environment which cannot ensure their health and safety. The provider may be aged, pregnant, or ill. Under these circumstances, how much care can be given to a child.

Another factor to be considered is the ability of family child care operators to provide meals which are substantial and nutritious. What kind of supervision is given to this aspect of family child care? Are the funds sufficient? If so, is there enough supervision to guarantee that these funds are being used for the sole benefit of the children? How many of these centers are located in poor neighborhood and run by individuals in the low socio- economic strata? Is this environment conducive to the development of the child or does it serve to perpetuate the cycle of poverty?

While some providers of this type of care may be good role models and transmit healthy values, others may not. The money put into this program would be better utilized if the children were placed in established licensed centers contracted for this purpose.

Private centers, operated under governmental regulations will provide an environment which guarantees the proper development of the child. Trained and dedicated personnel are better able to provide the guidance and socialization needed by the child in the early stages of development. Licensed day-care centers because they are supervised by governmental agencies are in a better position to develop the skills needed to undertake the readiness exercises deemed desirable by educators. The interaction with children of different socio-economic strata is crucial to the development of the youth. Parenting skills can be enhanced through the meetings which are a part of every institution of this type. Money channeled into programs

such as the one described becomes an investment in the future.

A model for such a program exists under Title XX. Until recently, much of this money funded the placement of children supported by AFDC in private day care. This served two purposes. The children were in an environment which enhanced their development and it supported an industry which provided employment for many. Title XX is being phased out as these funds are being directed to the Head-start programs administered by public school districts. This diversion of Title XX funding, along with cuts by both the state and federal government to entitlement programs adversely affects the private day-care industry.

While no one questions the quality of public education, one must consider the value of the private industry. Consider the impact that the diversion of public funds from private centers under the Title XX program has had on the industry. Five years ago there were 190 centers in New Orleans approved to handle Title XX children. Today, there are 119 centers in existence. Less than 50% of these centers have actively enrolled Title XX students. In an already depressed economy, this has resulted in the loss of approximately 780 jobs: day-care attendants, maintenance personnel, cooks, clerical workers, bus drivers, and others. Many who are employed in this industry lack the skills to assume jobs in other industries without further training. Minorities, both women and blacks, are the ones most affected.

Considering the need for more day care, it is ironic that 71 centers have ceased operation and 130 centers no longer have Title XX. According to statistics, 10,000 children throughout Louisiana are in need of day-care center services; 6000 in New Orleans alone. How can the closure of centers be justified under these conditions? Many of the centers which are now

being funded under this program are located in densely populated declining areas, thus serving to keep the children in a situation where there is little contact with other children whose cultural orientation differs. In the New Orleans area, five of these centers are located in the lower ninth ward, which is known to be an area where the inhabitants are subjected to conditions which do not foster meaningful experiences. Before, children under Title XX were in centers which provided quality care and an enviroment which promoted a healthy self-image. The funds diverted from these centers were reallocated to state-supported centers. How can this move be justified when it is widely recognized that environment plays an important role in the nuturing of children.

Approximately $10 billion annually is spent on aid for dependent children. In fairness to the taxpayer, the use of this money should be carefully monitored. and centers regulated. Furthermore, there is no reason to exclude the private provider, given the extreme need for quality centers. It is impossible to provide a sufficient number of centers to take care of the need. Private day-care centers with proven track records are deserving of consideration. Very often, the needs of the private small business person are not recognized by those in charge. Instead of growing and serving those in need, privately owned centers, fully capable of serving a need, are being forced out of business. For the past two years, there has been a freeze on opening new slots for Title XX children in private centers in the State of Louisiana. As a result, new students are received only through transfer from one center to another.

Another form of discrimination against private providers comes from the Insurance industry. In Louisiana, the insurance commission has labeled private centers "high risk." This results in higher premiums which can

only be handled in one of two ways. Either the higher cost must be passed on to the consumer or the program suffers. The worst possible effect is to have the center cease its operation. Similar centers which are not privately controlled are given the benefit of a classification which does not carry the "high risk" rate. Thus, two institutions providing the same service to the same segment of the population are treated differently. Family day care is also exempt from this "high risk" rate. Private care is faced with unfair competition. What is the future of this small business which contributes greatly to the economic fiber of our country.

As I review reports and demographics reflecting the need for child care centers, my concern is helping to improve the child care industry. One must not focus on problems without posing solutions.

I propose that all centers be licensed and subject to inspection by governmental agencies concerned with the welfare of children. Regulations already in place should be enforced to prevent the operation of centers not approved by the State of Louisiana.

Background checks should be made on all individuals involved in the industry to prevent those with previous arrest records and/or convictions of criminal offenses from entering this sensitive industry.

Education of child care workers should be enhanced through the establishment of centers (perhaps the public library could be used or Dillard University could become a resource center) which would provide continuing education in the field. Available resources should include the most recent advances in electronic learning and should be available on loan to all operators.

The child care industry has one of the highest staff turnover rates in the country. One of the reasons is that 75% of all child care workers do

not make the minimum wage. Therefore, I recommend that the federal government mandate that minimum wages be paid to workers.

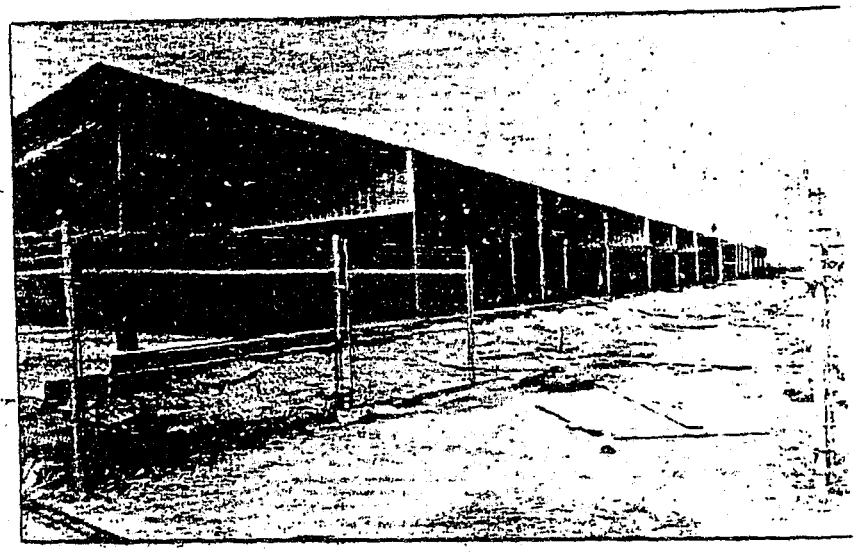
The health and safety of the children in these centers must be insured through the services of health professionals who will monitor the health practices of the institution.

Low cost government loans should be made available to the private sector to keep their centers competive with those now being operated with public funding.

Education directed toward the eradication of chemical dependency must be included in any curriculum intended for the young child. Governmental agencies should provide resource professionals for workshops and conferences at no cost to the participants.

There should be education in parenting skills. The general population should also be made aware of the need for and the availability of quality child care centers.

The provision of quality child care is crucial to the development of our youth. I am grateful that you have provided a forum for those who are concerned with the problems of this industry. This provides the opportunity for all to be involved in searching for solutions. Thank you for allowing me the opportunity to state my views.



Building on Chef Menteur Highway in eastern New Orleans will house Perrault's Kiddy Kollege.

STAFF PHOTO BY ELLIS LUCIA

New day-care center is being built with parents' health club

By HELEN SMITH
Contributing writer

A company with a new concept in child care will be housed in a building under construction at 6201 Chef Menteur Highway in eastern New Orleans.

Perrault's Kiddy Kollege is scheduled to open in August for fall classes but it will offer more than the average day-care center.

"We wanted to build a very progressive day-care center," said Dorothy Perrault. "This new facility will be geared to give the kids a good time and a good early learning foundation. It will offer not only day care for 3-, 4- and 5-year-olds but also after-school care, a reading lab, basic computer training and audio-visual training.

"In the same building will be our offices, interview rooms, storage, infirmary area (a nurse will be on duty), a retail shop for our uniforms and supplies, a deli with health foods and snowballs and a gym."

The gym will be part of a co-ed health club for the parents. It will have a sauna and at the end of the building there will be a pool.

The pool area will have 2,300 square feet of lounging space and a 10-person jacuzzi — all geared for the family to use together after work, Perrault said.

The steel frame, brick-veneer building will be more than 360 feet long on a 110-foot by 700-foot lot that stretches from Chef Menteur to Field Street. The project is estimated to cost about $1 million and has some financing from the New Orleans Citywide Development Corp., which finances urban developments.

The new Kiddy Kollege will feature Spanish tile roofs accenting the front of the building and the entrances with numerous arched French windows. "Since the back is a fire wall and we wanted a lot of light, we put in a lot of windows," said Perrault. There will be off-street parking.

The architect for the project was Melvin Johnson, with Donald J. Gorrondona, supervising architect.

"The facility we are putting up is very unique," said Gorrondona. "It is really a step forward. These facilities will offer an alternative to the parent picking the kids up and running home. Now they can stay, use the gymnasium, take an aerobics class, go swimming or just sit around the pool and wait for the traffic to go down.

"I don't know of anything like it anywhere; it can really pull a family, a working family, together," he said.

The Perraults have been in the child-care business for 14 years. The husband-and-wife team now operate six day-care centers. They got into the business because they said they found a need.

"Fourteen years ago Henry and I looked at child care in Louisiana," Dorothy Perrault said. "The types of services we found were very limited, especially for the working parent. We wanted something that would accent academic preparation for the preschooler."

"We traveled for a year looking at day-care facilities and early childhood education centers," said Henry Perrault. "We had seen the need for upgrading early childhood training, especially in the black community and especially for the preschooler.

"I am also very health oriented and I feel that the young parents are health oriented, too. We felt they would respond to this idea. We checked our idea with our parents; we do that before we try anything new."

In some of the original structures on the property, double motel buildings will house smaller classrooms for ballet, piano, private tutoring and after-school care.

In the evenings the Perraults will offer health classes to the community. "We have always offered them to our parents and the response has always been tremendous," Dorothy Perrault said.

The facts
Perrault's Kiddy Kollege

Address: 6201 Chef Menteur Highway, New Orleans.
Developers: Dorothy and Henry Perrault.
Cost: $1 million.
Construction: Under way; completion expected in August.
Designers: Melvin Johnson, Donald J. Gorrondona.
Features: Building will house a child-care business, and includes a gymnasium, shop, health club and food service facilities.