

Withdrawal/Redaction Sheet

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DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001. email	To Pamela Cicetti (2 pages)	07/20/1999	P3/b(3)
002a. letter	Paul Feiner to Harold Ickes (1 page)	10/18/1999	b(6)
002b. letter	Lou and Barbara del Rosario to Paul Feiner (1 page)	10/05/1999	b(6)
002c. letter	Paul Feiner to Jay Fishman (1 page)	10/18/1999	b(6)

COLLECTION:

Clinton Presidential Records
Domestic Policy Council
Ann O'Leary
OA/Box Number: 20225

FOLDER TITLE:

Correspondence,[2]

2013-0436-S

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RESTRICTION CODES

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

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

C. Closed in accordance with restrictions contained in donor's deed of gift.

PRM. Personal record misfile defined in accordance with 44 U.S.C. 2201(3).

RR. Document will be reviewed upon request.

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

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



For the CHILDREN

June 1999

Children's Services Council of Palm Beach County

Volume 11, Number 5

School Readiness and Child Care Legislation Pass

Following is a summary of some of the major legislation passed during the 1999 session affecting children and families.

School Readiness Act - SB 366

A program to prepare children for success in school passed the legislature after much debate. The program provides local coalitions with funding from all the early education and child care programs funded with state, federal or local funds. This includes prekindergarten early intervention programs, Head Start programs, programs offered by public and private providers, migrant prekindergarten, Title I, subsidized care, teen parent programs and others.

A statewide Florida Partnership for School Readiness is created by the governor to coordinate and enhance school readiness programs. It is responsible for reviewing and approving local coalitions and plans, safeguarding resources, adopting a system for measuring school readiness, conducting studies and developing recommendations for improvement of school readiness programs.

The Partnership includes the lieutenant governor or his designee, the commissioner of education, the secretary of the Department of Children and Family Services, the Secretary of Health, the chairperson of the Child Care Executive Partnership Board and the chairperson of the WAGES state board and 10 other members who are business, community and civic leaders in the state. The Department of Education must require all school districts to screen each student upon entry into kindergarten with the school

readiness uniform screening developed by the Partnership. The state coordinating council will make recommendations to the partnership.

Local School Readiness Coalitions will have from 18 to 25 members and replace the district interagency coordinating councils. The coalition will administer a comprehensive school readiness program to prepare preschool children to enter kindergarten ready to learn. A community plan must address the needs of all eligible children.

The Coalition will include: Department of Children and Family Services District Administrator, superintendent of schools, regional Workforce Development Board chair or director, county health department director or designee, a Children's Services Council board chair or executive director, a child care licensing agency head, one member appointed by the Department of Children and Family Services' district administrator, one appointed by the board of county commission-

ers and one appointed by the district school board; a central child care agency administrator, a Head Start director, a representative of private child care providers, and a representative of faith-based child care providers. More than one-third of the members must be from the private sector and not earn their income from the early education and child care industry.

The bill provides \$50,000 to each school readiness coalition that is approved by the partnership by January 1, 2000 to support developing its plan. Coalitions that are approved by the partner-

Funding Available For Teen Pregnancy, Counseling Programs

The Children's Services Council has issued two Requests for Proposals (RFP), one for teen pregnancy and HIV prevention services for Haitian teens and another for counseling services to serve Creole, Spanish and French-speaking children and families. Both are for services in the central part of Palm Beach County.

The details of the RFP are:

1. To provide teen pregnancy and HIV prevention services to Haitian youth at Lake Worth High School. The program will operate after school from 3-6 p.m. and on school holidays and summer for longer hours. The program may incorporate services by other providers to develop skills for self-suffi-

ciency and responsible adulthood, as well as sexuality education.

The program should include opportunities for academic assistance, career counseling, recreational activities, cultural events, mentoring, community service and positive parent-child communication.

A total of \$100,091 is available for fiscal year 1999-2000 beginning October 1.

2. This RFP is to provide counseling and case management services to Creole, Spanish and French speaking children and their families, in the area bounded by Southern Boulevard on the north, Woolbright Road to the south and from Military Trail east to the Intracoastal Waterway.

Referrals will come from the school district and human service organizations. Families are to be provided services for three months and will include linkage and referral for families needing more intensive services. Only established non-profit agencies will be considered. A master's degree is required for staff providing counseling or case management services.

\$162,200 is available for the fiscal year 1999-2000, beginning October 1.

RFP's can be picked up at CSC's offices, 1919 N. Flagler Drive, West Palm Beach. The deadline for submitting proposals for either RFP is 5 p.m. on July 9.

If you have questions about either RFP, please call Trudy Hamor, Assistant Director, (561) 655-1010, ext. 170.

Visit CSC on our new web site!

<http://www.cscpbcc.org>

- RFP Announcements
- Training Information
- Council Meeting Schedule
- Special Announcements
- Much More

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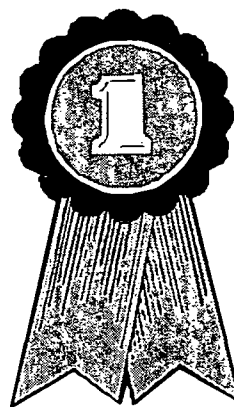
The Children's Services Council of Palm Beach County is an independent special district of local government authorized by Florida statute in 1986 and given taxing authority by local ordinance in November 1986. Its purpose is to plan, develop, fund and evaluate programs for children and to address public policy issues relating to children in Palm Beach County. The CSC is authorized by Florida statute to levy up to a half mill on taxable property.

The mission of CSC is to enhance the lives of children and their families of Palm Beach County and to enable them to attain their full potential by providing a unified context within which children's needs can be identified and resolved by all members of the community.

Local Firms Cited For Family-Friendly Practices

By Marlene Passell

Public Information Associate



Approximately 300 people, including company CEO's; city and county officials and representatives of dozens of local companies of all sizes attended a very successful first. The Work/Life Achievement Awards luncheon

held on Wednesday, May 5 at the Kravis Center received rave reviews from attendees, television and print coverage and a great deal of positive feedback.

The Children's Services Council, Business Development Board, Economic Council, and Human Resource Association hosted the event. The Work/Life Achievement Awards were the culmination of a yearlong effort by the four organizations to promote the business community's involvement in the development of family-friendly policies. Nationally and locally, the competition for the labor force has become keen in almost all professions and businesses because of the low unemployment rate that allows prospective employees to seek out companies offering the benefits they want.

Awards were given to businesses in three categories, based on size: The three winners were: Ackerman, Link-Sartory P.A., small business; Seagram's; medium; and Office Depot, large business.

Ackerman, Link & Sartory, P.A.

This local law firm offers employees:

- One hour per month with pay to attend children's school conferences or classroom activities;
- 12 weeks paid maternity leave for partners. Recently, the firm reported, of their seven lawyers, three were out on maternity leave.
- Flex time: one employee works at the office from 8 a.m. to 2 p.m. to be able

to pick up her children at school and spend the afternoons with them. She makes up the additional time by working at home or coming in on weekends. She is able to maintain a full-time job and the benefits that go with that.

- A part-time position was created for an attorney who had just had her second child.
- One employee can leave an hour early one day per week to attend to personal matters. "That employee has responded by making sure that all of her work gets done in a timely manner."

The firm recently was recognized by the Florida Bar Association by receiving the Gender Friendly Award based upon its policies and practices. Additionally, none of the employees who began when the law firm opened its doors has left.

Joseph E. Seagram & Sons, Inc.

This company offers:

- Flex options, such as flex time, telecommuting, job sharing and part-time scheduling.
- Discounts at specified child care centers.
- Discounted child care alternatives when regular child care breaks down and during school holidays.
- Depended care spending account,
- Adoption Assistance;
- Work/Life lending library on issues including grief, divorce, discipline, etc.
- Scholarships for employees' children.
- Educational reimbursement for employees and flexible benefits.

In its letter of nomination, the company wrote:

"We feel that these initiatives contribute to our low turnover rate of 5-7% and the positive atmosphere and culture which is apparent throughout the facility. Furthermore, our culture has improved our efforts to attract and recruit top talent to the organization, as

(Continued on page 4)

Legislation Passes - (From page 1)

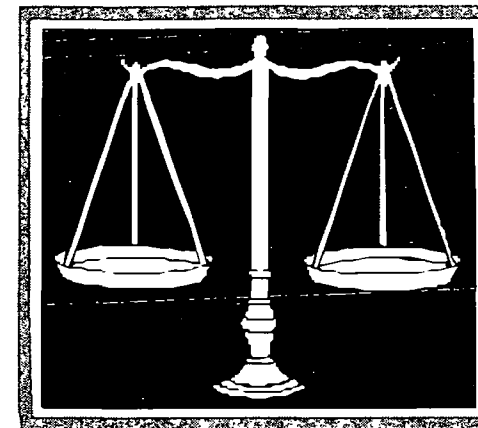
ship by March 1, 2000 are eligible for a \$25,000 initiation grant. A coalition with a plan that shows enhancement in the quality and standards of the school readiness program without reducing the number of children served may receive an incentive bonus.

A School Readiness Program Estimating Conference is established to develop estimates and forecasts of the number of children eligible for school readiness programs statewide.

The readiness program is for children under the age of kindergarten eligibility who are:

- at risk of abuse and neglect; currently clients of the Department of Children & Family Services;
- at risk of welfare dependency including economically disadvantaged children, children of WAGES participants, children of migrant farmworkers, and children of teen parents
- children of working families whose income does not exceed 150% of the federal poverty level;
- 3- and 4-year-old children who have disabilities, served in exceptional education programs previously reported for part-time Florida Education Finance Program funding;
- Economically disadvantaged children with disabilities and children at risk of future school failure from birth to 4 served through home visitor and intensive parent education programs in the home.
- Children who meet federal and state requirements for eligibility for the migrant preschool program but who do not meet the criteria of economically disadvantaged.

Economically disadvantaged means a family income below 150% of the federal poverty level. However, a child who meets the eligibility status at initial registration is eligible until reaching kindergarten subject to a sliding fee scale if the family's income changes.



Child Care HB 869 addresses a variety of areas relating to quality and takes effect July 1, 1999:

The bill expands the subsidized child care eligibility to 200% for those children of working families enrolled in the Child Care Executive Partnership Program.

It provides that the Florida Partnership for School Readiness establish a program on Early Head Start Collaboration Grants to allow local agencies to receive federal Early Head Start grants.

The act requires a credential for child care facility directors be developed by January 1, 2000 and makes it a requirement for licensing by January 1, 2003. Minimum training standards for child care personnel are increased from 30 to 40 hours.

A tax exemption for a child care facility operating in an enterprise zone is created. Gold Seal child care facilities, which provide health insurance to all employees, may be exempt from taxes for educational materials. Also, the Department of Children and Families is directed to develop procedures to reimburse Gold Seal Quality Care child care providers at the market rate for child care services for children who are eligible to receive subsidized child care. The Department of Insurance is directed to study how to make affordable health insurance available to the staff of child care providers and consider medical savings accounts as an option.

The act creates "large family child care homes," a residence in which child care is provided for children from at least two unrelated families. At least two full-time child care personnel must be on the pre-

mises, one of whom must be the owner or occupant of the residence. The home is allowed to care for one of the following groups of children, including children under 12 who are related to the caregiver:

- Eight children from birth to 24 months of age
- 12 children with no more than four under 24 months of age

The home must have operated as a licensed family day care home for a minimum of two consecutive years and have an operator who has had a child development associate credential for one year. Operators must take an approved 40-hour introductory course in group child care.

The Department of Children and Families is directed to provide consultation with child care centers and family day care homes regarding health, developmental disabilities and special needs issues including establishment of a toll-free Warm-Line to advise centers. The Department in conjunction with the Department of Health is required to develop minimum standards for specialized child care facilities for the care of mildly ill children.

A new requirement for observation and assessment of young children in subsidized care programs provides three levels of assessment to be done in conjunction with the child's parents:

Level I – A developmental observation checklist used every six months for children ages 1-4 to identify and monitor normal development or possible developmental delay.

Level II – A Level II assessment conducted by a trained professional determines whether a delay identified in a Level I assessment can be addressed by the child care facility or family day care home or whether a special service or further assessment is needed.

Level III – When a Level II assessment indicates, a child will be referred to a Level III assessment provider such as Florida Diagnostic and Learning Resources Services, Early Periodic Screening Diagnosis and Testing, or Children's Medical Services.

OCUS ON GRANTS

Prospects & Resources

This issue of "Focus on Grants" features several private foundations.

Starbucks Foundation

The Starbucks Foundation offers grants ranging from \$1,000 to \$10,000 to community-, library- and school-based nonprofit organizations that serve the needs of low-income, at-risk and low-literacy populations. The foundation gives priority to programs that teach children and their families how to read, are able to integrate the support of Starbucks' employees and venues, and are innovative and entrepreneurial.

The foundation offers mini-grants of up to \$1,000 and "Opportunity Grants" of up to \$10,000.

Applications are available only through local Starbucks' marketing departments and district and store managers. Quarterly grant deadlines are January 1, April 1, July 1 and October 1.

You may also contact the Starbucks Coffee Co., Starbucks Foundation, P.O. Box 34067, Seattle, WA 98124-1067 or call (206) 447-7950 ext. 7022, or visit their website: <http://www.starbucks.com/company/foundation.asp>

International Business Machines (IBM)

IBM seeks education projects that focus on areas in which the public interest needs of education and the long-term interests of the company coincide. Kindergarten-12th grade school reform is the primary focus for new grants

Through the expansion of its Reinventing Education grant programs, IBM will be awarding \$10 million in grants to school districts for the development of technological approaches to improving academic achievement.

IBM is ranked as one of the top corporate contributors, providing a total of \$96.8 million worldwide in cash, technology and services. Approximately half of all IBM's giving budget goes to education.

IBM only considers requests submitted by organizations with 501(c)(3) status. Nonprofit organizations or education institutions wishing to submit unsolicited proposals to IBM should make an initial inquiry in the form of a two-page letter. In the event that the proposal is of interest to IBM, additional information will be requested.

Contact: Stanley Litow, Vice President Corporate Community Relations, New Orchard Rd., Armonk, NY 10504; (800) 462-333; FAX (914) 765-7537; <http://www.ibm.com/IBM/IBMGives>.

In collaboration with Gifts In Kind International, IBM has set up a national used technology donation program. Through the program, 5,000 usable computer systems will be donated to

more than 1,000 qualified nonprofit organizations that provide adult education, training, and computer literacy and services for the disabled. *For information, contact Gifts In Kinds International via e-mail at: ProductDonations@GiftsInKind.org or call (703) 836-2121.*



Microsoft Technology Grants

Nonprofit organizations and educational institutions interested in making personal computer technology easier to use for people with disabilities may be interested in "Exploring PC Accessibility: New Discoveries." This program has \$250,000 available for one-year grants ranging from \$10,000 to \$50,000 for projects that develop innovations to help disabled people use cutting-edge technology simultaneously with other users.

Eligible applicants are local, national or international nonprofit or educational institutions. U.S. applicants must have 501(c)(3) nonprofit tax status.

To apply, submit a full proposal that includes: a cover page with contact information; a proposal summary including the type of project and the amount requested; a project narrative of no more than five double-spaced pages; a detailed project

(Continued on page 4)



budget; a list of Microsoft software requested and an explanation of how the software will support the project; and proof of tax-exempt status.

For more information contact Microsoft Community Affairs, Exploring PC Accessibility: New Discoveries, Microsoft Corp., One Microsoft Way, Redmond, WA. 98052-6399; e-mail discoveries@microsoft.com. Complete guidelines and application instructions are available online at <http://www.microsoft.com/enable>.

Carnegie Corporation

The Carnegie Corporation makes grants of approximately \$60 million annually. Two of the primary program areas of interest include: Democracy, which supports projects to improve government at all levels and equalize opportunities for women and minorities, and Education, which focuses on reform from early childhood through higher education and includes policy-analysis issues, parenting support and improved early-grades instruction.

To apply under any of the Carnegie Corporation's open grantmaking programs, submit a full proposal that describes the project's goals, significance, amount of support required, duration, methods, personnel and budget. Program officers will require additional information if necessary. There is no deadline for proposals.

For more information, contact Carnegie Corporation of New York, 437 Madison Avenue New York, NY 10022; (212) 371-3200; fax (212) 371-3200; <http://www.carnegie.org>.

GTE Foundation

GTE recently announced that it would make over 4,000 grant awards totaling \$30 million this year. The foundation, the giving arm of GTE, will emphasize education and literacy programs, community-building initiatives and development of the 21st Century workforce in 26 states, including Florida.

The foundation's giving program supports education, literacy and community. Its education interests are enhancing student achievement in mathematics and science education, increasing learning opportunities for under-represented populations and promoting the use of telecommunications technologies in education. Literacy programs are funded through the GTE Family Literacy Program who supports 44 technology learning centers nationally.

The foundation also makes grants for community projects that use technology to address local problems such as safety, at-risk youth and life-long learning.

The foundation accepts unsolicited proposals from nonprofit organizations and educational institutions for projects in GTE communities. The projects should: target and/or help improve self-sufficiency or address a pressing social need; offer a broad community-wide impact and benefit a population that otherwise would not have access to, or the resources to participate in the program. If possible, the project could also provide opportunities for GTE employees to become involved.

Eligible applicants are 501(c)(3) nonprofit organizations and accredited higher education institutions. To apply, submit a one- to two-page proposal letter that provides contact information organizational, background, purpose for grant being sought, amount requested and how funds will be used (budget), other funding sources (actual and projected), and GTE employee involvement with the organization and their plans for the project. There are no applications deadlines. Community or regional organizations should send letters to the public affairs department at the nearest GTE office.

For more information, contact GTE Foundation, MC: SVC05BC621255, Corporate Drive, Irving, TX 75308; (888) GTE-3547; e-mail contributions@gte.com; <http://www.gte.com/AboutGTE/Community/index.html>.

Firms Cited - (From page 2)

information about our Work/Life initiatives is shared with recruiters, local area businesses and employees' friends and family."

Office Depot

In its nomination, Office Depot said, "Following our decision to remain in South Florida, we have not only been actively recruiting associates into positions in our corporate headquarters in Delray Beach, but the company has made a deliberate decision to position itself as the employer of choice in our area. . . . Over the past 18 months, we have focused our attention on improving and expanding the work/life programs offered."

They offer:

- Expanded the definition of sick pay to include paid time off for employees who are ill or who need time off to care for a family member.
- A Stork & Crutches program setting aside parking spaces near the

buildings for pregnant and temporarily disabled associates. In the programs first nine months, 19 expectant mothers and six injured or disabled employees took advantage of this benefit.

- On site dry-cleaning and shoe repair.
- Full-service branch of First Union bank.
- Mail service center
- Mother's room for breastfeeding mothers.
- Fairs on child care, health and summer camps are brought in to help employees and flu shots are provided at the headquarters.
- As the newest corporate sponsor of the Child Care Purchasing Pool, Office Depot is working with several agencies to direct eligible employees to affordable child care services in which funding is provided by state, county and local agencies and Office Depot.

FOURTH DISTRICT COURT OF APPEAL

Broward, Indian River, Okeechobee, Palm Beach, St. Lucie, Martin

Merit Retention
Election 1992

ida Guardian ad Litem Program, 1991; W. and L. Alumni Magazine, "Fighting for Their Lives: Two Florida Judges Crusade for Children's Rights," 1991; Resolution of Appreciation, Martin County Children's Services Council, 1990; Hugh S. Glickstein Child Advocate of the Year Award, created by The Florida Bar's Legal Needs of Children Committee, 1989; Remand, ABA Appellate Judges Conference, 1987; Delaware Lawyer, "How It All Began, The Founding Father," 1986; Award of Merit, The Florida Bar, 1985; Gina Ann Delgaudio Memorial Award, Palm Beach County, 1985; U.S. Congressional Award, 1985; Judge of the Year, Young Lawyers Section, The Florida Bar, 1984; Judge of the Year, Florida Chapter, American Association of Matrimonial Lawyers, 1984; Child Advocate of the Year, Children's Home Society of Florida, Intracoastal Division, 1984; Recognition, Journal of the Florida Senate and ABA Journal, 1984; Community Leadership Award, Attorneys' Division, United Jewish Appeal, Broward County, 1980; "A.V." rating as practicing attorney.

LEGAL OFFICES & POSITIONS: Chief Judge, Fourth District Court of Appeal, 1991-present; Judge, Fourth District Court of Appeal, 1979-present; Judge, 17th Judicial Circuit, 1979; City Attorney, Lauderdale Lakes, 1970-73; Special Counsel, Plantation and Hallandale, 1970's; Counsel, Hollywood Civil Service Board, 1970's; Assistant State Attorney, 1965-67.

BAR OFFICES & ACTIVITIES: *The Florida Bar:* Board of Governors, 1978-83; first Chair, Legal Needs of Children Committee, 1983-86; Chair, Children's Services Council Committee, Children's Commission, 1990-91; Member, Family Law and Public Interest Law Sections; former Member, Judicial Evaluation, Appellate Rules, Individual Rights and Responsibilities, and Annual Meeting (Vice Chair) Committees. *American Bar Association:* first Chair, Family Law Section Task Force for Children, 1984-86, 1988-90, and Co-chair, 1990-91; Co-chair, Family Law Section Juvenile Law Committee, 1990-91; Producer and Moderator, Perinatal Addiction Program (1990 Annual Meeting); Speaker, "Law and Children's Policy, a Mid-80's Evaluation," 1985; Reporter, Federal 11th

Judicial Circuit, Appellate Judges Conference Newsletter, 1985-91; Member, Family Law Section; Judicial Administration Division. *Faculty:* Broward and Palm Beach County Bar Associations, Preparing and Presenting a Better Oral Argument, CLE 1992, 1991; The Florida Bar's Public Interest Law Section, The New Guardian ad Litem Statutes, CLE 1991; The Florida Bar's Legal Needs of Children Committee: The Current Issues, CLE 1989; Academy of Florida Trial Lawyers, Statewide Satellite Telecast, Guardian ad Litem, CLE, 1989; National Association of Counsel for Children Annual Meeting, 1988; Florida Courts Administrator, Training of Florida Guardians ad Litem, Dissolution and Custody Project, 1988; The Florida Bar, Emergence of Children's Rights, CLE, 1985; The Florida Bar, Ad Valorem Taxation, CLE, 1978.

OTHER CIVIC ACTIVITIES: *Military:* U.S.N.R.; Active Duty, 1955-57. *Teaching:* Adjunct Law Professor, Nova Law Center, 1984-85. *Initiator:* Children's Services Councils of Florida, Inc., 1991; requirement that prospective members of judicial nominating commissions reveal past and present membership in discriminatory organizations, 1989; Children's Services Council of Martin County, 1988; requirement that prospective judges reveal past membership in discriminatory organizations, 1986; Student Loan Fund, Nova Law Center, 1984; Judicial Advisory Board of Florida, 1983, predecessor to Florida Judicial Council; creation of Citizen's Committee by the President of The Florida Bar to undertake reform in judicial compensation, 1983. *Attendee:* Leadership Strategies for Chief and Presiding Judges, 1991; Harvard Law School Program of Instruction for Lawyers, Mediation, 1990. *Panelist:* "Family Law and the Best Interest of the Child," Ripon College, 1991; Children and Family Rights Project, Harvard Law School; American Association for Protecting Children, Annual Meeting and Conference, 1990; Florida Center for Children and Youth, Legislative Conference, 1989. *Chair:* American Academy of Matrimonial Lawyers Welfare of Children Committee, 1988-89. *Florida Appellate Representative:* National Council of Juvenile and Fam-

HUGH S. GLICKSTEIN

BIRTHDATE: August 5, 1931
BIRTHPLACE: Jacksonville, FL

SPOUSE: Guy Eleanor Noble
CHILDREN: Three (members of Florida or Georgia Bars); one step-son (14)

DEGREES: Washington and Lee University, A.B., (cum laude), 1953; Washington and Lee University, LL.B., 1955 (replaced by J.D. 1969).

HONORS & AWARDS: Certificate of Appreciation, St. Lucie County Bar Association, 1992; Award, Flor-



ily Court Judges Training in Children and Family Issues, 1988; National Institute of Justice Conference on Permanency Planning, 1985. *President*: Norman Kapner Legal Unit of B'nai B'rith, 1987, and Stuart Youth Soccer Club, 1986. *Steering Committee*: FDLE Florida Juvenile Handbook, 1985. *Panel Moderator*: NCJFCJ Custody Decision Making, 1985. *Member*: American Judges Association; Association of Family and Conciliation Courts; International Society for the Prevention of Child Abuse; National Council of Juvenile and Family Court Judges, National Association of Counsel for Children, Florida Center for Children and Youth, American Association for Protecting Children; Nature Conservancy; Sierra Club; Audubon Society; Florida Humanities Council; Amnesty International; Mosaic; ASPCA. *Supporter*: Aspen Music Festival; Santa Fe and Metropolitan Operas. *Former Member*: State Council, Governor's Constituency for Children; Florida State Commission on Child Support; Board of Directors, Council on Child Abuse and Neglect, Palm Beach County; Steering Committee, The Chemical People, Palm Beach County; The Florida Bar's Children's Commission. *Presenter*: County Citizens' meetings in behalf of Children's Services Councils—Okeechobee, Osceola, Collier, Marion, Citrus, Sarasota, Volusia, Flagler, Lake, Lee, Charlotte and St. Johns counties, 1990-1991. *Speaker*: Florida Association of Family Mediators; Florida B'nai B'rith Women; Florida Easter Seal Society; Florida Association of Women Lawyers Annual Retreat; Brevard Children's Services Council; Martin, St. Lucie, Marion, Collier, Duval, Beaches, Orange and South County (Palm Beach) Bar Associations.

PUBLICATIONS: "1992: A Year to Rediscover The Best Interests of the Child," The Florida Bar *Journal*, 1992, republished University of Denver Law Review, 1992; "The Appellate Judge's Role in Children's Issues," ABA, Lawyers for Children, 1990; "Children's Services Councils: A Children's Tax Program That Sets a Model for the Nation," American Family, 1990; "Florida's Counties Provide a Model for Local Funding to Meet the Special Needs of Children," Youth Policy, 1990; "Children's Services Councils: An Innovative Approach to Addressing the Unmet Needs of Children," Florida Family Law Reporter, 1989; "What Every Judge Wanted to Know About Children and Was Afraid to Ask," NCJFCJ Newsletter and The

Florida Bar, Family Law Section Commentator, 1985, republished in The American Journal of Family Therapy, (Winter 1989); "Successful Resolutions on Children's Issues," American Bar Association, 1984, 1991, 1992, and Florida Conference of Circuit Judges, 1990; The Florida Bar *Journal*—"Six Essential Ingredients of Extraordinary Judging and Lawyering: Craftsmanship, Industry, Sensitivity, Courage, Fun and Service," 1985; "An Appellate Judge's Wishes," 1985; "The Ten Commandments," 1979; "Twenty Troublesome Traps," 1978; and Academy of Florida Trial Lawyers Journal, "Settlements and Awards in Cases Involving Foreign Objects Left in the Body," 1963.

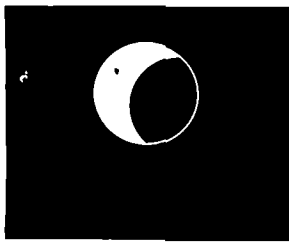
THE WHITE HOUSE

3-25

Nicole,

We forwarded this to Jen Klein last November with a cc of Dan Burkhardt's response. If you think it's necessary, can you reply to Mr. Sugar's 2nd letter? Thanks.

Jana Dickey
x6-5504



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Neena B. Schwartz, PhD
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Ruby T. Senie, PhD
Associate Professor Clinical Public Health
Columbia School of Public Health

Stephanie V. Seremetis, MD
Associate Professor Medical Hematology
Director - Women's Health Program
Mount Sinai School of Medicine, NY

Leon Speroff, MD
Professor OB/GYN
Oregon Health Sciences University
School of Medicine

Carol B. Tentsch, MD
Internal Medicine & Endocrinology
Pennsylvania

Yvonne S. Thornton, MD
Director - Perinatal Program, Tending Center
Marionette MI, Memorial Hospital

Support Network

Tahira Homayun, MD
New York, New York

Alan D. Sickles, MD
New York, New York

Nancy Giordano, RN, PhD, NP
Nurse Educator
Long Island, New York

Robin Strasser
Emmy Award Winning Actress & Producer

Edith Weiner, President
Weiner-Eichlebaum, Inc.
New York, New York

Ruth Finley, President
Fashion Calendar
New York, New York

Camille Franzoni, MBA
Palm Beach County, Florida

Patricia Oranger
President, Oranger International
New York, New York

February 22, 1999

Daniel W. Burkhardt

Special Assistant to the President

Director of Correspondence and Presidential Messages

The White House

1600 Pennsylvania Avenue, NW

Washington, DC 20500

Dear Mr. Burkhardt:

Because there was so much happening in Washington the past months, I waited until today to respond to your letter to me, dated November 10, 1998.

To refresh your memory, we requested the President proclaim *September National Menopause Awareness Month*.

Your letter stated that our request was to be forwarded to the appropriate office for careful consideration. Since my last letter to you we can add 500,000 more deaths of women that died because they did not know the effects of the depletion of estrogen to their hearts. In the year 2000 there will be 52 million American women in menopause. The statistics of cardiovascular deaths will only rise. We need to change this, we need to make every one aware of this serious health issue.

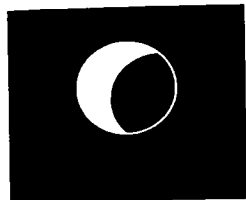
Our Medical/Scientific Advisory Board of Directors and I will be delighted to come to Washington whenever you need us. Please let me know what we can do to assist you in this process.

Sincerely,

Marie Lugano

Founder & President

ML:dm



**AMERICAN MENOPAUSE
FOUNDATION, INC.**

The Empire State Building
350 Fifth Avenue • Suite 2822
New York, NY 10118



Daniel W. Burkhardt
Special Assistant to the President
Director of Correspondence and Presidential Messages
The White House
1600 Pennsylvania Avenue, NW
Washington, DC 20500

20500-0003



September 1999
National Menopause
Awareness Month

November 10, 1998

Ms. Marie Lugano
Founder and President
American Menopause Foundation, Inc.
Suite 2822
the Empire State Building
350 Fifth Avenue
New York, New York 10118

Dear Ms. Lugano:

Thank you for your letter requesting that President Clinton proclaim September 1999 as "National Menopause Awareness Month."

Your request will be forwarded to the appropriate office for careful consideration. The President appreciates your interest and sends his best wishes.

Sincerely,

Daniel W. Burkhardt
Special Assistant to the President
Director of Correspondence and
Presidential Messages

DWB/LTD/DWB/efr-efr (Corres. #4140018)
DWBNON.PROCINTERIM(var)

cc: w/copy of incoming to Lana Dickey, 91 OEOB
cc: w/copy of incoming to Jen Klein, 2ndFl/WW

AMERICAN MENOPAUSE FOUNDATION, INC.

National Headquarters

The Empire State Building • 350 Fifth Avenue • Suite 2822 • New York, New York 10118
Tel: 212.714.2398 • Fax: 212.714.1252

September 22, 1998

SEP 25 1998

4140018

William Jefferson Clinton
President of the United States
The White House
1600 Pennsylvania Avenue
Washington, DC 20500

Dear Mr. President:

Thank you for taking the time from your very busy schedule to send greetings to the American Menopause Foundation at our 4th Annual Menopause Symposium.

Our local Assemblyman Pete Grannis, (D-NY), read your letter to the audience and you and the message received a standing ovation. You recognized a very important health issue for the baby boom generation and we are most grateful for support.

We would very like to work with you to officially proclaim September, National Menopause Awareness Month. To date we have received proclamation from the Governors from Georgia, Connecticut, New Jersey and Texas. The New York State Legislation had for four consecutive years proclaimed September Menopause Awareness Month in NY. We are currently working with the State Legislation in Alabama to join us with a proclamation for September '99.

There are still millions of women and men in our country that need to know about the AMF's educational programs and the health issues we are addressing, such as heart disease in women.

Please let us know what we can do to assist you in this process. The 44 million American Women that will be in menopause by the year 2000 need to hear our message.

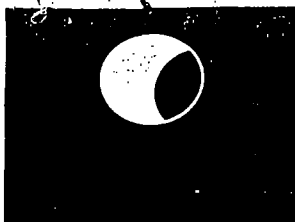
This national proclamation will permit us to progress further with much needed research and education. We need your help. Thank you.

Sincerely,



Marie Lugano
Founder & President

ML:dm



Minnie Lugano
President & Founder

Betsy D. Haywood
Vice President
Sandy, Utah

Norman Silverman
Vice President
Sedona Beach, California

Lonnie Wollin, Esq.
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National Institute of Health
Dept. of Health & Human Services

Lucy Brown, PhD
Albert Einstein College of Medicine
Professor, Dept. of Neurology/Neuroscience

Susan E.D. Doughty, RNCS, MSN, NP
OB/GYN - Nurse Practitioner
Portland, Maine

Helen Fisher, PhD
State University of NJ - Rutgers
Res. Assoc., Dept. of Anthropology

Ann Louise Gittleman, MS
Certified Nutritionist

Mary Guman, MD, PhD
Research Scientist
Centers for Disease Control & Prevention

Marianne J. Legato, MD
Director, The Partnership for Women's Health
Columbia-Presbyterian Medical Center
Associate Professor Clinical Medicine
Columbia University

Jacques Moritz, MD
Asst. Clinical Professor - OB/GYN
Columbia Univ., College of Physicians & Surgeons, NY

Philip M. Sarrel, MD
Yale University Health Services
Professor OB/GYN & Psychiatry
Yale University School of Medicine

Necia B. Schwartz, PhD
Northwestern University
Wm. Diering Professor of Biological Sciences
& Acting Dean, College of Arts & Sciences

Ruby T. Senie, PhD
Associate Attending Epidemiologist
Memorial Sloan Kettering Cancer Center
Breast Service, Dept. of Surgery

Stephanie V. Seremetis, MD
Associate Professor Medicine/Endocrinology
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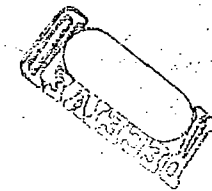
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Ruth Finley, President
Fashion Calendar
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Camille Francom, MBA
Palm Beach County, Florida

Patricia Granger
President, Granger International
New York, New York

X-RAYED



THE LOWAC JOURNAL

WOMEN AND CANCER

A Publication of

The League Of Women Against Cancer
350 South Main Street Suite 313
Doylestown, Pennsylvania 18901

TO

*First Lady
Hillary Rodham Clinton*

PHOTOCOPY
PRESERVATION

Call

Hugh

Nicole -

Here's [~]
follow up to
what I sent
you yesterday.

10/8/99

Dear Chief of Staff:

Following my telephone conversation with Janet Reno today and my enclosed letter to her following that conversation, it dawned on me that you may not have received information on Children's Service Councils because of my having used an inadequate address.

If Janet has since spoken with you to discuss the subject, she and I go back several years as companion child advocates.

Since my retirement last year from the Florida State Court of Appeal, I have devoted my time and energy to seeking enactment of statutes in states beyond Florida based on Florida's enclosed statute which authorizes Counties to create these Councils.

Because the Vice-President and Mrs. Gore are critically interested in ways to meet the needs of children, I wished to make known to them both this wonderful funding model for children's programs.

The Council is created by County ordinance. The question is then put to the county's voters whether the Council shall have the authority to levy an ad valorem tax, not to exceed one-half mill, or 50¢ per \$1,000, for children's services.

My enclosed article and current annual reports attest to the wondrous array of programs funded by the Council acting as "need assessor" and "grant source".

Hoping to hear from you, I am

Sincerely

Hugh S. Stein

10/8/99

Dear Janet:

As per our telephone conversation today, I am enclosing information sent to Chief of Staff of the Vice-President and Mrs. Clinton on Children's Service Councils.

Now retired from the Fourth District Court of Appeal in Florida, I can look back with joy of having initiated the Councils in Martin, Okeechobee, Volusia, St. Lucie, Indian River, Lake and Clay Counties.

I now seek to have states beyond Florida enact legislation similar to our enclosed statute. In Colorado, the Children's Campaign President, Dr. Barbara O'Brien,

has been an angel. Elsa Holguin at the Rose Community Foundation has been warm and encouraging.

Elsewhere, Rep. Tyrone Brooks, of Georgia, a member of the Nat. Black Caucus of State Legislators, has offered to introduce the bill and sponsor it. Steve Christman at the Nat. Council of State Legislators has been very helpful as has Todd Edwards of the Southern Legislative Conf. I've reached out to the Nat. Assn. of Counties, Nat. Assn. of District Attorneys (E.J. Saloner from Tampa is now on the 2nd DCA), Nat. Black Caucus etc, Nat. Assn. of Social Workers, Nat. Council of Bar Presidents, ABA Family Law Section, U.S. Chamber and Nat. Assn. of Child Advocates. Jack Levine and I are on the same page.

Whatever vocal support you can appropriately give to this national effort could mean so much. I'm doing this on my own and I'm the new kid on the block beyond Florida.

As I mentioned, I preach to whoever will listen that an ounce of prevention is worth a pound of cure - and a ton of punishment. I further repeat the message of the Children's Home Society of Florida that the most precious gifts that we adults can bestow on children are roots and wings. Finally, in the words of Dr. C. Henry Kempe, an American giant who conceived and implemented the first Child Protection Team that it's easier to build children than to repair adults - I've

enclosed a photo I recently took at the
Kemper Center for the Prevention of Child
Abuse in Denver.

It has been said that we
will be remembered for the acts of
kindness we perform. I'll settle
easily for that.

Thank you so much for
taking my call. I've enclosed the
Cover of the Nova Law Journal we
did with your article.

Best wishes,

Sincerely,
Hugh



JUVENILE WELFARE BOARD OF PINELLAS COUNTY

6698 68th Avenue North, Suite A □ Pinellas Park, FL 33781-5060

(727) 547-5600 □ FAX (727) 547-5610

An Equal Opportunity Employer

September 7, 1999

Ms. Martha King
National Council of State Legislatures
1560 Broadway, Suite 700
Denver, CO 80202

Dear Ms. King:

Judge Hugh Glickstein, even though retired and relocated from Florida, has contacted us regarding his continuing advocacy for children's taxing districts. The Judge was a significant figure in the passage of the general legislation in 1986 which enabled any county to establish by referendum a special taxing district like the Juvenile Welfare Board (JWB) established in Pinellas County by a special local law in 1946. He also actively promoted implementation of the Act throughout the state.

Florida now has six special taxing districts (CSC's) and nine "dependent" CSC's which do not have taxing authority, but receive their resources through county general government. Although these fifteen counties represent only 22% of Florida's sixty-seven counties, 64% of Florida's children reside in these counties. While these CSC's (the term by which most of these entities are known, though JWB continues under its original legislative authority and name) vary widely in their resources, they do share some common characteristics:

1. None are engaged in direct service delivery
2. All have a heavy emphasis on development and prevention services and activities
3. Most focus efforts on neighborhoods
4. All work to better coordinate existing public and private funded services for children
5. Many are engaged in major system and collaborative service delivery building efforts
6. A strong sense of local ownership and control of these supplemental efforts on behalf of families and children
7. A growing emphasis on asset, as opposed to deficit, strategies

... Continued

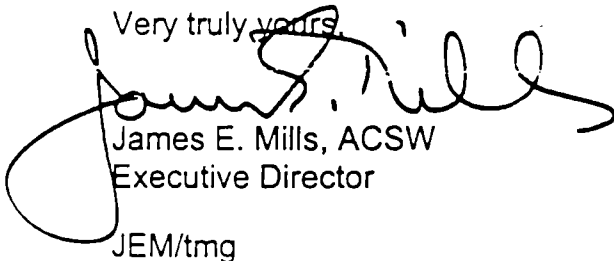
Ms. Martha King
September 7, 1999
Page 2

8. A strong commitment to building strengths and capacities in all agencies or groups serving families and children through planning, evaluation, training, research, and advocacy efforts.
9. All serve as a forum for bringing together diverse systems, interests and institutions for both broad and targeted efforts on behalf of families and children.

The Children's Services Council model, particularly those which have special district taxing authority and the ability to commit to long-range service and change strategies, represent a unique means by which a community can respond to the needs of its families and children. By creating a focal point for all the children and families in the community these bodies create the potential to begin to overcome some of the institutional and categorical barriers to the effective organization of services and supports which limit or complicate implementation of public policy. Freed of the obligations which usually accompany direct service delivery responsibility, they can pose the hard questions and suggest the radical changes necessary to improve the way we "do business".

The Juvenile Welfare Board was in existence for forty-four years before, in 1990, voters were asked if they were satisfied with their level of efforts or whether they wished to make an even greater investment in their families and children. By a resounding 67% plurality, they voted to double their efforts and raised the taxing authority of JWB from ½ mil to 1 mil per thousand dollars of valuation. Obviously, they heartily endorsed the special taxing district mechanism as, after sixteen years of being its director, do I. If there is any way that my colleagues or I can be of assistance to you in your efforts, please do not hesitate to call on me.

Very truly yours,



James E. Mills, ACSW
Executive Director
JEM/tmg

bcc: Judge Glickstein

American Family

Volume 13

November/December 1990

Number 9



Children's Services Council: A Children's Tax Program That Sets A Model for the Nation

Several Florida counties have Children's Services Councils that are funded by an unusual property tax that goes exclusively toward meeting the special needs of children. Judge Hugh Glickstein, chair of the Children's Services Council Committee of The Florida Bar's Commission for Children, outlines the development of the Pinellas County council as a model for other counties and the nation..... Page 2

Update Inside:

Hunger.....Page 17

- Overview and Policy Options
- Arthur Simon's Bread for the World Report—HUNGER 1990
- Bread for the World's Harvest of Peace Resolution
- FRAC Community Childhood Hunger Identification Project

Florida's Counties Provide a Model for Local Funding to Meet the Special Needs of Children

A Report by Judge Hugh S. Glickstein,
Fourth District Court of Appeal and Chair, Children's Services Councils Committee of The Florida
Bar's Commission for Children



The Juvenile Welfare Board of Pinellas County is now in its 45th year. In this report, the Honorable Hugh S. Glickstein describes the ad valorem tax supported Juvenile Welfare Board of Pinellas County. He then turns to a discussion of the recent Children's Services Council movement in many Florida counties and how Pinellas county could be a model for Florida and the rest of the nation.

I. Definition

The name, "children's services council," is a 1980s version of a dynamic concept originally designated in the 1940s as "juvenile welfare board." Child advocates in Palm Beach, seeking to create such council in 1986, gave lengthy consideration to the name and decided the former name to be positive with the electorate. Child advocates in Martin County followed the successful lead of Palm Beach in 1988.

The council—created pursuant to section 125.901, Florida Statutes, discussed hereinafter—is a group of ten individuals, five of whom are appointed by the governor after nomination by the county commission and should be proven, local child advocates who are representative of the community. Five are selected because of their official position: the superintendent of public instruction; a school board member; a county commissioner; a juvenile court judge; and a Health and Rehabilitation Services (HRS) representative. The ten serve for four years and comprise the governing body of a county-wide independent special district created by county ordinance and funded, upon approval, by a majority of the electorate, with ad valorem taxes not to exceed one-half mill. It is this vote by the electorate which makes the choice of the council's name so important.

The council acts primarily as a "needs assessor" and "grant source," determining across-the-board needs of children in terms of funding, obtaining that revenue from ad valorem taxes and distributing it in an accountable fashion among children's programs which the council scrutinizes and evaluates specifically and as part of their overview. While it may also have satellite agencies, as in the case of Pinellas

County, the council basically funds other cost-efficient programs which the council perceives to be workable, accountable and consistent with the council's assessment of the county's needs; and it conducts training programs and conferences.

II. History

A. Pinellas County (1945-1985).

1. The 1986 Annual Report of the Juvenile Welfare Board of Pinellas County recites that in the 1940s, Juvenile Court Judge Lincoln Bogue recognized a severe lack of services for children and shared his concern with the community; and that Leonard Cooperman, Esquire, drafted a special act, relevant only to that county, to create a tax supported board to safeguard the rights and serve the needs of children.

The statute was enacted in 1945; and the following year, the people of Pinellas County voted overwhelmingly to approve the idea of taxing themselves for children and putting the responsibility of distribu-

For forty years, only Pinellas County had this effective structure in place to assist children with the appropriate focus on prevention and treatment.

ing the revenue generated by the tax into the hands of the juvenile welfare board, the composition of which was somewhat similar to a children's council created under section 125.901. For forty years, only Pinellas County had this effective structure in place to assist children with the appropriate focus on prevention and treatment.

2. In 1955, the special act was amended so that the board, previously limited after 1948 to collecting a maximum of twenty-five cents per thousand dollars, could now collect thirty-three and one-third cents per thousand dollars in valuation from ad valorem taxes. Thereafter, in 1961, the legislature amended the act again, increasing the thirty-three and one-third cents to fifty cents per thousand. Finally, in 1966 the legislature spelled out other fiscal requirements for the board and authorized the county to provide the board additional funds. The earlier 1955 amendment had given broad powers to the board, whose powers would subsequently be carried forward in the general statute enacted in 1986.

B. Florida's other sixty-six counties

1. In 1986, the Florida legislature made it possible for the other sixty-six counties to create county-wide, independent special districts, to provide juvenile welfare services for their children as Pinellas' electors had done for forty years, by enacting section 125.901, Florida Statutes, which traced the Pinellas act. In 1989, the legislature amended the legislation to add a tenth member, the judge assigned to juvenile cases.

2. In 1990, the legislature substantially amended section 125.901(1) in that it:

a. Recognized the name "Children's Services Councils," three Florida counties having failed in their 1986 and 1988 efforts because, in part, of their use of the anachronistic title, "Juvenile Welfare Board."

b. Allowed the HRS member to be a member of the Senior Management Service or the Selected Exempt Service.

c. Authorized the chief judge to select the juvenile judge if a county had more than one.

d. Changed references from Board of County Commissioners to County Governing Body and authorized that body to submit to the governor three names for each of the five members who are not the council because of official positions. These nominees are to come from public recommendations, are to represent the county's diverse demographics and must be county residents for twenty-four months.

e. Authorized the governor to request a new list of candidates or make the appointments in forty-five days.

f. Referred to children, not juveniles.

III. Powers and Functions

The 1990 legislative amendments did not tamper with the foundation of the act; namely, its breadth, and merely refined and modernized language. Sections (2)(a) and (b) now provide:

(2)(a) Each council on children's services shall have all of the

following powers and functions:

1. To provide and maintain in the county such preventive, developmental, treatment and rehabilitative services for children as the council determines are needed for the general welfare of the county.

2. To provide such other services for all children as the council determines are needed for the general welfare of the county.

3. To allocate and provide funds for other agencies in the county which are operated for the benefit of children, provided they are not under the exclusive jurisdiction of the public school system.

4. To collect information and statistical data and to conduct research which will be helpful to the council and the county in deciding the needs of children in the county.

5. To consult and coordinate with other agencies dedicated to the welfare of children to the end that the overlapping of services will be prevented.

6. To lease or buy such real estate, equipment, and personal property and to construct such buildings as are needed to execute the foregoing powers and functions, provided that no such purchases shall be made or building done unless paid for with cash on hand or secured by funds deposited in financial institutions. Nothing in this subparagraph shall be construed to authorize a district to issue bonds of any nature, nor shall a district have the power to require the imposition of any bond by the governing body of the county.

7. To employ, pay, and provide benefits for any part-time or full-time personnel needed to execute the foregoing powers and functions.

(b) Each council on children's services shall:

1. Immediately after the members are appointed, elect a chairman and a vice chairman from among its members, and elect other officers as deemed necessary by the council.

2. Immediately after the members are appointed and officers are elected, identify and assess the needs of the children in the county served by the council and submit to the governing

Juvenile Welfare Board: History

Lincoln C. Bogue was a juvenile court judge for Pinellas County concerned about what to do with juvenile offenders and dependent children needing assistance. The judge favored a detention home, counseling, social workers, and identification and counseling of "wayward" youth early on.

Judge Bogue believed it futile to seek county commission support, choosing instead to find a permanent, long-range solution. In conjunction with Leonard Cooperman, an attorney, Bogue submitted a bill to the Florida legislature for an independent, special taxing district for children's services.

State legislators supported the idea and introduced a bill to the Florida legislature that passed in a few short months. The act empowered Pinellas County to create a special district for children and to levy a tax subject to referendum. In November 1946, an overwhelming 80 percent of the voters approved the Juvenile Welfare Board and its taxing authority.

Today, the Juvenile Welfare Board of Pinellas County continues to be a pacesetter for children's services. The Juvenile Welfare Board operates on an annual program budget of \$21.5 million, and plans and contracts with 44 agencies and 84 programs county-wide. The Juvenile Welfare Board serves as a model for similar taxing districts in Palm Beach, Martin, Hillsborough, Okeechobee, and St. Lucie counties in Florida. Other Florida counties are in the process of asking voter approval for the concept. Several other states look to the Juvenile Welfare Board of Pinellas County as a model for implementation nationwide.



Judge Lincoln C. Bogue

Highlights of the JWB Year

OCTOBER, 1988: A survey of Pinellas County's economically disadvantaged parents conducted by U.S. Rep. C.W. "Bill" Young and the Juvenile Welfare Board shows that 31% of survey respondents stay home with their children until subsidized child care placement becomes available. 41% of the parents surveyed wait for more than 6 months for a placement, and 46% say they need child care to attend job training or to find a job. 88% of those surveyed earn under \$10,000 yearly.

NOVEMBER, 1988: The Juvenile Welfare Board allocates up to \$82,388 in mental health funds for service to elementary-age emotionally handicapped children in a new Elementary Mental Health Operations (ELMHO) program. The new project builds upon the successful ELMHO programs at Curlew Creek and Tyrone Elementary Schools.

DECEMBER, 1988: In an attempt to learn whether crisis counseling provided to youth at the Juvenile Detention Center would avoid the need for inpatient psychiatric care, the Juvenile Welfare Board contracts with Pinellas Emergency Mental Health Services for a research and demonstration project. Also in December, the Juvenile Welfare Board begins to test a survey designed to provide compensation and turnover information for social service personnel in Pinellas County.



JANUARY, 1989: The Juvenile Welfare Board approves development of a community-wide campaign promoting awareness of the issues involving drug-exposed children and their mothers. The Juvenile Welfare Board also authorizes establishment of a consultant position designed to coordinate community resources toward solutions.

FEBRUARY, 1989: The Juvenile Welfare Board Training Center offers, in conjunction with several other groups, four major training events: "Channeling Children's Anger," "Opening Doors: Improving Services to Minorities Through Cultural Sensitivity Training," "Facilitating the Development of Manhood in Black Juveniles," and "Substance Abuse and Pregnancy: Innocent Addicts." The Hands Across the Ages Steering Committee sponsors a workshop for high school students to acquaint them with the needs of the elderly.

MARCH, 1989: A Juvenile Welfare Board allocation allows an additional 75 emotionally disturbed preschoolers to be served through Coordinated Child Care of Pinellas (formerly Project Playpen), and 20 developmentally disabled pre-schoolers to be served at the Pinellas Association for Retarded Children (PARC). The JWB also allocates funds to provide for expansion of Operation PAR's Child Development Center serving children of substance-abusing women.

APRIL, 1989: The Juvenile Welfare Board schedules two public meetings to ask Pinellas County residents to comment on needed services for children and families. Also in April the Abuse, Neglect and Dependency Committee of the JWB Youth Services Advisory Committee sponsors a presentation on alternatives to corporal punishment by Dr. Irwin Hyman.

MAY, 1989: A study completed by the Juvenile Welfare Board and the Tampa Bay Regional Planning Council Area Agency on Aging shows a need to provide opportunities for bringing together individuals of all age groups. Although nearly 4,000 Pinellas County residents had participated



in some type of intergenerational activity over the past year, the number represents less than half of 1 percent of the total population.

JUNE, 1989: The Annual Analysis of Performance Data for Funded Programs shows that the Juvenile Welfare Board programs served over 6,000 more children and over 3,000 more families in fiscal year 1987-88 than in 1986-87.

JULY, 1989: The Juvenile Welfare Board begins plan to ask voters to decide if additional services to children and families should be supported by an increased millage rate. The Juvenile Welfare Board votes to determine, through referendum, its future financing capabilities.

AUGUST, 1989: The Juvenile Welfare Board joins other community groups and representatives from the cities of St. Petersburg, Gulfport and St. Petersburg Beach in an effort to consolidate community resources in the fight against drug abuse.

SEPTEMBER, 1989: With the United Way of Pinellas, the Juvenile Welfare Board co-sponsors "Making the Grade," which brings together county youth to discuss six areas of concern: teen pregnancy, substance abuse, illiteracy, dropouts, juvenile crime, and youth unemployment. Also in September, results of the JWB-funded Maternal Substance Abuse Research are announced by Dr. Ira Chasnoff at a national press conference in Miami.

Source: The Juvenile Welfare Board of Pinellas County, Florida. Annual Report 1989.

body of each county a written description of:

- a. The activities, services, and opportunities that will be provided to children.
- b. The anticipated schedule for providing those activities, services, and opportunities.
- c. The manner in which children will be served, including a description of arrangements and agreements that will be made with community organizations, state and local educational agencies, federal agencies, public assistance agencies, the juvenile courts, foster care agencies, and other applicable public and private agencies and organizations.
- d. The special outreach efforts that will be undertaken to provide services to at-risk, abused, or neglected children.
- e. The manner in which the council will seek and provide funding for unmet needs.

B. The maximum millage in section (3)(b) of one-half mill is easy to translate for the homeowner, whether or not the owner has the annual homestead exemption of \$25,000. For example:

Assessed Property Value	\$100,000.00
Less Homestead Exemption	<u>\$25,000.00</u>
Net Value to be Taxed	\$75,000.00
Millage of \$.50 per \$1,000.00:	\$37.50 tax bill
Without homestead exemption, the property owner would pay \$50.	

In Pinellas County, after forty years, the millage had never reached fifty cents. Palm Beach County, the first to approve the council pursuant to the 1986 general act, had an initial millage of about nine cents; and in 1989 was about nineteen cents. Using that same example of assessed value of \$100,000, the property owner in Palm Beach County, with homestead exemption, had a 1989 tax bill for children of about \$14.25.

GENERAL FUND of the PINELLAS COUNTY JWB

Combined statement of revenues, expenditures, and changes in fund balance for the fiscal year ended September 30, 1989 with comparative actual amounts for 1988.

Revenues		
	1988 Actual	1989 Actual
Property Taxes	\$10,163,065	\$10,788,727
Delinquent Property Taxes	21,957	32,382
Intergovernmental	2,701,816	3,559,795
Interest Earnings	266,367	428,783
Licenses and Fees	175,992	253,317
Miscellaneous	<u>41,208</u>	<u>97,108</u>
Total Revenues	\$13,370,405	\$15,160,112
Expenditures		
Current:		
Administration	\$1,400,707	\$1,575,309
Children's Program Service	11,891,832	13,432,733
Other Non-Operating Expenditures	233,980	231,650
Capital Outlay	<u>69,701</u>	<u>6,108</u>
Total Expenditures	13,596,220	15,245,800
Excess (Deficiency) of Revenues Over Expenditures	\$(225,815)	\$(85,688)
Fund Balance Beginning of Year	<u>\$2,341,486</u>	<u>\$2,115,671</u>
Fund Balance End of Year	\$2,115,671	\$2,029,983

V. Additional Funding

The 1990 legislation added new authority to the county's governing body to provide the council with funds during its first year and any year thereafter. Prior to 1990, such authority existed only after the council's first year of operation.

VI. Reporting Requirements

Section 5 of the 1990 act requires all new councils as well as those existing councils which choose to come within the effect of the new legislation to:

5. Provide an annual written report, to be presented no later than January 1, to the governing body of the county. The annual report shall contain, but not be limited to, the following information:
 - a. Information on the effectiveness of activities, services and programs offered by council, including cost-effectiveness.
 - b. A detailed anticipated budget for continuation of activities, services, and programs offered by council, and a list

f. The strategy which will be used for interagency coordinations to maximize existing human and fiscal resources.

3. Provide training and orientation to all new members sufficient to allow them to perform their duties.

4. Make and adopt bylaws and rules and regulations for the council's guidance, operation, governance, and maintenance, provided such rules and regulations are not inconsistent with federal or state laws or county ordinances.

IV. Fiscal Application and Limitations

A. The ad valorem tax reaches all real property and commercial tangible personal property but is limited to one-half mill.

c. Procedures used for early identification of at-risk children who need additional or continued services and methods for ensuring that the additional or continued services are received.

d. A description of the degree to which the council's objectives and activities are consistent with the goals of this section.

e. Detailed information on the various programs, services, and activities available to participants and the degree to which the programs, services, and activities have been successfully used by children.

f. Information on programs, services, and activities that

should be eliminated; programs, services, and activities that should be continued; and programs, services, and activities that should be added to the basic format of the children's services council.

(c) The council shall maintain minutes of each meeting, including a record of all votes cast, and shall make such minutes available to any interested person.

(d) Members of the council shall serve without compensation, but shall be entitled to receive reimbursement for per diem and traveling expenses consistent with the provisions of s. 112.061.

(e) All financial records and accounts relating to the district shall be avail-

able for audit by state auditors as they are assigned from time to time to audit the affairs of the county officials. If no annual audit of the district is conducted by the state, the council shall cause an independent audit of the district to be conducted.

VII. Other Fiscal Requirements

A. The council is to prepare its tentative budget on or before July 1, to compute a proposed millage rate and comply with section 200.065 as to the method of fixing millage. The certified budget is adopted by resolution and submitted to the county's governing body, which cannot change or modify it.

B. All funds expended, except from a petty cash account never to exceed \$100, are by check signed by the chair and countersigned by a member as chief executive officer. Those signing and countersigning must be bonded for \$1,000 for every \$1,000,000 or portion thereof of the budget.

C. All monies must be in qualified public depositories.

D. Every quarter, the council must give a detailed report to the county governing body which shows receipts, expenditures, costs, and sums invested and deposited.

VIII. Dependent Districts

Section (7)(a) of the 1990 act provides:

(7)(a) Each county may by ordinance create a dependent special district within the boundaries of the county for the purpose of providing preventive, developmental, treatment, and rehabilitative services for children. The district is authorized to seek grants from state, federal, and local agencies, and to accept donations from public and private sources, provided that the district complies with the provisions of paragraphs (1)(a) and (2)(b), and provided that the district has a budget that requires approval through an affirmative vote of the governing body of the county or may be vetoed by the governing body of the county.

(b) If the provisions of a county charter relating to the membership of the governing board of a dependent special district conflict with paragraph (1)(a), a county may by ordinance create a dependent special district within the boundaries of the county for the purpose of providing, preventive, developmental, treatment, and rehabilitative services for children and the district shall be authorized to seek grants from state, federal, and local agencies, and to accept donations from public and private sources, provided that the district complies with the provisions of paragraphs (1)(a) and (2)(b), and provided that the district has a budget that requires approval through an affirmative vote of the governing body of

the county or may be vetoed by the governing body of the county.

IX. Not a Substitute for Other Funds.

Section (8) of the 1990 act provides:

(8) It is the intent of the legislature that the funds collected pursuant to the provisions of this section shall be used to support improvements in children's services and that such

funds shall not be used as a substitute for existing resources or for resources that would otherwise be available to children's services.

*One mill is a U.S. money of account, equal to one thousandth of a dollar or one tenth of a cent.
Ad valorem means in proportion to the value of.*

X. Intercounty Agreements.

A. Section(9) of the 1990 act provides:

(9) Two or more councils on children's services may enter into a cooperative agreement to share administrative costs including, but not limited to, staff and office space, if a more efficient or effective operation will result. The cooperative agreement shall include provisions on apportioning costs between the councils, keeping separate and distinct financial records for each council, and resolving any conflicts that might arise under the cooperative agreement.

B. Section (10) provides:

(10) Two or more councils on children's services may enter into a cooperative agreement to seek grants, to accept donations, or to jointly fund programs serving multicounty areas. The cooperative agreement shall include provisions for the adequate accounting of separate and joint funds.

XI. Grandfather Clause.

The 1990 amendments are part of the Education Reform Act, section (31) of which provides:

Section 31. All districts created pursuant to the provisions of s. 125.901, Florida Statutes, as they existed prior to October 1, 1990, shall continue to operate under the provisions of s. 125.901, Florida Statutes, as they existed prior to October 1, 1990, or may, at this council's own option, comply with the provisions of s. 125.901, Florida Statutes, as amended by this act. If a board or council determines to comply with the provisions of s. 125.901, Florida Statutes, as amended by this act, members appointed by the governor serving on October 1, 1990, may continue to serve until the expiration of their terms.

XII. Why a Children's Services Council?

A. The Council eliminates children competing with adult agendas for local funds collected and disbursed by the county commission from general tax revenues. All of the funds generated by the millage previously determined by the council go to children, instead of their receiving from the county commission what is left over from expenditures for roads, buildings, sewers, litigation, personnel pay raises and the like. One can imagine the lobbying that goes on for the distribution of public funds before a county commission! With a council, the only lobbying that may exist will be between children's programs, each of which must be accountable in cost efficiency and productivity and be responsive to the council's assessment of the county's needs.

B. The council has a country-wide overview, enabling it to see the whole picture of the county's children. It can then act as an efficient grant source for programs that fit into that overview, thus eliminating duplication and turf guarding.

C. Children's needs are met across the board. Pinellas' 1989 report shows how Priorities I, II, III and IV were addressed:

I

Adolescent pregnancy and substance abuse, family dysfunction, physical abuse and neglect, truancy and dropout.

II

Chronically ill, developmentally disabled, emotionally disordered, emergency housing, physically handicapped, unsupervised children, youthful sex offenders.

III

Employment and training, runaway youth, youth offenders and youth without permanent homes.

IV

Adult Domestic Violence.

1. Palm Beach, with one half mill, would generate over \$22,000,000 for children. At its present millage, \$9,000,000 is to be distributed in 1990 for the following children's programs: Child Care, Health, Education, Development Disabilities, Child Dependency, Mental Health, Juvenile Justice, Substance Abuse, Recreation, Family Services and Case Advocacy and Management.

D. It is a cost efficient operation. Pinellas County's board has an adjusted administrative cost rate of 10 percent. If you added the shared cost of the three satellite agencies and the training of community service personnel, the rate only rises 3 percent, still well below the general rate of 21 percent for nonprofit agencies. If Pinellas can do it so efficiently, so can every other county!

E. The idea of a council is neither liberal nor conservative. It is common sense. Electors understand how much can be saved by the council's funding of preventive programs, such as in the critical areas of substance abuse education and parenting education, thus avoiding substantially greater subsequent costs in the criminal justice system, which punishes, at great public expense, dependent children lacking in preventive help or treatment who then became delinquent children who then become criminal adults. A children's services council wisely provides the means for us to pay substantially less now for prevention—or treatment—than we ultimately shall pay for the cost of punishment for crime. An ounce of prevention is worth, not only a pound of cure, but also a ton of punishment!

XIII. Making the Case for the Council.

A. Needs Assessment. Like the Wizard of Oz, the county's governing body wants the witch's broomstick—in this case, proof of children's need. Sadly, showing such needs is much too easy. A good starting point is the Florida Center for Children and Youth, whose publication, *Key Facts About the Children* contains a county-by-county or HRS district-by-district statistical analysis in the following areas: Maternal and child health, child poverty, child care, child abuse and dependency, education, mental health and juvenile justice.

The Florida Bar's Commission for Children has programmatic needs data from most of Florida's counties which HRS's Children, Youth and Families collected for it.

Florida Protective Services System's Child Protective Investigations Annual Report contains substantial statistical data.

Each county's United Way has current, critical information on such things as child care waiting lists. County school offices have all of the data on dropouts, suspensions, repeats and the costs incurred.

Each county's HRS office should have current programmatic needs and cost data.

B. Revenue available. The Florida Bar's Commission for Children, with the help of the Department of Revenue and the Tax Collector of Palm Beach County has accumulated the county-by-county data on taxable property valuation collectible revenue therefrom with a one-half mill assessment.

C. Child advocates have two procedural hurdles to cross; namely, getting the council created by county ordinance and getting elector approval to fund it by ad valorem taxation, following county governing authority direction to the supervisor of elections to place the appropriate question on the ballot. The first is by far the easier. You start by gathering the statistics which establish the needs of a county's children and the absence of programmatic response to those needs and by placing what you learn into an easily readable article which also describes—as here—what a children's services council is and does as a special, county-wide, independent district. That document will then be used as the means to clear the first hurdle, which is obtaining the county governing authority's approval for the creation of the council by adoption of a county ordinance. A model ordinance has been adopted in Brevard County which incorporates the 1990 legislative amendments.

Before the case is presented to the County Governing Authority, which will receive from its County Attorney the form of ordinance he or she approves, it is wise to have written

Priority I JWB gives first consideration to these problem areas when allocating research, planning, coordinating, training advocacy and financial resources. JWB activities and commitments in these areas are anticipated to grow significantly.

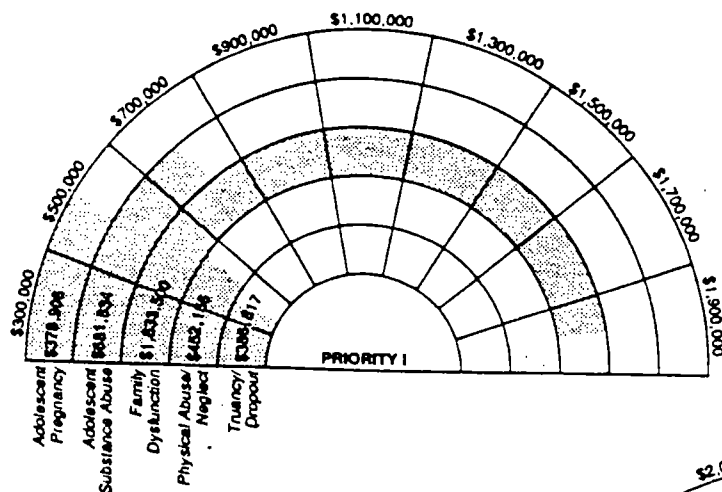
Priority II JWB maintains these problem areas as a slow-growing commitment. Significant growth or change is anticipated only after decisions and commitments have been completed for Priority I needs.

Priority III JWB maintains its current commitments to these problem areas. Growth or change may occur on a highly selective basis, primarily through reallocation of existing resources, after Priority I and II needs have been met.

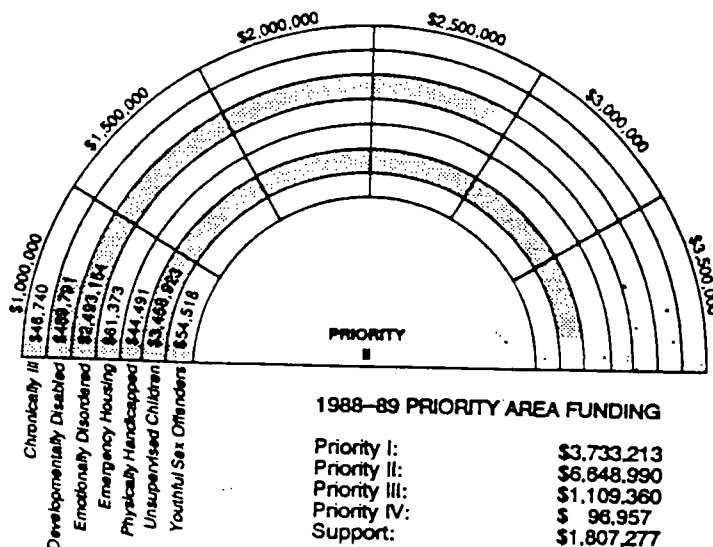
Priority IV Service to these problem areas generally falls outside the scope of JWB sanction. However, when these areas directly affect children in a significant and identifiable fashion, they are appropriate for JWB response.

JWB Contracts in 17 Need Areas

The Juvenile Welfare Board approves funding in four priority areas and a support area. The four priorities encompass 17 need areas for which the Juvenile Welfare Board contracts for services. A description of need areas and services appears on the following pages.

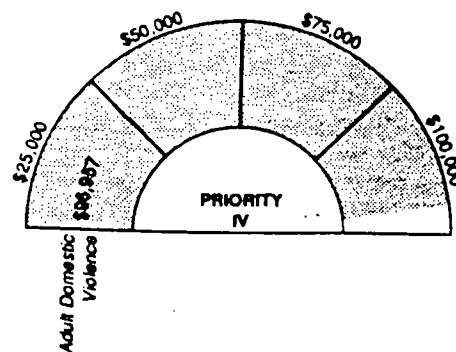
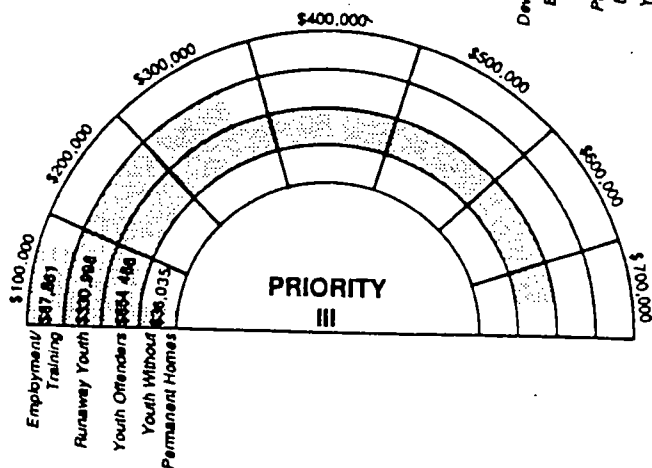


In order to implement its mandate, the Juvenile Welfare Board may assess an ad valorem tax of up to 1/2 mill (50 cents per \$1,000 non-exempt property valuation). In fiscal year 1988-89, this assessment was .4362, which generated ad valorem revenue of \$10,788,727. The average home in Pinellas County was assessed at \$65,400. The average homeowner, with a \$25,000 homestead exemption, contributed \$18.91 in 1988-89 to services provided by the Juvenile Welfare Board.



1988-89 PRIORITY AREA FUNDING

Priority I:	\$3,733,213
Priority II:	\$6,848,990
Priority III:	\$1,109,360
Priority IV:	\$ 98,957
Support:	\$1,807,277



Source: The Juvenile Welfare Board of Pinellas County, Florida. Annual Report 1989.

resolutions and letters of support presented to and obtained from the county's school board, superintendent of public instruction, sheriff, police chiefs, teachers, state and federal legislators, chambers of commerce, civic clubs, taxpayers' associations, ministerial alliance, condominium associations, unions, economic development council, state child advocacy groups, judges, governor, social service agencies, state and district HRS administrators and whoever else constitutes a cross-section of the community.

D. The ordinance will have created the council. To obtain authority for its funding, a resolution must be adopted by the county's governing authority—generally, the county commission, directing the supervisor of elections to place the following question (successfully used in Palm Beach then Martin Counties) upon the ballot for a primary or general election or for a specially scheduled election:

"Shall the Children's Services Council of (name) county be granted the authority to fund the improvement of children's developmental, health and other juvenile welfare services by the levying each year of an ad valorem tax not to exceed one-half (1/2) mill for services for children?"

The form of the question, devised after substantial consideration in Palm Beach, is very important. As framed, it fulfills legal requirements without containing negative, needless baggage and legalese. The resolution used originally in Palm Beach County, was followed in Martin County and updated for St. Lucie County. The 1986 strategy of having an ordinance separate from the resolution was a strategic masterstroke by the child advocates in Palm Beach County, because if the voters did not approve the funding in the first election, the council

would not be killed. It would continue to exist, albeit short of funds until another election could be held on the same question. Palm Beach County was the first to recognize that the statute, as it was then written, authorized the county commission to fund the council after the first year of operation; thus given the worst scenario, the council could exist and be dependent upon non-tax funds such as gifts or grants should the electors not give their full approval initially. The electors of Palm Beach County overwhelmingly voted "yes" to the question posed to them in 1986 as did those in Martin County in 1988. As indicated earlier, the new act authorizes such funding during the first year of the council's operations.

XIV. Achieving a Successful "Yes" Vote From the Electors Upon the Question of Funding the Council.

A. The campaign can be successful, even with very limited funds and a small, determined of child advocates. The following were achieved in Palm Beach and/or Martin Counties:

- Presentations to civic groups for their lunch programs.

- Children's March on Saturday prior to the election, covered by all media.
- Flyers with all public school children's report cards, in customers' grocery bags at check out, to movie patrons by cashiers, and on windshields at churches.
- Letters to the editors from community leaders.
- Telephone and personal contact with condo leaders.
- Support by the ministerial alliance from the pulpit.
- Vocal support from chamber of commerce leaders and taxpayers association.
- Handouts of flyers at major employers during shift changes.
- Speeches to high school classes.
- Phone banks by teenagers.
- Handouts of flyers at beauty and barber shops.
- Signs at intersections.
- Signs held by adults and children near polling places on election day and—on the Sunday prior to election—in front of churches.
- Active involvement by teachers, school board members and the superintendent of public instruction; county sheriffs and chiefs of police; county and city commissioners; and by officers, board members and staff of social service agencies.
- Logistical and vocal support from United Way.

- Editorial support from local newspapers.
- Endorsement by political executive committees.
- Presentations on radio talk shows and public service announcements.
- Presentations on TV public service programs.

In making your case to the public, it is essential to have the public actively involved. While resolutions and letters are useful in achieving

The Council eliminates children competing with adult agendas for local funds collected and disbursed by the county commission from general tax revenues. With a council, the only lobbying that may exist will be between children's programs, each of which must be accountable in cost efficiency and productivity and be responsive to the council's assessment of the county's needs.

adoption of the ordinance, the campaign to achieve elector approval of the funding is a hands-on effort. Letters simply will not achieve election results. It is necessary to speak to leaders, individually, by telephone or in person, and to communicate your message to the public, visually and vocally.

To win, you may have to ignore the negative gossip of prophets of gloom who repeat the fiction the voters oppose any tax. In Martin County, the voters, by almost a two to one margin, said "yes" to *this* tax because they could perceive its advantages and usefulness.

B. Palm Beach County operated with about \$30,000 in 1986, which it collected and used for television advertising, signs and flyers. Its child advocates devised a strategy which is a role model for all other counties. They were able to coordinate a county-wide coalition that cut through age, ethnic and vocational differences in a very short span of months. Hillsborough County advocates' successful strategy was to have the question answered by its electors on the October runoff ballot, rather than on the ballot for the general election in November; so there are examples of voter approval in two general elections and in a primary election.

XV. The Martin County Experience (1987-1988)

A. We looked at Martin County's 16,000 children; and discovered that we had 200 children on the waiting list for day care; 1,350 who require but are not receiving mental health services; 3,200 below poverty level; and, in 1987, 1,100 juveniles in court and 145 teenage births. HRS reported that 1987 referrals included 360 abused and neglected children; 1,668 delinquent children; and sixty runaways, ungovernables or truants. Before we undertook the creation of a council, the people of Martin County, located just north of Palm Beach County, had no idea of the numbers of children in need.

B. We learned there were no facilities for family therapy for those in financial need; no beds for crisis stabilization, nor therapeutic group home for boys and girls; and that we desperately needed a crisis stabilization unit, intensive crisis

counseling, individual and family therapy, an emergency shelter, a therapeutic group home, affordable mental health services, drug counselling and day care funds.

C. We also learned the cost of treatment for children is not cheap. A ten-bed program in a crisis stabilization unit would have an operational cost of \$186 per child per day. Indian River Community Mental Health suggested that one such unit, centrally located, for Martin, St. Lucie, Indian River and Okeechobee Counties, would be immense help. A desperate needed detox facility for adolescents' intensive treatment would cost \$160 to \$170 per day. An eight-bed therapeutic group home to respond to mental health needs will cost \$300,000 per year. An eight-bed emergency shelter for abused and neglected children and of ungovernables or runaways will cost from \$180,000 to \$200,000 per year. Intensive crisis counseling will require approximately \$1,000 per family. Individual and family therapy ranges from \$50 to \$125 per hour, based

Remarks by Judge Hugh S. Glickstein to the Jacksonville Bar Association

In the movie, "Postcards from the Edge," the heroine says to the director, "Do You Always Talk Like a Bumper Sticker?"

So, if I suggest to you that it is easier build children than to repair adults, I admit talking like a bumper sticker, as well as when we acknowledge that "Children Learn What They Live":

If children live with blame, they learn anger.
If children live with fear, they learn anxiety.
If children live with shame, they learn guilt.

If children live with tolerance, they learn to be patient.
If children live with praise, they learn to appreciate.
If children live with fairness, they learn justice.
If children live with security, they learn to have faith.
If children live with approval, they learn to like themselves.
If children live with acceptance, they learn to find love in the world.

What's at stake on November 6 is the future of this county — not just its children — everybody.

Let me illustrate by a story a school teacher told us in Nashville, TN, recently.

In her community there were no prevention and intervention programs. One of her students told her she was dropping out of school because she couldn't stand things at home. The teacher pleaded with her, unsuccessfully. The girl dropped out, then got pregnant, had a child, got pregnant again and had another child.

Twenty years passed. The teacher saw the former student. The student's first child, a daughter, had been engaged in prostitution in three states whose agencies became responsible for her in their social service programs at substantial expense. The other child, a son, had robbed a store with his friends, killed the store owner, and will be in prison forever — another dead end for the child and for society.

School dropouts come first — then teenage pregnancy, not the reverse.

If you lose on November 6, when will you ever come back? Polk and Sarasota lost in 1986 because, in part, they used the name "Juvenile Welfare Board." Today, neither county has anything. In 1988, Dade made the same mistake and used the same name. They lost and now have an eighteen person "advisory council" with no funding authority. This Dade advisory council idea is also used in Broward and Orange, none of them having funding through ad valorem taxes.

Access of clients to the courts and access of children to preventive and treatment programs involve the same principle. A litmus test of democracy is the access of those affected by decisions to those making decisions.

If children lose on November 6, they will have lost their opportunity for direct access to a Board which is devoted solely to responding to individual children's needs.

This is an excerpt from a speech given by Judge Hugh S. Glickstein to the Jacksonville Bar Commission on October 18. The results of the vote for Children's Services Councils in other Florida counties will be discussed later in the article. The poem "Children Learn What They Live" is from Kids' Rights, a Florida organization.



Judge Hugh S. Glickstein

A Model Program 45 Years in the Making

on the credentials of the provider. In patient care for alcohol and drug abuse will cost \$150 to \$185 per day. Outpatient care runs on a sliding scale from 0 to \$50 per hour. Mental health case management's sliding scale tops out at the same hourly figure.

XVI. The Role of the Florida Bar

A. In 1983, Florida created the first interdisciplinary children's committee sponsored by a state bar. That same year, the committee advised state legislators of Pinellas County's Juvenile Welfare Board to encourage its use in other counties. The following year, having successfully urged the formation of interdisciplinary children's committees, it informed them of Pinellas County's success. The committee then kept in written communication with the legislature, in 1985, when the general act was introduced, and supported the leadership of Palm Beach County child advocates in getting the general act enacted in 1986.

B. The Florida Bar's Commission for Children, created in 1989, undertook the following year to educate Floridians about these councils, to initiate campaigns in all counties which had none and to support existing county campaigns. The Commission, with funding by The Florida Bar Foundation, provided every county governing authority, school board,

chief judge, and bar president with extensive information, not only about the councils and how to achieve one, but also the needs assessment and revenue data which the Commission collected for each county. It similarly informed and sought the help of the Association of Florida Counties, League of Cities, Florida Medical Association, Commission on Child Welfare, and seventy-five other state associations. The Commission obtained support from the Florida Chamber, League of Women Voters, Florida Council for Community Mental Health, Florida Pediatric Society and others. Individual members of The Florida Bar—lawyers and judges—having been instrumental in achieving the councils which existed prior to 1990, contributed to the creation of councils in a number of counties, where the electors will soon decide whether the respective, newly created councils may levy ad valorem taxes.

C. The Commission now seeks to network with the thirty out-of-state children's advisory councils and commissions, all legislative children's committees from other states and many national child advocacy organizations in a concerted effort to make available to children beyond Florida's borders what Leonard Cooperman and judge Bogue created in 1945 for the children of Pinellas County.

Judge Hugh S. Glickstein, September 26, 1990

Recipients Of Children's Services Council Money, 1990-91 (In Palm Beach County)

Agency	Type of Program	Amount
Adam Walsh Child Resource Center	Dependency	\$47,040
E. Faulk Foundation for Group Counseling	Juvenile Justice	\$180,915
South County Mental Health Center	Mental Health	\$211,455
Western Palm Beach County Mental Health Clinic	Mental Health	\$203,725
HRS	Developmental Disabilities	\$504,433
Jeff Industries	Education	\$162,116
Jewish Community Center	Child Care	\$192,383
YWCA	Mental Health	\$ 57,719
Palm Beach County Parks and Recreation	Recreation	\$106,345
Neighbors Organized for Adequate Housing	Child Care	\$286,172
Boca Raton Housing Authority	Recreation	\$92,656
Center for Children in Crisis	Dependency	\$254,904
Children's Case Management	Advocacy	\$321,356
Comprehensive AIDS Program	Health	\$250,343
State Attorney's Office	Juvenile Justice	\$80,898
Boynton Beach Police	Juvenile Justice	\$30,000
Eckerd Youth Alternatives	Juvenile Justice	\$141,764
HRS / County Health Unit	Health	\$230,892
Boynton Beach Parks and Recreation	Recreation	\$121,292
The Haven	Family Stability	\$86,719
Children's Home Society	Dependency	\$138,023
Juvenile Services Program	Juvenile Justice	\$62,156
Suncoast Chamber of Commerce	Education	\$36,642

A Model Program 45 Years in the Making

Agency	Type of Program	Ambul
Parent-Child Center	Child Care	\$222,0
Child Care Resource and Referral Inc.	Child Care	\$279,2
Child Care Resource and Referral Inc.	Child Care	\$100,0
CARP*	Outpatient Drug Counseling	\$83,1
Planned Parenthood	Health Education	\$35,5
Planned Parenthood(south)	Education	\$47,7
Uplift Assistance	Family Stability	\$256
Palm Beach Marine Institute	Juvenile Justice	\$81
Lutheran Ministries	Child Care	\$180,1
YMCA of Boca Raton	Recreation	\$33,2
The Exchange Club	Dependency	\$72,7
Council on Abuse and Neglect	Dependency	\$34,5
Council on Abuse and Neglect	Health	\$162,9
City of Pahokee	Recreation	\$121,5
HRS	Juvenile Justice	\$34,9
HRS / County Health Unit	Education	\$324,1
Big Brothers / Big Sisters	Dropout Prevention	\$83,1
South County Mental Health	Juvenile Justice	\$103,6
Hispanic Human Resources	Child Care	\$100,3
Florence Fuller	Child Care	\$39,7
Glades Association for Retarded Citizens (ARC)	Rehabilitation	\$151,1
Drug Abuse Foundation	Teen Counseling	\$179,1
Crisis Line	Youth In Crisis	\$157,2
Catholic Charities	Substance Abuse	\$56,1
Mental Health Association	Substance Abuse	\$53,8
ARC	Developmental Disabilities	\$210,4
ARC	Child Care	\$574,18
Children's Home Society	Juvenile Justice	\$181,6
Delray Beach	Recreation	\$154,7
Teen Musical	Recreation	\$33,8

Florida's Local Leaders Now Know Their Children's Needs and a Way to Meet Them—Elections 1990.

Soon after the November elections, Judge Glickstein sent child advocates a letter analyzing the successes and failures of Children's Services Councils in the counties. The elections were mixed, but Judge Glickstein suggests that politics not directly related to the children's services issue could have been a key factor in a couple of the counties that rejected the

ad valorem tax. Child advocates in Florida are pleased the new governor has been vocally supportive of children's services councils. Georgia's incoming governor is also a supporter of children's needs, and may sponsor legislation for children similar to that in Florida.

Dear Child Advocates:

I write for a number of reasons:

1. To provide you with contacts in the effort to achieve Children's Services Councils.

2. To inform you of the votes on the questions of authority to levy an ad valorem tax decided on November 6, 1990:

Duval County

For	49.39%
Against	50.61

Hernando County

For	37.7
Against	62.3

Manatee County - (The question, here, was whether the County Commission would have the authority to levy an ad valorem tax not to exceed 1/20 of a mill in 1991 and increasing annually to 1/3 of a mill.)

For	51
Against	49

Okeechobee County

For	55
Against	45

Pasco County

For	48
Against	52

3. To share some thoughts with you.

A. The biggest opponents of children are apathy and ignorance.

Only sixty percent of Florida's apathetic electors went to the polls. Of those who did vote against, how many were simply uninformed? Successful campaigns inform enough electors what a Children's Services Council is and what it does and what it does not do. Ignorance, unlike apathy, is remediable.

B. As Tip O'Neill observed, all politics is local.

Pasco may have lost, in part, because in the last

weeks, the county commission put a perceived acrimonious tax question on the ballot to provide the sheriff more funds.

Hernando may have lost, in part, because the county commission put a polarizing park tax on the ballot.

Duval may have lost, in part, because of the outlying rural areas and because too many electors—including, perhaps, one or more child advocates unconnected with the campaign—repeated the self-fulfilling thought that they believed the effort would not succeed. People have to be positive and believe—it's called faith.

C. The losing counties, I believe, will try again and are disappointed but not discouraged. Pasco and Hernando will, hopefully, get their appointees finalized and make their needs assessment case. Duval was too close and the needs too great not to return to the voters.

D. Florida's incoming governor has been vocally supportive of children's services councils. His letter, in 1988, to the Martin County Commission was very helpful to us child advocates there. He wrote to me in 1990, saying:

Hugh, I am aware of the benefits that the active councils have provided in certain counties in Florida and I want to ensure that children throughout the state are given similar representation.

E. We are asking Georgia's new governor to sponsor legislation for children similar to Florida's. He has pledged his response to children's needs. I perceive a bridge of caring being constructed between the two neighboring states.

F. Other counties in Florida will not be daunted by the losses; they will be encouraged by the wins.

4. To inform you of the dollar loss to children in Duval, Pasco and Hernando.

5. To inform you of the counties which could produce enough funds per year for children to warrant a council, but which have turned a deaf ear to our pleas.

Sincerely,

Hugh S. Glickstein, November 8, 1990

THE FLORIDA BAR CHILDREN'S COMMISSION

I. CHILDREN'S SERVICES COUNCIL COUNTY NETWORK

Brevard

Commissioner Thad Altman
1515 Sarno Road
Melbourne, Florida 32935
(407)242-6507

Collier

Bea Harper and Paul Pinson
Naples Alliance for Children
Post Office Box 708
Naples, Florida 33939
(813)649-5260

Duval

Guy Marvin, III, Esquire
Independent Life and Accident
One Independent Drive
Jacksonville, Florida 32276
(904)358-5600

Hernando

Karen L. Kraatz
Post Office Box 66
Brooksville, Florida
34605-0066
(904)596-7636

Hillsborough

William Michaels, Executive Director

Children's Board of Hillsborough County

1901 N. 13th Street, Ste. 100
Tampa, Florida 33605
(813)248-3008

Lee

The Honorable Hugh Starnes
Circuit Court Judge
Lee County Court Administration Of-
fice #3112

1700 Monroe Street, 3rd Floor
Fort Myers, Florida 33901

(813)334-0581

Martin

Harry A. Yates, Executive Director

Children's Services Council of Martin County
410 Balboa Avenue
Stuart, Florida 34994
(407)288-5758
Okeechobee
Gerald Lefebvre, Esquire
414 NW Third Street
Okeechobee, Florida 34972
(813)763-3333
Palm Beach
Barbara Kauffman, Executive Director
Children's Services Council of Palm Beach County
3111 S. Dixie Highway
West Palm Beach, Florida 334201
(407)655-1010
Pasco
Judy Case
Pasco Children's Services Board
12029 Majestic Blvd., Ste. 5A
Hudson, Florida 34667
(813)863-6089
Pinellas
James E. Mills, Executive Director
Juvenile Welfare Board of Pinellas County
4140 49th Street, North
St. Petersburg, Florida 33709
(813)521-1853

II. Dependent District County Network

Broward
Dr. Danny Valdez, Coordinator
Ms. April Rosen, Secretary
Children's Services Board
115 S. Andrews Avenue, Rm. 324-A
Fort Lauderdale, Florida 33301
(305)357-6978
Dade
Modesto E. Abety, Interim Director
Children's Services Council
1701 NW 30th Avenue
Miami, Florida 33125
(305)633-6481
Manatee
Ken Marsh
Children's Services Advisory Board
P.O. Box 9069
Bradenton, Florida 34206
(813)741-7496
Orange
Robert Pickerill, Manager
Citizens' Commission for Children
1718 East Michigan Street
Orlando, Florida 32806-4998
(407)836-7610

Volusia
Mary Jo Murphy
County Manager's Office
123 West Indiana Ave.
Deland, Florida 32720-4604
(904)736-5920

III. COUNTIES WITH CAMPAIGNS OR CONTACTS TO ACHIEVE CHILDREN'S SERVICES COUNCILS

Alachua
The Honorable Chester B. Chance

Alachua County Courthouse, Rm. 2
201 East University Avenue
Gainesville, Florida 32608
(904)374-3642
Audrey L. Scheibler
University of Florida
Institute for Child Health Policy
5700 SW 34th Street, Ste. 323
Gainesville, Florida 32608
(904)392-3642
Charlotte
Sandy Phillips
Charlotte County School Board
1016 Education Avenue

A. Counties without current campaigns which would produce over \$300,000 in tax, revenues based on one-half mill (1989 Tax Roll)

Bay	\$1,716,762.85
Citrus	1,494,653.96
Escambia	2,095,252.80
Hendry	453,763.08
Leon	1,976,986.36
Marion	2,100,942.36
Monroe	2,707,231.09
Nassau	\$665,942.76
Okaloosa	1,591,602.71
Osceola	1,719,679.93
Putnam	865,001.09
Santa Rosa	936,595.89
Sarasota	6,234,658.78
Seminole	3,922,823.35
Walton	597,799.96

B. Counties which would produce over \$250,000

Columbia	\$293,724.67
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C. Counties which would produce over \$200,000

DeSoto	\$241,957.78
Gulf	221,250.82
Hamilton	206,475.54
Hardee	242,553.89
Jackson	224,384.27
Levy	219,468.23
Sumter	205,789.85
Taylor	244,383.30

D. Loss to children in counties whose campaigns were unsuccessful in 1990

Duval	\$8,441,669.97
Hernando	1,296,641.71
Leon	1,967,986.36
Pasco	3,155,700.01

Mrs. Carolyn Edsall, Chair
Children's Services Council
2705 Whipporwill Lane
Vero Beach, Florida 32960
(407)567-6993

Lake

Jerri A. Blair, Esquire
Post Office Box 130
Tavares, Florida 32788
(904) 343-3755

Kathleen M. Schmid
910 Sumter Street
Post Office Box 2455
Leesburg, Florida 32749-2455
(904)365-3517

Mary M. McDaniel, Esquire
275 E. Alfred Street
Tavares, Florida 32778
(904)343-2600

Marion

Mr. R.S. Archibald, Superintendent
Marion County School System
Post Office Box 670
Ocala, Florida 32678
(904)732-8041 extension 214

Polk

The Honorable Marlene Young
County Commissioner, District 3
Post Office Box 60
Bartow, Florida 33830
(813)534-6000

Sarasota

Mrs. Wendy Hopkins
4909 Hidden Oaks Trail
Sarasota, Florida 34232

Susan L. Stockham-Mosca, Esquire
100 Wallace Avenue, Ste. 240
Sarasota, Florida 34237
(813)951-1951

St. Johns

Mary M. Clukey, Circuit Director
St. Johns County Courthouse
Post Office Drawer 300
St. Augustine, Florida 32085
Volusia
Linda Merrell
599 John Anderson Drive
Ormond Beach, Florida 32176
(904)677-3929

IV. ADDITIONAL RESOURCES

Judge Hugh S. Glickstein
Fourth District Court of Appeal
Post Office Box A
West Palm Beach, Florida 33402
(407)686-1903

Donald M. Middlebrooks, Esquire
Chairman, The Florida Bar Commission
for Children
Steel, Hector & Davis
4000 Southeast Financial Center
Miami, Florida 33131-2398
(305)577-2904

Elaine Alvarez, Chair
Children's Services Council of Palm
Beach County
3111 South Dixie Highway, Ste. 243
West Palm Beach, Florida 33405
(407)655-1010

Jack Levine, Executive Director
Florida Center for Children and Youth
Post Office Box 6646
Tallahassee, Florida 32314-6646
(904)222-7140



Incoming governor of Florida,
Lawton Chiles

"I am aware of the benefits that the active councils have provided in certain counties in Florida and I want to ensure that children throughout the state are given similar representation."

Steven J. Uhlfelder, Esquire
Steel, Hector & Davis
215 South Monroe Street, Suite 601
Tallahassee, Florida 32301-1804
(904)222-4192

Pamela J. Roebuck, Esquire
Chairman, Children's Services Council
of Martin County
410 Balboa Avenue
Stuart, Florida 34994
(407)288-5758

Sylvia Ibañez, Esquire
Post Office Drawer 7667
Winter Haven, Florida 33883
(813)299-8553

Tracking Children's Services Councils Into the 1990s: Is Florida Setting the Trend?



Six of Florida's counties now have an independent children's services council or a juvenile welfare board supported by ad valorem taxes not to exceed one-half mill. The taxes in Duval and Pasco Counties were defeated by 1 and

4 percentage points respectively, leaving supporters disappointed but not discouraged, committed to keeping up the fight.

The children's services councils appear to be a growing movement in

Florida. Child advocates from all over the state are in contact, and a meeting has been scheduled for early January to form the Florida Association of Children's Services Boards and Councils.

The goals that might be accomplished by the state-wide association include:

- (1) Obtaining approval of proposed legislation that the state provide funds (matching) for those counties who are successful in establishing a Children's Services Council and passing referenda for ad valorem taxes. The matching funds could be on a percentage basis (i.e., perhaps 10 percent of county provided funds). This would mean that if a council operates efficiently, their administrative expenses could be covered by state funds, guaranteeing that all funds raised by counties would be directly used for services to children.
- (2) Propose legislation for state grants to counties who establish a Children's Services Council to obtain a maximum of \$50,000 for administrative costs for one year, to help in educating their community and bringing the ad valorem tax issue to referendum.
- (3) Increased communication. A state task force, meeting perhaps quarterly, could be a very powerful tool in communication. It has been amazing how little communication there has been in the past between counties striving to establish their council and educate their communities concerning the need for a separate entity governing social needs of children. Communication could develop tools for ironing out those obstacles which have resulted in failure at the polls when counties went to referendum.

The Youth Policy CORPS will continue to track this solution toward meeting the special needs of children.



The Florida Bar
Commission for
CHILDREN

The Palm Beach Post

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EDWARD SEARS, Editor

LON DANIELSON, General Manager

TOM O'HARA, Managing Editor

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LINDA MURPHY, Director, Human Resources WALLY REICHERT, Director, Production

KEN WALTERS, Director, Marketing and Research

Services council makes difference for children

The anti-tax clouds that shrouded many elections last week did not block a ray of light in Okeechobee County. Voters there decided to put their money where their hearts are and invest in their community's future, and they approved a children's services council. Martin County voters approved a council in 1988, and St. Lucie County created one last month.

Palm Beach County voters approved a children's services council four years ago, and this year the council will distribute \$10.9 million to 58 programs. Because of this special taxing district, the county can fill children's needs that otherwise would have gone unmet — especially during a period of rapid growth and now one of economic recession. Yet any organization determined to do things in a new way can have problems. For example, some have questioned whether the Florida Department of Health and Rehabilitative Services has too much influence in obtaining money. Council officials have felt pressured by stringent application and reimbursement procedures. A researcher on the State of the Child report was fired in a disagreement over the pace of the project.

But the council's four-year report card shows mostly good grades. The most obvious and exciting are the new programs. But the most important and far-reaching may be the way the council brings together organizations with disparate perspectives to attain common goals. By law, the council's board includes a county commissioner, the school superintendent, a School Board member, the local HRS administrator and a juvenile court judge — plus five members appointed by the governor.

"We're looking at problems in a multidimensional way, which makes it unique," says council Director Bar-

Palm Beach County's 4-year report card shows mostly good grades.

bara Kauffman. "When board members see things differently and come up with different solutions, it's not easy to reach compromises. But the energy and creative tension that comes out of that is our greatest asset."

This comprehensive approach is one that older agencies such as HRS aren't required to follow. It should result in a more objective and effective way to identify needs and do something permanent about them. In addition, the council has increased professionalism in the social-service field by training existing agency staff and conducting nationwide search for new hires. The council has kept its pledge to stress drug-abuse prevention in all programs. The council has targeted child sexual abuse and, for the first time, brought public officials together to address it.

Another of the council's strong points is its determination to try new approaches but to change course if they don't work. Too many bureaucracies bog down in justifying their methods rather than making sure they work. When the council's application and evaluation procedures proved unwieldy, for instance, they were radically altered.

So far, council officials have kept their eyes on the goal: making a measurable difference in the lives of Palm Beach County children. That must remain the objective — and the community must hold them to it.



Children's Services Council Of Okeechobee County

941-462-5000

P.O. Box 2972
Okeechobee, Florida 34973

Fax 941-462-5014

Chairperson
Gerald Lefebvre
Vice Chairperson
Denny Mullins
Secretary/Treasurer
Cathleen Blair
Members
Sarah Alexander
Judge Brennan
Cecile Fitz
David Hazellief
Thomas Peer
David Williams
Gene Woods

January 25, 1999

George Long, County Administrator
County Commissioners Office
304 N.W. 2nd Street
Okeechobee, Florida 34972

Dear Mr. Long:

In compliance with Florida Statute 125.901, I am submitting the Annual Report for the Children's Services Council for 1997-98.

The Children's Services Council of Okeechobee County awarded grants to fund eleven projects in addition to funding the Healthy Kids of Florida match, the Medically Needy account and the Hibiscus Crisis Nursery. Total funds for grants allocated were \$184,651.00 of which we expended \$181,712.00 or 98% of the allocation. The Healthy Kids and Medically Needy account were allocated \$122,755.00 of which \$133,182.00 was spent or 108% of the allocation. The eleven projects had a total of seventy-one (71) objectives and sixty-four (64) or 90% of them were achieved. The total funds expended this year were \$335,236.00 or \$87,513.51 more than 1996-97. Administrative Costs are even lower than last year with only 6% compared to last year's costs of 8% of the total budget being spent on these services.

The Council received two donations to offset their portion of the Florida Healthy Kids responsibilities. This increase was due to an increase in the number of children served. Total number of children served in this program reached a high of 1206. The donations came from the McArthur Foundation for \$5050.00 and Okeechobee County School Board for \$40,000.00. Without these two donations, the council would have had to make significant reductions for other agency allocations.

A total of 3741 children of Okeechobee County received services through the programs offered by the funded agencies. The services ranged from health care through the Healthy Kids Insurance program, emergency medical care to a summer recreational day camp. Also we were able to fund programs that offered after school care, martial arts training, counseling for children involved in domestic abuse, and education on alcohol and drugs. In addition there were a playgroup for neglected or

abused children and their families, a shelter for children, a crisis nursery and a program for truant or suspended students. Other programs provided mentors to individual children or groups of children through reading activities and sports events. Almost 850 more children received services this year compared to 1997.

The actual cost expenditure per child was \$89.61. Compared to last year's cost of \$85.34. The council feels the quality of programs and the range of services continues to improve. We are pleased that there was a significant increase in the number of children served this year, especially the rise in children served through the Healthy Kids program.

The council requests proposals from agencies to address the six program areas of need in our community. The six areas continue to be substance abuse prevention, delinquency prevention, abuse/neglect prevention, transportation, cultural diversity training and positive alternatives to street crime. We continue to support the Healthy Kids Insurance program matching the required local effort so medical care is accessible to children in Okeechobee County. The required local effort is now 20% of the total costs. We still have instances where no insurance is available or the medical problem is not covered by insurance and families seek the council's assistance with the expenses. The Council approves these requests and then encourages families to apply for the insurance to pay further expenses.

Each council member is assigned an agency to monitor and review at least twice a year or more frequently if needed. Our reviews indicated that we would not continue funding the counseling program for abused children. The agency was going through a change of directors at the time requests for proposals went out and subsequently did not complete the application process correctly. We determined that all other agencies would continue to be funded.

Without the assistance of the Okeechobee County School Board providing funds for the Healthy Kids match several agencies would have had a drastic reduction in funds or a total elimination of the program.

Our millage was raised to .40 for the 1998-99 fiscal year. The budget approved for the 1998-99 year is attached along with a detailed summary of grants evaluated during the year.

Page 3
January 25, 1999

If you have any further questions please do not hesitate to call me at 763-3333. You may also call Cathleen J. Blair at 462-5000, extension 255, for information on budgets and grants.

Sincerely,

A handwritten signature in black ink, appearing to read "Gerald Lefebvre". The signature is fluid and cursive, with the first name "Gerald" being more prominent and the last name "Lefebvre" following in a similar style.

Gerald Lefebvre, Chairman
Children's Services Council of Okeechobee County.

**BUDGET SUMMARY
CHILDREN'S SERVICES COUNCIL
OF OKEECHOBEE
FISCAL YEAR 1998-99
THE PROPOSED OPERATING BUDGET
EXPENDITURES OF THE CHILDREN'S SERVICES
COUNCIL OF OKEECHOBEE
ARE 2.9% MORE THAN LAST YEAR'S TOTAL OPERATING
EXPENDITURES**

ESTIMATED REVENUE

Projected Tax Roll	\$926,382,785.00	<u>GENERAL FUND</u>
@ 95% collections	\$880,063,645.75	
@ .40 Mills =		\$352,025.00
Interest Income		3,500.00
Estimated Roll Forward		<u>0.00</u>
Total Revenue		<u>\$355,525.00</u>

PROJECTED EXPENSES:

Miscellaneous	21,581.00
Annual Audit	3,500.00
Medically Needy	5,000.00
Property Appraiser/Collector	13,102.00
Tax Collector	5,342.00
Human Services	3,000.00
Healthy Kids	<u>139,000.00</u>

Total	\$190,525.00
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Agency Allocations:	\$165,000.00
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Total	<u>\$355,525.00</u>
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**THE TENTATIVE, ADOPTED, AND/OR FINAL BUDGET IS ON
FILE IN THE OFFICE OF THE ABOVE MENTIONED TAXING
AUTHORITY AS A PUBLIC RECORD.**

**REVIEW OF ANNUAL EVALUATIONS
OKEECHOBEE CHILDREN'S SERVICES COUNCIL
GRANTS
1997-98**

REAL LIFE CHILDREN'S RANCH

REVIEWED BY: Ann Berner

**FUNDED AMOUNT= \$23,000.00
AMOUNT EXPENDED= \$23,000.00**

Obtained 2 of 2 objectives

Served 24 children at a residential facility that offers many skill-building opportunities for children in need of care due to placement as orphans or children in need of foster care. Mental Health needs are taken care of on-site in small and individual groups.

**CATHOLIC CHARITIES, DIOCESE OF PALM BEACH, OKEECHOBEE YOUTH
OUTREACH PROGRAM**

REVIEWED BY: Gerald Lefebvre

**FUNDED AMOUNT= \$20,000.00
AMOUNT EXPENDED= \$20,000.00**

Obtained 8 of 9 objectives

Served 511 children in an after school and summer program. The program assists the students with schoolwork and teaches life skills important to independent living. The goal is to increase self-esteem, improve grades and positive behaviors in students.

4- H ENVIRONMENTAL EDUCATION DAY CAMP

REVIEWED BY: GENE WOODS

**FUNDED AMOUNT= \$10,150.00
EXPENDED AMOUNT= \$10,150.00**

Obtained 7 of 7 objectives

Served 240 children and youth in a summer day camp program. Participants had planned activities focusing on the environment that included trips out on the lake, a turtle hatchery, animal rehabilitation facility and a science center. Youth that had been involved in the program were "employed" as junior counselors, giving several an opportunity for a fun summer job.

RESOLUTION 98-01
RESOLUTION ADOPTING MILLAGE RATE

Upon a motion by Board Member, David Williams, Seconded by Board Member, Gene Woods, the following Resolution was adopted.

WHEREAS, the Children's Services Council was created pursuant to Section 125.901, Florida Statutes;

WHEREAS, Section 125.901, Florida Statutes, grants the Children's Services Council the authority to levy a tax on the taxable property in Okeechobee County up to .5 mill; and

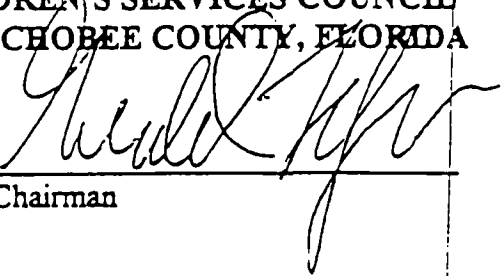
WHEREAS, the Children's Services Council of Okeechobee has developed a proposed budget for fiscal year 1998-99 for which a millage rate must be set; and

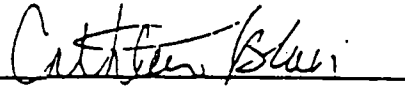
WHEREAS, this Resolution has been publicly read in full prior to its adoption,

NOW, THEREFORE, BE IT RESOLVED BY THE CHILDREN'S SERVICES COUNCIL OF OKEECHOBEE COUNTY, FLORIDA, IN PUBLIC HEARING ASSEMBLED THIS 15TH DAY OF SEPTEMBER, 1998.

1. That the Children's Services Council of Okeechobee County, in order to provide services to or in behalf of children, adopts and will levy the millage rate of .40 mills.
2. The millage rate to be levied as described in paragraph 1 above has a rolled back rate of .309 mills.
3. The final millage rate of .40 mills will result in a 29.45% increase of the rolled back rate.

CHILDREN'S SERVICES COUNCIL
OKEECHOBEE COUNTY, FLORIDA

By: 
Chairman

Attest: 
Secretary

EXCHANG CLUB C.A.S.T.L.E.- HIGH HOPES

REVIEWED BY: CATHLEEN J. BLAIR

FUNDED AMOUNT= \$13,500.00

EXPENDED AMOUNT= \$13,500.00

Obtained 8 of 8 objectives

Served 193 children that had been involved in divorce or separation. This year the program was also started in the Middle Schools. They are trying to get a group started in the High School. The program teaches problem solving, communication and identification of feelings and emotional expression for children that have gone through a divorce or a divorce is eminent.

CHILDREN'S HOME SOCITY- COMMUNITY INTERVENTION PROGRAM

REVIEWED BY: CATHLEEN J. BLAIR

FUNDED AMOUNT= \$4,200.00

EXPENDED AMOUNT= \$4,200.00

Obtained 3 of 5 objectives

Served 194 students that went to a program as an alternative to suspension or truancy. Students were able to do the work that they would have received failing grades on in this program and work on skills that will help them with anger control and appropriate behavior in dealing with supervision.

FRIENDS OF YOUTH MENTORING PROGRAM

REVIEWED BY: David Hazellief

FUNDED AMOUNT= \$30,000.00

EXPENDED AMOUNT= \$30,000.00

Obtained 6 of 6 objectives

Served 200 children and youth in a program that provides children with an adult mentor. There was one to one mentors, group mentoring and an annual funfest for students. Mentors were provided training in dealing with student issues and activities that they may use while working with their student.

U.S. NAVAL SEA CADETS

REVIEWED BY: CEESE FITT

FUNDED AMOUNT= \$15,000.00

EXPENDED AMOUNT= \$15,000.00

Obtained 6 of 7 objectives.

Served 64 students with opportunities for training in the military fields. Works with students to stop behavior problems such as drugs, gangs and inappropriate use of leisure time. Cadets are involved in many community activities by being the Color Guard in parades, assisting the Red Cross, etc.

CHOBEE BULLS

REVIEWED BY: SARAH ALEXANDER

FUNDED AMOUNT= \$2,820.00

EXPENDED AMOUNT= \$2,820.00

Obtained 5 of 7 objectives.

54 children were involved in a recreation football league that also had a pep and drill team and cheerleaders. Encourages team playing and provides a positive use of leisure time. Works a great deal with students to build a positive attitude.

CHILDREN'S HOME SOCIETY- FAMILY TIES

REVIEWED BY: PHOEBE RAULERSON

FUNDED AMOUNT= \$35,000.00

EXPENDED AMOUNT= \$33,425.00

Obtained 9 of 9 objectives

297 children and 111 adults were served through case management, parenting education and information and referral services to families considered at high risk for child abuse and neglect.

MARTHA'S HOUSE

REVIEWED BY: DAVID WILLIAMS

FUNDED AMOUNT= \$23,000.00

EXPENDED AMOUNT= \$23,000.00

Obtained 8 of 8 objectives

Served 290 children and youth in a program that provides counseling to children involved in domestic abuse caused by their parents or caregivers. Funds were used to hire a children's counselor that also provided case management and emergency shelter care. Have two support groups as an alternative to violence and counseling for teens involved in drugs or alcohol.

MARTIAL ARTS FAMILY OUTREACH

REVIEWED BY: SARAH ALEXANDER

FUNDED AMOUNT= \$5,400.00

EXPENDED AMOUNT= \$5,400.00

Obtained 5 of 6 objectives

46 students take lessons in Martial Arts three sessions a week. Students learn self discipline, teamwork and physical fitness through this program taught by a Martial Arts black belt instructor.

AMERICAN BAR ASSOCIATION POLICIES

GUARDIANS AD LITEM FEBRUARY 1992

BE IT RESOLVED, that the American Bar Association urges:

(1) Every state and territory to meet the full intent of the Federal Child Abuse Prevention and Treatment Act, whereby every child in the United States who is the subject of a civil child protection related judicial proceedings will be represented at all stages of these proceedings by a fully-trained, monitored, and evaluated guardian ad litem in addition to appointed legal counsel.

(2) That state, territory and local bar associations and law schools become involved in setting standards of practice for such guardians ad litem, clarify the ethical responsibilities of these individuals and establish minimum ethical performance requirements for their work, and provide comprehensive multidisciplinary training for all who serve as such guardians ad litem.

(3) That in every state and territory, where judges are given discretion to appoint a guardian ad litem in private child custody and visitation related proceedings, the bench and bar jointly develop guidelines to aid judges in determining when such an appointment is necessary to protect the best interests of the child.

BAR-SPONSORED CHILDREN'S ACTIVITIES FEBRUARY 1991

BE IT RESOLVED, that the American Bar Association urges the members of the legal profession, as well as state and local bar associations, to support the creation of state and local bar sponsored interdisciplinary children's committees, of joint Governor/State Bar sponsored children's commissions, and of local Children's Services Councils to meet the needs of children as expressed in the 1984 resolution.

BAR ASSOCIATION AND ATTORNEY ACTION FEBRUARY 1984

BE IT RESOLVED, that the American Bar Association urges the members of the legal profession, as well as state and local bar associations, to respond to the needs of children by directing attention to issues affecting children including, but not limited to: (1) the preservation of children's legal rights; (2) the needs of children who have no effective voice of their own in government; (3) drug and alcohol abuse among children; (4) establishment of character, citizenship, parenting skills, and child safety programs in public education; (5) implementation of statutory and programmatic resources to meet the health and welfare needs of children; (6) missing and molested children; and (7) establishment of guardian ad litem programs.

FOURTH DISTRICT COURT OF APPEAL

Broward, Indian River, Okeechobee, Palm Beach, St. Lucie, Martin

Merit Retention
Election 1992

HUGH S. GLICKSTEIN

BIRTHDATE: August 5, 1931
BIRTHPLACE: Jacksonville, FL
SPOUSE: Guy Eleanor Noble
CHILDREN: Three (members of Florida or Georgia Bars); one step-son (14)
DEGREES: Washington and Lee University, A.B., (cum laude), 1953; Washington and Lee University, LL.B., 1955 (replaced by J.D. 1969).
HONORS & AWARDS: Certificate of Appreciation, St. Lucie County Bar Association, 1992; Award, Flor-



ida Guardian ad Litem Program, 1991; W. and L. Alumni Magazine, "Fighting for Their Lives: Two Florida Judges Crusade for Children's Rights," 1991; Resolution of Appreciation, Martin County Children's Services Council, 1990; Hugh S. Glickstein Child Advocate of the Year Award, created by The Florida Bar's Legal Needs of Children Committee, 1989; Remand, ABA Appellate Judges Conference, 1987; Delaware Lawyer, "How It All Began, The Founding Father," 1986; Award of Merit, The Florida Bar, 1985; Gina Ann Delgaudio Memorial Award, Palm Beach County, 1985; U.S. Congressional Award, 1985; Judge of the Year, Young Lawyers Section, The Florida Bar, 1984; Judge of the Year, Florida Chapter, American Association of Matrimonial Lawyers, 1984; Child Advocate of the Year, Children's Home Society of Florida, Intracoastal Division, 1984; Recognition, Journal of the Florida Senate and ABA Journal, 1984; Community Leadership Award, Attorneys' Division, United Jewish Appeal, Broward County, 1980; "A.V." rating as practicing attorney.

LEGAL OFFICES & POSITIONS: Chief Judge, Fourth District Court of Appeal, 1991-present; Judge, Fourth District Court of Appeal, 1979-present; Judge, 17th Judicial Circuit, 1979; City Attorney, Lauderdale Lakes, 1970-73; Special Counsel, Plantation and Hallandale, 1970's; Counsel, Hollywood Civil Service Board, 1970's; Assistant State Attorney, 1965-67.

BAR OFFICES & ACTIVITIES: *The Florida Bar:* Board of Governors, 1978-83; first Chair, Legal Needs of Children Committee, 1983-86; Chair, Children's Services Council Committee, Children's Commission, 1990-91; Member, Family Law and Public Interest Law Sections; former Member, Judicial Evaluation, Appellate Rules, Individual Rights and Responsibilities, and Annual Meeting (Vice Chair) Committees. *American Bar Association:* first Chair, Family Law Section Task Force for Children, 1984-86, 1988-90, and Co-chair, 1990-91; Co-chair, Family Law Section Juvenile Law Committee, 1990-91; Producer and Moderator, Perinatal Addiction Program (1990 Annual Meeting); Speaker, "Law and Children's Policy, a Mid-80's Evaluation," 1985; Reporter, Federal 11th

Judicial Circuit, Appellate Judges Conference Newsletter, 1985-91; Member, Family Law Section; Judicial Administration Division. *Faculty:* Broward and Palm Beach County Bar Associations, Preparing and Presenting a Better Oral Argument, CLE 1992, 1991; The Florida Bar's Public Interest Law Section, The New Guardian ad Litem Statutes, CLE 1991; The Florida Bar's Legal Needs of Children Committee: The Current Issues, CLE 1989; Academy of Florida Trial Lawyers, Statewide Satellite Telecast, Guardian ad Litem, CLE, 1989; National Association of Counsel for Children Annual Meeting, 1988; Florida Courts Administrator, Training of Florida Guardians ad Litem, Dissolution and Custody Project, 1988; The Florida Bar, Emergence of Children's Rights, CLE, 1985; The Florida Bar, Ad Valorem Taxation, CLE, 1978.

OTHER CIVIC ACTIVITIES: *Military:* U.S.N.R.; Active Duty, 1955-57. *Teaching:* Adjunct Law Professor, Nova Law Center, 1984-85. *Initiator:* Children's Services Councils of Florida, Inc., 1991; requirement that prospective members of judicial nominating commissions reveal past and present membership in discriminatory organizations, 1989; Children's Services Council of Martin County, 1988; requirement that prospective judges reveal past membership in discriminatory organizations, 1986; Student Loan Fund, Nova Law Center, 1984; Judicial Advisory Board of Florida, 1983, predecessor to Florida Judicial Council; creation of Citizen's Committee by the President of The Florida Bar to undertake reform in judicial compensation, 1983. *Attendee:* Leadership Strategies for Chief and Presiding Judges, 1991; Harvard Law School Program of Instruction for Lawyers, Mediation, 1990. *Panelist:* "Family Law and the Best Interest of the Child," Ripon College, 1991; Children and Family Rights Project, Harvard Law School; American Association for Protecting Children, Annual Meeting and Conference, 1990; Florida Center for Children and Youth, Legislative Conference, 1989. *Chair:* American Academy of Matrimonial Lawyers Welfare of Children Committee, 1988-89. *Florida Appellate Representative:* National Council of Juvenile and Fam-

ly Court Judges Training in Children and Family Issues, 1988; National Institute of Justice Conference on Permanency Planning, 1985. *President*: Norman Kapner Legal Unit of B'nai B'rith, 1987, and Stuart Youth Soccer Club, 1986. *Steering Committee*: FDLE Florida Juvenile Handbook, 1985. *Panel Moderator*: NCJFCJ Custody Decision Making, 1985. *Member*: American Judges Association; Association of Family and Conciliation Courts; International Society for the Prevention of Child Abuse; National Council of Juvenile and Family Court Judges, National Association of Counsel for Children, Florida Center for Children and Youth, American Association for Protecting Children; Nature Conservancy; Sierra Club; Audubon Society; Florida Humanities Council; Amnesty International; Mosaic; ASPCA. *Supporter*: Aspen Music Festival; Santa Fe and Metropolitan Operas. *Former Member*: State Council, Governor's Constituency for Children; Florida State Commission on Child Support; Board of Directors, Council on Child Abuse and Neglect, Palm Beach County; Steering Committee, The Chemical People, Palm Beach County; The Florida Bar's Children's Commission. *Presenter*: County Citizens' meetings in behalf of Children's Services Councils—Okeechobee, Osceola, Collier, Marion, Citrus, Sarasota, Volusia, Flagler, Lake, Lee, Charlotte and St. Johns counties, 1990-1991. *Speaker*: Florida Association of Family Mediators; Florida B'nai B'rith Women; Florida Easter Seal Society; Florida Association of Women Lawyers Annual Retreat; Brevard Children's Services Council; Martin, St. Lucie, Marion, Collier, Duval, Beaches, Orange and South County (Palm Beach) Bar Associations.

PUBLICATIONS: "1992: A Year to Rediscover The Best Interests of the Child," *The Florida Bar Journal*, 1992, republished *University of Denver Law Review*, 1992; "The Appellate Judge's Role in Children's Issues," ABA, *Lawyers for Children*, 1990; "Children's Services Councils: A Children's Tax Program That Sets a Model for the Nation," *American Family*, 1990; "Florida's Counties Provide a Model for Local Funding to Meet the Special Needs of Children," *Youth Policy*, 1990; "Children's Services Councils: An Innovative Approach to Addressing the Unmet Needs of Children," *Florida Family Law Reporter*, 1989; "What Every Judge Wanted to Know About Children and Was Afraid to Ask," NCJFCJ Newsletter and The

Florida Bar, Family Law Section Commentator, 1985, republished in *The American Journal of Family Therapy*, (Winter 1989); "Successful Resolutions on Children's Issues," *American Bar Association*, 1984, 1991, 1992, and Florida Conference of Circuit Judges, 1990; *The Florida Bar Journal*—"Six Essential Ingredients of Extraordinary Judging and Lawyering: Craftsmanship, Industry, Sensitivity, Courage, Fun and Service," 1985; "An Appellate Judge's Wishes," 1985; "The Ten Commandments," 1979; "Twenty Troublesome Traps," 1978; and *Academy of Florida Trial Lawyers Journal*, "Settlements and Awards in Cases Involving Foreign Objects Left in the Body," 1963.

Constitution and laws of the state and which have not been limited by the county charter.

History.—s. 2, ch. 74-193.

125.87 Administrative code; adoption and amendment.—

(1) Following the organization of the first board of county commissioners elected pursuant to a charter, the board of commissioners shall adopt an administrative code organizing the administration of the county government and setting forth the duties and responsibilities and powers of all county officials and agencies pursuant to the provisions of the charter.

(2) The administrative code shall be effective upon adoption or as otherwise provided therein, and all existing agencies shall assume the form, perform the duties, and exercise the power granted them under the administrative code and shall do so in the manner prescribed.

History.—s. 2, ch. 74-193.

125.88 Civil service.—

(1) Upon adoption of an administrative code and also upon the adoption of a charter, all officers and employees in the classified service of the county shall be transferred to the department, division, or agency to which the functions, powers, and duties in which they were engaged are allocated under the administrative code. Such transfer shall be without examination or diminution of existing compensation, pension or retirement rights, privileges, or obligations of any such officer or employee existing immediately prior to the referendum at which the charter was adopted. It is the intent of the Legislature that the adoption of any plan required by the charter shall not adversely affect the civil service tenure, pension, seniority, or promotional rights of any county officer or employee in the classified service.

(2) The board of county commissioners of any county adopting a charter may, by ordinance, administer the merit system through a county department of civil service unless otherwise provided by the charter. Such administration shall include classification, recruitment, examination, establishment of eligibility lists, grievances, compensation, and other conditions of employment pursuant to law.

History.—s. 2, ch. 74-193.

PART V

CHILDREN'S SERVICES

125.901 Children's services; independent special district; council; powers, duties, and functions.

125.901 Children's services; independent special district; council; powers, duties, and functions.—

(1) Each county may by ordinance create an independent special district, as defined in ss. 189.403(3) and 200.001(8)(e), to provide funding for children's services throughout the county in accordance with this section. The boundaries of such district shall be coterminous with the boundaries of the county. The county governing body shall obtain approval, by a majority vote of those electors voting on the question,

to annually levy ad valorem taxes which shall not exceed the maximum millage rate authorized by this section. Any district created pursuant to the provisions of this subsection shall be required to levy and fix millage subject to the provisions of s. 200.065. Once such millage is approved by the electorate, the district shall not be required to seek approval of the electorate in future years to levy the previously approved millage.

(a) The governing board of the district shall be a council on children's services, which may also be known as a juvenile welfare board or similar name as established in the ordinance by the county governing body. Such council shall consist of 10 members, including: the superintendent of schools; a local school board member; the district administrator from the appropriate district of the Department of Health and Rehabilitative Services, or his or her designee who is a member of the Senior Management Service or of the Selected Exempt Service; one member of the county governing body; and the judge assigned to juvenile cases who shall sit as a voting member of the board, except that said judge shall not vote or participate in the setting of ad valorem taxes under this section. In the event there is more than one judge assigned to juvenile cases in a county, the chief judge shall designate one of said juvenile judges to serve on the board. The remaining five members shall be appointed by the Governor, and shall, to the extent possible, represent the demographic diversity of the population of the county. After soliciting recommendations from the public, the county governing body shall submit to the Governor the names of at least five persons for each vacancy occurring among the five members appointed by the Governor, and the Governor shall appoint members to the council from the candidates nominated by the county governing body. The Governor shall make a selection within a 45-day period or request a new list of candidates. All members appointed by the Governor shall have been residents of the county for the previous 24-month period. Such members shall be appointed for 4-year terms, except that the length of the terms of the initial appointees shall be adjusted to stagger the terms. The Governor may remove a member for cause or upon the written petition of the county governing body. If any of the members of the council required to be appointed by the Governor under the provisions of this subsection shall resign, die, or be removed from office, the vacancy thereby created shall, as soon as practicable, be filled by appointment by the Governor, using the same method as the original appointment, and such appointment to fill a vacancy shall be for the unexpired term of the person who resigns, dies, or is removed from office.

(b) Nothing in this subsection shall prohibit a county from exercising such power as is provided by general or special law to provide children's services or to create a special district to provide such services.

(2)(a) Each council on children's services shall have all of the following powers and functions:

1. To provide and maintain in the county such preventive, developmental, treatment, and rehabilitative services for children as the council determines are needed for the general welfare of the county.

2. To provide such other services for all children as the council determines are needed for the general welfare of the county.

3. To allocate and provide funds for other agencies in the county which are operated for the benefit of children, provided they are not under the exclusive jurisdiction of the public school system.

4. To collect information and statistical data and to conduct research which will be helpful to the council and the county in deciding the needs of children in the county.

5. To consult and coordinate with other agencies dedicated to the welfare of children to the end that the overlapping of services will be prevented.

6. To lease or buy such real estate, equipment, and personal property and to construct such buildings as are needed to execute the foregoing powers and functions, provided that no such purchases shall be made or building done unless paid for with cash on hand or secured by funds deposited in financial institutions. Nothing in this subparagraph shall be construed to authorize a district to issue bonds of any nature, nor shall a district have the power to require the imposition of any bond by the governing body of the county.

7. To employ, pay, and provide benefits for any part-time or full-time personnel needed to execute the foregoing powers and functions.

(b) Each council on children's services shall:

1. Immediately after the members are appointed, elect a chair and a vice chair from among its members, and elect other officers as deemed necessary by the council.

2. Immediately after the members are appointed and officers are elected, identify and assess the needs of the children in the county served by the council and submit to the governing body of each county a written description of:

a. The activities, services, and opportunities that will be provided to children.

b. The anticipated schedule for providing those activities, services, and opportunities.

c. The manner in which children will be served, including a description of arrangements and agreements which will be made with community organizations, state and local educational agencies, federal agencies, public assistance agencies, the juvenile courts, foster care agencies, and other applicable public and private agencies and organizations.

d. The special outreach efforts that will be undertaken to provide services to at-risk, abused, or neglected children.

e. The manner in which the council will seek and provide funding for unmet needs.

1. The strategy which will be used for interagency coordination to maximize existing human and fiscal resources.

3. Provide training and orientation to all new members sufficient to allow them to perform their duties.

4. Make and adopt bylaws and rules and regulations for the council's guidance, operation, governance, and maintenance, provided such rules and regulations are not inconsistent with federal or state laws or county ordinances.

5. Provide an annual written report, to be presented no later than January 1, to the governing body of the county. The annual report shall contain, but not be limited to, the following information:

a. Information on the effectiveness of activities, services, and programs offered by the council, including cost-effectiveness.

b. A detailed anticipated budget for continuation of activities, services, and programs offered by the council, and a list of all sources of requested funding, both public and private.

c. Procedures used for early identification of at-risk children who need additional or continued services and methods for ensuring that the additional or continued services are received.

d. A description of the degree to which the council's objectives and activities are consistent with the goals of this section.

e. Detailed information on the various programs, services, and activities available to participants and the degree to which the programs, services, and activities have been successfully used by children.

f. Information on programs, services, and activities that should be eliminated; programs, services, and activities that should be continued; and programs, services, and activities that should be added to the basic format of the children's services council.

(c) The council shall maintain minutes of each meeting, including a record of all votes cast, and shall make such minutes available to any interested person.

(d) Members of the council shall serve without compensation, but shall be entitled to receive reimbursement for per diem and travel expenses consistent with the provisions of s. 112.061.

(e) All financial records and accounts relating to the district shall be available for audit by state auditors as they are assigned from time to time to audit the affairs of the county officials. If no annual audit of the district is conducted by the state, the council shall cause an independent audit of the district to be conducted.

(3)(a) The fiscal year of the district shall be the same as that of the county.

(b) On or before July 1 of each year, the council on children's services shall prepare a tentative annual written budget of the district's expected income and expenditures, including a contingency fund. The council shall, in addition, compute a proposed millage rate within the voter-approved cap necessary to fund the tentative budget and, prior to adopting a final budget, comply with the provisions of s. 200.065, relating to the method of fixing millage, and shall fix the final millage rate by resolution of the council. The adopted budget and final millage rate shall be certified and delivered to the governing body of the county as soon as possible following the council's adoption of the final budget and millage rate pursuant to chapter 200. Included in each certified budget shall be the millage rate, adopted by resolution of the council, necessary to be applied to raise the funds budgeted for district operations and expenditures. In no circumstances, however, shall any district levy millage to exceed a maximum of 0.5 mills of assessed valuation of all properties within the county which are subject to ad valorem county taxes.

(c) The budget of the district so certified and delivered to the governing body of the county shall not be subject to change or modification by the governing body of the county or any other authority.

(d) All tax money collected under this section, as soon after the collection thereof as is reasonably practicable, shall be paid directly to the council on children's services by the tax collector of the county, or the clerk of the circuit court if the clerk collects delinquent taxes.

(e)1. All moneys received by the council on children's services shall be deposited in qualified public depositories, as defined in s. 280.02, with separate and distinguishable accounts established specifically for the council and shall be withdrawn only by checks signed by the chair of the council and countersigned by either one other member of the council on children's services or by a chief executive officer who shall be so authorized by the council.

2. Upon entering the duties of office, the chair and the other member of the council or chief executive officer who signs its checks shall each give a surety bond in the sum of at least \$1,000 for each \$1 million or portion thereof of the council's annual budget, which bond shall be conditioned that each shall faithfully discharge the duties of his or her office. The premium on such bond may be paid by the district as part of the expense of the council. No other member of the council shall be required to give bond or other security.

3. No funds of the district shall be expended except by check as aforesaid, except expenditures from a petty cash account which shall not at any time exceed \$100. All expenditures from petty cash shall be recorded on the books and records of the council on children's services. No funds of the council on children's services, excepting expenditures from petty cash, shall be expended without prior approval of the council, in addition to the budgeting thereof.

(f) Within 10 days, exclusive of weekends and legal holidays, after the expiration of each quarter annual period, the council on children's services shall cause to be prepared and filed with the governing body of the county a financial report which shall include the following:

1. The total expenditures of the council for the quarter annual period.

2. The total receipts of the council during the quarter annual period.

3. A statement of the funds the council has on hand, has invested, or has deposited with qualified public depositories at the end of the quarter annual period.

4. The total administrative costs of the council for the quarter annual period.

(4) Any district created pursuant to the provisions of this section may be dissolved by a special act of the Legislature, or the county governing body may by ordinance dissolve the district subject to the approval of the electorate. If any district is dissolved pursuant to the provisions of this subsection, each county shall first obligate itself to assume the debts, liabilities, contracts, and outstanding obligations of the district within the total millage available to the county governing body for all county and municipal purposes as provided for

under s. 9, Art. VII of the State Constitution. Any district may also be dissolved pursuant to the provisions of s. 189.4042.

(5) After or during the first year of operation of the council on children's services, the governing body of the county, at its option, may fund in whole or in part the budget of the council on children's services from its own funds.

(6) Any district created pursuant to the provisions of this section shall comply with all other statutory requirements of general application which relate to the filing of any financial reports or compliance reports required under part III of chapter 218, or any other report or documentation required by law, including the requirements of ss. 189.415, 189.417, and 189.418.

(7)(a) Each county may by ordinance create a dependent special district within the boundary of the county for the purpose of providing preventive, developmental, treatment, and rehabilitative services for children. The district is authorized to seek grants from state, federal, and local agencies and to accept donations from public and private sources, provided that the district complies with the provisions of paragraphs (1)(a) and (2)(b), and provided that the district has a budget that requires approval through an affirmative vote of the governing body of the county or may be vetoed by the governing body of the county.

(b) If the provisions of a county charter relating to the membership of the governing board of a dependent special district conflict with paragraph (1)(a), a county may by ordinance create a dependent special district within the boundaries of the county for the purpose of providing preventive, developmental, treatment, and rehabilitative services for children and the district shall be authorized to seek grants from state, federal, local agencies and to accept donations from public and private sources, provided that the district complies with the provisions of paragraph (2)(b), and provided that the district has a budget that requires approval through an affirmative vote of the governing body of the county or may be vetoed by the governing body of the county.

(8) It is the intent of the Legislature that the funds collected pursuant to the provisions of this section shall be used to support improvements in children's services and that such funds shall not be used as a substitute for existing resources or for resources that would otherwise be available for children's services.

(9) Two or more councils on children's services may enter into a cooperative agreement to share administrative costs, including, but not limited to, staff and office space, if a more efficient or effective operation will result. The cooperative agreement shall include provisions on apportioning costs between the councils, keeping separate and distinct financial records for each council, and resolving any conflicts that might arise under the cooperative agreement.

(10) Two or more councils on children's services may enter into a cooperative agreement to seek grants, to accept donations, or to jointly fund programs serving multicounty areas. The cooperative agreement shall include provisions for the adequate accounting of separate and joint funds.

History.—ss. 1, 2, 3, 4, 5, ch. 86-197; s. 28, ch. 89-379; s. 30, ch. 90-288; s. 625, ch. 95-147; s. 2, ch. 97-255.

To Alice

For thank

you

HILLARY RODHAM CLINTON FOR U.S. SENATE
EXPLORATORY COMMITTEE, INC.
450 SEVENTH AVENUE
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NEW YORK, NY 10123

(212) 239-2000
FACSIMILE (212) 563-4259

FACSIMILE COVER SHEET

DATE: 11/19/99 FAX: (202) 456-2878

TO: Nicole Rabner

FROM: Wendy Katz

NOTES: Neera asked that I send
this to you. Hope everything is well w/ you.
Wendy

INITIALS:

Please deliver the following pages (including cover sheet) to the above name
recipient. If you do not receive all of the pages, please contact the listed
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This message is intended only for the use of the individual or entity to which it is addressed, and
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Nurses Network, Inc.
P.O. Box 26511
Prescott Valley, AZ 86312

The Honorable Hilary Clinton

Dear Mrs. Clinton:

Your track record of action taken for health care reform has been much appreciated. We hope that our concerns as stated in this letter will be of some interest to you.

We are the owners/administrators of an Arizona home care agency, with offices in Flagstaff, Prescott Valley, and Yuma. We are writing to implore you to take an immediate stand to preserve home care for our Country into the next millennium.

Nurses Network has been providing private home nursing and facility staff relief since 1986, and Medicare Home Care since 1994. Consequently, many residents of the 3 home health counties we are certified in, plus six other counties in Arizona, have become dependent on our company for services and employment. (Including many children and adult recipients of the State Developmentally Disabled Children program in rural Arizona.) As you address current health care reforms, we hope you will consider our story. It is only because of the mix of our services and by using monies made from our private side as well as our personal resources that we have thus far been able to survive Medicare cutbacks in home health. However, we are still very much in danger of not surviving, as are hundreds of other home health providers in this Country.

Although billions of dollars have been saved, the purpose of the Balanced Budget Act of 1997 has not been completely manifested as planned. One third of home health agencies nationwide have closed, not because of fraud and abuse, and mostly representing the private sector. In 1999, the second major wave of closures is expected with the current policies in place. If immediate relief is not forthcoming it is estimated that there will be only 45% remaining agencies in the U.S. It is likely that the majority of those left will be large, corporate structures. As it is, the smaller, private agencies that are unable to withstand the punitive mandates of HCFA, will be forced to shut down.

Access to home care has been affected with all the closures. It's easy to pinpoint on a map the agencies that have shut down in non-metropolitan areas, and now these areas have no service, or are under served. There are many sad stories, as in New Mexico and Alaska to just start a list. We appreciate that a task force was sent to New Mexico for a study, but these studies don't reflect the narrowing of service areas the still operating agencies have had to make, in order to accommodate the Medicare cut backs. Just try to get an agency to drive more than 20 miles to a patient's home these days. **We support measures in Bill HR 2628 exception to the PBL for services rendered in medically under served areas.**

Although some of the closures have negatively affected access to care, it is unfortunately true that there are many areas over populated with agencies.

We support a "certificate of need program" enforced before agencies can be approved for initial Medicare certification.

Nurses Network was informed by the State Licensing Bureau in 1998 that our Flagstaff Branch needed to become a sub unit because the driving time between offices is greater than one hour, even though it is a 65 mile distance, "as the crow flies". Having a subunit versus a branch will increase our costs. We did submit the application in December 1998. They have not responded to the request for a survey. **We support Bill HR 2628 in regard to a revision to the branch office standard.**

The yearly per patient benefit, which limits care despite the patient's condition, is overly stated in some states, ridiculously understated in others, and possibly adequate in others. The methodology to ascertain these limits was skewed across the country. In the states with the very low limits, we can assure you that most of the monies go to the administrative costs, and there is very little left to pay a nurse, therapist, or a home health aide, to actually touch a patient. **We support a minimum of \$4,000 PBL until a system such as PPS is in place, and we support Bill HR 2628 to further increase the PBL based on increased cost for OASIS. We also support Bill HR 2628 in its revisions of the Beneficiary Notice Requirement.**

In regard to 1999 reimbursement, HCFA is saying only that the amount is "per beneficiary" and not declaring officially if it will be based on an aggregate mix of all the patients, if another benefit amount applies if they have a new diagnosis, or if they will deny reimbursement if benefits were used at another agency. We have been operating under fear, rumors and risk, while the ill and elderly homebound are the ones who ultimately suffer. Basically, we have just enough inadequate information to limit our services and admissions so as to slit our collective throats given the knife by HCFA. **We support the following rulings made in regard to reimbursement for 1999 to be as follows:**

- a) A new patient benefit limit each time a new diagnosis is applied to the patient.
- b) An agency should be able to count each admission, with non-duplicated diagnosis, as viable for reimbursement, even if the patient had used the patient benefit limit at another agency in 1999. HCFA is not able to provide a common working file that shows a patient's yearly admissions to different agencies. This lack of information is creating fear that there will be liability in the year 2001(when final data for 1999 becomes available), because a patient in 1999 previously used a benefit unknown to an agency.
- c) The number of diagnoses, unduplicated, in each patient will be the number used, times the patient benefit limit, to establish maximum

reimbursement. In other words, the aggregate of all the patients' load plays as a factor, as it did in 1998.

Most of the above recommendations also appear to be supported in Bill HR 2628.

A HCFA publication dated May 1999, showed gradual increases in visit limits and implied that providers were actually getting greater reimbursements since 1997. What is actually happening in our Company as we write this letter is the following:

The 1997 Medicare cost reports were still being finalized as the fiscal year ending for HCFA was approaching. (September 30, 1999) Our fiscal intermediary pushed the audit and made quite ridiculous, random decisions which we were unable to refute and clarify with substantiated financial information before they were pressured to close as many cost reports as possible by the fiscal year end. Also in 1997, visit limits were cut retroactively so everyone got hit after the fact with paybacks. We are just now being informed of liabilities from 1997, which will stand until our cost reports are reopened. Now that HCFA fiscal year has begun, as of October 1999, the first order of business is to lower our per visit reimbursement rates in 1998 and 1999, based on the conclusions of 1997!

We support Bill HR 2628 in its proposal for gracious repayment opportunities. We support the increase in the per visit limit and ask that these limits be based on current data and not on 1997. (Because of this we now have notification of more liabilities.)

We have to agree with Mrs. Clinton when she took the profit out of Medicare home health. The people who truly care about the home care industry just want to take care of those in their communities and have jobs themselves. The opinion of public health observers is that home health is best served as a local business. Perhaps you can recall which companies have had the biggest fraud issues - the "big businesses". When home care goes "big business", controls are lost, more administration and management is needed and less direct patient costs are spent. Although some private agency owners/operators have paid themselves significant salaries, by far, the largest salaries you will see are in top level management of national, private companies and in hospital based home health agencies (most of which are non-profit) all of which are paid by Medicare revenues. Although it is a step in the right direction to cut owner profits, there have been no rules to really control administrative salaries or to enforce acceptable percentage ratios in regard to direct patient costs to administrative costs. **We support a standard allowable ratio of administrative costs to direct care costs.**

Part of the BBA of 1997 included changes limiting hospitals' abilities to cost shift expenses to/ from the hospital based home health agencies from/to to the hospital, an advantage not available to non-hospital based agencies. Now the hospitals will be feeling some of the home care losses the rest of us feel. This was a step in equalizing reimbursement across the board. **We support equal allowances of allocation in related costs for hospital based and non-hospital based agencies.**

The BBA of 1997 also included specific procedures to ensure patients being discharged from hospitals are informed of all their options when it comes to home care. The other part of this bill was for the Home Health Administration Secretary office to set up a data collection system to maintain referral statistics to ascertain exactly how many patients are referred to the hospital based agency. What motivated this bill was that Colombia Healthcare was self referring 72% of cases to themselves. Any hope the private sector had for actual change in this patient rights issue and non-monopolizing of an industry was shelved by the lack of government action taken on this reporting issue. Nothing has been done and there has not been any reporting enforced by the HHA Secretary. We have asked for the statistics on hospitals in our area, from Donna Shalala's office with no success. It's pretty easy to assume that the powerful hospital lobbyists have swayed attention away from this matter. Making a law to present a list to the patients so they can make an informed choice, and not following up on the next step has legitimized the control the hospitals have on referrals. Hospital referral habits not only drive the home health care industries in their communities, but the hospice, home respiratory, DME and infusion, and out-patient businesses as well.

It is our observation that self referring has gotten worse since the passing of this law, and if the true statistics were in, and allowed to be examined by the non-hospital based agencies, we would find self referring in about the 90 percent range - with downstream of less desirable cases to private agencies at about 10%. For example, in our case, this 10% represents actual cases referred to Nurses Network from a local hospital where the clients had no payor source, or lived 50 miles out on dirt roads in the desert, or the client had used up their Medicare yearly benefit. Yes, the list of providers is presented to patients, but somehow all the cost-effective cases end up "choosing" the hospital based agency.

Hospital manipulation of Federal Medicare monies has also now reached into State Medicaid funds, County funds for long-term care, and any other third party payor. None of the patients are given a list of what agencies are actually contracted with these third parties and given choices, in at least 3 of the counties Nurses Network, Inc. serves. The hospitals, again, take the most easily cared for clients and downstream the more costly to care for ones to the private sector. Hospitals are allowed to bypass extensive authorization and directly admit to their home care. The personnel managing the hospital referral policies are not bad people but they are people. The negligence of the government to regulate the self-referring of hospitals to agencies they have an interest in, has put these peoples' hands directly in the cookie jar. In every hospital in the areas we serve there are instances of directives given from upper management on how referrals are "really done", and quiet complaints from physicians who are pressured to cooperate.

This scenario drives up the cost of home care. The opportunity for the hospitals to cost shift will always result in the highest cost per visit reimbursement available. By the hospitals limiting their referrals and volume to the private sector, administrative costs in the private sector rise, due to the inability to lower costs based on volume. We would love to serve the Medicare contract below the highest allowable costs, but due to the continuance of the hospital self-referring and down-streaming, everyone's costs remain at

the limit, (and in our case, above the limit). It has been proven time and again that real competition lowers cost and increases quality. As the private agencies close with the BBA 1997 and the hospitals are allowed to remain in control of the home health industry, there is no promotion of the benefits of our free system. Please believe us when we say that this is not only a free trade and patient rights concern, but it translates into barriers to health care, which increase morbidity, mortality and neglect.

Although Bill HR 2628 has made great strides in correcting some of the problems, it has carved out one of the biggest pressing issues of our time; the anti-steering laws. These laws, if actually enforced fairly, could most positively impact the industry more than any of the other changes. The efforts and power of NAHC are appreciated; however, we cannot deny that NAHC is primarily supported by hospital based agencies, and the larger private companies, whereas the smaller to mid size private companies are more active in the state organizations. We support funding for the data collection process promised on November 3, 1997 until an evaluation of the percentage of patients referred from the hospital to the hospital based agency is done. Appoint a subcommittee to create explicit directives on referral systems and have hospital social services departments hold each professional employee responsible for following guidelines. Appoint the Joint Commission on Accreditation of Healthcare Organizations responsible for enforcing these rules since they are the surveyors, for hospitals, and have the subcommittee give them exact guidelines to follow with consequences for violations.

The notion in Bill HR 2628 to provide extra funding for a "sole community provider" could help restore services to unserved areas. However, without stronger enforcement of anti-steering laws, it could also be further motivation for hospital based agencies to receive the extra funding. We are already the only non-hospital based, small private agency in a city of 60,000 in Arizona. The already, radically unfair referral system in that city does not need any more inspiration. The hospital system is only one small agency away from potential reaping the benefits of the "sole provider community" benefit.

We do accept a notion of a "sole community provider", but it needs further definition and it can't be used if it means that all other agencies have been eliminated by self-referring systems by hospitals.

The other issue in the Bill, which is pro-hospital based and pro-big business is the elimination of the 15-minute increment billing requirement. There are generally two ways field staff are reimbursed in the industry - per visits or salary/hourly. The hospital umbrellas and the larger companies have greater resources to put field staff on hourly/salary. We have interviewed many nurses and therapists who, come to us for jobs from the hospital based, and/or big business sector. These agencies recieved pressure to shorten visits and increase quotas; thus allowing more administrative cost offsets. When the 15-minute increments went in effect, in our Company, it was a data entry change and did not affect our care. It has always been part of our quality assurance to see that times meet patient needs and that no patterns of short visits were observed. Surely some days a patient is weak and can only tolerate a 20-minute therapy work out, and some days a wound may be extensive and require a 2-hour dressing change.

The companies need to manage the reasonable times spent in homes with patients, and have decent aggregate blend of 15-minute increments - based on the patient's plan of care. Eliminating this action allows providers to put "profits" before care.

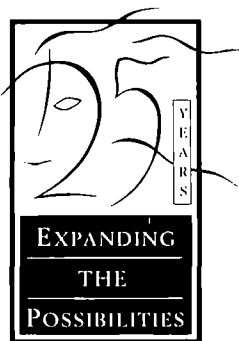
Unfortunately, this industry needs those controls. **We support the 15-minute increment billing and disagree with HR 2628 on this issue.**

In closing, we urge you to support relief measures for remaining agencies and patients whose benefits have been denied and whose welfare has been jeopardized. We urge you to help restore care to unserved and under served areas. We urge you to pursue anti-steering laws which will allow the far more efficient and cost effective private, small to medium size businesses to flourish; and we strongly urge you to continue to pursue other future proposals, such as PPS, which will allow care for today's elderly and tomorrow's.

Sincerely,

Ivy Stearman, RN, C.N.M., C.F.N.P.
Administrator

Jane Trezise, RN, L.M.
Administrator



NATIONAL WOMEN'S LAW CENTER

An Expansion of Both the Child Care and Development Block Grant and the Dependent Care Tax Credit Is Needed to Assist Low-Income Families with Their Child Care Needs

Expanding the Dependent Care Tax Credit (DCTC) by increasing the percentage of child care expenses credited, as proposed in the Senate Finance Committee tax bill, would increase the child care assistance provided to many families.¹ For example, a married couple with one child, an income of \$37,000, and \$2,400 in qualifying child care expenses (the maximum allowed) would receive a DCTC of \$1,032 (up from a current credit of \$480), resulting in a net tax benefit of \$552. But such an expansion would not be as helpful to low-income families. An expansion of the Child Care and Development Block Grant (CCDBG), paired with a DCTC expansion, is necessary to increase the access of low-income families to affordable, quality child care.

- ***Although the DCTC helps some low-income families, the actual assistance that a low-income family receives is apt to be much lower than the maximum credit available to that family.*** First, a low-income family is not likely to be able to afford (and therefore to claim a credit based on) the maximum qualifying child care expenses. Second, since the DCTC is not refundable, a family will not benefit from the full value of the DCTC if the credit for which the family is eligible exceeds its tax liability.² For example, even though a single parent with one child, income of \$15,800, and \$2,400 in qualifying child care expenses is eligible for a \$648 credit, she will achieve only \$25 in net tax savings from the DCTC.³
- ***While the Senate Finance Committee DCTC proposal would provide some net tax benefit to some low-income families, it would not provide a net tax benefit to families with incomes below 133 percent of the poverty line.***⁴ This proposal would not assist those families whose income tax liability is too low to take advantage of the benefits currently offered by both the DCTC and the child tax credit. Families with incomes below 133 percent of the poverty line would receive no net benefit from such an expansion. Some families with incomes between 133 percent and 202 percent of the poverty line would receive a net tax benefit from such an expansion, depending on their family configuration and level of child care expenses.⁵ The size of the net tax benefit for families in this income range would run from zero to a nominal amount to several hundred dollars. (See attachments for examples and information about the income levels at which different families would begin to benefit.)
- ***The Child Care and Development Block Grant (CCDBG) is more effective than the DCTC in helping the lowest income families meet the high cost of child care.*** The CCDBG provides funding to states to help subsidize the child care expenses of low-income families. The subsidies offered through the CCDBG generally allow low-income families to offset more of the high cost of quality child care than do the benefits these families receive from the DCTC. For example, a family of three with a poverty level income (\$13,287 in 1999) and one child in care can receive an annual child care subsidy ranging from \$2,340 to \$8,150 through the CCDBG, depending on the state in which the family resides.⁶ The same family will receive no assistance from the DCTC.⁷ Even if the percentage of child care expenses credited were increased to 50 percent and the DCTC were also made refundable, the highest net tax benefit this family could receive would be \$1,200, well below the lowest state subsidy. The cost of quality child care can range from \$4,000 to \$10,000 per year per child.⁸
- ***The best way to help families get the child care assistance they need is to expand both the CCDBG and the DCTC.*** The number of low-income families eligible for CCDBG assistance far exceeds the number of families who receive it – currently, about one in ten eligible low-income families actually receives assistance.⁹ Increasing the amount of CCDBG money available would allow states to serve more families and increase the amount of their subsidies. Expanding the DCTC would provide additional child care assistance to many low-income families to the extent subsidies do not cover their child care costs, including by helping families offset the often sizable co-payments they must make for subsidized care.

With the law on your side, great things are possible

EXAMPLES

The following tables illustrate how families at different income levels (160 percent and 185 percent of the poverty line in calendar year 2001) would fare under the Senate Finance Committee DCTC expansion, which increases the percentage of child care expenses credited from current levels to 50 percent for families with incomes below \$30,000, with the percentage decreasing by one percentage point for every thousand dollars above \$30,000, not to be reduced below 20 percent. These calculations do not take into account the effect of the proposed DCTC expansion when combined with other relevant elements of the Senate Finance Committee tax plan.

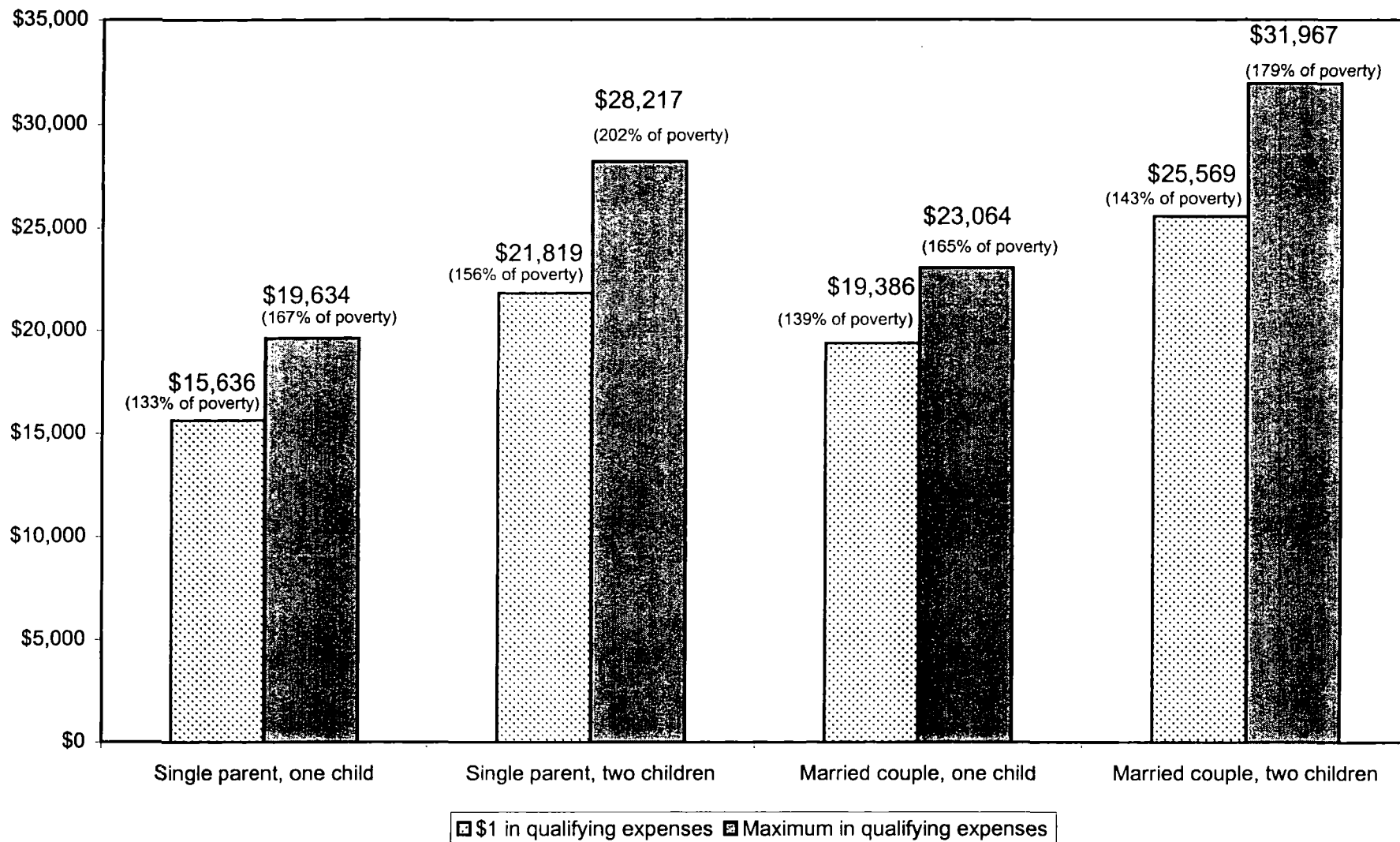
At these income levels, the net tax benefit would be quite small for some families and nonexistent for others.* The net tax benefit for families spending the maximum in qualifying child care expenses (\$2,400 per child) ranges from zero for families with income at 160 percent of the poverty line to \$438 for a married couple with one child and income at 185 percent of the poverty line. Even for families spending half the maximum in qualifying expenses (\$1,200 per child), the net tax benefit from the expansion would range from zero for some families to \$624 for a married couple with two children.

Family configuration	Income = 160% of poverty	Net benefit with \$2,400 in child care expenses per child	Net benefit with \$1,200 in child care expenses per child
Single parent, one child	\$18,851	\$0	\$183
Single parent, two children	\$22,335	\$0	\$0
Married couple, one child	\$22,335	\$0	\$167
Married couple, two children	\$28,613	\$0	\$0

Family configuration	Income = 185% of poverty	Net benefit with \$2,400 in child care expenses per child	Net benefit with \$1,200 in child care expenses per child
Single parent, one child	\$21,799	\$311	\$300
Single parent, two children	\$25,825	\$0	\$73
Married couple, one child	\$25,825	\$438	\$336
Married couple, two children	\$33,084	\$168	\$624

* Due to interactions with the child credit and the EITC, a family with low child care expenses may receive a net benefit while a similar family with the same income and high child care expenses may not.

**Income Levels at Which Families Would Receive a Net Benefit* Under the
Senate Finance Committee Proposal to Expand the DCTC to 50% of Qualifying
Child Care Expenses, Calendar Year 2001**



* The net tax benefits at these income levels for families with these qualifying expenses are quite small. Between the two income levels shown for each family configuration, some families would receive a net benefit and others would not, depending on their level of child care expenses. The calculations do not take into account the effect of the proposed DCTC expansion when combined with other relevant elements of the Senate Finance Committee tax plan.

NOTES

1. This proposal would take effect in 2001 and would increase to 50 percent the amount of child care expenses credited for families with incomes below \$30,000. The percentage credited would then decrease by one percentage point for every thousand dollars above \$30,000, not to be reduced below 20 percent. Families with incomes above \$59,000 would receive a credit equal to 20 percent of qualifying expenses. All calculations in this paper are based on estimated tax parameters for tax year 2001. They do not take into account the effect of the proposed DCTC expansion when combined with other relevant elements of the Senate Finance Committee tax plan.

2. A non-refundable credit can only be used to offset a family's income tax liability. This has two implications. First, a family with no income tax liability cannot benefit from a non-refundable credit. Second, a family whose income tax liability is smaller than the non-refundable credits for which it is eligible can only benefit from a portion of these credits. Any credit amount that exceeds a family's tax liability is therefore forfeited.

3. Due to the interaction of the DCTC with the child credit and the refundable Earned Income Tax Credit (EITC), at low income levels the net tax savings a family receives from the DCTC is not necessarily the amount of the DCTC. In the example in the text, the \$25 net tax savings is calculated as follows. A single parent with one child and \$15,800 in income will owe \$525 in income tax in tax year 2001. If the family did not qualify for the DCTC, it would receive a refund of \$1,959 (\$525 tax liability - \$500 child credit - \$1,984 EITC = -\$1,959). If the family qualified for the DCTC, the \$648 DCTC would eliminate its pre-EITC tax liability. Since neither the DCTC nor the child credit is refundable, the family loses the benefit of part of the DCTC and the entire value of the child credit. With the DCTC, the family will receive a refund of \$1,984, the entire value of the EITC. The family's refund is \$25 higher with the DCTC than without it.

4. A net tax benefit means that a family receives more tax savings or a larger refund under the proposal than under the current DCTC.

5. All families with incomes above this range and below \$59,001 with qualifying child care expenses would receive a net tax benefit from such an expansion.

6. The lowest subsidy is offered in West Virginia and the highest subsidy is offered in New York. Subsidies are calculated based on figures provided in Locked Doors: States Struggling to Meet the Child Care needs of Low-Income Working Families, Children's Defense Fund, March 1998, Tables A6 and A8.

7. A family of this size at this income level owes no federal income tax and therefore cannot benefit from a non-refundable credit.

8. Locked Doors, p. 1.

9. Locked Doors, p. 1.

Alice —
For your files

(Needs followed up
a while later)

—

The University of Kansas Medical Center

Comprehensive Epilepsy Center

Ivan Osorio, M.D., Director

January 21, 1999

Hillary Rodham Clinton
First Lady of the United States
The White House
Washington, D.C. 20500

Dear Mrs. Clinton:

Your recent column on epilepsy in the Kansas City Star was inspiring to patients and to those of us who witness first hand their suffering and privations. The efforts you are making in Chicago and across our land to bring attention to a disease which society ignores, fills us with hope. The national attitude toward epilepsy is appallingly reminiscent of that which prevailed in the dark ages; it engenders a sense of shame, isolation and helplessness in those it afflicts.

A close look at the challenges posed by epilepsy reveals that amongst the many causes of disability, the unpredictability with which seizures occur is the main one. It is clear that if we give advance warning of an impending seizure, persons with epilepsy would gain the freedom to work, attend public events, even operate a vehicle. An interdisciplinary team of scientists at the University of Kansas Comprehensive Epilepsy Center, which I have had the privilege to lead, launched five years ago a project to predict seizures, a task which was regarded as "quixotic", if not impossible. Yet, with the help of the Divine Providence we have succeeded in our efforts. We have developed an algorithm which predicts seizures from fifteen seconds up to three minutes before they begin. We are now working on a prototype portable warning device whose picture I enclose. As important as this advance may be, much more needs to be done. We want to lengthen the window of prediction and develop automated treatments to block seizures. This approach is potentially more effective and tolerable than current therapies. It is also highly cost-effective and therefore widely accessible to patients. We estimate that the direct and indirect cost of epilepsy care to our nation may be reduced by up to fifty percent with this approach. This would translate in several billions of dollars in savings per year. To fulfill these objectives, all Americans and our government must embrace persons with epilepsy as they have embraced those with AIDS. Patients and physicians are heartened by your efforts and look to you to be our voice and beacon of hope.

Our student body has extended you an invitation to address the Kansas University Medical Center community. It would mean so much to patients and scientists, should you agree to visit us, if you would spend a few minutes at the Epilepsy Center and allow us to share with you, the fruits of our research and our vision for the future. Your visit will give significant exposure to this unique research which has been partially supported by the National Institutes of Health.

Thank you for the endless list of causes you have aided. We recognize and appreciate your altruism.

Sincerely,



Ivan Osorio, M.D.

2/14/2?

THE WHITE HOUSE

April 29, 1999

Ernst L. Wydner, M.D.
President
American Health Foundation
320 East 43rd Street
New York, New York 10017

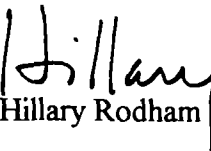
Dear Dr. Wydner:

Thank you for your letter and proposal to establish a National Institute of Behavioral Sciences. I value your recommendations and have forwarded a copy of the proposal to appropriate staff for consideration.

It was good hearing from you again and I hope my letter finds you well.

With warm regards, I remain

Sincerely yours,


Hillary Rodham Clinton

cc: Nicole Rabner ✓
Senior Policy Advisor
Domestic Policy Council

320 East 43rd Street
New York, New York 10017
Telephone: (212) 953-1900
Fax: (212) 687-2339
<http://www.ahf.org>
E-Mail: health@ahf.org

American Health Foundation



OFFICE OF THE FOUNDER

March 19, 1999

First Lady Hillary Rodham Clinton
The White House
1600 Pennsylvania Avenue
Washington, D.C. 20500

Dear Mrs. Clinton:

You really "made my day" by your so very personal telephone call and our being able to review our common interests in early youth education and tobacco use. I am so grateful for your thoughtfulness.

There is one thought I would like to express that a person like yourself might be able to bring to the attention of the appropriate authorities.

Thinking about what could impact upon productivity public health-wise that could directly involve NIH, I am describing this concept as a separate letter. If you concur, you might want to bring to the attention of the appropriate authorities that unless and until we deal with that issue, behavioral sciences will always be a step-child to other scientific endeavors.

I very much appreciate your letter and your very personal wishes, which I just received today.

Wishing you the very best for the future, I am,

Ernst L. Wynder, M.D.

ELW:HL



March 8, 1999

First Lady Hillary Rodham Clinton
The White House
1600 Pennsylvania Avenue
Washington, D.C. 20500

Dear Mrs. Clinton:

A Proposal to Establish a National Institute of Behavioral Sciences

After our recent telephone conversation, I thought about the implementation of an institution that might well contribute to our knowledge as to how behavioral influences could impact on the optimal development of our plan.

One item that recently crossed my mind is the creation of a National Institute of Behavioral Medicine that would do the fundamental behavioral research to determine how we can best optimize the intellectual and the behavioral development of our population.

Clearly, all the components that you have emphasized so often from birth, on parental involvement, nutrition, peer and neighborhood influences, obligatory pre-school and elementary school education with particular emphasis on health education creating a feeling of self-worth, receiving mentor and "booster" support in later education through the media, particularly TV, are concepts that we as scientific and political leaders need to consider as we are working toward developing the most productive nation for the next millennium.

It will, of course, be said that most NIH institutions have divisions, some with reasonable budgets and directed by established leaders. Within each institution, however, such divisions are



generally in a low-impact position. In fact, NIH has a Coordinator of behavioral sciences operating with a very small budget. We need to recognize that many major diseases are caused by human behaviors. Tobacco use, abuse of alcohol and illicit drugs, obesity, high-fat diets, excessive exposure to sunlight and excessive sexual practices, relate to a whole variety of diseases and conditions including many cancers, coronary artery disease, AIDS, cirrhosis of the liver, adult-onset diabetes. Among youth in particular, tobacco use is highly correlated with other poor health behavior as well as low academic standing.

It seems, therefore, that one institute with the appropriate budget could attract some of the major young scientific minds that want to enter this field but have not seen any long-term future in terms of application.

If one sees that many large animals like the elephant is immediately able to stand and walk after birth and, again, genetically knows how to reach the mammary duct of their mother, one can only stand in total awe as to what nature has been able to develop. Similarly, we can look at every human organ and various components of the body, including various blood cells, the creation of which is beyond our imagination. Even today, we are unable to create living DNA from the components that we know make up the DNA.

It is beyond our comprehension that an elephant can conceive about every two years. No doubt once a genetically based pheromone, which affects the male elephant whose receptors are similarly genetically controlled.

In total fascination, we can also look at the human brain and its various functions and how they were evolved may well be forever beyond us, even though we may isolate this or that gene that may have a specific action. Furthermore, these genes are likely not to act as a single factor



but in unison, which is again beyond our comprehension. Included in the marvels of our brain is of course the realization, not so much what we learn from molecular biology, but from behavioral sciences how early in life brain cells are stimulated and “imprinted” -- be it in terms of language, taste or behavior. On a personal basis, even though I have been in this country for many decades, I still have a more natural German accent than an English one.

One of Pasteur’s sayings was that, “above all in science, you must know what not to do.” Relating this to the subject at hand, it does not mean that we should not conduct molecular biology and genetic research. In fact, we should and we must, but it also means that we need to recognize our limitations and that we can influence the brain and its multitudes of functions, even if we never understand its intricate mechanisms, actions and interactions. We need, therefore, molecular biology and genetic research to reflect on its limitations and that while we need to continue to search mechanisms in molecular biology and genetics. We need to recognize that behavioral science can have a decided impact on education, behavior and mental development long before molecular biology has met its dreams. It is for this and other reasons to propose the creation of a National Institute of Behavioral Sciences in terms of its significance and long-term impact, which needs to be on a par in financial support with whatever we do in molecular biology and genetics.

Among the most urgent studies the Institute should undertake are the optimal way in which age, intensity and multi-factorial exposures, can inter-relate with the genetic material we develop each and every brain to its fullest potential. What we learn here could then be applied towards those that come into the earliest contact with our children, which obviously are the parents and the caregivers, these very early school systems and the vast array of media



simultaneously. In addition, of course, the Institute should carry out basic research that may give us further insight as to brain function and development.

If and when a National Institute of Behavioral Sciences is created, it could stimulate a range of research ranging from basic science to highly pragmatic creative applications-- a scientific and public health environment in this country that would significantly impact on preventing disease and enhancing educational institutions long, long before we fully understand the most basic origin of these diseases. Clearly, our life-long work on tobacco and cancer serves as a superb example and challenge.

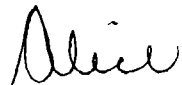
Ernst L. Wynder, M.D.

8/2/99

Nicole -

I asked Barbara Wooley about this group and she said they are new and not yet at a level of importance equal to some of the long-established breast cancer groups. However, she thought that it might a good idea for you just to give them a call. Barbara doesn't think that they need to meet with the First Lady and it would not be appropriate for us to give them any kind of endorsement at this time.

Thanks.


Alice

Call to

UK in an
what's
going on



LOWAC

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THE LOWAC JOURNAL WOMEN AND CANCER A Publication of The League Of Women Against Cancer

Alice

July 6, 1999

Honorable First Lady
Hillary Rotham Clinton
White House
Washington DC

Dear Mrs. Clinton,

The League of Women Against Cancer (LOWAC) is a non-profit organization dedicated to cancer research, education and support. Dr. Irma Russo, President and Founder, is an internationally recognized scientist with incredible findings in regards to breast cancer who is presently conducting trials in Belgium, Sweden and the United States. A major national trial is now in its first year in the United States

In preparation for the upcoming events, LOWAC was organized five years ago as a grassroots organization. To date, LOWAC has ascended to a recognized position with the publication of its scientific medical journal, *Women and Cancer*, conferences and education at various levels and languages. The ultimate mission of LOWAC is to establish a women's cancer research institute to expedite and expand their research.

As a major fundraiser for 1999, LOWAC is producing a CD of Paul McCartney as a Tribute to his wife Linda, who died of breast cancer last year. This recording should bring several millions to the organization, sufficient to be able to continue the plans. This event has become an incredible event since we have Paul's wholehearted support as well of many of the top celebrities, such as Julian Lennon, Ringo Star, Lauryn Hill, Art Garfunkle, Will Smith, Jon Bon Jovi, etc.

We will be organizing an elite release party with celebrities and dignitaries from England and the United States. We will also be inviting the British Ambassador, a Prime Minister and a member of the Royal Family.

I would like to be able to discuss this entire project with you and/or your staff. The findings of Dr. Russo are the result of a lifetime of research and dedication to find the cause and the cure of this disease. She has discovered not only what she was looking for but also what the world has been waiting; a possible way of eradicating breast cancer. I cannot explain in a letter the importance and the beauty of these findings.

In summary, the reason to request a visit with you or your staff is to: (1) Introduce to you the scientific medical journal *Women and Cancer*, and the *Women and Cancer Digest*, (2) the production of the Paul McCartney CD as a tribute to his wife Linda with the international activities surrounding this recording, and (4) the manner in which you could benefit with your involvement in a project of such magnitude.

Cordially yours,

Alicia E. Alvarez, EdDC
Executive Director /LOWAC
Executive Editor/*Women and Cancer Journal*



LOWAC

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THE LOWAC JOURNAL
WOMEN AND CANCER
A Publication of
The League Of Women Against Cancer

Feb. 10, 1999

League Of Women Against Cancer - LOWAC
Pennsylvania Certificate of Registration No. 13949
Fed. ID No. 23-2759314

The League Of Women Against Cancer is a public, non-profit organization dedicated to cancer research on the types of cancer that affect women. For more than thirty years the scientist of LOWAC have been investigating the causes, prevention and treatments of this complex disease.

In order to raise funds, LOWAC proposed the following fundraising project to Paul McCartney, in lieu of the passing of his wife in early 1998, victim of breast cancer. Mr. McCartney has personally given LOWAC his wholehearted support:

Project: Linda McCartney Tribute Album

LOWAC, in association with Joe Nicolo (*Ruffhouse Records*) will produce an album of recorded music composed by Paul McCartney (and/or Lennon/McCartney) for sale on compact disc (CD) with the proceeds going to the League Of Women Against Cancer so that they may continue the outstanding work they are doing in cancer research, education and support of cancer victims. The songs will be performed by various artist who will donate their performance.

The following songs have been pre-approved by Sir Paul McCartney:

Two Of Us - Lennon / McCartney
Motor Of Love - McCartney
I'll Follow the Sun - Lennon / McCartney
Maybe I'm Amazed - McCartney
We Got Married - McCartney
And I Love Her - Lennon / McCartney
Distractions - McCartney
My Love - McCartney
We Can Work it Out - Lennon / McCartney
The Long and Winding Road - Lennon / McCartney
I Will - Lennon / McCartney
Figure of Eight - McCartney
Junk - McCartney

Questions and request for information should be directed to:

Project Coordinator
Alicia Alvarez (LOWAC) - 215-489-0520

Production Chief
William Cutts (LOWAC) - 215-489-0522



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IRMA H. RUSSO, M.D.



Dr. Irma H. Russo is a Member of the Fox Chase Cancer Center, researcher, Chief of Molecular Endocrinology, Adjunct Professor of Pathology and Cell Biology at Jefferson Medical College, Thomas Jefferson University, and an internationally recognized researcher in the area of breast cancer prevention. She is a Rockefeller grantee, a National Cancer Institute grantee, an American Cancer Society grantee, a U.S. Army Medical Research and Development grantee, and a recipient of the Shannon Award of the National Cancer Institute, NHHSS. She is the President and Founder of the League of Women Against Cancer, Rydal, Pennsylvania, an international lecturer on the subject of women's cancers, and the Editor-in-Chief of the Journal *Women and Cancer*.

Dr. Irma Russo completed her doctoral studies at the National University of Cuyo, Mendoza, Argentina, in 1970. She completed post-doctoral studies in immunology at the University of Miami, and was certified as Anatomic Pathologist and Clinical Pathologist by the American Board of Pathologists in 1982.

Dr. Russo serves in various national scientific advisory committees. Among others, she is

Chairperson of the Endocrinology Peer Review Committee, U.S. Army Medical Research and Development Command; Ad-hoc reviewer at the National Institute of Health, Department of Health and Human Services; a member of the National Toxicology Board, the Eastern Cooperative Oncology Group, the International Life Sciences Institute, National Alliance of Breast Cancer Organizations (NABCO), and the National Cancer Institute Organ Systems Program.

Dr. Russo has been honored in the Who's Who in the World, Who's Who in America, Who's Who of American Women, Who's Who in the East, Who's Who in Frontiers of Science and Technology, Who's Who of Emerging Leaders in America, Two Thousand Notable Americans, Personalities of America and Who's Who of International Women.

Dr. Irma Russo together with her husband, Dr. Jose Russo, have more than thirty-five years of continuous work in research in breast cancer, in association with the Carl Meyer Michigan Cancer Foundation and Fox Chase Cancer Center. They are presently conducting significant international trials in Belgium and in the United States. Their life-long dedication to science and their tenacity to find the cause of breast cancer places them side by side with the Curie team.



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THE LOWAC JOURNAL WOMEN AND CANCER

A Publication of
The League Of Women Against Cancer

ALICIA ESTELA ALVAREZ



Alicia Estela Alvarez is presently the Managing Editor of the *Journal Women and Cancer* and proprietor of Atlantic Rim Publishing, which she established with the sole purpose of publishing the journal and engaging in a series of educational projects directed to the community and health. She is also the television host of *The Alicia Show* in Telemundo Hispanic Television Network. She formerly was Community Health Director at St. Luke's Hospital, Pennsylvania, Community Health Administrator at Maricopa Health Systems in Arizona, Chairwoman of the Arizona Women's Cancer Network, and CEO of the Menninger Foundation's CHARLEE Program in Arizona. Other positions include her own private practice in Beyond Consulting, Arizona licensed psychological services, providing child and family therapy in contract with the Bureau of Indian Affairs, Ak-Chin Indian Reservation, Gila River Indian Community, Navajo Nation, Hopi Indian Reservation and Littleton School District.

Alicia E. Alvarez was Legislative Assistant for the 75th Assembly District (San Diego, Imperial and Riverside Counties, California). She served as part-time faculty at San Diego State University, Adjunct Research Associate with Arizona State University, part-time faculty for Maricopa Community Colleges, instructing courses in psychology and sociology at Gateway, Chandler/Gilbert and South Mountain Community Colleges, part-time faculty at Prescott College and Central Arizona College. She developed a 60-hour certification program for foster parents at the Gila River Indian Reservation, an early intervention child and family counseling program in Littleton School District, and a bilingual mentorship programs for high risk teenagers in Phoenix. She was instrumental in obtaining and developing a residential treatment center for children and for abused children in Gila River Indian Reservation, a Women's Cancer Mobile Clinic for Maricopa County and surrounding Indian communities. She has also been an international consultant for humanitarian causes in pediatric cardiology surgery in Colombia. She is also providing humanitarian services to children in Ecuador, Peru, Costa Rica and Guatemala. Her strength has centered in her ability to create innovative methodologies of educating underserved individuals, with sensitivity to their cultural preference and linguistic ability.

Her education include a Bachelors of Science, a Bachelors of Arts in Psychology and Management from Redlands University, a Master's Degree from Nova University in Education and Counseling, and has completed her doctorate coursework in Health Education and Administration at Nova Southeastern University. Other certifications and specialized training include private research in alternative therapies, medicine and cultural implication in the treatment of disease, Medical Ethics, Drug and Alcohol Counseling Certification, Post-traumatic Stress Disorder certification by the Veterans Administration, Ericksonian Hypnotherapy certification, Gerontology and Culture, Kundalini Yoga, Eastern Philosophy, Homeopathy and Biofeedback.

She is a member of the Board of Trustees of Allentown College St. Francis de Sales, Who's Who of Female Executives, Who's Who in the East and Who's Who in the World. She is presently serving in the Minsi Trails Boy Scouts Council of the Lehigh Valley, PA, and has served in the United Way of Lehigh Valley Review Panel, Bureau of Indian Affairs Educational Advisory Board, World Health Organization Advisory Committee, Coordinated Community Services of Arizona, Arizona Mental Health Association, American Cancer Society, Imperial Valley Association for the Retarded Board, and Chairman of the American Red Cross Board of Directors.

*Invitation
to
Schulman*

From: "Dr. Alicia Alvarez" <atlarim@aol.com> on 07/01/99 04:22 PM GMT
To: First_Lady@gateway
cc:
Subject: Paul McCartney CD as a Tribute to his wife Linda

[Connection Information]

CLIENT: 152.163.197.177 [152.163.197.177]
BROWSER: Mozilla/4.0 (compatible; MSIE 4.01; AOL 4.0; Mac_PPC)
URL:
http://www.whitehouse.gov/WH/Mail/html/Mail_First_Lady.html

[Sender Information]

PERSONAL-NAME: Dr. Alicia Alvarez
EMAIL-ADDRESS: atlarim@aol.com
ORGANIZATION: League of Women Against Cancer
RELATIONSHIP: Executive Director
STREET-ADDRESS: 350 So. Main St., Suite 313
CITY: Doylestown
STATE-PROVINCE: PA
ZIP-CODE: 18901
COUNTRY: USA

[Message Information]

PURPOSE: Other
TOPIC: Women's Health
AFFILIATION: Professional
SUBJECT: Paul McCartney CD as a Tribute to his wife Linda

[Message]

The League of Women Against Cancer (LOWAC) is producing a CD of Paul McCartney as a Tribute to his wife Linda who died of breast cancer last year. Paul has given us his wholehearted support. The songs are being performed by top celebrities such as Julian Lennon, Lauryn Hill, etc. This fundraiser is an event of international magnitude with top news coverage and a massive marketing plan.

I would like to invite Mrs. Clinton to be a part of such an event which will culminate in release parties probably in California, Arizona, Philadelphia and London. (Final arrangements are not completed yet)

I will be in Washington DC on Wednesday, July 7th. I would appreciate a meeting with Mrs. Clinton or her assistant to bring to you a package of information, and explain in more detail the project. We would like to provide an opportunity to visibly broadcast that Mrs. Clinton is joining Paul McCartney

Alice

and other celebrities in the fight against cancer. There are ways of arranging inclusion of her name in the CD booklet which is estimated will sell 10 million copies in the first month.

This would be my way of contributing to the Hillary for Senator campaign.

I will be looking forward to your response for a meeting next week if possible.

Cordially yours,

Dr. Alicia Alvarez Executive Director/LOWAC Managing Editor
/ Women and Cancer Journal Coordinator / McCartney Project

Woodard -

Can you find
better pics from
this wt (JCCA

on 4/22/99 - I think)
in NY. Thx -RS

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 Council of Family and Child-Caring Agencies
 Council on Accreditation of Services
 for Families and Children
 Child Welfare League of America

(This is first use of proposed new letterhead)

6/30/99

Dear Nicole -

Photos awaiting HRC's signature are enclosed. The Two-Shot is Joyce Kramer, Board Prez. The handshake is Ilene Barshay. Ideally Joyce's would say something about 175th anniversary and Ilene's would be a "Thanks for support." However—
ANYTHING IS VERY WELCOME.

Again, Nicole the whole 175th was extraordinary. Your contribution was invaluable and The First Lady made the event the amazing success it was—

All best,

enjoy the book! Jane

Clinton Library Transfer Form

Case #, if applicable	2013-0436-S	Accession #	
Collection/Record Group	Clinton Presidential Records	Series/Staff Name	Ann O'Leary
Subgroup/Office of Origin	Domestic Policy Council	Subseries	
Folder Title	Correspondence	OA Number	20225
		Box Number	
Description of Item(s)	Two Black and White Photographs (5x7) of Hillary Rodham Clinton enclosed in 175th Anniversary of Jewish Child Care Association Celebration frames. Stored in AV regular storage on 12-5-8-7		

Donor Information

Last Name:		First Name:		Middle Name:		Title:	
Affiliation:		Phone (Wk):		Phone (Hm):			
Street:		City:		State (or Country):		Zip:	

Transferred to:	Audio/Visual Department
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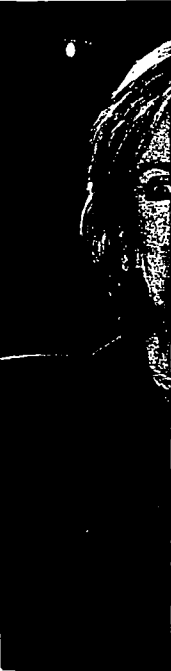
Date of Tranfer	4/9/2013
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*175th
Anniversary
Celebration*

**Caring For Children and Families
Jewish Child Care Association**

April 19, 1999

Joyce Kramer





*175th
Anniversary
Celebration*

**Caring For Children and Families
Jewish Child Care Association**

April 19, 1999

Ilene Barshay





PROPOSED GUEST LIST FOR 1/31/00 EVENT
NICOLE RABNER

Mr. and Mrs. Harold AND Gabrielle Rabner, 973-746-7994
Guy Rabner, 973-744-8688
Samantha Pomerance, 212-674-3212
Sally Sapega, 215-349-5650
Eric Pomerance AND Susan Jackson, 212-370-0916
Joshua Tucker AND Elisabeth Gordon, 617-493-3691
Joshua Gordon, 802-443-3831

Bob AND Ronnie Raymar, 908-668-1270
Pat AND Gaile Sarma, 973-744-8693
George AND Barbara Barenholtz, 973-746-9482

Peter Baker, 202-265-6540
Susan Glasser, 202-265-6540
Josh Wachs, 202-488-5064
Sherry Yost, 202-485-3154
Veronica Nyhan Jones AND Jake Jones, 202-546-7240
Michelle Greene, 202-622-2139
John Longbrake, 202-622-2016
Catherine Balsam-Schwaber, 212-664-7289
Jordan Barowitz, 212-788-7125
Jason Miner, 202-479-5109
Katie Taylor, 703-549-2900

Bruce Reed, 456-6515
Eric Liu, 456-5565
Paul Weinstein, 456-5577
Tom Freedman, 456-5587
Chris Jennings, 456-5560
Devorah Adler, 456-5707
Jeanne Lambrew, 456-5377
Cynthia Rice, 456-2846
Andrea Kane, 456-5573
Mary Smith, 456-5571
Karin Kullman, 456-1732
Cathy Mays, 456-6515
Anna Richter, 456-5565

Maria Escheveste, 456-6594
Gene Sperling, 456-2807
Melissa Green, 456-2807
Sarah Rosen Wartell, 456-5386
Ann Lewis 456-2644

Terry Edmonds, 456-2777
Paul Glastris, 456-2777
Lowell Weiss, 456-2777
Jeff Shesol, 456-2777
Lynn Cutler, 456-5019
Karen Tramentano, 456-1987
Marge Tarmey, 456-6594
Barbara Chow, 395-4844
Jack Lew, 395-4840
Sylvia Matthews, 395-4742
Tony Blinken, 456-9151
Edward Correia, 456-2024
Barbara Woolley, 456-2155



Jennifer Klein, 202-965-4234
Madge Henning, 301-469-9122
Christy Macy, 410-664-4684
Kim Tilley, 202-966-4548
Noa Meyer, 202-712-0827
Pauline Abernathy, (215) 575-9050
Neera Tanden, 212-239-2000
Karen Finney, 212-239-2000
Liz Bowyer, 212-721-4283
Roberta "Bobbie" Greene, 202-588-6202
Anne Bartley, 415-931-0684
Evelyn Lieberman, 202-647-8703
Maggie Williams, 202-662-3602
Jenny Luray, 202-224-8868
Evan Ryan, 212-239-2000



Jann Hefner, 614-764-3319
David Hamburg, 212-207-3319
Ellen Galinsky, 212-465-2044
Helen Blank, 202-662-3547
Marna Tucker, 202-466-8960
Judy Lichtman, 202-986-2647
Donna Lenhoff, 202-986-2600
Judy Appelbaum, 202-588-5280
Karabelle Pizzigatti, 202-942-0261
Robin Nixon, 202-942-0261
Joan Lombardi, 703-660-6711
Matthew Melmed, 202-638-1144



Emil Parker, 202-401-6947
Mary Bourdette, 202-690-6311
Olivia Golden, 202-401-2337

Susan Clampitt, 202-501-3553
Sarita Brown, 202-401-3670
Deborah Santiago, 202-401-3670
Suzy George, 202-647-9547
Elaine Shocus, 202-647-5548
Mark Schneider, 202-692-2100

Roshann Parris, 816-931-8900
Rick Jasculca, 312-337-7400

Barbara Pryor, 202-224-2578
Jeanne Ireland, 202-224-2831
Suzanne Day, 202-224-02007
Nick Gwyn, 202-225-4021

Yvonne Hao, 662-0009
Lynn Taliento, 662-0082

BACK-UP LIST (In case there is more room)

Norma Asnes, 212-628-3179
Sean Maloney, 456-2702
Betty Currie, 456-6610
David Neslin, 456-7560
Kris Balderston, 456-2572
Broderick Johnson, 456-6620
Sarah Farnsworth, 703-205-6506
Sarah Ehrman, 202-232-7226
Melissa Skolfield, 202-690-7850
Ellen Dahl, 202-690-7578
Nate Tibbits, 202-338-3215
Janet Holtzblatt, 202-622-1327
Alan Stone, 212-854-2407
Alexa Verveer AND Dominic Bianchi, 202-514-5995

TO: Nicole

11/4/99

CC: CR
Cemie

FROM: Sarah B
Andrea

Might you might be interested in these new state-by-state child poverty estimates for 1996. Census calculates these based on a model using tax return + food stamp data to get state level valid child poverty rates. As the article says, these estimates are used for allocating federal funds. I don't think they are used for much else, but they may come in handy.

*please
get shocked*

1 of 3 D.C. Children Living in Poverty

By SARI HORWITZ
Washington Post Staff Writer

More than one in three children under 18 living in the District is poor, according to annual U.S. Census figures released yesterday.

Nationally, the poverty rate has been declining in the past few years, but that has not been the case in the District.

About 35.6 percent—or 38,366—youths younger than 18 lived in poverty in the District in 1996, according to the report, which uses a combination of food stamp records, data from federal income tax returns and census figures to determine who is poor. When compared with the 50 states, D.C.'s child poverty rate ranks highest.

Mayor Anthony A. Williams yesterday called it "problematic" to compare the District to states, but he said that the "census remains a valuable tool in receiving federal funding."

Experts consider it misleading

to compare statistics on the District, a small and entirely urban jurisdiction, with states that have urban, rural and suburban populations. The estimates are important, said Census Bureau statistician Paul Siegel, because they are used in administering federal programs and allocating federal funds to local jurisdictions, including the District.

In Virginia, the rate of children younger than 18 living in poverty in 1996 was 16.5 percent, and in Maryland it was 14.1 percent. Nationally, the percentage was 20.5.

"Despite the fact that the economy is nominally good, the economy for low-skilled people is bad and D.C. has a shortage of low-skilled jobs," said Liz Siegel, co-founder of D.C. Action for Children, a children's advocacy group.

Liz Siegel, no relation to the census statistician, said: "We've always had a small middle class. We have a lot of fairly wealthy people, and then we have a lot of very low income residents. Our

school system and public safety issues have chased the middle class out to the suburbs."

The mayor has said that improving services to children, especially those living in poverty, is one of his top priorities. He and two D.C. council members recently began a program designed to address the needs of District children in a comprehensive fashion.

The overall poverty rate in Maryland in 1996 was 9.6 percent and in Virginia 11.3 percent. Nationally, the percentage was 13.7.

Compared to the 50 states, the District ranks as one of the poorest. The census figures from 1996 actually show the District as the worst in the country, with 21.1 percent living in poverty. But census officials said that the estimated percentage of people living in poverty in four states—West Virginia, Louisiana, Mississippi and New Mexico—is so statistically close that none of the four or the District can definitively be called the worst.

The Washington Post

THURSDAY, NOVEMBER 4, 1999

U.S. Census Bureau**State Estimates for People Under Age 5 in Poverty for US: 1996****Table E96-00. Estimated Number and Percent People Under Age 5 in Poverty by State: US 1996**

(Estimates model 1996 income reported in the March 1997 Current Population Survey.)

State	People Under Age 5 in Poverty			
	Number		Percent	
	Estimate	90% Confidence Interval	Estimate	90% Confidence Interval
United States	4,582,979	4,295,268 to 4,870,690	23.4	21.9 to 24.9
-Alabama	88,276	82,478 to 94,075	29.6	27.6 to 31.5
-Alaska	9,000	7,857 to 10,142	17.6	15.3 to 19.8
-Arizona	101,624	93,687 to 109,560	27.5	25.3 to 29.6
-Arkansas	56,485	51,808 to 61,162	31.2	28.6 to 33.8
-California	746,177	674,743 to 817,610	27.6	24.9 to 30.2
-Colorado	49,463	45,282 to 53,644	17.4	15.9 to 18.9
-Connecticut	30,715	26,580 to 34,851	14.0	12.1 to 15.9
-Delaware	8,801	8,045 to 9,557	17.7	16.1 to 19.2
-District of Columbia	11,746	10,202 to 13,291	35.0	30.4 to 39.7
-Florida	257,070	241,138 to 273,002	26.4	24.7 to 28.0
-Georgia	149,067	142,141 to 155,994	25.7	24.5 to 26.9
-Hawaii	17,269	14,135 to 20,403	19.5	16.0 to 23.0
-Idaho	20,230	18,298 to 22,163	21.4	19.4 to 23.5
-Illinois	182,863	170,811 to 194,916	20.0	18.7 to 21.3
-Indiana	71,624	65,048 to 78,200	16.9	15.3 to 18.4
-Iowa	30,078	26,952 to 33,203	16.1	14.4 to 17.7
-Kansas	32,324	29,788 to 34,860	17.5	16.2 to 18.9
-Kentucky	77,285	72,737 to 81,834	28.7	27.0 to 30.4
-Louisiana	110,575	102,238 to 118,912	33.8	31.3 to 36.4
-Maine	14,537	12,717 to 16,358	20.8	18.2 to 23.4
-Maryland	54,834	47,192 to 62,475	15.3	13.2 to 17.5
-Massachusetts	61,937	54,012 to 69,862	15.1	13.2 to 17.0
-Michigan	146,167	132,676 to 159,658	21.4	19.5 to 23.4
-Minnesota	42,488	36,887 to 48,090	13.0	11.3 to 14.7
-Mississippi	72,919	64,895 to 80,942	34.7	30.8 to 38.5
-Missouri	84,332	79,422 to 89,241	22.7	21.4 to 24.0
-Montana	15,152	13,704 to 16,600	28.0	25.4 to 30.7
-Nebraska	19,657	17,424 to 21,890	17.1	15.1 to 19.0
-Nevada	22,540	20,185 to 24,895	16.8	15.0 to 18.5
-New Hampshire	7,456	5,629 to 9,283	9.8	7.4 to 12.2
-New Jersey	81,841	71,819 to 91,863	14.3	12.5 to 16.0

-New Mexico	48,178	44,138 to 52,218	34.7	31.8 to 37.6
-New York	343,557	314,453 to 372,661	26.3	24.1 to 28.6
-North Carolina	117,201	110,086 to 124,315	21.8	20.4 to 23.1
-North Dakota	8,039	7,218 to 8,860	19.4	17.4 to 21.4
-Ohio	150,791	140,032 to 161,550	19.7	18.3 to 21.1
-Oklahoma	70,647	65,438 to 75,857	30.5	28.2 to 32.7
-Oregon	47,836	45,417 to 50,255	21.9	20.8 to 23.0
-Pennsylvania	142,502	131,093 to 153,910	18.8	17.3 to 20.3
-Rhode Island	12,856	11,746 to 13,966	19.6	17.9 to 21.3
-South Carolina	69,456	65,195 to 73,718	26.8	25.1 to 28.4
-South Dakota	12,018	10,580 to 13,455	23.8	20.9 to 26.6
-Tennessee	95,034	86,695 to 103,373	25.5	23.3 to 27.8
-Texas	501,111	461,062 to 541,160	30.3	27.8 to 32.7
-Utah	31,804	27,668 to 35,941	15.5	13.5 to 17.6
-Vermont	6,263	5,208 to 7,318	18.1	15.1 to 21.2
-Virginia	83,378	77,180 to 89,577	18.1	16.8 to 19.5
-Washington	74,505	68,458 to 80,553	19.1	17.5 to 20.6
-West Virginia	36,170	32,082 to 40,259	34.0	30.1 to 37.8
-Wisconsin	50,551	42,226 to 58,876	14.7	12.3 to 17.1
-Wyoming	6,548	5,814 to 7,282	20.7	18.4 to 23.0

These estimates were released in November 1999.

Source: U.S. Census Bureau
Small Area Income and Poverty Estimates Program

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Last Revised: *Thursday, 28-OCT-99*

U.S. Census Bureau**State Estimates for People Under Age 18 in Poverty for US: 1996****Table D96-00. Estimated Number and Percent People Under Age 18 in Poverty by State: US 1996**

(Estimates model 1996 income reported in the March 1997 Current Population Survey.)

State	People Under Age 18 in Poverty			
	Number		Percent	
	Estimate	90% Confidence Interval	Estimate	90% Confidence Interval
United States	14,463,480	13,990,149 to 14,936,811	20.5	19.8 to 21.1
-Alabama	276,459	263,913 to 289,005	25.3	24.1 to 26.4
-Alaska	29,785	27,109 to 32,460	15.4	14.0 to 16.8
-Arizona	296,088	281,661 to 310,516	23.5	22.3 to 24.6
-Arkansas	173,406	163,701 to 183,112	25.8	24.3 to 27.2
-California	2,285,048	2,145,130 to 2,424,965	25.2	23.6 to 26.7
-Colorado	150,542	141,241 to 159,844	14.6	13.7 to 15.5
-Connecticut	111,479	101,398 to 121,559	14.0	12.7 to 15.2
-Delaware	27,614	26,223 to 29,005	15.3	14.6 to 16.1
-District of Columbia	38,366	35,596 to 41,137	35.6	33.1 to 38.2
-Florida	782,830	747,770 to 817,890	22.3	21.3 to 23.2
-Georgia	469,275	454,701 to 483,849	23.1	22.4 to 23.9
-Hawaii	54,215	48,304 to 60,126	17.8	15.9 to 19.8
-Idaho	55,976	51,639 to 60,312	15.6	14.4 to 16.9
-Illinois	587,586	564,275 to 610,897	18.2	17.5 to 19.0
-Indiana	212,639	199,324 to 225,954	13.7	12.9 to 14.6
-Iowa	93,868	87,292 to 100,444	12.7	11.8 to 13.6
-Kansas	101,885	96,584 to 107,186	14.4	13.7 to 15.2
-Kentucky	252,368	242,638 to 262,098	25.5	24.6 to 26.5
-Louisiana	365,914	348,534 to 383,295	29.7	28.3 to 31.1
-Maine	51,373	46,697 to 56,049	17.1	15.5 to 18.6
-Maryland	184,357	171,868 to 196,847	14.1	13.2 to 15.1
-Massachusetts	214,928	195,992 to 233,863	14.6	13.3 to 15.9
-Michigan	500,364	477,870 to 522,857	19.3	18.5 to 20.2
-Minnesota	144,654	132,363 to 156,946	11.4	10.5 to 12.4
-Mississippi	231,558	215,497 to 247,619	29.8	27.7 to 31.9
-Missouri	270,822	259,619 to 282,025	19.1	18.4 to 19.9
-Montana	48,234	45,489 to 50,980	21.0	19.8 to 22.2
-Nebraska	54,601	49,506 to 59,697	12.2	11.1 to 13.3
-Nevada	63,272	58,543 to 68,002	14.0	13.0 to 15.1
-New Hampshire	22,720	18,935 to 26,506	7.5	6.3 to 8.8
-New Jersey	278,908	259,823 to 297,993	13.7	12.8 to 14.7

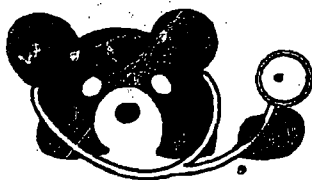
-New Mexico	150,032	141,313 to 158,752	29.2	27.5 to 30.9
-New York	1,164,818	1,097,875 to 1,231,762	25.4	23.9 to 26.9
-North Carolina	354,943	339,306 to 370,580	18.7	17.9 to 19.5
-North Dakota	25,580	23,478 to 27,683	15.3	14.0 to 16.6
-Ohio	479,761	457,914 to 501,609	16.5	15.7 to 17.2
-Oklahoma	222,488	212,612 to 232,364	24.9	23.8 to 26.0
-Oregon	143,821	131,523 to 156,118	17.3	15.8 to 18.8
-Pennsylvania	490,695	465,552 to 515,839	16.7	15.9 to 17.6
-Rhode Island	43,374	41,016 to 45,732	17.8	16.9 to 18.8
-South Carolina	225,898	214,400 to 237,397	23.4	22.2 to 24.6
-South Dakota	37,452	34,260 to 40,643	18.7	17.1 to 20.3
-Tennessee	287,827	269,449 to 306,205	21.4	20.0 to 22.8
-Texas	1,470,804	1,399,485 to 1,542,123	26.2	24.9 to 27.4
-Utah	82,107	72,363 to 91,850	11.6	10.2 to 12.9
-Vermont	21,356	18,888 to 23,824	14.6	12.9 to 16.3
-Virginia	273,536	262,904 to 284,168	16.5	15.8 to 17.1
-Washington	245,806	229,214 to 262,398	16.7	15.6 to 17.9
-West Virginia	126,064	116,728 to 135,400	29.9	27.7 to 32.2
-Wisconsin	166,937	148,758 to 185,117	12.2	10.9 to 13.5
-Wyoming	19,044	17,458 to 20,630	14.4	13.2 to 15.6

These estimates were released in November 1999.

Source: U.S. Census Bureau
Small Area Income and Poverty Estimates Program

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Last Revised: *Thursday, 28-OCT-99*



Children's
National Medical Center.

N. Cole
Serving Children and Their Families Since 1870

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MEMORANDUM

Confidential

TO: Melanne Verveer, Assistant to the President &
Chief of Staff to the First Lady
Fax: 202-456-6244

FROM: Jacqueline D. Boyens, Vice President
Government & Public Affairs

DATE: September 27, 1999

SUBJECT: Meeting with the Mayor of the District of Columbia (White Paper)

Thank you for taking the time to allow us to explain some of the major issues confronting Children's Hospital as we and the District Government struggle to cope with important issues that affect the lives of many of our patients and children throughout our community.

We appreciate any mention the First Lady may have an opportunity to make with respect to these issues when she meets with Mayor Williams. A more genuinely collaborative approach by the District in working with traditional providers will move us toward actual Medicaid Program reform and improved access to care for children and adults much more quickly.

We have attached two documents. The first focuses on Medicaid enrollment and eligibility issues. The second describes: 1) the issues surrounding the District's Medicaid expansion plan which eliminates the DSH Program, 2) the \$9-\$26.3 million in federal DSH funds we are already working with the Clinton Administration to obtain, and 3) the less risky approach toward expansion we're encouraging the District to adopt.

Again, thank you for your interest, and please feel free to have your staff (I have forwarded this document to Shirley Sagawa, Ruby Shamir & Chris Jennings.) contact me at 202-884-4933 if you have any questions or need additional information.

cc: Shirley Sagawa (202-456-6244)
Ruby Shamir (202-456-5690)
Chris Jennings (202-456-5557)

Attachment

It was great
meeting you

District of Columbia Medicaid Eligibility Determination

CNMC is the only institution of its kind in the District of Columbia and the surrounding area. The largest single provider of pediatric primary care services, Children's also provides pediatric tertiary care along with over 40 pediatric specialties and subspecialties. With over 125 years of experience, Children's is also the largest provider of pediatric services to Medicaid enrollees. This experience has earned Children's the trust of families and the wider community. Public health authorities should seek to capitalize on this asset to buttress efforts to expand access to pediatric health care services.

Enrollment/Eligibility Status Report

The District of Columbia Medical Assistance Administration estimates that approximately 8,000 children are uninsured in the District of Columbia (national estimates of the number of uninsured have been higher.) Since October of 1998, the MAA has, to its credit, adopted a short SCHIP application form and contracted for outreach services. By June, the District reported only 1,905 new SCHIP eligible enrollments. About 2,500 children previously eligible for the regular program were enrolled. Over 4,100 parents were enrolled (approximately 20,000 people are currently eligible for the regular Medicaid Program, but remain unenrolled)

Eligibility Issues

- The District's Medicaid policy, planning, outreach and administration is the responsibility of the Medical Assistance Administration (MAA), but enrollment is the responsibility of the Income Maintenance Agency (IMA)
- IMA was sued (settled) for noncompliance with Medicaid requirements.
- Despite the availability of the short form, families that may apply for other forms of public assistance simultaneously continue to use the long complicated common form
- The District is not set up to accept applications electronically which would eliminate many delays and reduce the number of clients who never complete the paper process.
- HCFA requires states to post state eligibility workers at DSH hospitals, but the District continues to only post them at the public hospital.
- Although special outreach programs may be in effect, they are uneven and access to these initiatives does not appear to be open to all providers.
- Hospitals have both a mission oriented and financial incentive to expend hundreds of thousands of dollars to enroll individuals on Medicaid, but the District has no such goal/incentive for which MAA/IMA administrators can be held accountable.
- MAA staff recently encouraged hospitals to cease taking what they have termed the "extraordinary" steps that hospitals occasionally take to ensure compliance by socially and economically disadvantaged (less compliant patients & families) with procedures necessary to complete the Medicaid application/interview process.
- Federal rules require states to reimburse hospitals for eligibility/enrollment costs. Contrary to its own rules, the District pays a small portion of the costs.
- The District uses presumptive eligibility for pregnant women but refuses to adopt the policy for children

Recommendations

Self-Attestation

Some jurisdictions have eliminated the need for families to attach documentation to the Medicaid application (Florida and Wisconsin). States have a variety of methods for verifying income. For example, it is possible to match data supplied on a Medicaid application to wage or income tax returns. Similarly, collateral databases from the public schools, WIC, school lunch or other programs could be used to verify information supplied by parents seeking Medicaid coverage for their children.

Alabama, Utah, Washington, Florida and California do not require families to document family income as part of the SCHIP application process. The family member is required to sign a statement that all of the information provided on the application is true. This and similar techniques result in a smooth, efficient and less costly process. Children can be rapidly enrolled in Medicaid and assured of access to adequate pediatric health care services.

Presumptive Eligibility

For many years several states have exercised the option under federal law to make pregnant women presumptively eligible for Medicaid services. This feature of the program permits pregnant women to receive enrollee services while the application is being processed.

A provision in the Balanced Budget Act of 1996 enacted a similar state option for children, as well. The District has adopted the process for pregnant women, but has rejected providing presumptive eligibility for children or even for especially vulnerable pediatric populations.

A specific time period (60 days) is established for presumptive eligibility, and parents must answer questions on income and employment, for example. *New York has established this process for the SHIP, and will move to presumptive eligibility for regular Medicaid in January, 2000.* Experience, to date, indicates that almost 100% of those receiving services under this process are determined to be eligible.

The District can work with providers to ensure adequate follow-up verification rather than insisting that a confused and worried parent attend to a some times intimidating application process, often while a child is in the midst of an illness.

Presumptive eligibility is consistent with the District MAA's position that very little time or data are required when using the new short application form.

**District of Columbia Medicaid
Disproportionate Share Hospital Program & Medicaid Expansion**

Children's National Medical Center has a mission of Care, Advocacy, Research and Education. One of our principle goals has been to ensure the broadest possible access to health care services for children, including insurance coverage. Children's has enrolled as many as 2,000 children in Medicaid, annually, and our staff is very familiar with the cracks through which children frequently fall. Children's strongly supports effective efforts to expand health insurance coverage. These initiatives must be based on concrete data, sound analysis, appropriate funding and a clear understanding of the target population and its particular health care requirements.

Medicaid Expansion and Technical Correction Status Report

Children's joined several major Medicaid hospitals, but failed to convince the District to work to correct the approximately \$26.3 million mistake in the 1997 BBA cap on the federal matching portion of the District's Medicaid Disproportionate Share Hospital Program. The hospitals successfully sought Administration (Carol Thompson Coles & Jacob Lew) and Congressional (Eleanor Norton) support for a technical correction. Action is currently pending on this item before the Appropriations Committees on Labor, Health and Human Services and Education.

Simultaneously, and with no consultation with providers, MAA proposed a major Medicaid expansion that would leave 25,000 of the target population uninsured while eliminating the only public support for hospitals (even though they would likely continue to provide significant levels of uncompensated care). The District Council refused to implement the proposal this year, but gave the Mayor the authority to proceed in FY 20001. A Commission is also to submit recommendations regarding the troubled health delivery system.

Expansion Issues

- The Medicaid expansion plans prepared by the MAA and its consultants relies upon existing resources (DSH is less than 4% of DC Medicaid) that currently fund the District's safety net - health care providers that serve the bulk of the Medicaid population and the uninsured.
- The MAA's plan will use funds currently used to subsidize services for children to fund a managed care insurance program for adults.
- The MAA's plan uses funds previously available for uncompensated care to pay for insurance coverage for 9,000 persons who already have private insurance.
- The MAA's plan requires a massive redistribution of resources but is based entirely upon enrollment assumptions, service utilization, cost, and critically essential demographic, financial and other data points that the District's Medicaid Program does not measure.
- The MAA's plan is based upon inadequate extrapolated national data.
- Expansions must be budget neutral. The MAA's administrative planning process historically underfunds program obligations (including DSH) in a manner that makes this massive plan an even greater risk for current and new enrollees as well as traditional providers
- MAA plans exceed historic administrative capacity to manage major new programs:
 - 1) working for HCFA approval of the extension of the 1915 waiver for the TANF population;
 - 2) the publication and review of new managed care contracts for the same population;
 - 3) coping with the potential bankruptcy/sale of the largest HMO in the TANF program;
 - 4) extending the 1915 Waiver to include foster care children;
 - 5) extending the 1915 Waiver to include special needs children now covered by an 1115 Waiver;
 - 6) negotiating with HCFA on a new Medicaid expansion 1115 Waiver to cover childless adults;
 - 7) amending the 1115 application to include a one-year 2400 person (\$6 million) pilot project.

Recommendations

The District of Columbia must:

Implement Administrative & Program Improvements to Maximize Enrollment

- work with providers and HMOs to obtain accurate costs for Medicaid budget projections
- incorporate electronic eligibility determination, claims submission & claims payment systems
- regularly update inpatient codes that ensure efficient, proper and prompt payment of inpatient claims and accurate patient diagnosis and discharge data collection
- regularly update physician and outpatient services codes and payment rates to reflect true costs of care, and provide incentives for delivering primary/preventive health care services.
- establish program policies clearly understood by Medicaid staff, financial intermediaries and providers that are based fully on District state plan and federal regulations.
- in conformity with federal rules, extend outstationed eligibility workers to DSH hospitals.
- extend outstationed eligibility workers to non-DSH hospitals

Seek Federal Resources to Support Local Commitment to Insure New Populations

- advocate for restoring the \$26.3 million in federal DSH funds mistakenly eliminated by the 1997 BBA in order to fund new insurance coverage
- strongly consider using the DSH technical correction funds to expand Medicaid eligibility while preserving the current DSH Program to support safety net hospitals
- include the local matching funds required for drawing down the federal technical correction funds in the local Medicaid budget (for example, if the FY 2000 appropriations process yields a \$9 million increase in federal DSH, then DC must provide \$3.9 million)

Adopt Achievable Goals for the Most Vulnerable Populations

- use new local and appropriate federal resources to expand Medicaid enrollment in order to ensure that new enrollments are properly financed and sustainable
- phase-in coverage for the most vulnerable populations in order to measure actual enrollment take-up rates, utilization of services, and costs
- target smaller population groups by income and age (19 to 27 year-olds and/or 50-64 year-olds) in order to develop a manageable expansion program with rational utilization/cost projections that do not risk undermining the broader systems of care required by all citizens
- initially provide expanded coverage on a fee-for-service basis (historic rates) in order to properly plan and accurately project a transition to managed care plans.

BARBARA DAFOE WHITEHEAD

file

15 FOREST EDGE ROAD • AMHERST, MA • 01002
PHONE: (413) 549-6112 • FAX: (413) 549-1835

Memo To: Sidney Blumenthal

From: Barbara Whitehead

Re: A strategy for using family and medical leave to win the
childcare debate

Date: January 12, 1998

This memo is inspired by a brief parting exchange I had with the President. I told him that a recent study in the medical journal *Pediatrics* supports his hugely popular family and medical leave program and also bears upon the new childcare proposal. Its bottom line finding: for infants, breast milk acts as brain food, boosting IQ and school performance. (More on this later.)

I'm also attaching a piece that ran in the *Wall Street Journal* on the day after the dinner. An attack on institutional child care in general, it rests heavily on research evidence of the risks of institutional care for children in the first six to twelve months of life.

As it happens, the evidence for the risks to infants is quite robust. And now pediatric evidence on the benefits of maternal care for infants is appearing. For the President's childcare initiative, this poses both peril and opportunity.

The peril is this: The opposition will try to use the recent research on breastfeeding and infant brain development to discredit the proposal. It will argue that the President's proposal is at odds with what the White House itself was telling us last April about early brain development. It will say that the proposal is not designed with the best interests of infants in mind. It will say that the proposal rewards women who work during the early months of a child's life, but neglects those who choose to remain at home literally to pour their mother's milk into their child's cognitive capacity. And as the recent NBC/WSJ poll shows – granted, your polls may tell a different story

– the public's view of child care (and especially infant care, I suspect) is ambivalent.

The opportunity is this: The President can preempt the opposition by adding a feature to his State of the Union exposition of his child care plan. The purpose of the addition: affirming the principle that working mothers of newborns deserve the opportunity to nurture their infants before they return to their place of employment.

The policy vehicle for providing this opportunity already exists: The Family and Medical Leave Act. It now offers up to 12 weeks of unpaid leave for varied family purposes. What if parents of newborns were provided with more than 12 weeks of unpaid leave? Ideally the number of weeks might rise incrementally to 36 weeks, but you know better than I how many weeks might be appropriate for the first incremental expansion.

This puts the President on the offense and keeps him there. He can say:

I have long recognized the importance of giving parents the option of caring for newborn babies at home. This is one reason why I faced down Republican opposition and signed the Family and Medical Leave Act. The latest research on infant well-being only confirms the importance of providing new parents with this opportunity.

Thus, he can use a wildly popular achievement not only as the policy vehicle but also for rhetorical and political leverage. This puts the opposition in a corner: You'll get the option of at-home maternal care for infants in the early months of life, but the price you pay for it is an expansion of a signature achievement of the Clinton administration (and one you fought against.)

This also enables the President to present his childcare initiative in a way that is sensitive to the developmental needs of the child: expanded family leave for working parents of infants, followed by quality day care for children beyond infancy, followed by afterschool care for school-age kids. Again the emotional and cognitive needs of children – rather than what some might disparage as the convenience desires of parents and employers – are the linchpin rationale.

Of course, some parents, especially single mothers who are leaving welfare for work, will have to rely on childcare for their infants and toddlers. (Some states require new mothers to return to school or work as early as twelve weeks after the birth of a baby, I believe.) But the point remains that the President has already fought, against Republican opposition, for the right of working parents to stay at home with a newborn. Now he can call for an expansion of that right.

.....

A brief summary of the attached article:

This well-designed longitudinal study by New Zealand researchers indicates that children who are breast fed for up to eight months have higher IQs and better school performance than those who are fed infant formula. The researchers hypothesize that a fatty acid present in breast milk but not in formula may be responsible for the advantage. Another hypothesis is that eight months of breastfeeding makes for stronger attachment between infant and mother, and stronger attachment enhances cognitive and emotional functioning. Importantly, the positive effects of breastfeeding persist over time. Partly in response to the research and partly in response to clinical experience, the American Academy of Pediatrics recently revised its advisory on breastfeeding and called for a full year of maternal breastfeeding wherever possible.

THE WALL STREET JOURNAL THURSDAY, JANUARY 8, 1998

A Dangerous Experiment in Child-Rear

By ANDREW PEYTON THOMAS

A harmful social phenomenon is fast gaining popular acceptance—a vice so common that the problem is rarely even discussed, and almost never forthrightly. A new Census Bureau study makes clear the magnitude of the problem. Examining nearly 57,000 households across the U.S., the bureau found that 55% of new mothers return to the work force *within one year* of giving birth. In 1976, by contrast, the figure was only 31%. Ours is now a day-care culture. And the Clinton administration appears determined to keep it that way. Yesterday the president proposed a \$21.7 billion program of new spending and tax breaks to subsidize day care.

It is one thing for both parents to work outside the home when their kids are older. But for both parents in a majority of families to be employed before their children can even walk is startling. We are witnessing a momentous experiment in the raising of children. Yet there are few stirrings in the culture suggesting anything but a complacent acceptance of this revolution in child rearing. Few political, cultural or religious leaders have spoken out against the growing practice of abandoning infants to paid strangers. Yet recent research, not to mention common sense, tells us that this quiet overhaul of American families is a profound tragedy whose bitter fruit will be reaped for decades to come.

'Psychological Thalidomide'

Social science confirms that babies raised in day-care centers and similar institutions are often emotionally maladjusted. Child development expert Edward Zigler of Yale has gone so far as to call day care "psychological thalidomide." Research beginning in the early 1970s has found that such children are more likely to be violent, antisocial and resistant to basic discipline. A 1974 study in the journal *Developmental Psychology* reported that children who entered day care before their first birthday were "significantly more aggressive" and more physically and verbally abusive of adults than other children.

A 1986 study by Ron Haskins in *Child Development*, another scholarly journal, compared two groups of day-care children and found that those who had spent more time in day care suffered from proportionately greater ill effects, regardless of the quality of care. Teachers were more likely to rate these early-care children as "having aggressiveness as a serious deficit of social behavior." Similarly, Jay Belsky of

Pennsylvania State University warns, based on his research, that full-time day-care babies are at risk of "heightened aggressiveness, non-compliance and withdrawal in the preschool and early school years."

Other studies have concluded that lengthy stays in day-care centers impair children's mental ability. In 1995, the National Institute of Mental Health published

lieve that a stranger can care for your child as well as you can?

Defenders of day care often say it is essential for women's equality in the work force. This simplistic notion, however, ignores the experiences of real men and women. Often it is fathers who are the biggest fans of day care: They like the extra income their wives can bring in by depositing children in institutions during the

Social science confirms that children raised in day-care centers and similar institutions are often emotionally maladjusted and mentally impaired.

a joint U.S.-Israeli study that found children raised in Israeli communes known as *kibbutzim*, who received 24-hour day care, were at significantly greater risk of developing schizophrenia and other serious mental disorders. Last April the National Institute of Child Health and Human Development released a long-term study of 1,364 children from 10 states. The study,



They don't belong in day care.

which examined children from diverse ethnic and socioeconomic backgrounds, reported that a child's placement in day care provided a "significant prediction" of poorer mother-child interaction and reduced cognitive and linguistic development.

These are remarkable findings, especially given that social scientists, in the main, hold no brief for traditional family values. But if you are a parent skeptical of this social science, ask yourself this straightforward question: Do you truly be-

lieve that a stranger can care for your child as well as you can?

Americans today are sophisticated at rationalizing vice, but the justifications offered for day care are surprisingly thin. The most common excuse is that young couples need the extra money. But U.S. News & World Report found that the median income for two-earner families is \$56,000, compared with \$32,000 for male-breadwinner homes. At neither salary is a four-member family lacking for necessities. Per capita disposable income, adjusting for inflation, is more than twice as high today as it was in 1950, and three times as high as in 1930. Families are spending much of this money on luxuries like bigger homes (new homes are 38% larger now than in 1970)—not on their kids.

The notorious au pair trial presented this reality in stark relief: Two physicians imported a teenage indentured servant, paid her slave wages, entrusted her with raising their two children and then were outraged when many Americans did not entirely sympathize with them after one of the children died in the young woman's care.

Childhood was never perfect. Small children were once forced to sweep chimneys and pick grapes, and often children lost parents entirely to disease and war. But that is precisely why the destruction of the 1950s nuclear family is so tragic. The 1950s set a standard for family life that probably has never been equaled anywhere. Children were raised by two parents in a safe, comfortable home, and Mom was almost always there to look after them when they were young. The self-centered popular culture unleashed in the 1960s mocked and ultimately shattered this paradigm. Now we are institutionalizing

the worst aspects of this cultural revolution by warehousing infants merely so that we might accumulate ever-nicer possessions.

If these dire trends are to be reversed, our leaders must assert themselves. To begin with, religious leaders should decry the selfishness and materialism that lead parents to put their careers ahead of their children.

Politicians always do well to leave moral condemnations to the pulpit, and such a sermon would not win them many votes today. Yet they would likely become heroes to many working mothers if, instead of simply ignoring this issue, they handled it with sincerity and skill. A Roper poll this year reported that 75% of Americans think that mothers who work outside the home and have children under age three threaten family values. A survey of American women this year by the Pew Center found that 81% thought the job of mothering is more difficult today than it was 20 or 30 years ago, and 56% thought they did a less capable job than their own mothers. Even among women who work full time, only 41% were confident that their situation was good for their children.

Can't Have It All

There are several policy changes that elected officials should consider. The federal child care tax credit, which subsidizes day care at the expense of stay-at-home parents, should be reassessed. In a growing number of jurisdictions, judges are pressuring divorced mothers, even those with small children, to go to work, by reducing child-support payments based on their potential income. This practice should be ended legislatively. Lawmakers should also consider offering tax credits for businesses that accommodate mothers or fathers who leave the work force during their child's critical first five years. And, of course, Congress should reject Mr. Clinton's ill-considered plan to subsidize day care.

Above all, we must see through the canard that tells us that when it comes to the ancient clash between career and family, we are now clever enough to be able to "have it all." For when we knowingly sacrifice our children's well-being for the sake of money or careers, are we even truly worthy of our children's love?

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ELECTRONIC ARTICLE:

Breastfeeding and Later Cognitive and Academic Outcomes

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► **ABSTRACT**

Objective. This study examines the associations between duration of breastfeeding and childhood cognitive ability and academic achievement over the period from 8 to 18 years using data collected during the course of an 18-year longitudinal study of a birth cohort of >1000 New Zealand children.

Method. During the period from birth to age 1 year, information was collected on maternal breastfeeding practices. Over the period from 8 to 18 years, sample members were assessed on a range of measures of cognitive and academic outcomes including measures of child intelligence quotient; teacher ratings of school performance; standardized tests of reading comprehension, mathematics, and scholastic ability; pass rates in school leaving examinations; and leaving school without qualifications.

Results. Increasing duration of breastfeeding was associated with consistent and statistically significant increases in 1) intelligence quotient assessed at ages 8 and 9 years; 2) reading comprehension, mathematical ability, and scholastic ability assessed during the period from 10 to 13 years; 3) teacher ratings of reading and mathematics assessed at 8 and 12 years; and 4) higher levels of attainment in school leaving examinations. Children who were breastfed for ≥ 8 months had mean test scores that were between 0.35 and 0.59 SD units higher than children who were bottle-fed.

Mothers who elected to breastfeed tended to be older; better educated; from upper socioeconomic status families; were in a two-parent family; did not smoke during pregnancy; and experienced above average income and living standards. Additionally, rates of breastfeeding increased with increasing birth weight, and first-born children were more likely to be breastfed.

Regression adjustment for maternal and other factors associated with breastfeeding reduced the associations between breastfeeding and cognitive or educational outcomes. Nonetheless, in 10 of the 12 models, fitted duration of breastfeeding remained a significant predictor of later cognitive or educational outcomes. After adjustment for confounding factors, children who were breastfed for ≥ 8 months had mean test scores that were between 0.11 and 0.30 SD units higher than those not breastfed.

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Conclusions. It is concluded that breastfeeding is associated with small but detectable increases in child cognitive ability and educational achievement. These effects are 1) pervasive, being reflected in a range of measures including standardized tests, teacher ratings, and academic outcomes in high school; and 2) relatively long-lived, extending throughout childhood into young adulthood.

Key words: *breastfeeding, cognitive ability, academic achievement, longitudinal study.*

► INTRODUCTION

Over the last 2 decades, there has been an accumulation of evidence suggesting that breastfeeding may lead to small but detectable improvements in childhood cognitive ability or educational achievement. Three lines of evidence support this conclusion.

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First, evidence from longitudinal studies of general child samples¹ has shown repeatedly that children who are breastfed show small increases over bottle-fed children in mean test scores on measures of intelligence and academic achievement, with these differences persisting after control for confounding factors. Typically, these studies suggest that in comparison with bottle-fed children, children who are breastfed for a minimum of 3 to 5 months have an advantage of between 0.15 and 0.25 SD units in mean test performance, even after control for confounders.¹

Second, data from an experimental study of feeding practices among preterm infants showed that children whose mothers chose to express their own milk to feed their infant had higher developmental scores at 18 months and higher intelligence quotient (IQ) assessed at 7.5 to 8.0 years than those whose mothers chose not to do so.^{7,8} These differences persisted after control for confounding factors, and there was evidence of dose-response relationships between the amount of breast milk supplied and developmental or cognitive gains. These children had taken part in a randomized trial of nutrition in neonatal diet. Among the children whose mothers had chosen not to express their breast milk, those randomized to donor breast milk, with low nutrient content, performed as well as those fed with nutrient supplemented preterm formula and significantly better than those fed a standard term formula.² These data raise the possibility that some components of breast milk ameliorate the effect of poor nutrition.⁸

Finally, neurodevelopmental research has suggested that the factors in breast milk that may be responsible for the improved cognitive abilities of breastfed children may involve long chain polyunsaturated fatty acids and, particularly, docosahexaenoic acid (DHA),¹⁰ with some clinical studies in which infant formula was supplemented with DHA suggesting possible improvements in visual acuity and cognitive ability in preterm infants given the DHA-supplemented formula.¹³

Collectively, the evidence from longitudinal research, clinical trials, and neurodevelopmental research is beginning to provide a compelling case for the view that breastfeeding may have longer-term effects on individual cognitive ability and educational achievement. There are, nonetheless, a number of issues about the associations between breastfeeding and cognitive outcomes that require clarification.

One important issue concerns the extent to which the benefits of breastfeeding on cognitive development persist beyond middle childhood. To date, most studies have examined these benefits in preschool children^{1,4,2,16} or in children studied in the early school years.^{1,6,8,17,18} Less is known about the extent to which the benefits of breastfeeding on cognitive ability extend into adolescence and young adulthood. This issue is clearly important because it is possible that the benefits of breastfeeding on cognitive development may wash out over time, with these benefits being confined to only a relatively short period of the individual's life.

A second issue concerns the assessment of educational achievement. To date, only a few studies appear to have assessed measures of academic achievement, as opposed to measures of cognitive ability,^{1,2,6} and of these, the majority have used methods of standardized testing to assess educational achievement. Although such measures have obvious psychometric advantages reflected by their standardization, reliability, and validity data, the extent to which performance on standardized tests reflects real life academic achievement remains to be assessed. For these reasons, it would be desirable for cognitive benefits of breastfeeding to be assessed using a range of indices that could include performance on standardized tests, teacher-based evaluations of academic achievement, and levels of achievement in school examinations or in tertiary education.

To address the issues above, this paper reports on the results of an 18-year longitudinal study of the relationships between infant feeding practices and later cognitive ability and academic achievement in a birth cohort of >1000 New Zealand children studied from birth to age 18 years. The design of this study made it possible to examine 1) the extent to which benefits of breastfeeding on cognitive ability and achievement were evident throughout middle childhood, adolescence, and into young adulthood; and 2) the extent to which breastfeeding was related to a range of indices of academic achievement that included performance on standardized tests, teacher ratings of academic achievement, and levels of success in examinations on leaving school.

► METHODS

The data were gathered during the course of the Christchurch Health and Development Study. The Christchurch Health and Development Study is a longitudinal study of a birth cohort of 1265 Christchurch, New Zealand, children born in 1977. The cohort was an unselected population sample comprising all children born in all hospitals in the Christchurch urban region during the period from April 15, 1977 to August 5, 1977. These children have been studied at birth, at 4 months, at 1 year, at annual intervals to age 16 years, and again at age 18, using information gathered from a combination of sources including parental interview, teacher report, standardized testing and interviews with the children, and medical records.¹⁹

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Measures Used in the Study

Breastfeeding When children surveyed were 4 months and 1 year of age, mothers were questioned in detail concerning breastfeeding practices, use of milk formulas, and other aspects of infant diet. Maternal reports were supplemented by evidence on breastfeeding practices recorded in the developmental records completed by community health nurses. In addition, information was available from medical records of the mother's breastfeeding practices in the maternity unit at the time of the child's birth. Using this information, the following measures of breastfeeding were constructed. The first measure was duration in months for which the child was breastfed. For the purposes of data display, this measure has been classified into four groups: child was not breastfed; child was breastfed for <4 months; child was breastfed for 4 to 7 months; child was breastfed for ≥8. The second measure was duration in months of exclusive breastfeeding. This was defined as the number of months, to age 4 months, that the child was reported to have been breastfed without receiving any additional cow's milk, milk formula preparation, or solid food.

Although the two measures of breastfeeding were derived independently and used different criteria, they proved to be highly correlated ($r = 0.84$; $P < .001$).

Measures of Cognitive Ability and Academic Achievement

To describe the child's cognitive ability and academic achievement during the period from 8 to 18 years of age, the following measures were selected.

Measures of Cognitive Ability At ages 8 and 9 years, children were administered the Revised Wechsler Intelligence Scale for Children (WISC-R).²⁰ For the purposes of the present analysis, the child's total IQ scores were used. The reliabilities of these scores, assessed using split-half methods, were .93 at age 8 years and .95 at age 9 years.

Teacher Ratings of School Performance When children were 8 and 12 years of age, teacher ratings of the child's performance in reading and mathematics were obtained. Teachers were asked to rate the child's performance in each area relative to other children of the same age, and ratings were made on a five-point scale ranging from 1 = very poor to 5 = very good.

Standardized Tests of Achievement During the period from 10 to 13 years of age, children were administered a series of standardized tests of achievement including 1) tests of reading comprehension based on the Progressive Achievement Test of Reading Comprehension,²¹ administered at ages 10 and 12 years; 2) tests of mathematical reasoning based on the Progressive Achievement Test of Mathematics,²² administered at age 11 years; and 3) tests of Scholastic Abilities,²³ administered at age 13 years. The Test of Scholastic Abilities is a broad-based measure designed to assess those verbal and numerical reasoning abilities deemed to be requisite for success in academic aspects of the school curriculum.²³ The reliabilities of these measures, assessed using coefficient α , ranged from .83 for the measures of reading comprehension to .87 for the measure of mathematical reasoning and .95 for the measure of scholastic ability.

High School Outcomes At 18 years of age, study participants were assessed on the following two measures of high school success. The first was the number of passing grades achieved in School Certificate examinations. School Certificate is a national series of examinations that New Zealand children may attempt at the end of their third year of high school. School Certificate examinations are the first of a series of public examinations that provide young people with the eligibility requirements to enter universities. Students typically undergo School Certificate at 15 or 16 years of age and attempt examinations in between four and six subjects. The results of School Certificate examinations are graded from A to E, with grades A, B, and C considered passing grades. The second measure was leaving school without qualifications. Students who had left school by age 18 without at least one passing grade in School Certificate were classified as having left school without qualifications.

Confounding Factors

To control for potentially confounding and selection factors associated with breastfeeding, a range of measures of social, family, and other factors was selected from the database of the study. These measures were chosen on the basis of being known to be associated with the mother's breastfeeding history and/or with the cognitive and academic outcomes.

Measures of Social and Family History Maternal age at the time of the survey child's birth and maternal education at the time of the child's birth were the first two measures of social and family circumstances. Education was coded on a three-point scale reflecting the highest level of qualification obtained, with 1 = no formal qualifications, 2 = high school qualifications, and 3 = tertiary level qualifications. The third measure was family socioeconomic status at the time of the child's birth. This was assessed using the Elley/Irving scale of socioeconomic status for New Zealand.²⁴ This scale categorizes families into six classes on the basis of paternal occupation. The fourth measure was the

child's family placement at birth. This was a binary measure reflecting whether the child entered a single-parent family or a two-parent family at birth. The fifth measure was maternal smoking during pregnancy. This was a binary measure reflecting whether the mother smoked during pregnancy.

The sixth measure was family living standards (0 to 5 years). Each year until survey children were 5 years of age, survey interviewers were asked to rate the family's living standards on a five-point scale ranging from 1 = very good to 5 = very poor. These ratings were summed and then averaged over the 5-year period to provide a global measure of the general quality of living standards experienced by each family during this period. The seventh measure was averaged family income (0 to 5 years). Each year, estimates of the family's gross annual income were obtained from parental report. To provide a measure of the average level of income available to each family for the period from the child's birth to age 5 years, the income estimates for each year were first recoded into decile categories and the resulting measures then averaged over the 5-year period to produce a measure of the family's averaged income decile rank.

Measures of Perinatal Outcome These were measures of gender, the child's birth weight in grams, the child's estimated gestation in weeks, and the child's birth order in the family.

Sample Sizes

Although this study is based on a birth cohort of 1265 children, the sample sizes studied in this paper are smaller, ranging from 772 to 1064. There were three reasons for these variations in sample size. First, during the study period, there was attrition in the sample attributable to the combined effects of subject refusal, outmigration from New Zealand, and death. The result of this attrition was that by age 18, the number of cohort subjects had been reduced to 1025 subjects, with these subjects representing 81.0% of the original sample and 92.3% of the sample still in New Zealand. Second, for standardized testing, sample size was reduced further because of logistic reasons that made it necessary to confine standardized tests to the sample of children resident in the Canterbury region. Canterbury residents represented ~80% of the cohort in any year. Finally, there were small amounts of missing data for some measures. The sample sizes studied for each outcome measure are shown in Table 1.

TABLE 1

View this table: [in this window] [in a new window]	Associations Between Duration of Breastfeeding and Measures of Cognitive Ability, Teacher Ratings of School Performance, Standardized Tests of Achievement, and High School Success
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The variations in sample size raise the possibility that the results reported here could have been influenced by the effects of nonrandom sample attrition. However, whereas previous analyses of educational outcomes for this cohort suggest a slight bias in the samples available for analysis toward underrepresentation of children from more disadvantaged family backgrounds, analyses that incorporate statistical corrections for such bias produce conclusions essentially identical to those that do not incorporate such correction.^{25,26} These findings suggest that sample loss processes are unlikely to influence the conclusions drawn from the analyses reported here.

► RESULTS

Associations Between Duration of Breastfeeding and Measures of Cognitive Ability and School Achievement

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Table 1 presents the relationships between the duration of breastfeeding classified into four groups (not breastfed, breastfed <4 months, breastfed 4 to 7 months, breastfed ≥ 8 months) and mean scores on a series of measures of cognitive ability and school achievement including the WISC-R IQ test; teacher ratings of performance in reading and mathematics; standardized tests of reading comprehension, mathematics, and scholastic ability; and success in School Certificate examinations. Table 1 also shows the percentage of children in each group who left school without qualifications. For ease of comparison, all standardized tests have been scaled to a mean of 100 and an SD unit of 10, and teacher ratings have been scaled to a mean of 3 and an SD unit of 1. Each comparison is tested for statistical significance, with continuously distributed measures being tested by one-way analysis of variance and the dichotomous measure by the χ^2 test of independence. The strength of association between duration of breastfeeding and each outcome is described by the product moment correlation.

Table 1 shows clear and highly significant ($P < .0001$) tendencies for increasing duration of breastfeeding to be associated with higher scores on measures of cognitive ability, teacher ratings of performance, standardized tests of achievement, better grades in School Certificate examinations, and lower percentages of children leaving school without qualifications. On average, children who were breastfed for ≥ 8 months 1) scored between 0.35 and 0.59 SD units higher on standardized tests of ability or achievement and teacher ratings of school performance than children who were not breastfed, and 2) were considerably less likely than nonbreastfed children to leave school without qualifications (relative risk = 0.38; 95% CI: 0.25, 0.59).

Tests of linearity applied to the associations in Table 1 suggested that in all cases, the association between duration of breastfeeding and the outcome measure was well approximated by a linear model. The product moment correlations between duration of breastfeeding and the outcome measures were generally similar across all outcomes, ranging from 0.14 to 0.24, with a median value of 0.20, suggesting that from middle childhood to the point of leaving school, there were moderate but consistent tendencies for increasing duration of breastfeeding to be associated with increasing levels of cognitive ability and academic success.

The pervasive associations found between breastfeeding and measures of cognitive ability and academic achievement were, in part, explained by the fact that the outcomes described in Table 1 were all significantly correlated. Correlations between different measures ranged from as high as 0.88 to as low as 0.32, with the median intercorrelation between measures being 0.61. Given the correlations between cognitive ability and academic achievement throughout childhood and into young adulthood, it is evident that if breastfeeding is associated with one of these outcomes, it is likely to be associated with others.

Associations Between Duration of Breastfeeding and Social, Family, and Perinatal Factors

Table 2 shows the relationships between duration of breastfeeding and the potentially confounding social, family, and perinatal factors described in the "Methods." For ease of data display, measures of family factors and social background have been expressed as dichotomous variables. The rules for constructing these dichotomies are reported in Table 2. The significance of the associations between the duration of breastfeeding and the variables in Table 2 was tested using the χ^2 test of independence for dichotomous measures and one-way analysis of variance for continuously distributed variables (ie, birth weight, gestation).

View this table: [in this window] [in a new window]	TABLE 2 Associations Between Duration of Breastfeeding and Social, Family, and Perinatal Factors
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Table 2 shows clear tendencies for increasing duration of breastfeeding to be associated with decreasing levels of social and family disadvantage and improved child perinatal outcomes. In particular, there were detectable tendencies for women who did not breastfeed to be younger ($P < .001$), to have poorer educational qualifications ($P < .001$), to have smoked during pregnancy ($P < .001$), to be more likely to come from families of lower socioeconomic status ($P < .001$), families with below-average living standards ($P < .001$), or families with low income ($P < .001$); and to have been a single parent at the time of the survey child's birth ($P < .001$). In addition, women who did not breastfeed were more likely to have had infants of lower birth weight ($P < .001$) and to be primiparous ($P < .001$). However, the duration of breastfeeding appeared to be unrelated to the child's gender ($P > .30$) or gestation ($P > .20$).

Associations Between Duration of Breastfeeding and Cognitive Outcomes After Adjustment for Confounding

To examine the associations between duration of breastfeeding and cognitive and educational outcomes after adjustment for the social, family, and perinatal factors presented in Table 2, the data were reanalyzed by fitting multiple regression models in which each outcome measure was modelled as a function of the duration of breastfeeding and the potentially confounding or selection factors. For continuously scored outcomes, multiple linear regression models were fitted, whereas for the dichotomous outcome, multiple logistic regression methods were used. In fitting these models, the social and family factors were not scaled as dichotomies as shown in Table 2, but rather were scored as described in "Methods."

From the parameters of the fitted regression models, estimates of the dose-response functions between the duration of breastfeeding and the outcome measures adjusted for confounding factors were obtained. These adjusted associations are given in Table 3, which shows for each outcome 1) the covariate adjusted mean scores or percentages for each level of the breastfeeding factor; 2) the test of significance of the breastfeeding factor based on the ratio of the regression coefficient for the breastfeeding measure to its SE; and 3) the confounding covariates that were found to be significant in each equation. The adjusted mean scores and percentages were obtained using the methods described by Lee (1981).²² The adjusted means and percentages give estimates of the mean test scores and percentages that would have been observed had all subjects been exposed to comparable levels of the confounding covariates in shown for each equation.

View this table: [in this window] [in a new window]	TABLE 3 Associations Between Duration of Breastfeeding and Measures of Cognitive Ability, Teacher Ratings of School Performance, Standardized Tests of Achievement, and High School Success After Adjustment for Covariates
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Examination of Table 3 leads to the following conclusions:

1. In all cases, control for confounding factors reduced the strength of association between the duration of breastfeeding and later outcomes. This result suggests, in part, that the apparently

superior performance of children exposed to lengthy duration of breastfeeding reflected the presence of confounding factors and/or selection processes that were associated with both breastfeeding and later cognitive achievement. Inspection of the significant covariate factors suggests that these confounding factors included both measures of social/family advantage (maternal age, education, family socioeconomic status, family income, and living standards) and measures of perinatal outcome (birth weight, birth order, gender).

2. Of the 12 comparisons made, however, 10 show statistically significant ($P < .05$) associations between duration of breastfeeding and later outcomes, one comparison is marginally significant ($P < .10$), and one clearly nonsignificant ($P > .15$). Of particular note is the fact that both the individual's levels of success in School Certificate examinations and his/her risk of leaving school without qualifications were significantly related to duration of breastfeeding even when allowance was made for confounding factors.
3. In general, the results suggest that after adjustment for confounding, there were small but consistent tendencies for increasing duration of breastfeeding to be associated with increased IQ, increased performance on standardized tests, higher teacher ratings of classroom performance, and better high school achievement. The size of this influence can be seen by comparing the adjusted mean test scores of children who were not breastfed with those of children who were breastfed for ≥ 8 months. These comparisons show that children who were breastfed for ≥ 8 months had mean scores that were between 0.11 and 0.30 SD units higher than the scores for those who were not breastfed. Similarly, children breastfed for ≥ 8 months were only two thirds as likely as nonbreastfed children to have left school without qualifications.

Supplementary Analyses

To examine the robustness of study conclusions to changes in analytic approaches, the following supplementary analyses were conducted.

1. The data were reanalyzed using a classification of breastfeeding based on the number of months for which the child was exclusively breastfed. This analysis produced conclusions that were consistent with those drawn above: increasing duration of exclusive breastfeeding was associated with increasing levels of cognitive ability and academic achievement, and adjustment for confounding tended to reduce the size of these associations but, even after adjustment, significant ($P < .05$) associations remained between the duration of exclusive breastfeeding and 9 of the 12 outcomes studied. In particular, there were significant adjusted associations between duration of exclusive breastfeeding and high school outcomes measured at age 18.
2. To examine whether the effects of breastfeeding varied for boys and girls, the analyses were extended to include tests of interactions between gender and measures of breastfeeding in their effects on cognitive and educational outcomes. However, in no instance was there any detectable evidence to suggest that the association of breastfeeding with the outcome measures varied with the child's gender.
3. Exploration of additional possible confounding factors was conducted by examining the extent to which such factors as maternal work force participation patterns explained the associations. There was no evidence to suggest that the associations between breastfeeding and academic achievement or cognitive ability could be explained further by the inclusion of such confounding factors into the models.

DISCUSSION

This study has examined the statistical linkages between duration of breastfeeding and later cognitive outcomes in a birth cohort of New Zealand-born children studied to 18 years of age. The findings of this study may be summarized as follows.

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Increasing duration of breastfeeding was associated with small, detectable, and generally consistent increases in childhood cognitive outcomes from the age of 8 to the age of 18. Breastfed children had higher mean scores on tests of cognitive ability; performed better on standardized tests of reading, mathematics, and scholastic ability; were rated as performing better in reading and mathematics by their class teachers; had higher levels of achievement in school-leaving examinations; and less often left school without educational qualifications. There seems to be little doubt on the basis of this evidence that patterns of infant feeding were consistently related to levels of educational attainment from middle childhood to the point of young adulthood.

Subsequent analysis revealed that, in part, the cognitive and academic superiority of breastfed children was explained by the fact that they tended to be born into socially advantaged families characterized by having older, better educated mothers, who did not smoke during pregnancy, higher socioeconomic status, better living standards, and higher family income. However, even after control for confounding and selection factors associated with infant feeding practices, increasing duration of breastfeeding was associated with small but significant increases in scores on standardized tests of ability and achievement, teacher ratings of classroom performance, and greater success at high school. The size of this effect may be illustrated by comparing the mean test scores of those who were breastfed for ≥ 8 months with those who were not breastfed. This comparison showed that even after statistical adjustment, children exposed to ≥ 8 months of breastfeeding had mean test scores that were between 0.11 to 0.30 SD units higher than those not breastfed. These effect sizes appear to be very similar to the effects found in other studies of general child samples.¹ Similarly, after adjustment for confounding factors, children who were breastfed for ≥ 8 months had only an approximate two-thirds risk of leaving school without qualifications compared with children who were not breastfed. These results were found to be resilient to a change to an alternative measure of the duration of breastfeeding based on the number of months of exclusive breastfeeding.

Although the results above suggest that associations between duration of breastfeeding and later outcomes persisted when allowance was made for a range of confounders, the possibility remains that the association between breastfeeding and longer-term outcomes found in this study is noncausal and arises from the effects of confounding factors that have not been controlled adequately in the analysis. Nonetheless, when taken in conjunction with the existing literature on this topic,^{1,16} the weight of the evidence clearly favors the view that exposure to breastfeeding is associated with small but detectable increases in childhood cognitive ability and educational achievement, with it being likely that these increases reflect the effects of long chain polyunsaturated fatty acid levels and, particularly, DHA levels on early neurodevelopment.¹⁰ The present study extends these conclusions by showing that the effects of breastfeeding are 1) pervasive and reflected in a range of measures including standardized tests, teacher ratings, and success in high school examinations; and 2) relatively long-lived, extending throughout childhood into young adulthood.

Clinical Implications

These findings add to a growing body of evidence that has suggested breastfeeding may have multiple health and other benefits for children.^{12,28} The particular significance of the present findings is that they show the cognitive benefits that are associated with breastfeeding are unlikely to be short-lived and appear to persist until at least young adulthood. These findings underwrite the need to encourage

breastfeeding and/or to continue to develop improved infant formulas with properties more similar to those of human breast milk that may lead to improved developmental outcomes in children.¹¹

► FOOTNOTES

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► ABBREVIATIONS

DHA, docosahexaenoic acid. WISC-R, Revised Wechsler Intelligence Scale for Children. IQ, intelligence quotient.

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October 1999

Dear Colleague:

I am pleased to enclose "*State CHIP Programs Up and Running, But Enrollment Lagging*," an examination of the potential of the State Children's Health Insurance Program to meet the reproductive health care needs of the nation's 2.7 million uninsured teenagers.

Reprinted from the October issue of *The Guttmacher Report on Public Policy*, this piece is the latest in a series of special reports on public policy issues of particular relevance to the family planning field that The Alan Guttmacher Institute is preparing under a grant from the Office of Population Affairs of the Department of Health and Human Services. This analysis of state CHIP programs shows that almost all of the plans cover teenagers up to age 19, and most appear to include coverage of family planning services and supplies. However, enrollment in the program nationwide is running far below expectations, leading both federal and state agencies to redouble their outreach and enrollment efforts.

I hope you find this information useful in your work. If we can provide further information or assistance, please feel free to contact us here in the Institute's Washington Office.

Sincerely,



Cory L. Richards
Vice President for Public Policy

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Outreach Efforts

Outreach has been an important aspect of CHIP from the very beginning. In fact, the authorizing statute requires state plans to include an outreach component. Outreach, however, is not a traditional activity for Medicaid and public welfare programs, which generally have viewed their role as being to limit services to those who meet rigorous eligibility criteria, rather than to reach out proactively so as to serve as many individuals as possible. "Outreach is a whole new concept for us, but one that is working and one that is helping Medicaid and CHIP," says Sally Richardson, the HCFA official who oversees both Medicaid and CHIP.

In addition, CHIP must overcome the stigma associated with its connection to Medicaid—eligibility for which until 1996 was linked to eligibility for welfare. The Medicaid-welfare connection also was a problem in the late 1980s, when Medicaid was expanded to cover pregnant women and infants in families with incomes above traditional Medicaid-income ceilings. This was the first time Medicaid aggressively moved to enroll a population that had no connection to welfare, and states found a widespread hesitancy on the part of individuals to enroll, because doing so often necessitated application in person at a welfare office. Some states responded with a range of innovative strategies designed to separate their Medicaid expansion programs from welfare—including the actual enrollment process—as much as possible.

Now facing similar issues with CHIP, states are taking steps to streamline the process to allow individuals to enroll in the program without having to apply at a welfare office. These include "presumptive eligibility," through which health care providers can grant provisional eligibility while a formal application is being processed, and "outstationing," through which eligibility workers who can make formal eligibility determinations are placed directly in health care sites. Many states also distribute applications widely and allow applicants to submit them by mail rather than in person.

States are moving to differentiate CHIP programs from Medicaid in other ways as well. For example, several states are using different names for their CHIP program, such as MICHild in Michigan or Healthy Kids in Florida. In addition, several states are using identification cards that more closely resemble private insurance cards than Medicaid cards.

Notably, however, the CHIP statute includes a cap on expenditures for outreach by states choosing to establish a state-designed program, rather than a Medicaid expansion. The statute limits the outreach funds that may be spent by these states to 10% of the total amount spent by the state on services. Unfortunately, this restricts out-

reach expenditures in the start-up phases of the program, just when these activities should be at their zenith. Such a cap is particularly ironic, in the view of many observers, since separate state-designed programs may be more attractive to potential enrollees because of the stigma associated with Medicaid-based efforts.

Next Steps

So far, at least, outreach efforts appear to have fallen short of their goals. During a press conference in late July, President Bill Clinton said he was "disappointed" that enrollment in CHIP is "a little slow." Commenting on recent data showing that program enrollment has recently reached the one million mark, Clinton said, "I would have thought by now we'd have almost three million...and we're well behind that."

A few days later, Clinton unveiled a multifaceted effort to boost CHIP enrollment. According to Clinton, the Department of Education is sending letters to school administrators nationwide asking that they take part in the effort. Educators are being asked to make CHIP enrollment part of the school registration process, distribute information at school functions and use applications for reduced-price school lunches to screen for CHIP enrollment. Other federal agencies are expected to become involved as well. The Department of Health and Human Services is developing a nationwide radio campaign to promote awareness of the program. And federal investigators will be sent to states to determine whether applicants have been unfairly denied coverage under CHIP—or Medicaid, enrollment in which has been falling since the enactment of welfare reform in 1996.

Beyond that, as the federal and state governments move to develop more extensive, and aggressive, outreach efforts around CHIP, it is vital that some outreach efforts be aimed at reaching the millions of uninsured adolescents who might be eligible. This could mean targeting printed materials to adolescents, making information available at places frequented by adolescents, conducting media campaigns aimed at adolescents and permitting eligibility determinations at service sites—such as family planning clinics—that see large numbers of young people. In addition, it means that materials developed for parents need to make clear that all their children—adolescents as well as younger children—finally may have a source of affordable insurance coverage. ☐

The research on which this article is based was supported in part by the U.S. Department of Health and Human Services under grant FPR000057. The conclusions and opinions expressed in this article, however, are those of the author and The Alan Guttmacher Institute.

State CHIP Programs Up and Running, But Enrollment Lagging

States have moved swiftly to begin implementing the State Children's Health Insurance Program, which was enacted in 1997 in hopes of providing coverage to millions of uninsured children in the United States. All 50 states and the District of Columbia have secured federal approval for their plans. Most of the plans appear to cover family planning services and supplies for enrolled adolescents, giving the program enormous potential to help 2.7 million uninsured teenagers meet their reproductive health care needs. However, with the number of individuals actually enrolled in the program running well below expectations, attention has switched to the importance of outreach.

By Rachel Benson Gold

When hopes for large-scale health care reform were dashed in the early 1990s, Congress embarked on a series of more incremental—and, therefore, more politically feasible—moves to bring insurance coverage to at least some of the millions of Americans who lack it and to make existing coverage more comprehensive. Passage in 1997 of the State Children's Health Insurance Program (CHIP) was one of the boldest of these incremental moves. CHIP has at its disposal up to \$40 billion in federal funds over 10 years to provide health coverage to many of the nation's estimated 12 million uninsured children and adolescents.

Although it was coverage of young children that provided the political momentum, CHIP is targeted at children up to age 19 in families with incomes below 200% of the federal poverty level. Included in that group are 1.3 million females and 1.4 million males—12% of all adolescents aged 13–18. According to the Guidelines for Adolescent Preventive Services issued by the American Medical Association (AMA), all of these adolescents need routine preventive care, including health guidance about sexual development and responsible sexual decisionmaking. At age 19, over three-fourths of females and 85% of males

are sexually experienced; according to the AMA guidelines, sexually active teens also need screening for cervical cancer and sexually transmitted diseases, as well as access to family planning services and supplies.

Since the CHIP statute lays out broad outlines within which states may design and operate their own programs, states largely will determine the extent to which CHIP meets the reproductive health needs of enrolled adolescents. States determine age and income eligibility levels and often the benefits that will be provided.

According to a recent analysis by The Alan Guttmacher Institute (AGI) of the plans from all 50 states and the District of Columbia that have been approved by the Health Care Financing Administration (HCFA), 46 states plus the District of Columbia provide coverage to children up to age 19. Two states have lower age limits (16 years in Arkansas and 17 years in Oklahoma), but these states could still cover a significant number of adolescents. Two other states (Hawaii and Minnesota) cover only young children.

Twenty-eight states and the District of Columbia set an income ceiling between 151% and 200% of poverty (see table, page 8). Only 14 states cut off eligibility at 150% of poverty or below, while eight allow enrollees with incomes above 200% of poverty to qualify for coverage.

In addition, the federal statute allows states to determine overall program structure. Twenty-one states and the District of Columbia chose to expand eligibility for their Medicaid programs to cover children and adolescents eligible for CHIP. Sixteen states developed their own, separate programs. The 13 remaining states took a combination approach, typically providing Medicaid coverage to enrollees below a certain income level and state-designed (and often less-comprehensive) coverage to higher income enrollees (see map).

Coverage of Family Planning

The states' decisions on whether to expand Medicaid or create separate programs have important implications for the extent to which CHIP programs will offer covered adolescents access to family planning services and supplies. In the 22 jurisdictions with a Medicaid expansion, as well as in the Medicaid component of the 13 combination plans, enrollees are entitled to the full range of Medicaid-covered services, including maternity care and family planning services and supplies. (The federal Medicaid statute specifically mandates coverage of family planning services to "individuals of childbearing age," including "minors who can be considered to be sexually active.")

Medicaid offers other important protections to enrollees,

Children enrolled in Medicaid—including those enrolled through CHIP—may not be made subject to any cost-sharing requirements, such as copayments or deductibles. (The statute also specifically prohibits cost-sharing for family planning services or supplies.) In addition, Medicaid recipients enrolled in managed care plans may obtain family planning services and supplies from the provider of their choice, even if that provider does not participate in their managed care network.

In contrast to the detailed requirements of Medicaid, states choosing to implement CHIP through a separate program have wide latitude to design their own benefit packages. The statute permits—but does not require—the package to include coverage of family planning services and supplies. Significantly, however, most of the states that have chosen to create an entirely state-designed CHIP program or a combination program with a state-designed component appear to be including coverage of family planning services.

Of the 29 states that have some state-designed component of their program, 16 specifically indicate in their plans that family planning services will be covered for enrolled adolescents, according to the AGI analysis (see table). Most of the remaining state-designed programs simply declare that the general category “prenatal care and pre-pregnancy family planning services” will be covered but do not provide any additional information on the coverage of either of these two services. The extent to which these state programs actually include a range

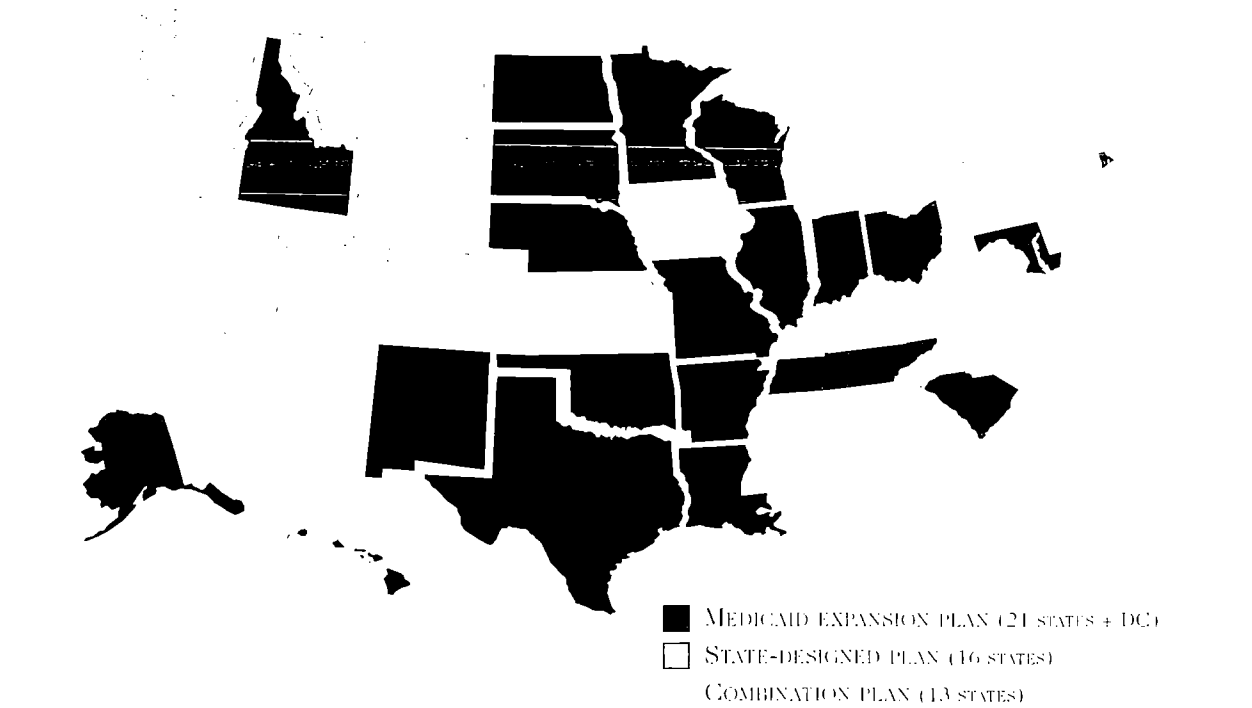
of family planning services under that broad rubric is not known at this point. Only one state indicates that it does not intend to cover the general category.

All of the state-designed programs cover prescription drugs in general, and 16 states specify in their plans that prescription contraceptive drugs will be covered. Georgia prohibits coverage of all contraceptive devices, however, and Utah specifically excludes the contraceptive implant, Norplant.

The state plans do not provide information on whether enrollees will be required to pay a portion of the cost when obtaining family planning services. However, a recent study by the federal General Accounting Office (GAO) indicates that state-designed programs generally require cost-sharing in an attempt, according to the GAO, both to control utilization and to promote “personal responsibility” for enrollees and their families.

That so many of the state-designed programs appear to cover family planning services and supplies has important implications for CHIP’s future. Many observers believe that state-designed programs are likely to dominate the CHIP landscape in the future because they accord states greater latitude to control both benefits and cost. GAO estimates that as many as 14 of the original Medicaid CHIP programs were really “placeholders,” designed to allow states to get a program up and running quickly while developing a state-designed program for implementation later.

How State CHIP Programs Are Structured



Key Components of Approved State CHIP Plans

STATE	MEDICAID*		STATE-DESIGNATED COMPONENT	
	INCOME CEILING	INCOME CEILING	INCLUSION OF FAMILY PLANNING SERVICES	INCLUSION OF CONTRACEPTIVE DRUGS/DEVICES
ALABAMA	100%	200%	UNSPECIFIED	UNSPECIFIED
ALASKA	200%	----	----	----
ARIZONA	----	200%	SPECIFIED	SPECIFIED
ARKANSAS	100%	----	----	----
CALIFORNIA	100%	200%	SPECIFIED	SPECIFIED
COLORADO	----	185%	UNSPECIFIED	SPECIFIED
CONNECTICUT	185%	300%	SPECIFIED	SPECIFIED
DELAWARE	----	200%	SPECIFIED	UNSPECIFIED
DISTRICT OF COLUMBIA	200%	----	----	----
FLORIDA	100%	200%	UNSPECIFIED	UNSPECIFIED
GEORGIA	----	200%	SPECIFIED	UNSPECIFIED†
HAWAII	185%	----	----	----
IDAHO	150%	----	----	----
ILLINOIS	133%	----	----	----
INDIANA	150%	----	----	----
IOWA	133%	185%	UNSPECIFIED	SPECIFIED
KANSAS	----	200%	SPECIFIED	UNSPECIFIED
KENTUCKY	100%	200%	SPECIFIED	SPECIFIED
LOUISIANA	150%	----	----	----
MAINE	150%	185%	UNSPECIFIED	UNSPECIFIED
MARYLAND	200%	----	----	----
MASSACHUSETTS	150%	200%	SPECIFIED	SPECIFIED
MICHIGAN	150%	200%	SPECIFIED	SPECIFIED
MINNESOTA	280%	----	----	----
MISSISSIPPI	100%	133%	UNSPECIFIED	SPECIFIED
MISSOURI	200%	----	----	----
MONTANA	----	150%	SPECIFIED	SPECIFIED
NEBRASKA	185%	----	----	----
NEVADA	----	200%	UNSPECIFIED	UNSPECIFIED
NEW HAMPSHIRE	300%‡	300%‡	UNSPECIFIED	SPECIFIED
NEW JERSEY	133%	350%	SPECIFIED	SPECIFIED
NEW MEXICO	235%	----	----	----
NEW YORK	----	185%	UNSPECIFIED	SPECIFIED
NORTH CAROLINA	----	200%	SPECIFIED	SPECIFIED
NORTH DAKOTA	100%	----	----	----
OHIO	150%	----	----	----
OKLAHOMA	185%	----	----	----
OREGON	----	170%	SPECIFIED	UNSPECIFIED
PENNSYLVANIA	----	200%	NOT COVERED§	UNSPECIFIED
RHODE ISLAND	300%	----	----	----
SOUTH CAROLINA	150%	----	----	----
SOUTH DAKOTA	133%	----	----	----
TENNESSEE	200%	----	----	----
TEXAS	100%	----	----	----
UTAH	----	200%	SPECIFIED	SPECIFIED**
VERMONT	----	300%	UNSPECIFIED	UNSPECIFIED
VIRGINIA	----	185%	SPECIFIED	UNSPECIFIED
WASHINGTON	----	250%	UNSPECIFIED	UNSPECIFIED
WEST VIRGINIA	150%††	150%††	UNSPECIFIED	SPECIFIED
WISCONSIN	185%	----	----	----
WYOMING	----	133%	SPECIFIED	UNSPECIFIED

*MEDICAID ENROLLEES ARE ENTITLED TO A BENEFIT PACKAGE THAT INCLUDES FAMILY PLANNING SERVICES AND SUPPLIES. †GEORGIA SPECIFICALLY STATES THAT CONTRACEPTIVE DEVICES ARE NOT COVERED. ‡NEW HAMPSHIRE'S INCOME CEILINGS FOR BOTH THE MEDICAID AND STATE-DESIGNED COMPONENTS ARE 300%. MEDICAID COVERS FROM BIRTH TO AGE ONE, AND THE STATE-DESIGNED COMPONENT COVERS AGES 1-18. §PENNSYLVANIA DOES NOT COVER THE GENERAL CATEGORY "PRENATAL AND PREPREGNANCY FAMILY PLANNING." **UTAH SPECIFICALLY EXCLUDES COVERAGE FOR THE CONTRACEPTIVE IMPLANT, NORPLANT. **WEST VIRGINIA'S INCOME CEILINGS FOR BOTH THE MEDICAID AND STATE-DESIGNED COMPONENTS ARE 150%. MEDICAID COVERS AGES 1-5, AND THE STATE-DESIGNED COMPONENT COVERS AGES 6-18.

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THE WHITE HOUSE

January 21, 1999

Kathy

Annar Cassam
Bureau De Liaison
Palais Des Nations
1211 Geneve 10
SWITZERLAND

Dear Mr. Cassam:

Thank you for the beautiful card and your kind message. Also, I appreciate your sending the informative and alarming *Guardian* article concerning Iraqi and British babies. I have forwarded it to my staff for review.

With gratitude for your thoughtfulness and best wishes for the year ahead, I remain

Sincerely yours,

Hillary Rodham Clinton
Hillary Rodham Clinton

Send back
copy of articles
(about Iraq &
impeachment) to me &
to Nicole R.

Dear Mrs. Clinton,

I had the pleasure of meeting you in Geneva in May this year - we talked of your visit to Tanzania.

I send you my best wishes for continued courage and fortitude - and a speedy end to your ordeal.

I also send you this article on what is happening to Iraqi (and British) babies - I have a feeling this type of information may not be getting through to you.

Sincere regards,

Annar Cassam



MEILLEURS VŒUX SEASON'S GREETINGS

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DIRECTOR

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Did we do this?

Maggie O'Kane on the hidden legacy of the Gulf war



One million rounds of bullets tipped with uranium were fired during the Gulf war. They slice through tanks. And this is what they do to humans

Maggie O'Kane reports on Iraq's deformed children, victims of a war they never knew

The movement inside her body is strange: different from her three other children. As Suad Johe waits for her birth-time, she passes the hours and the spasms announcing it by sliding her back along the maternity corridor's grubby cream walls.

It's night now, the early hours. In the afternoon, her consultant, Dr Haifa Ashahine, had stood over her bed, taken a Biro from the left breast pocket of her white doctor's coat and traced the spine of Suad's child, holding the X-ray above her head towards a strip light on the ceiling.

At 34, and already the mother of three children, Suad has been through this all before. Her heavy cotton nightgown is sprinkled with pale apple blossoms and hangs down almost covering the puffy ankles of a woman approaching labour. That afternoon, Dr Haifa Ashahine had stopped and said: "See, the spine ends here. There is no head."

Dr Ashahine, a senior gynaecologist at the Saddam Hussein Children's Hospital in southern Iraq, is not shocked. If it is not a child without a brain, then maybe it's one with a giant head, stumpy arms like those of a thalidomide victim, two fingers instead of five, a heart with missing valves, missing ears. The deformities have one thing in common: they are congenital.

In Iraq, the health authorities say that at least three times more children are being born with congenital deformities than before the Gulf war. Now, in both Britain and the United States, veterans of that same war are coming forward with reports of sick and dying children. In Britain, the Ministry of Defence has agreed to an £800,000 independent survey of reproduction that will cover every veteran that served in the Gulf.

Last summer, the London School of Hygiene and Tropical Medicine carried out a pilot study of 400 veterans. On the basis of that, they have given the go-ahead for a survey of every serviceman and woman who served in the Gulf war. The study is to include specific questions about "occupation and environmental exposures". According to the MoD, no results will be available before the year 2000.

The brutal irony is that the most likely origin of this gene-twisting force is not Iraqi, but Western. During the

100-hour ground war of February 1991, coalition planes fired at least one million rounds of ammunition coated in a radioactive material known as depleted uranium, or DU.

There is another explanation for this genetic plague: the environmental pollution caused when chemical and biological centres were blown up in an effort to "degrade" the Iraqi arsenal. But radiation from depleted uranium rounds remains the most plausible explanation.

"We know that depleted uranium is toxic and can cause diseases," says Dr Howard Urnovitz, a microbiologist who has testified before the Presidential Advisory Committee on Gulf War Veterans' Illnesses.

"This is the beginning," says Dr Jawad-al Ali, a paediatrician and fellow of the Royal College of Surgeons. He is based in southern Iraq's largest hospital and has spent three years researching congenital defects and cancers in children. "Something happened to our environment in that war. Maybe it was DU or maybe it was the chemicals that were released when we were bombed — we can't say for sure yet, but something has happened to our environment."

"We even see it in the plant and agricultural life. Giant marrows, huge tomatoes — it's clear that there has been some sort of genetic modification since the war."

In a *Guardian* investigation which has involved talking to doctors all over central and southern Iraq — inspecting maternity logs, birth defect registers and personal records taken by midwives and paediatricians — a terrifying pattern emerges. There has been a clear increase in birth defects, ranging from thalidomide-type deformities to entire villages where the children of different families are being born blind or with internal congenital defects in the heart and lungs. The highest concentration is in the south of Iraq.

Two hours south of the southern Iraqi city of Basra, the road comes to an abrupt stop at a fence of barbed wire some eight metres high. This is the controlled zone, a graveyard of rusting Iraqi tanks riddled with bullets and abandoned there since the war. The *Guardian* was the first independent foreign newspaper to enter the region since the war. Using simple radiation Geiger counters, we measured high levels of radiation in the destroyed tanks and in the desert that surrounded them. The source of the radiation was a substance that had never been used in the battlefield before the Gulf war. Iraq became the laboratory for an untested and unknown material — DU.

A byproduct of the manufacture of nuclear weapons and energy production techniques used in nuclear

power plants, DU is the heaviest metal in the world. Britain imported 500 tonnes from the US in 1981. Its attraction is that bullets tipped with DU are so tough that they can slice through tanks like a knife through butter.

The problem is that when DU-tipped bullets hit the target they explode, sending millions of tiny radioactive particles into the atmosphere. "This is when it becomes most dangerous," says Arjun Makihani, the President of the US Institute for Energy and Environmental Research. Once released, the particles can be directly inhaled, can pollute the water table and enter the food chain, spreading radioactive pollution over thousands of square miles. Exposure to this kind of radiation, as well as to chemical pollution, can cause genetic damage because of the ease with which the uranium can cross the placenta to the foetus (1). According to the Department of Defense in the United States, at least 40 tonnes of DU were left on the battlefields of southern Iraq.

Professor Selma al-Taha is 62 and wears a finely woven headscarf of white silk over an impeccable bun. From a pint-sized office on the fourth floor of the Baab al-Muadam medical college — dedicated, as every establishment in Iraq is, to Saddam Hussein — she runs the country's only functioning genetics laboratory. She studied for a masters degree in Human Genetics at Edinburgh University and worked in the Western General Hospital in the city. "Such a lovely city, so easy to get around," she says. "And the picnics. I remember the picnics."

In 1975 she established the first genetics laboratory in Iraq and is the country's leading geneticist. "I first began noticing the increase around 1993," she says. "By the end of the year I was sure there was something wrong. We've no idea of the real scale of it, because most of it is happening in the south and people nowadays have no money to travel to the capital. Still, from the data it's clear that we were being presented with complicated congenital defects that we have either never seen before, or only very rarely seen."

"Something has happened to the environment since the war. It is true that it could be pollution due to smoke or chemicals, but the reason we believe the most probable cause is radiation is because radiation is most effective on a fast-changing organism like a foetus or a growing child. Also, the organs most susceptible to radiation, after the kidneys, are the reproductive organ — the gonads and the ovaries."

"We are getting a huge increase in late miscarriages for unknown reasons. We're getting mothers as young as 20 giving birth to mongol babies, which shouldn't happen. My research shows that the number of children born with Down's syndrome-type defects has tripled since the war." She admits her statistics are sketchy and that from her Baghdad headquarters she can't monitor the whole country.

Twenty-five-year old Dr Zenad Mohammed is making her own attempt to monitor the problem. She is five months pregnant and doing her maternity training in the Saddam Hussein Teaching Hospital in Basra — a jumble of one-storey buildings with peeling white paint, filled with a pale odour of disinfectant. Outside, two decorators are delicately crafting the green, white and orange stripes of the Iraqi flag on to the concrete. Dr Zenad is carrying her first baby and she watches these things very, very carefully. "I'm scanning myself every day. I know I shouldn't but I'm terrified."

For the past three months Dr Zenad, terrified of giving birth to a deformed child, has been monitoring the birth defects in their delivery room, where 20 to 30 babies are born daily. She keeps her findings in a hard-backed grey notebook. In a scrawny blue Biro she has divided the page into columns, in which she writes the sexes, dates of birth and weights of the babies. In a fourth column, she logs their deformities. She begins:

"August — we had three babies born with no head. Four had abnormally large heads. In September we had six with no heads, none with large heads and two with short limbs. In October, one with no head, four with big heads and four with deformed limbs or other types of deformities."

Stuck up on the hot water boiler of a kitchen in Wiltshire is a typewritten letter from the London School of Hygiene and Tropical Medicine. It is inviting Darren and Julia O'Kane to take part in a survey to investigate the "effects of serving in the Gulf war, and in the armed forces in general, on reproduction and child health". Their daughter Kimberley has a congenital deformity that affects her chromosomes. She is almost six, but the size of a three-year-old. Her deformity has led to heart and lung problems. When it was diagnosed, their doctors told them to go away and **page 4**



Legacy . . . Iraqi health authorities report a tripling of deformed babies since the end of the Gulf war

ALL PHOTOGRAPHS: JULIA GUEST

'In August we had three babies born with no heads. In September we had six...'

♦ **page 2** enjoy her life because she might not have long. It was, they said, "just one of those things".

Warminster is bleak on a wet Saturday in December. It is a military town with two army bases and an unmanned train station with a screen that advises travellers to London to change at Salisbury. The Offices' terraced home is comfortable and their daughter, Kimberley, with her stack of books and Barbie doll, gets the lavish love and care of a six-year-old whose suffering has broken her parents' heart. There is a Spice Girls video and a video recorder poised to tape their last Christmas together on the wine- and purple-checked sofa before the arrival of the new baby.

"I started to think about it when I learned that out of the 27 in my group, three of us had children who are sick," says Darren. "There was a baby that died at birth, another one and our Kimberley. We were talking among ourselves, and people were saying that there were too many sick babies. It's the kiddies I'm thinking about."

Julie is due to give birth to her second child in three weeks. As the birth approaches, she is becoming more and more worried: "I just thought that we had to come forward and talk about this. There are a lot who don't, because they're still in the services and afraid of making a fuss. I can't put my hand on my heart and say it was the Gulf war — I don't know. Nobody knows yet. But there are too many people talking about the defor-

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Darren and his unit reached the road after the dead had been looted but before their bodies had been removed: "We were on the road for about 10 hours. It was after the ceasefire, and with a couple of the guys we went wandering through the wreckage. We had never heard of depleted uranium and hadn't been warned about taking any precautions."

The village of Abbarra is two hours' drive north of Baghdad, close to the Iranian border where the brick factories bake mud in the traditional way and the land is fertile with aubergine and cucumber. In a compound, the neighbours have gathered, and hot, sweet tea from delicate glasses is offered while the children of the blind families are sent for.

Since the war, five children from three separate families have been born here in this tiny village with a strange congenital blindness. These



families are the subject of a special study by the Baghdad Genetic Clinic. "All their fathers served in the war," says Professor Selma al-Taha. "There is no history of any kind of congenital blindness and they are all from different families. The only other possibility is vitamin deficiency, but they are farmers and relatively well off in that respect." One of the children, Azhar, is four. She moves across the mats of the meeting room, arms outstretched, feeling the air in front of her, calling for her father.

The concern in Iraq is that the radiation from DU, which has a radioactive half-life of at least 4,000 years is spreading around the country. "It's in the food chain now," says Professor al-Taha. "Dates are being

sent from the south — oranges, tomatoes, there isn't any way to control the spread." The birth of deformed babies is not confined to the south.

Dr Basma Al Asam has been a gynaecologist for 22 years. She works in the Al Manoor hospital in Baghdad, one of the city's poorest. "I've been watching this for seven years now," she says, "and it is increasing and increasing. We're not just seeing babies born with congenital abnormalities, but very late spontaneous abortion because of congenital defects. In the past we used to see maybe one a month. Now it is two or three cases per day. I've had three cases this morning and it's only 11.20."

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In the days that followed the retreat and defeat of Iraqi troops, thousands of coalition soldiers were on the ground among the radioactive tanks. Some picked fragments of bullets as souvenirs and wore them around their necks. "The Gulf war was the first time we saw Soviet tanks," says Chris Kornkven, who served with the US's 304th Combat Support Group. "Many of us started climbing around in them." It was also common practice among British soldiers. "We all did it," says Darren Office. "A gang of us would go out — not too far from our tanks

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So far, only one British soldier has been tested for DU: Ray Bristow, who served with his unit on the notorious Basra Road. Bristow's test was carried out by Dr Asaf Darakovic, associate member of the American College of Physicians and professor of radiology and nuclear medicine at Georgetown University in Washington DC. He told Bristow last month that a test had revealed the level of radioactivity in his urine was 100 times greater than was safe. Dr Darakovic also told Bristow that of 24 servicemen he tested for radioactivity from the 144 New Jersey Transport and Resupply Corps, 14 out of 24 tested positive for radioactivity.

At a two-day conference held in Baghdad earlier this month to discuss the use of DU in the Gulf, there was little outside interest. The agency news reports barely warranted a line of reporting in Britain and the US. "The problem is that no one is taking this seriously," says Dr Sami-al Arajick, organiser of the conference. "They are saying it is all Iraqi propaganda. But it is a nightmare and it is not just us Iraqis who will find that out."

"Do your people in England know about this yet?" asks Professor Selma al-Taha. "They don't believe us, do they?"

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Pass notes

No 1320

Impeachment



Age: 622.

Appearance: Infrequent.

Come on, we all know this is about Clinton. Who's that a picture of? That's Warren Hastings (1732-1818), the first Governor-General of Bengal.

And what's he got to do with it? Hastings was the Slick Willie of his day. Chronically bogged down in messy Anglo-Indian politics, he returned to England to find himself impeached in the House of Lords.

Don't tell me, he had an affair with an intern and lied about it to a special investigator? Not quite, but the allegations against Hastings wouldn't look out of place in the modern world: there was a cash-for-troops scandal, an extortion charge, a bit of treaty-breaking...

Sounds like the man was completely corrupt: No, he wasn't. But it took seven years and 145 sittings of the House of Lords to find that out.

Even more deadly than reading the Starr report, then: Indeed. The Hastings impeachment was so tedious, in fact, that the English more or less dumped the procedure. Only one Brit has been impeached since — Lord Melville, in 1806.

When did Hastings's impeachment happen? Well, Edmund Burke, the great Whig, began proceedings in 1786, convinced Pitt the Younger of his case, and the trial began in 1788.

Wasn't that... Yes, exactly the time the hallowed American Constitution was being framed. It would appear that the Hastings case excited the founding fathers so much that they slapped it into Article II, Section 4.

Even though we'd decided the procedure was too long-winded: There's also the small matter that the British executive is responsible to the House of Commons, which, with a simple vote of no confidence, can dump a prime minister any time it likes.

And what happened to Warren?

He was acquitted on all charges, but the trial left him a ruined man, and only the generosity of the East India Company saved him from poverty in old age.

Any other great British impeachments? Well, there was the Archbishop of Canterbury, William Laud, who was impeached in 1640 for treason and beheaded on Tower Hill...

Now there's an idea.

1000 years in 500 days will appear in tomorrow's G2

'In August we had three babies born with no heads. In September we had six ...'

page 2 enjoy her life because she might not have long. It was, they said, "just one of those things".

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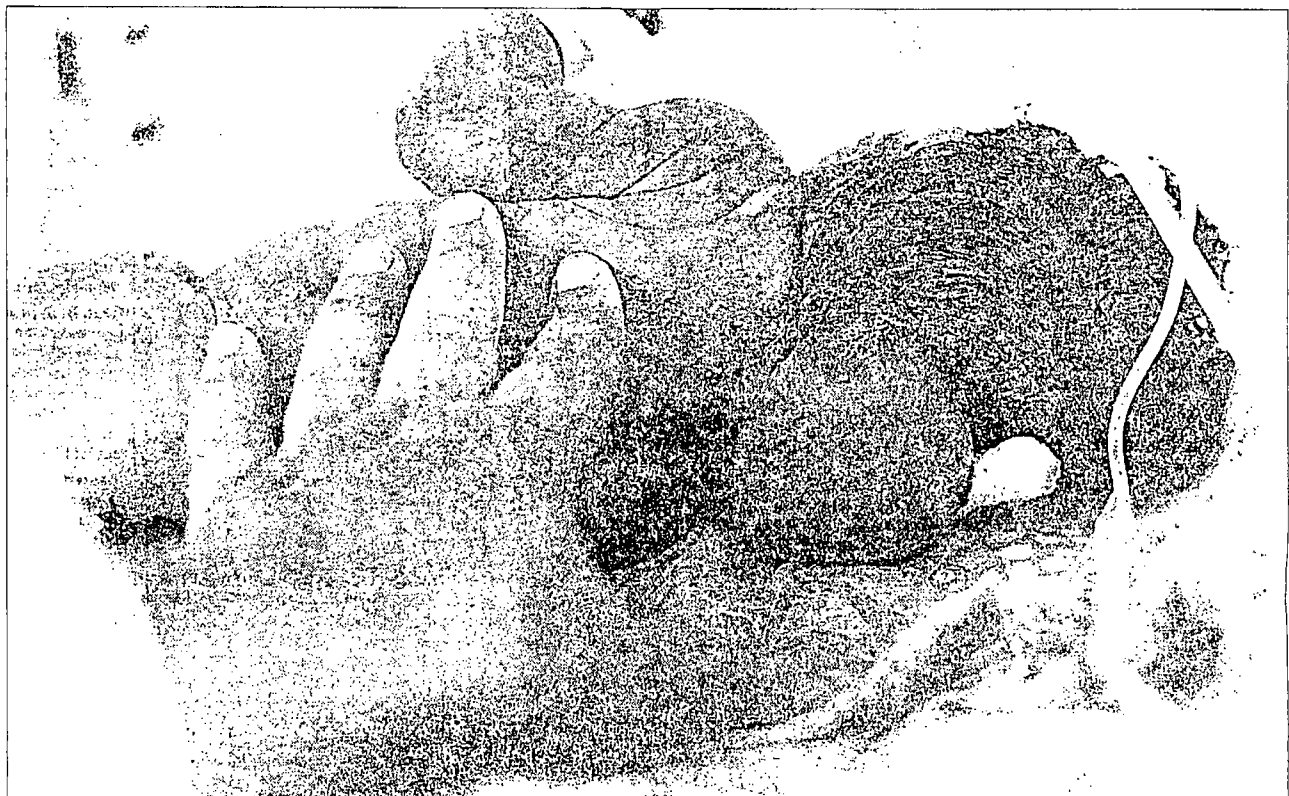
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Deformed ... (right) a baby being treated for a congenital head growth; and (above) a mother tends her child, who has leukaemia

No Reuters

Business Week
editorial

FMLA |
enforcement

THE WHITE HOUSE

WASHINGTON

January 22, 1999

MEMORANDUM FOR THE PRESIDENT

FROM:

THURGOOD MARSHALL, JR. T.M.
KRIS M. BALDERSTON

SUBJECT:

Summary of Cabinet Weekly Reports
January 16 - 22, 1999

DEPARTMENT OF TREASURY

- **Brazil:** On January 17, Deputy Secretary Summers met in Washington with Brazilian Finance Minister Malan and Central Bank Governor Lopes to discuss Brazil's economic reform efforts. On January 18, the Brazilian Central Bank announced that it would continue to let the *real* free float. Since the first announcement of the free-float policy, the value of the *real* has dropped significantly while global equity markets have reacted favorably. On January 20, the lower house of the Brazilian congress passed a measure to increase social security contributions, which was a key element of their fiscal adjustment plan. Senate approval is expected next week.
- **Budget:** On February 2-4, Secretary Rubin is scheduled to testify before the Senate Finance Committee, Senate Budget Committee, and the House Ways and Means Committee, respectively, on the FY2000 federal budget.
- **Japan:** On January 19, the Japanese Diet's 150-day regular session began. Key issues facing the Diet include adoption of the FY99 budget and tax reform. During the week of January 11, the Liberal Democratic Party (LDP) and Liberal Party (LP) linked. On January 15, Prime Minister Obuchi, after meetings with several European leaders, called for examining the feasibility of implementing currency controls and of supervising hedge funds to promote stability in the global financial system. Treasury continues to work with G-7 partners to develop sensible pro-growth, pro-stability policies, and continues to review policies regarding hedge funds and derivatives.

- **World Economic Forum:** On January 28-31, Secretary Rubin will attend the World Economic Forum in Davos, Switzerland, for meetings and consultations with public and private sector leaders in international finance. The Vice President, Deputy Secretary Summers, and other senior Administration officials will also attend the conference.

DEPARTMENT OF JUSTICE

- **Traffic Stops:** DOJ met this week with Congressman Conyers's staff to discuss the legislation addressing the problem of racial profiling by law enforcement during traffic stops.
- **NC Redistricting:** On January 20, the Supreme Court heard oral arguments regarding the constitutionality of NC's 12th Congressional district, drawn in 1997. The district was initially challenged in 1992 and struck down in Shaw v. Hunt and represented by Congressman Mel Watt. The state presented direct and expert statistical evidence showing that the plan was drawn predominantly because of partisan affiliation, not race.

DEPARTMENT OF INTERIOR

- **Draft Unified Federal Policy:** DOI and USDA are preparing to release for public discussion a draft of a unified federal policy that addresses watershed-based management of federal lands and resources. This policy is a critical action item in your February 1998 Clean Water Action Plan. Prepared in cooperation with EPA, DOD, and others, it provides a framework for better coordination and collaboration among federal land and resource management agencies and with their partners. The draft will be published in the *Federal Register* in February and several regional listening sessions will be held across the country in the next two months.

UNITED STATES DEPARTMENT OF AGRICULTURE

- **December Freeze:** On January 22, the Vice President announced a Secretarial Disaster Declaration for CA in a conference call with Governor Davis. Crop losses resulting from the four-day December freeze now are estimated at over \$634 million, and more than 14,000 farm workers are facing layoffs in the next few weeks.
- **Listeria Outbreak:** On January 14, the CDC announced that at least 60 illnesses, nine adult deaths, and three miscarriages to pregnant women have resulted from contamination of hot dogs and possibly deli meats from one producer, with a rare strain of *Listeria monocytogenes*. On January 13, USDA's Toll-free Meat and Poultry Hotline received 114 calls, mostly from OH and PA, after *WFDJ-TV* in Youngstown, OH, belatedly reported the December 22 recall.

- **Pork Prices:** During the week of January 11, USDA began evaluating numerous proposals designed to alleviate the economic hardship placed on pork producers by low market prices. At this time, principal assistance programs will be operated under legislation dating from 1935 that allows the Secretary of Agriculture to expend funds to help farmers recoup lost purchasing power. Approximately \$50 million will be made available to smaller-sized pork producing operations. Other options for assistance are still under consideration and final decisions have yet to be made. In a related effort, on January 13, in order to encourage greater pork processor participation in the pork purchase program, USDA issued an invitation for offers covering a pork buy of 11.8 million pounds, and announced contractual changes that will make it easier for processors to produce and deliver contracted pork products. Cumulative pork purchases during the past 11 months total over \$114 million.
- **Pork Cutout Contract:** On January 8, the CME launched its long-awaited pork cutout index futures, with high hopes that the contract will meet the needs of wholesale meat buyers, and boost trading volume. The contract can be used by pork processors and the food service industry to manage the risk of price swings in pork products, through the use of cash-settled futures and options equivalent to 40,000 pounds of pork. Since it is a contract from a buy/hedge point of view, packers can use the contract to sell/hedge against purchases of live hogs, locking in a cutout.
- **Commodity Markets:** Wheat cash and futures prices fell last week, burdened by large U.S. supplies and worries over the financial crisis in Brazil. Corn cash and futures dropped last week, following USDA's release of its forecast for higher 1998-99 ending stocks. Soybean cash and futures plunged after USDA forecast higher 1998-99 ending stocks and Brazil allowed its currency to drop sharply in value. Rice cash prices held steady, but futures plummeted after USDA revised sharply upward its forecast of 1998/99 supplies. Cotton prices were little changed. Cattle prices rose as wholesale price increases carried into live markets. Hog prices advanced strongly, supported by rising wholesale values, pork features, and weather-related

DEPARTMENT OF COMMERCE

- **World Economic Forum:** On January 28-31, Secretary Daley will participate in the annual winter meeting of the World Economic Forum in Davos, Switzerland.
- **KOACA Procurement Dispute:** On January 14, Secretary Daley and Ambassador Barshefsky transmitted a letter to the Korean Minister of Foreign Affairs and Trade informing him that unless Korea confirms that procurement conducted by the Korea Airport Construction Authority is covered under Korea's commitments to the WTO Agreement on Government Procurement, the U.S. would initiate WTO dispute settlement procedures.

- **Biosafety Protocol:** On January 12, Secretary Daley met with the CEOs of Kellogg's, General Mills, and the Grocery Manufacturers of America (GMA). GMA's focus was on keeping the scope of the UN Biosafety Protocol limited to living genetically modified organisms. The Secretary indicated DOC would be fully involved in the interagency process and that he would be making phone calls to his foreign counterparts as part of the U.S. diplomatic strategy.
- **Vietnam Tariffs Demarche:** Effective January 1, Vietnamese Customs has begun to apply a 50 percent import duty surcharge on all products imported from the U.S. This is in accordance with a tax law passed by the Vietnamese National Assembly last year, which mandated three tariff categories: Most Favored Nation (MFN), non-MFN, and Special. U.S. exporters to Vietnam are concerned about the commercial viability of their operations under this new non-MFN rate. American Embassy Hanoi has submitted a diplomatic note to the Ministries of Foreign Affairs, Trade, Finance and the Office of the Government to request that imposition of the higher tariffs on U.S. products be waived pending Bilateral Trade Agreement negotiations. The treaty is also expected to provide Vietnam with MFN access to the U.S. market.
- **China Housing Initiative:** The China Housing Initiative is moving forward rapidly. From January 17-19, DOC, in coordination with other agencies, met with a delegation from China's Ministry of Construction. The Chinese met with industry and visited the National Association of Home Builders Show. The U.S. and Chinese delegations reached a tentative agreement on specific major housing projects. DOC staff will be organizing round table discussions with U.S. industry to finalize work plans for these projects.
- **U.S. Sanctions on Russian Entities:** On January 12, the White House announced the names of three more Russian entities that have contributed to Iran's nuclear weapons and missile programs. The Bureau of Export Administration (BXA) is drafting a *Federal Register* notice that will place the three Russian entities on the "Entity List." Placement on the Entity List will require an export license application for all items subject to the Export Administration Regulations.

DEPARTMENT OF LABOR

- **ABET/CWA -ABC/Disney Lockout:** On January 15, the two-month lockout of 2,400 members of the National Association of Broadcast Employees and Technicians (NABET) ended when executives of the network agreed to allow employees to return to their jobs while a mail-ballot ratification vote is conducted on the contract proposal. NABET agreed to give a 72-hour advance notice of pending work stoppages in the future, and the company ended the lockout.

- **Dole Commission Report:** On January 14, the Commission on Service members and Veterans Transition Assistance, known as the "Transition Commission" or the "Dole Commission" issued its report which criticized DOL's employment and training programs for veterans. DOL's Veterans' Employment and Training Service (VETS) is analyzing the chapter dealing with employment and training and is preparing an analysis and response to the information it contains. The commission report encourages agency responses within 90 days. VETS is also looking at other appropriate venues to get its side of the story to the public.
- **Welfare-to-Work (WtW):** By the end of next week, DOL plans to announce the first FY99 WtW formula grants to MO (\$19,767,398) and LA (\$23,707,338), and on January 25, you will formally announce the WtW Reauthorization proposal. The Solicitation for Grant Application (SGA) for the third round of competitive grants will be published in the *Federal Register* on January 26, and bidders conferences will be held in New York City, Los Angeles, Detroit, El Paso, and Atlanta following the publication.

DEPARTMENT OF HEALTH AND HUMAN SERVICES

- **Stem Cell Research Hearing:** On January 26, the Senate may hold a hearing to examine the recent legal decision on Federal funding of stem cell research. Committee staff has indicated that Senator Specter will want a statement on planning timing and procedures and other related NIH actions.
- **College Drinking:** On February 9-10, the National Institutes of Health, National Institute on Alcohol Abuse and Alcoholism Subcommittee on College Drinking will convene their first Joint Panel Meeting in Washington, DC. The Subcommittee has been divided into two panels in order to focus on specific aspects of the college drinking problem. Each panel is comprised of college presidents, prominent researchers and other experts.
- **Health Claims on Dietary Supplements:** In the January 21 *Federal Register*, FDA proposed a rule to permit dietary supplements to use the same process for health claims in food labeling that was authorized for conventional foods under the Food and Drug Administration Modernization Act of 1997 (FDAMA). FDAMA provides for the use in food labeling of nutrient content claims and health claims based on authoritative statements of a scientific body. This proposed rule would provide flexibility to dietary supplement manufacturers and additional information benefits to consumers.
- **Hawaii's Children's Health Insurance Program (Title XXI) Approval:** On January 20, Health Care Financing Administration (HCFA) approved the Title XXI proposal from the State of HI. The plan will expand Medicaid eligibility for children ages one to six in families with incomes from 133 percent to 185 percent of the Federal poverty level (FPL). The state could received up to 8.9 million dollars in Federal funds for its program.

The program currently covers children with incomes up to 133 percent of FPL. HI plans to implement its program on January 3, 2000 and expects to enroll 440 children the first year implemented and 880 children in the second year.

- **Navajos Seek Tobacco Money:** On January 14, the *Albuquerque Journal* reported that the Navajo Nation is poised to sue the tobacco industry in an attempt to secure its share of settlement money on behalf of sick smokers. The Navajo Nation's Attorney General is reviewing a contract that would give the Branch Law Firm of Albuquerque authority to represent the tribe in a lawsuit and settlement negotiations with the nation's major cigarette makers. The firm is negotiating with about 200 Indian tribes across the country. Native American tribes were specifically excluded from the national tobacco settlement agreement, so people treated at Indian Health Service (IHS) hospitals and clinics throughout the nation were not included in the settlement calculations, and tribes may sue independently. If a settlement were based on the total Navajo population of 220,000, it would range from \$132 million to \$220 million.

DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

- **Housing Starts Record:** On January 20, the Census Bureau reported that housing starts in 1998 soared to their highest level in 11 years. Homebuilders started 1,615,600 housing units in 1998 -- up 9.6 percent from 1997 and the highest annual total since 1987. The report also said that in December homebuilders started 1,720,000 housing units on a seasonally adjusted annual basis, up 3 percent from November and the highest monthly rate total since March 1987. In addition, the report said that in December builders took out permits for 1,723,000 units on a seasonally adjusted annual basis, up 4 percent over November and the highest monthly total since January 1990. The high rate of new permits is an early indicator of a strong beginning for housing starts in 1999.
- **New Homes Costs:** On January 16, HUD announced a new plan that, when coupled with the recent dramatic increases in FHA loan limits and simplification of the FHA down payment process, will further reduce the cost of buying newly constructed homes.

DEPARTMENT OF TRANSPORTATION

- **Government on Display:** On February 6-7, the FAA's Minneapolis Airports District Office will participate in the first annual "Government on Display" program at Minneapolis' Mall of America. This event will include a presentation by Governor Ventura and a videotaped presentation by the Vice President. This major event is expected to attract more than 300,000 people.
- **Russia:** Aviation negotiations were held on January 19-21 in Washington, DC to discuss U.S. carrier code-sharing rights on third-country carriers, overflights, and the mandatory Anchorage, AK stop for Russian carriers on transpacific services.

- **Aviation Negotiations:** In February, DOT will discuss expanded opportunities in Beijing with China, Change of Gauge/5th-Freedom Traffic/Code-sharing with India, and Open Skies with India. In March, DOT will discuss Expanded Services in Washington with the United Arab Emirates, Expanded Services in Rio de Janeiro with Brazil, and Open Skies in Buenos Aires with Argentina.

DEPARTMENT OF ENERGY

- **Saudi Arabian Visit:** On February 2-8, Secretary Richardson will travel to Saudi Arabia at the invitation of the Crown Prince. Richardson has invited CEOs of major U.S. Oil Companies to accompany him. This is the first time during your Administration an Energy Secretary has visited Saudi Arabia.
- **Energy Smart Schools Teleconference:** On February 9, the DOE Energy Smart Schools Partnership will sponsor a nationwide teleconference explaining how geothermal heat pumps can save schools up to 35 percent annually on energy bills and improve the learning environment. Schools that spend less on energy have more to spend on education and help with utility emission problems. The teleconference is being co-sponsored by the Geothermal Heat Pump Consortium. Future teleconferences will focus on the successful financing and execution of school energy efficiency projects.

DEPARTMENT OF EDUCATION

- **U.S. Conference of Mayors:** Secretary Riley plans to address the Conference of Mayors on January 27 and attend the White House breakfast with the mayors on January 29.
- **Budget Briefings:** On February 1, Secretary Riley will hold a press conference to detail DOE's budget in the FY2000 request and conduct briefings for education association representatives and Members of Congress.
- **State of Education Address, Meetings in California:** On February 16, Secretary Riley will deliver his State of Education address at California State University (CSU) at Long Beach. The speech will emphasize teaching, including recruitment, retention, and professional development. During his visit, the Secretary will address CA state legislators and meet with CSU college presidents, LA Unified School District security chiefs, and CA association executives.

VETERANS AFFAIRS

- **Commission on Service Members and Veterans Transition Assistance Report:** On January 14-15, the *Washington Post*, the *Washington Times*, *USA Today*, and television networks provided extensive coverage on the release of the final report by the Commission on Service Members and Veterans Transition Assistance which urges

expansion of benefits for veterans. On January 14, C-SPAN covered the Commission's press conference live. The report presents more than 100 recommendations for improving everything from educational benefits to job placement services and medical care for veterans and military personnel.

Pam - Pls
put copies of articles in
my file & ask
Nicole to
review to
see if there's anything
I can / should
do

Gulf War Illness: On January 14, the *AP*, and on January 15, *Reuters* ran stories about a new study of British troops which found that Gulf War veterans have a rate of general ill health at least twice as high as forces sent to Bosnia or those who stayed home. The study, published this week in *The Lancet*, a British medical journal, confirms previously reported studies that going to the Persian Gulf in 1991 affected troops' health, but no definable disease could be found.

ENVIRONMENTAL PROTECTION AGENCY

- **Rhode Island River:** On January 20, Administrator Browner announced that \$1 million is being made available to protect public health and the environment from dioxin contamination in the Woonasquatucket River in RI. This money will be used to conduct additional sampling in and along the river, to further community outreach efforts about dioxin contamination and to protect residents from areas along the river with high levels of contamination.
- **Conference of Mayors:** On January 27, Administrator Browner will speak to a joint meeting of the Brownfields, Mayors, and Bankers Task Forces about your Administration's Livability Agenda and initiatives to revitalize urban areas. The Administrator will also speak to the Urban Water Council about the Administration's efforts to work with cities to provide clean safe water for all Americans.

UNITED NATIONS

- **Kosovo:** On January 19, in light of recent atrocities and fighting in Kosovo, the Security Council adopted a strong Presidential Statement condemning the January 15 massacre of Kosovo Albanians in Racak, deploring Belgrade's decision to declare KVM Head of Mission Walker persona non grata, deploring the FRY's refusal to permit the International Tribunal's prosecutor entry into Kosovo, condemning the shooting of KVM personnel, calling on all parties to cease violence and engage in talks, and "strongly warning" the Kosovo Liberation Army against actions contributing to tensions.

UNITED STATES TRADE REPRESENTATIVE

- **Cambodian Textile Agreement:** On January 20, Ambassador Johnson, Chief Textile Negotiator, reached a new bilateral agreement on textiles which establishes, for three years, import quotas on a range of Cambodian apparel products, and includes the protection of labor rights. This is the first bilateral textile agreement to include labor

protections: The U.S. and Cambodia agreed to promote improvements in living standards and working conditions, and to monitor the enforcement of Cambodia's labor code, which already includes internationally recognized core labor standards.

- **Europe Trip:** On January 27-30, Ambassador Barshefsky will travel with the Vice President to participate in the annual World Economics Forum Conference in Davos, Switzerland. While in Davos, Ambassador Barshefsky will meet with an array of world leaders to begin laying the groundwork for the 1999 WTO Ministerial. After Davos, she will travel to Bonn, Germany; Madrid, Spain; and Rome, Italy to meet with her counterparts on a range of bilateral and multilateral issues.

OFFICE OF NATIONAL DRUG CONTROL POLICY

- **Congressional Meetings:** On January 27, Director McCaffrey will meet with Representative Clyburn, the new Chair of the Congressional Black Caucus. On January 28, the Director will meet with Representative Roybal-Allard, the new Chair of the Congressional Hispanic Caucus.
- **California School Board Association:** On January 29, Director McCaffrey will meet with the CA School Board Association, a group of 20 elected chairs from the boards of CA's unified school districts, to hear their concerns and ideas.

SMALL BUSINESS ADMINISTRATION

- **Small Disadvantaged Business Certifier Selection:** The Office of Small Disadvantaged Business Certification and Eligibility selected 60 private organizations to help in the certification process required for firms requesting status as a small disadvantaged business (SDB). Of these private certifiers, 50 are small businesses which include over 30 SDBs, four 8(a) firms, and 14 women-owned businesses. These private certifiers were selected from a pool of 105 candidates that included small and large businesses, SDBs, non-profits, and participants in SBA's 8(a) business development program.

FEDERAL EMERGENCY MANAGEMENT AGENCY

- **FEMA Declarations:** Last week you declared major disasters in TN and AL on January 15, as a result of severe winter storms, ice, and freezing rain. You declared a major storm declaration in TN on January 19, as a result of severe storms, tornadoes, and high winds. You made emergency declarations in IN and NY on January 15, as a result of record or near record snow.

OFFICE OF PERSONNEL MANAGEMENT

- **Child Bill for Federal Workers:** On January 6, Representative Morella introduced a bill to provide greater access to child care services for Federal employees. The legislation would authorize Executive agencies to use funds appropriated for salaries and expenses to improve the affordability of child care for lower income Federal employees using a Federal child care facility. Under the proposal, OPM would be given the responsibility to issue regulations to implement the bill.

UNITED STATES INFORMATION AGENCY

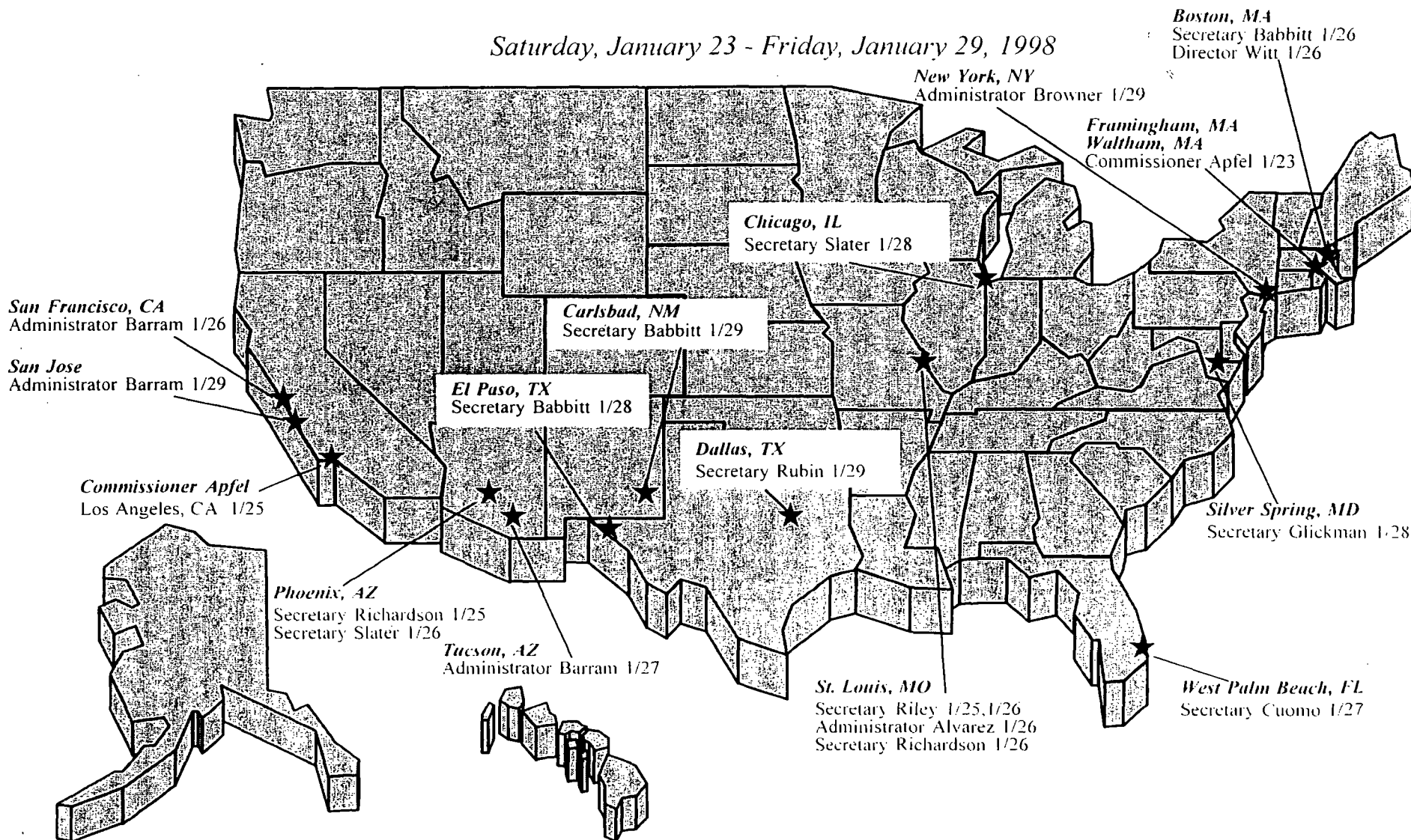
- **Russians Want Yeltsin to Step Down:** Three-quarters of Russians say that President Boris Yeltsin should resign rather than remain in office until new elections in 2000. USIA's latest survey in Russia (completed January 5) also shows that the public believes corruption and dishonesty are prevalent in almost all government operations, contributing to a lack of confidence in most officials and institutions and a general belief that the government performs most of its basic tasks poorly.
- **Ukrainians Poll:** Most Ukrainians believe that the worst times still lie ahead economically (74 percent to 13 percent). Half say that they have been adversely affected by the financial collapse in Russia last August. Only one in ten expects economic conditions to improve in the coming year. Overwhelming majorities (80 percent and above) feel that the government is doing a poor job in almost all of its tasks. Corruption is seen as widespread in nearly all public institutions. Confidence in President Kuchma is very low (three-fourths express little or none) but there is no clear frontrunner to replace him in the 2000 elections.

SOCIAL SECURITY ADMINISTRATION

- **U.S.-Chilean Social Security Agreement:** During the week of January 25, SSA's Office of International Programs will meet with representatives of Chile's Ministry of Labor and Social Welfare in Baltimore, MD for an initial round of discussions on a bilateral Social Security agreement between the two nations. This fulfills the commitment that you made during your State visit to Chile in April 1998. The U.S. currently has Social Security agreements in force with 17 countries, including Canada and most of Western Europe. The agreements are designed to eliminate dual Social Security taxation for expatriate workers and their employers and to help prevent gaps in benefit protection for workers who divide their careers between the U.S. and another country.

Domestic Cabinet Travel

Saturday, January 23 - Friday, January 29, 1998



cc:

The Vice President

John Podesta

Paul Begala

Sandy Berger

Sidney Blumenthal

Maria Echaveste

George Frampton

Mickey Ibarra

Ben Johnson

Janis Kearney

Ron Klain

Neal Lane

Jack Lew

Ann Lewis

Joe Lockhart

Minyon Moore

Bruce Reed

Steve Ricchetti

Doug Sosnik

Gene Sperling

Larry Stein

Melanne Verveer

LEVEL 1 - 17 OF 30 STORIES

Copyright 1999 The Post and Courier (Charleston, SC)
The Post and Courier (Charleston, SC)

January 15, 1999, Friday, POST AND COURIER EDITION

SECTION: A, Pg. 13

LENGTH: 613 words

HEADLINE: WORLD REPORT

BYLINE: Wire Reports

BODY:

Study shows illness higher in Gulf vets

LONDON - A new study of British troops has found that Persian Gulf War veterans have a rate of general ill health at least twice as high as forces sent to Bosnia or those who stayed home.

The study published this week in The Lancet, a British medical journal, confirms what previously has been reported in studies of Canadian and U.S. veterans - that going to the Persian Gulf in 1991 affected troops' health, but no definable disease could be found.

The study of 8,195 soldiers, sailors and pilots is the largest of symptoms to date and the first to compare Gulf War vets with troops who served in another hazardous conflict around the same time.

The men, half of whom had retired, filled out questionnaires about their current health.

They all reported a variety of 59 ailments, including chronic fatigue, hair loss, rashes, headaches, joint pain, memory loss, heart problems and nervous system disorders. FBI raises reward for guerrilla leader

SAN JUAN, Puerto Rico - The FBI raised its reward to \$ 500,000 for information leading to the capture of a Puerto Rican guerrilla leader wanted for a 1983 armored truck robbery in Connecticut.

Filiberto Ojeda Rios, leader of the pro-independence People's Boricua Army, has been a fugitive since 1990. The FBI on Thursday raised its reward from \$ 150,000, said James K. Weber, special agent in charge in Puerto Rico.

FBI officials issued wanted posters with a photo of Ojeda Rios' wife, Elma Rosada Barbosa, who is believed to be living with him but has not been charged. Weber said Rosada Barbosa "may be working in the computer field."

Ojeda Rios was sentenced in absentia to 55 years in prison for the Sept. 12, 1983, robbery of \$ 7.2 million from a Wells Fargo armored truck in West Hartford, Conn. Australian leader asks rock not be climbed



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The Post and Courier (Charleston, SC), January 15, 1999

DARWIN, Australia - Australia's acting prime minister appealed Thursday to tourists not to climb Australia's Ayers Rock, a site sacred to Aborigines.

Thousands of people each year ignore requests by the rock's traditional owners to stay off the landmark, known as Uluru. There is no official ban on making the ascent.

Officials say half of the 340,000 people who visited Uluru in 1997 wanted to climb the rock.

Safety reasons and the damage climbers do to the rock prompted Acting Prime Minister Tim Fischer to make the appeal. He says he regrets having climbed Uluru in the 1960s.

But Victorian state Premier Jeff Kennett said Thursday that climbing Uluru was a special moment in his life, and he would do it again. Italian judge allows embryo implantation

ROME - A Sicilian judge's decision to allow implantation of a frozen embryo in the wife of a man killed six months ago drew renewed attention Thursday to Italy's lack of laws on bioethics.

The woman's husband was killed after a first, unsuccessful attempt to impregnate his wife by implanting an embryo. Three embryos, created with eggs from the woman and sperm from the husband, remain frozen at a Palermo clinic.

But the clinic refused to repeat the procedure without permission from a judge. Italy has no laws to guide medical staff in cases where the father is deceased.

"We loved each other, we wanted children and those embryos are the fruit of that love and that determination," the 31-year-old woman told Judge Giovanni D'Antoni. Her identity was not disclosed in the Italian media for privacy reasons.

Although the judge ruled in her favor Tuesday, the question remains what to do if the implant is successful.

Under Italian law, legal paternity cannot be established more than 10 months after the father's death.

Wire reports

LOAD-DATE: January 16, 1999



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LEVEL 1 - 14 OF 30 STORIES

Copyright 1999 Newspaper Publishing PLC
The Independent (London)

January 15, 1999, Friday

SECTION: NEWS; Page 7

LENGTH: 786 words

HEADLINE: Study debunks Gulf War illness

BYLINE: By Jeremy Laurance Health Editor

BODY:

THE MOST definitive study yet of soldiers returning from the 1991 Iraqi war has failed to find evidence of a **Gulf War Syndrome**. But British soldiers who served in the Gulf during the war did suffer much higher levels of **illness** than their compatriots who served in **Bosnia** or who stayed at home.

The finding, by researchers at a London medical school, provides the first clear proof that going to the Gulf did damage the health of soldiers - even though it has proved impossible to identify any specific **illness** or any specific cause. The results showed they suffered two to three times more **illness** than the other groups.

Gulf War Syndrome has been the subject of intense controversy, with veterans' associations on both sides of the Atlantic accusing the military of ignoring the evidence and the plight of sufferers.

More than \$ 115 million (pounds 72m) has been spent researching the syndrome in the United States alone. The latest pounds 1m study, published in two papers in *The Lancet*, was funded by the US Department of Defense to see if other countries' experience had been the same as America's. Over 50,000 **British troops** served in the Gulf and the findings are based on a random sample of 3,000.

The symptoms they reported - which ranged from mild fatigue and headaches to severe urinary and sexual problems and double vision - were little different from those reported by soldiers involved in every other war in the past 100 years. It was the scale of those affected that was different - but that could be because so few Allies were killed in the **Gulf War** there was more opportunity to focus on the problems of the survivors.

Professor Simon Wessely, consultant psychiatrist at King's College Medical School, who led the study with Professor Tony David, said the most likely explanation for the findings was that the experience of war damaged health independent of any injury suffered in fighting. Although this might seem obvious, the carnage of previous wars could have obscured a transparent truth.

One of the strengths of the study was that it compared soldiers in the Gulf, who fought battles with the enemy and were exposed to the threat of chemical and biological weapons, with those in **Bosnia**, who were involved in skirmishes but



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did not face the same multiplicity of hazards. A third group were on active service but remained at home.

Professor Wessely added: "The Gulf was more hazardous. Modern warfare is extremely dangerous physically and psychologically to the individual. Although we may not be able to prevent these effects, we should be better prepared to monitor the soldiers and care for them afterwards. We have to expect that people involved in modern wars will be at risk from these sorts of illnesses."

Speculation about the causes of illness among Gulf veterans has centred on chemical and biological warfare and the measures, including vaccines, administered to protect soldiers against it.

Although both Bosnian and Gulf soldiers received multiple vaccinations against common infections, only the Gulf group was vaccinated against the biological threats of anthrax and plague - 70 per cent against the first and 35 per cent against the second.

The researchers found those who had the biological vaccines suffered more ill health but the effect was less than that of drinking local water. Those who had multiple vaccines also reported more symptoms, but only in the Gulf. The researchers suggest the explanation could be a mix of immunological and psychological effects.

Flight Lieutenant John Nichol, chairman of the Gulf War Veterans' branch of the Royal British Legion, called for a public inquiry. He said: "We welcome this report. It at last confirms what we have been saying for seven years. It is sad that it has taken an American-funded study to prove their claims were genuine." He added: "Now we need to know why they are ill so that we can help them and ensure this doesn't happen again."

Conflict Symptoms

Report on First World War veterans, The Lancet:

"Over 50,000 British, Canadian and American troops returned from battle as changed men. Once-vital young men who left to engage a foreign tyrant began to complain of breathlessness, grinding fatigue, irritability, headache, insomnia, and paraesthesias, rendering 70 per cent of them unfit for further duty."

Report on Gulf War veterans, published in latest issue of The Lancet:

"Veterans. . . report higher rates of many symptoms and disorders and have a decreased perception of wellbeing. . . About three times more likely to fulfil criteria for chronic fatigue, post-traumatic stress reaction, or the CDC multi-syndrome criteria."

LANGUAGE: ENGLISH

LOAD-DATE: January 15, 1999



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LEVEL 1 - 6 OF 30 STORIES

Copyright 1999 Associated Press
AP Online

January 15, 1999; Friday 03:30 Eastern Time

SECTION: International news

LENGTH: 605 words

HEADLINE: **Gulf War Vets Face More Illness**

BYLINE: EMMA ROSS

DATELINE: LONDON

BODY:

Persian **Gulf War** veterans have a rate of general ill health at least twice as high as forces who stayed home or were sent to **Bosnia**, according to a new study of **British troops**.

The **Lancet**, a British medical journal, published a study this week that confirms what previously has been reported in studies of U.S. and Canadian veterans that while no definable disease could be found, going to the Persian Gulf in 1991 affected troops' health.

The study of 8,195 soldiers, sailors and pilots the first to compare **Gulf War** veterans with troops who served in another hazardous conflict around the same time is the largest of symptoms to date.

The men, half of whom had retired from the military, filled out questionnaires about their current health.

They all reported a variety of 59 ailments, including chronic fatigue, hair loss, rashes, headaches, joint pain, memory loss, heart problems and nervous system disorders.

There was hardly any difference between the **Bosnia** troops and men who served at the time of the **Gulf War** but were not deployed.

Regardless of the ailment, however, vets who served in the Persian Gulf were about twice as likely to complain of it than the other two groups studied, the researchers said.

'The evidence is unequivocal that going to the Gulf affects your health,' said Dr. Simon Wessely, one of the researchers from King's College at the University of London.

The researchers don't know why ailments were more common in **Gulf War** vets, but said the study shows there is no single cause, either physical or psychological, and that attempts to look for a 'smoking gun' will not succeed.

'We have to look at a multitude of causes and their interactions,' Wessely



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said.

The researchers also found that hazards of war ranging from using pesticides and seeing dead bodies to getting diesel fuel on your skin were linked to more symptoms, regardless of whether the men had served in the Gulf or somewhere else.

The study did find a slight increase in ill health in those who had vaccines against biological threats such as anthrax or plague. Receiving multiple vaccinations against routine infections also was linked to a modest increase in illness, but only in the Persian Gulf group and not in Bosnia.

In an editorial in the Lancet, a scientist with the National Institutes of Health called the study one of the most definitive conducted to date and said it added weight to the argument that no unique 'Gulf War Syndrome' exists.

In his editorial, Stephen E. Straus, chief of the laboratory of clinical investigation at the National Institute of Allergy and Infectious Diseases, drew parallels between the ailments cited by Gulf War vets and soldiers who fought in World War I.

'Although the possibility of some still unappreciated environmental factor cannot be dismissed entirely,' he wrote, 'the Gulf War seems to differ from others only in a quantitative sense and in the intensity of public discourse about it.'

But Dr. Robert Haley, an epidemiologist at University of Texas Medical Center who believes a particular 'Gulf War syndrome' exists, criticized the research. He said the scientists' questions were too vague, so it was not surprising they found the same symptoms in all of the veterans.

'They found questions that by their nature are not unique. They didn't ask the right questions,' he said.

Haley's research on a small number of patients has previously concluded that some Gulf War veterans suffer from distinct symptom clusters caused by chemical poisoning and that some may suffer neurological damage from nerve gas or pesticides.

LANGUAGE: ENGLISH

LOAD-DATE: January 15, 1999



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LEVEL 1 - 4 OF 30 STORIES

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SEATTLE POST-INTELLIGENCER

January 15, 1999, Friday , FINAL

SECTION: NEWS, Pg. A2

LENGTH: 162 words

HEADLINE: MANY BRITISH GULF WAR VETS HAVE UNDIAGNOSED ILLNESSES

SOURCE: P-I News Services

DATELINE: ENGLAND

BODY:

A new study of **British troops** has found that Persian **Gulf War** veterans have a rate of general ill health at least twice as high as forces sent to **Bosnia** or those who stayed home.

The study published this week in The Lancet, a British medical journal, confirms what previously has been reported in studies of Canadian and U.S. veterans - that going to the Persian Gulf in 1991 affected troops' health, but no definable disease could be found. The study of 8,195 soldiers, sailors and pilots is the largest to date.

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NOTES:
Briefs

LANGUAGE: ENGLISH

LOAD-DATE: January 18, 1999



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LEVEL 1 - 2 OF 30 STORIES

Copyright 1999 The New York Times Company
The New York Times

January 16, 1999, Saturday, Late Edition - Final

SECTION: Section A; Page 7; Column 1; Foreign Desk

LENGTH: 964 words

HEADLINE: World Briefing

BYLINE: Compiled by Christopher S. Wren

BODY:

EUROPE

BRITAIN: **GULF WAR ILLNESSES** -- A study of more than 8,000 British troops who served in the Persian Gulf war has found that they are more than twice as likely to suffer ill-health as troops who stayed home or served in Bosnia. The study, published in the medical journal The Lancet, says the veterans complained of chronic fatigue, hair loss, rashes, memory loss and nervous-system disorders. Sarah Lyall (NYT)

NORTHERN IRELAND: **POLITICAL TARGET DATE** -- Protestant and Roman Catholic leaders of the Northern Ireland Assembly set Feb. 15 as the target for agreement on new governmental bodies that would give Catholics more political power in the Protestant-dominated province of Ulster. But in approving an agenda, First Minister David Trimble, a Protestant, and his Catholic deputy, Seamus Mallon, avoided the issue blocking the peace effort: disarmament of the I.R.A. James F. Clarity (NYT)

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ASIA



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The New York Times, January 16, 1999

CHINA: A ROSY OUTLOOK -- The State Development Planning Commission has forecast an economic growth rate of 7.5 percent to 8 percent for this year, which is slightly more ambitious than the 7 to 8 percent growth rate predicted by some Chinese economists. In 1998 China reported a 7.8 percent growth, just under the target of 8 percent after battling the Asian financial crisis. (Agence France-Presse)

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AFRICA

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MOZAMBIQUE: MIGRANTS' PLIGHT -- Mozambique's director of immigration, Miguel Chissano, said his Government wants urgent talks with South Africa about harsh treatment of Mozambican illegal immigrants in that country. Officials at the border town of Ressano Garcia reported that many Mozambicans dumped there by South African trains show signs of having been assaulted. (Agence France-Presse)

THE AMERICAS

JAMAICA: CLAMPDOWN ON CRIME -- The Jamaican Government will send troops to tourist resorts as soon as next week to reduce crime and harassment of visitors, Tourism Minister Francis Tulloch announced. Tourism is Jamaica's leading industry, attracting 1.5 million foreign tourists a year, but the island has a

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The New York Times, January 16, 1999

reputation for violent crime. (Reuters)

CUBA, COLOMBIA: CASTRO SEES PEACE ROLE -- Meeting with President Andres Pastrana in Havana, the Cuban leader Fidel Castro agreed to play a role in the Colombian Government's peace talks with leftist rebels,, the Cuban press reported. "We are prepared to fight, to contribute modestly, without being a leading actor," Mr. Castro was quoted as telling Mr. Pastrana. (Agence France-Presse)

MEXICO: BAIL FOR A BANKER -- A judge ruled that a former banker undergoing an extradition trial on fraud charges in Australia could be freed on \$300,000 bail if he is returned to Mexico. Carlos Cabal Peniche, whom Mexico charged with embezzling \$280 million, was arrested in Melbourne after a four-year manhunt. The immediate release of another Mexican banker charged with fraud who was extradited to Mexico from Spain last year provoked a public outcry. Sam Dillon (NYT)

Compiled by Christopher S. Wren

GRAPHIC: Photos

LANGUAGE: ENGLISH

LOAD-DATE: January 16, 1999



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LEVEL 1 - 1 OF 30 STORIES

Copyright 1999 Chicago Tribune Company
Chicago Tribune

January 19, 1999 Tuesday, EVENING UPDATE EDITION

SECTION: NEWS; Pg. 7; ZONE: C; EVENING. Health.

LENGTH: 230 words

HEADLINE: **GULF WAR SYNDROME;**
BRITISH STUDY FINDS SIMILAR ILLNESSES IN OTHER VETERANS

BYLINE: News items on this page are compiled from Reuters, Associated Press and Universal Press Syndicate.

BODY:

Gulf war syndrome does not appear to exist even though veterans of the 1991 conflict are more likely to report they are ill, according to research published last week.

Thousands of veterans of the war that ousted Iraqi troops from Kuwait in 1991 have complained of the mysterious **illness**. Chronic fatigue, asthma, depression and skin ailments are a few of the symptoms.

Scientists have not pinpointed the cause of the sickness, but veterans blame it on exposure to organophosphate pesticides or the cocktail of drugs they were given to protect them from chemical and biological warfare.

Veterans groups say up to 6,000 of the 51,000 **British troops** who served in the **gulf war** are ill. But studies by British researchers published in the Lancet medical journal suggest that there is no unique **gulf war** syndrome, although the possibility of some mystery environmental factor cannot be dismissed.

In a paper on the health of British **gulf war** veterans, Catherine Unwin of London's **Gulf War Illness** Research Unit said that service in the war was associated with health problems over and above those associated with deployment to an unfamiliar hostile environment.

But the **gulf war** veterans study, which included soldiers who had been in **Bosnia-Herzegovina** and elsewhere, said these health problems may not be unique or "causally implicated in **gulf war**-related **illness**."

LANGUAGE: ENGLISH

LOAD-DATE: January 20, 1999



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World Briefing

Compiled by Christopher S. Wren

New York Times, Late Edition - Final ED, COL 01, P 7

Saturday January 16 1999

DOCUMENT TYPE: Newspaper JOURNAL CODE: NYT LANGUAGE: English

RECORD TYPE: Fulltext SECTION HEADING: SECTA

Word Count: 1061

TEXT:

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about harsh treatment of Mozambican illegal immigrants in that country. Officials at the border town of Ressano Garcia reported that many Mozambicans dumped there by South African trains show signs of having been assaulted. (Agence France-Presse)

THE AMERICAS

JAMAICA: CLAMPDOWN ON CRIME -- The Jamaican Government will send troops to tourist resorts as soon as next week to reduce crime and harassment of visitors, Tourism Minister Francis Tulloch announced. Tourism is Jamaica's leading industry, attracting 1.5 million foreign tourists a year, but the island has a reputation for violent crime. (Reuters)

CUBA, COLOMBIA: CASTRO SEES PEACE ROLE -- Meeting with President Andres Pastrana in Havana, the Cuban leader Fidel Castro agreed to play a role in the Colombian Government's peace talks with leftist rebels, the Cuban press reported. "We are prepared to fight, to contribute modestly, without being a leading actor," Mr. Castro was quoted as telling Mr. Pastrana. (Agence France-Presse)

MEXICO: BAIL FOR A BANKER -- A judge ruled that a former banker undergoing an extradition trial on fraud charges in Australia could be freed on \$300,000 bail if he is returned to Mexico. Carlos Cabal Peniche, whom Mexico charged with embezzling \$280 million, was arrested in Melbourne after a four-year manhunt. The immediate release of another Mexican banker charged with fraud who was extradited to Mexico from Spain last year provoked a public outcry. Sam Dillon (NYT)

Compiled by Christopher S. Wren

CAPTIONS: Photos

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DESCRIPTORS: NO INDEX TERMS FROM NYTIMES

LEVEL 1 - 19 OF 30 STORIES

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The Sentinel (Stoke)

January 15, 1999

SECTION: Health: Diseases, Pg.2

LENGTH: 518 words

HEADLINE: Gulf veterans in rage over report

BODY:

Gulf veterans who claim their health was damaged during the conflict today criticised a new study which concludes that there is no evidence a particular syndrome is afflicting soldiers.

The report did find evidence that fighting in the 1991 **Gulf War** has hit the long term health of veterans.

But the survey of thousands of servicemen by the London-based **Gulf War Illness** Research Unit found that there is no evidence of a unique **Gulf War** syndrome.

Gulf veterans are three times more likely to show signs of chronic fatigue and post-traumatic stress disorder than ordinary troops, the London-based **Gulf War Illness** Research Unit found.

And they were twice as likely as **Bosnia** veterans to exhibit these symptoms, according to the study published in The Lancet today.

"We believe that our data constitute firm evidence that service in the **Gulf War** has affected the health of servicemen," the report's authors conclude.

Those troops who received multiple vaccinations while serving there were more likely to have developed **illness**, they found.

However, those who received them while serving in **Bosnia** did not show the same symptoms.

The authors admit: "We cannot exclude possible unique biological mechanisms that link **Gulf War** service and later ill health."

But they suggest anxiety over the long-term effects of chemical attack, and the vaccinations taken as a precaution against them, could have caused later **illness**.

The study was welcomed by Armed Forces Minister Doug Henderson, who said the Government was determined to find out why Gulf veterans are falling ill.

Tony Flint, of the National Gulf Veterans and Families Association, said the study, funded by the US Government, had been a waste of time.



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"It has only found what we have been saying to the Ministry of Defence for four years - we have been telling them they will not find a syndrome ... as such. That is why we call it **Gulf War illnesses**," he said.

"It has taken them one million dollars and the deaths of a further 200 veterans to come to our conclusion."

He called for British veterans to be offered comprehensive centralised treatment as their American counterparts were shortly before Christmas.

"This Government is leaving it up to individual GPs to work out what is going on," he said.

The facts behind the so-called **Gulf War Syndrome**:

More than 50,000 **British troops** were involved in 1991's Operation Desert Storm.

Chemical and biological attack was a constant threat throughout the conflict and many veterans fear their health may have suffered as a result of acknowledged hits.

Many also fear the powerful cocktails of vaccines taken to guard against Saddam's deadly arsenal could also have led to future **illness**.

Anecdotal reports claiming American veterans were suffering a host of unusual disorders shortly after the end of the conflict.

Similar reports surfaced in Britain with a TV broadcast on veterans' health problems in June 1993.

Sufferers feared they were victims of a **Gulf War syndrome** but the symptoms were diagnosed as stress-related by the MoD. No medical assessment began until 1993.

LANGUAGE: English

LOAD-DATE: January 16, 1999



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LEVEL 1 - 21 OF 30 STORIES

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January 15, 1999 Friday, NORTH SPORTS FINAL EDITION

SECTION: NEWS; Pg. 6; ZONE: N; Around the world.

LENGTH: 166 words

HEADLINE: STUDY OF **BRITISH TROOPS** CONFIRMS SYNDROME

BYLINE: From Tribune News Services.

DATELINE: PERSIAN GULF

BODY:

A study of **British troops** has found that **Persian Gulf war** veterans have a rate of **ill health** at least twice as high as forces sent to **Bosnia-Herzegovina** or those who stayed home.

The study, published in *The Lancet*, a British medical journal, echoes studies of Canadian and U.S. veterans -- that going to the Persian Gulf in 1991 affected their health, but no definable disease could be found.

The study of British 8,195 military personnel is the largest to date and the first to compare **gulf war** veterans with troops who served in another hazardous conflict around the same time.

The men, half of whom had retired from the military, filled out health questionnaires. All reported a variety of 59 ailments, including chronic fatigue, hair loss, rashes, headaches, joint pain, memory loss, heart problems and nervous system disorders.

"The evidence is unequivocal that going to the gulf affects your health," said researcher Simon Wessely of King's College at the University of London.

LANGUAGE: ENGLISH

LOAD-DATE: January 15, 1999



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LEVEL 1 - 30 OF 30 STORIES

The Associated Press State & Local Wire

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January 14, 1999, Thursday, BC cycle

SECTION: State and Regional

LENGTH: 595 words

HEADLINE: Study confirms illness more prevalent in Gulf War vets

BYLINE: By EMMA ROSS, Associated Press Writer

DATELINE: LONDON

BODY:

A new study of **British troops** has found that veterans who served in the **Gulf War** have a rate of general ill health at least two times as high as troops who went to **Bosnia** and soldiers who stayed home.

The study published in The Lancet, a British medical journal, confirms what previously has been reported in studies of Canadian and U.S. veterans - that going to the Gulf in 1991 affected soldiers' health, but no definable disease could be found.

The study of 8,195 men is the largest of symptoms to date and the first to compare Gulf vets with troops who served in a similarly hazardous conflict around the same time.

The men, half of whom had retired from the military, filled out questionnaires about their current health.

They all reported a variety of about 59 ailments, including chronic fatigue, hair loss, rashes, headaches, joint pain, memory loss, heart problems and nervous system disorders.

There was hardly any difference between the **Bosnia** troops and the men who served at the time of the **Gulf War** but were not deployed.

Regardless of the ailment, however, Gulf vets were about twice as likely to complain of it than the other two groups studied, the researchers said.

"The evidence is unequivocal that going to the Gulf affects your health," said Dr. Simon Wessely, one of the researchers from King's College at the University of London.

The researchers don't know why ailments were more common in Gulf vets, but said the study shows there is no single cause, either physical or psychological,



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and that attempts to look for a "smoking gun" are not going to succeed.

"We have to look at a multitude of causes and their interactions," Wessely said.

The researchers also found that hazards of war ranging from using pesticides and seeing dead bodies to getting diesel fuel on your skin were linked to more symptoms, regardless of whether the soldiers served in the Gulf or somewhere else.

The study did find a slight increase in ill health in those who had vaccines against biological threats such as anthrax or plague. Receiving multiple vaccinations against routine infections also was linked to a modest increase in illness, but only in the Gulf group and not in Bosnia.

In an editorial in the Lancet, a scientist with the National Institutes of Health called the study one of the most definitive conducted to date and said it added weight to the argument that no unique so-called "Gulf War Syndrome" exists.

In his editorial, Stephen E. Straus, chief of the laboratory of clinical investigation at the National Institute of Allergy and Infectious Diseases, drew parallels between the ailments cited by Gulf vets and soldiers who fought in World War I.

"Although the possibility of some still unappreciated environmental factor cannot be dismissed entirely," he wrote, "the Gulf War seems to differ from others only in a quantitative sense and in the intensity of public discourse about it."

But Dr. Robert Haley, an epidemiologist at University of Texas Medical Center who believes a particular Gulf War syndrome exists, criticized the research, saying that because the scientists' questions were too vague, it was not surprising they found the same symptoms in all the veterans.

"They found questions that by their nature are not unique. They didn't ask the right questions," he said.

Haley's research on a small number of patients has previously concluded that some Gulf War veterans suffer from distinct symptom clusters caused by chemical poisoning and that some may suffer neurological damage from nerve gas or pesticides.

LANGUAGE: ENGLISH

LOAD-DATE: January 15, 1999



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To Nicole -

What do we know about
these charges? HRC

G2

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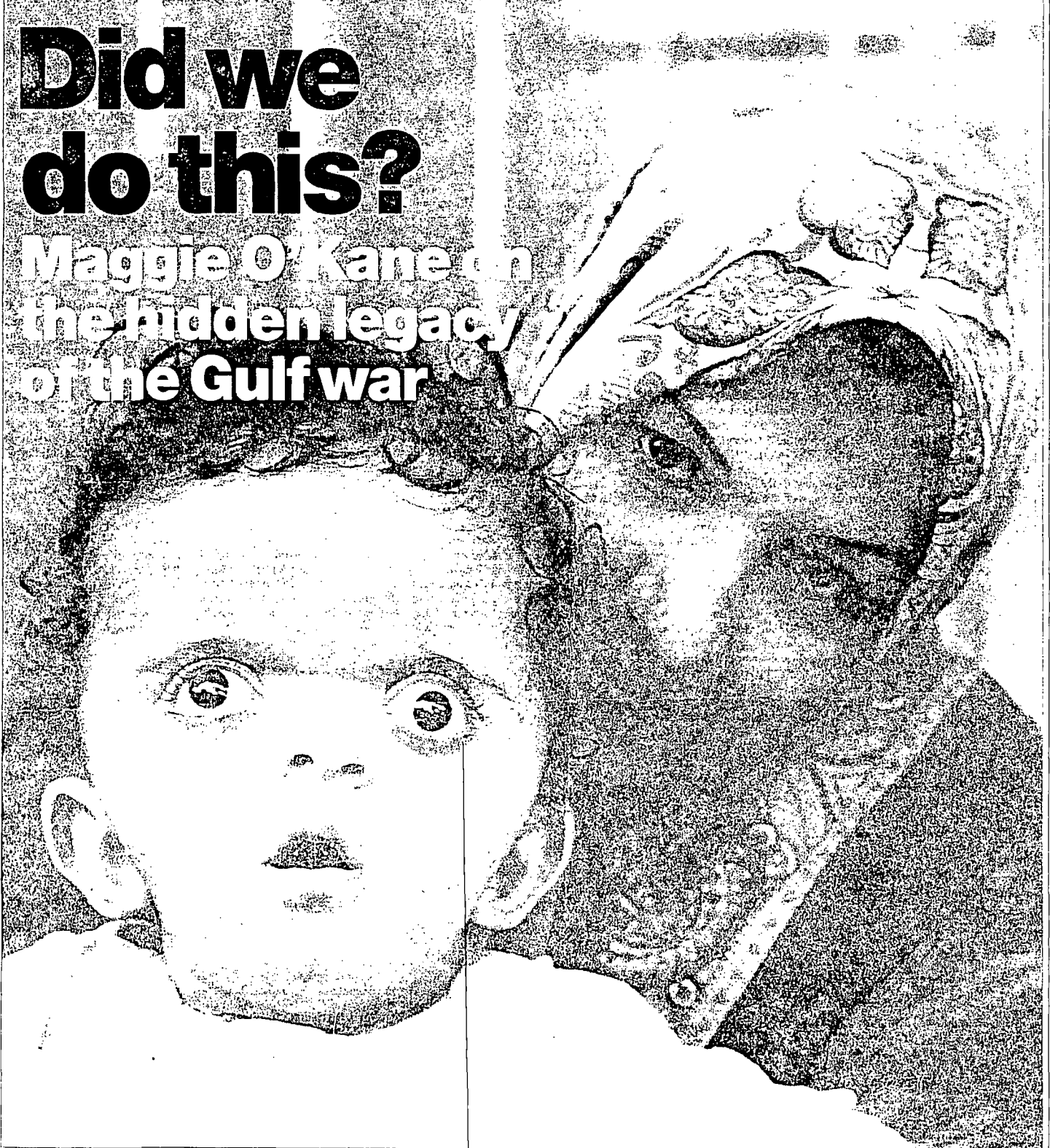
Plus

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Did we do this?

Maggie O'Kane on
the hidden legacy
of the Gulf war



One million rounds of bullets tipped with uranium were fired during the Gulf war. They slice through tanks. And this is what they do to humans

Maggie O'Kane reports on Iraq's deformed children, victims of a war they never knew

The movement inside her body is strange: different from her three other children. As Suad Johe waits for her birth-time, she passes the hours and the spasms announcing it by sliding her back along the maternity corridor's grubby cream walls.

It's night now, the early hours. In the afternoon, her consultant, Dr Haifa Ashahine, had stood over her bed, taken a Biro from the left breast pocket of her white doctor's coat and traced the spine of Suad's child, holding the X-ray above her head towards a strip light on the ceiling.

At 34, and already the mother of three children, Suad has been through this all before. Her heavy cotton nightgown is sprinkled with pale apple blossoms and hangs down almost covering the puffy ankles of a woman approaching labour. That afternoon, Dr Haifa Ashahine had stopped and said: "See, the spine ends here. There is no head."

Dr Ashahine, a senior gynaecologist at the Saddam Hussein Children's Hospital in southern Iraq, is not shocked. If it is not a child without a brain, then maybe it's one with a giant head, stumpy arms like those of a thalidomide victim, two fingers instead of five, a heart with missing valves, missing ears. The deformities have one thing in common: they are congenital.

In Iraq, the health authorities say that at least three times more children are being born with congenital deformities than before the Gulf war. Now, in both Britain and the United States, veterans of that same war are coming forward with reports of sick and dying children. In Britain, the Ministry of Defence has agreed to an £800,000 independent survey of reproduction that will cover every veteran that served in the Gulf.

Last summer, the London School of Hygiene and Tropical Medicine carried out a pilot study of 400 veterans. On the basis of that, they have given the go-ahead for a survey of every serviceman and woman who served in the Gulf war. The study is to include specific questions about "occupation and environmental exposures". According to the MoD, no results will be available before the year 2000.

The brutal irony is that the most likely origin of this gene-twisting force is not Iraqi, but Western. During the

100-hour ground war of February 1991, coalition planes fired at least one million rounds of ammunition coated in a radioactive material known as depleted uranium, or DU.

There is another explanation for this genetic plague: the environmental pollution caused when chemical and biological centres were blown up in an effort to "degrade" the Iraqi arsenal. But radiation from depleted uranium rounds remains the most plausible explanation.

"We know that depleted uranium is toxic and can cause diseases," says Dr Howard Urnovitz, a microbiologist who has testified before the Presidential Advisory Committee on Gulf War Veterans' Illnesses.

"This is the beginning," says Dr Jawad-al Ali, a paediatrician and fellow of the Royal College of Surgeons. He is based in southern Iraq's largest hospital and has spent three years researching congenital defects and cancers in children. "Something happened to our environment in that war. Maybe it was DU or maybe it was the chemicals that were released when we were bombed — we can't say for sure yet, but something has happened to our environment."

"We even see it in the plant and agricultural life. Giant marrows, huge tomatoes — it's clear that there has been some sort of genetic modification since the war."

In a Guardian investigation which has involved talking to doctors all over central and southern Iraq — inspecting maternity logs, birth defect registers and personal records taken by midwives and paediatricians — a terrifying pattern emerges. There has been a clear increase in birth defects, ranging from thalidomide-type deformities to entire villages where the children of different families are being born blind or with internal congenital defects in the heart and lungs. The highest concentration is in the south of Iraq.

Two hours south of the southern Iraqi city of Basra, the road comes to an abrupt stop at a fence of barbed wire some eight metres high. This is the controlled zone, a graveyard of rusting Iraqi tanks riddled with bullets and abandoned there since the war. The Guardian was the first independent foreign newspaper to enter the region since the war. Using simple radiation Geiger counters, we measured high levels of radiation in the destroyed tanks and in the desert that surrounded them. The source of the radiation was a substance that had never been used in the battlefield before the Gulf war. Iraq became the laboratory for an untested and unknown material — DU.

A byproduct of the manufacture of nuclear weapons and energy production techniques used in nuclear

power plants, DU is the heaviest metal in the world. Britain imported 500 tonnes from the US in 1981. Its attraction is that bullets tipped with DU are so tough that they can slice through tanks like a knife through butter.

The problem is that when DU-tipped bullets hit the target they explode, sending millions of tiny radioactive particles into the atmosphere. "This is when it becomes most dangerous," says Arjun Makihani, the President of the US Institute for Energy and Environmental Research. Once released, the particles can be directly inhaled, can pollute the water table and enter the food chain, spreading radioactive pollution over thousands of square miles. Exposure to this kind of radiation, as well as to chemical pollution, can cause genetic damage because of the ease with which the uranium can cross the placenta to the foetus (1). According to the Department of Defense in the United States, at least 40 tonnes of DU were left on the battlefields of southern Iraq.

Professor Selma al-Taha is 62 and wears a finely woven headscarf of white silk over an impeccable bun. From a pint-sized office on the fourth floor of the Baab al-Muadam medical college — dedicated, as every establishment in Iraq is, to Saddam Hussein — she runs the country's only functioning genetics laboratory. She studied for a masters degree in Human Genetics at Edinburgh University and worked in the Western General Hospital in the city. "Such a lovely city, so easy to get around," she says. "And the picnics. I remember the picnics."

In 1975 she established the first genetics laboratory in Iraq and is the country's leading geneticist. "I first began noticing the increase around 1993," she says. "By the end of the year I was sure there was something wrong. We've no idea of the real scale of it, because most of it is happening in the south and people nowadays have no money to travel to the capital. Still, from the data it's clear that we were being presented with complicated congenital defects that we have either never seen before, or only very rarely seen."

"Something has happened to the environment since the war. It is true that it could be pollution due to smoke or chemicals, but the reason we believe the most probable cause is radiation is because radiation is most effective on a fast-changing organism like a foetus or a growing child. Also, the organs most susceptible to radiation, after the kidneys, are the reproductive organ — the gonads and the ovaries."

"We are getting a huge increase in late miscarriages for unknown reasons. We're getting mothers as young as 20 giving birth to mongol babies, which shouldn't happen. My research shows that the number of children born with Down's syndrome-type defects has tripled since the war." She admits her statistics are sketchy and that from her Baghdad headquarters she can't monitor the whole country.

Twenty-five-year old Dr Zenad Mohammed is making her own attempt to monitor the problem. She is five months pregnant and doing her maternity training in the Saddam Hussein Teaching Hospital in Basra — a jumble of one-storey buildings with peeling white paint, filled with a pale odour of disinfectant. Outside, two decorators are delicately crafting the green, white and orange stripes of the Iraqi flag on to the concrete. Dr Zenad is carrying her first baby and she watches these things very, very carefully. "I'm scanning myself every day. I know I shouldn't but I'm terrified."

For the past three months Dr Zenad, terrified of giving birth to a deformed child, has been monitoring the birth defects in their delivery room, where 20 to 30 babies are born daily. She keeps her findings in a hard-backed grey notebook. In a scrawny blue Biro she has divided the page into columns, in which she writes the sexes, dates of birth and weights of the babies. In a fourth column, she logs their deformities. She begins:

"August — we had three babies born with no head. Four had abnormally large heads. In September we had six with no heads, none with large heads and two with short limbs. In October, one with no head, four with big heads and four with deformed limbs or other types of deformities."

Stuck up on the hot water boiler of a kitchen in Wiltshire is a typewritten letter from the London School of Hygiene and Tropical Medicine. It is inviting Darren and Julia Office to take part in a survey to investigate the "effects of serving in the Gulf war, and in the armed forces in general, on reproduction and child health". Their daughter Kimberley has a congenital deformity that affects her chromosomes. She is almost six, but the size of a three-year-old. Her deformity has led to heart and lung problems. When it was diagnosed, their doctors told them to go away and **page 41**



Legacy... Iraqi health authorities report a tripling of deformed babies since the end of the Gulf war

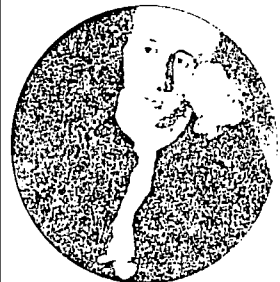
ALL PHOTOGRAPHS: JULIA GUEST



Pass notes

No 1320

Impeachment



Age: 622.

Appearance: Infrequent.

Come on, we all know this is about Clinton. Who's that a picture of? That's Warren Hastings (1732-1818), the first Governor-General of Bengal.

And what's he got to do with it? Hastings was the Slick Willie of his day. Chronically bogged down in messy Anglo-Indian politics, he returned to England to find himself impeached in the House of Lords.

Don't tell me, he had an affair with an intern and lied about it to a special investigator? Not quite, but the allegations against Hastings wouldn't look out of place in the modern world: there was a cash-for-troops scandal, an extortion charge, a bit of treaty-breaking...

Sounds like the man was completely corrupt: No, he wasn't. But it took seven years and 145 sittings of the House of Lords to find that out.

Even more deadly than reading the Starr report, then: Indeed, The Hastings impeachment was so tedious, in fact, that the English more or less dumped the procedure. Only one Brit has been impeached since — Lord Melville, in 1806.

When did Hastings's impeachment happen? Well, Edmund Burke, the great Whig, began proceedings in 1786, convinced Pitt the Younger of his case, and the trial began in 1788.

Wasn't that... Yes, exactly the time the hallowed American Constitution was being framed. It would appear that the Hastings case excited the founding fathers so much that they slapped it into Article II, Section 4.

Even though we'd decided the procedure was too long-winded: There's also the small matter that the British executive is responsible to the House of Commons, which, with a simple vote of no confidence, can dump a prime minister any time it likes.

And what happened to Warren? He was acquitted on all charges, but the trial left him a ruined man, and only the generosity of the East India Company saved him from poverty in old age.

Any other great British impeachments? Well, there was the Archbishop of Canterbury, William Laud, who was impeached in 1640 for treason and beheaded on Tower Hill...

Now there's an idea.

1000 years in 500 days will appear in tomorrow's G2

'In August we had three babies born with no heads. In September we had six...'

1 page 2 enjoy her life because she might not have long. It was, they said, "just one of those things".

Warminster is bleak on a wet Saturday in December. It is a military town with two army bases and an unmanned train station with a screen that advises travellers to London to change at Salisbury. The Officers' terrace home is comfortable and their daughter, Kimberley, with her stack of books and Barbie doll, gets the lavish love and care of a six-year-old whose suffering has broken her parents' heart. There is a Spice Girls video and a video recorder poised to tape their last Christmas together on the wine- and purple-checked sofa before the arrival of the new baby.

"I started to think about it when I learned that out of the 27 in my group, three of us had children who are sick," says Darren. "There was a baby that died at birth, another one and our Kimberley. We were talking among ourselves, and people were saying that there were too many sick babies. It's the kiddies I'm thinking about."

Julie is due to give birth to her second child in three weeks. As the birth approaches, she is becoming more and more worried: "I just thought that we had to come forward and talk about this. There are a lot who don't, because they're still in the services and afraid of making a fuss. I can't put my hand on my heart and say it was the Gulf war — I don't know. Nobody knows yet. But there are too many people talking about the defor-

mities. We were two healthy young people. We had no history of congenital illness."

Darren went to the Gulf in October 1990 with the Queen's Royal Irish Hussars. For most of the war he and his regiment were far from the fighting, but for the last seven days they were at the front, at the Basra Road, where some of a heavy air bombardment in the final days of the war led to the death of thousands. It was here that the greatest number of depleted uranium rounds were fired.

Darren and his unit reached the road after the dead had been looted but before their bodies had been removed: "We were on the road for about 10 hours. It was after the ceasefire, and with a couple of the guys we went wandering through the wreckage. We had never heard of depleted uranium and hadn't been warned about taking any precautions."

The village of Abbarra is two hours' drive north of Baghdad, close to the Iranian border where the brick factories bake mud in the traditional way and the land is fertile with aubergine and cucumber. In a compound, the neighbours have gathered, and hot, sweet tea from delicate glasses is offered while the children of the blind families are sent for.

Since the war, five children from three separate families have been born here in this tiny village with a strange congenital blindness. These



families are the subject of a special study by the Baghdad Genetic Clinic. "All their fathers served in the war," says Professor Selma al-Taha. "There is no history of any kind of congenital blindness and they are all from different families. The only other possibility is vitamin deficiency, but they are farmers and relatively well off in that respect." One of the children, Azhar, is four. She moves across the mats of the meeting room, arms outstretched, feeling the air in front of her, calling for her father.

The concern in Iraq is that the radiation from DU, which has a radioactive half-life of at least 4,000 years is spreading around the country. "It's in the food chain now," says Professor al-Taha. "Dates are being

sent from the south — oranges, tomatoes, there isn't any way to control the spread." The birth of deformed babies is not confined to the south.

Dr Basma Al Asam has been a gynaecologist for 22 years. She works in the Al Manoor hospital in Baghdad, one of the city's poorest. "I've been watching this for seven years now," she says, "and it is increasing and increasing. We're not just seeing babies born with congenital abnormalities, but very late spontaneous abortion because of congenital defects. In the past we used to see maybe one a month. Now it is two or three cases per day. I've had three cases this morning and it's only 11.20."

The price of cleaning up the radioactive mess in the Persian Gulf is enormous. It would cost "billions" even if it were feasible, says Leonard Dietz, an atomic scientist who wrote a report for the US Energy Department.

In the days that followed the retreat and defeat of Iraqi troops, thousands of coalition soldiers were on the ground among the radioactive tanks. Some picked fragments of bullets as souvenirs and wore them around their necks. "The Gulf war was the first time we saw Soviet tanks," says Chris Kornkven, who served with the US's 304th Combat Support Group. "Many of us started climbing around in them." It was also common practice among British soldiers. "We all did it," says Darren Office. "A gang of us would go out — not too far from our tanks

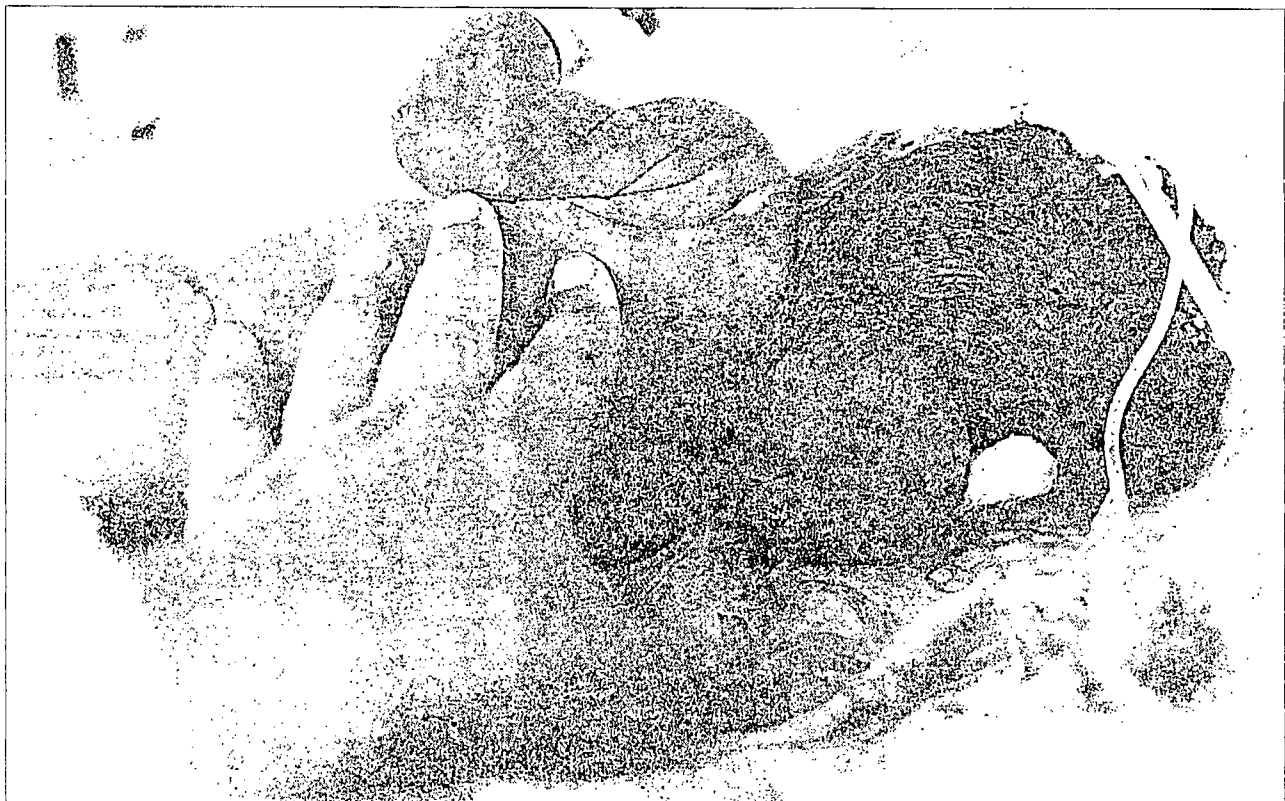
— and have a look about. Lads larking around."

So far, only one British soldier has been tested for DU: Ray Bristow, who served with his unit on the notorious Basra Road. Bristow's test was carried out by Dr Asaf Darakovic, associate member of the American College of Physicians and professor of radiology and nuclear medicine at Georgetown University in Washington DC. He told Bristow last month that a test had revealed the level of radioactivity in his urine was 100 times greater than was safe. Dr Darakovic also told Bristow that of 24 servicemen he tested for radioactivity from the 144 New Jersey Transport and Resupply Corps, 14 out of 24 tested positive for radioactivity.

At a two-day conference held in Baghdad earlier this month to discuss the use of DU in the Gulf, there was little outside interest. The agency news reports barely warranted a line of reporting in Britain and the US. "The problem is that no one is taking this seriously," says Dr Sami-al-Arajek, organiser of the conference. "They are saying it is all Iraqi propaganda. But it is a nightmare and it is not just us Iraqis who will find that out."

"Do your people in England know about this yet?" asks Professor Selma al-Taha. "They don't believe us, do they?"

1: Research carried at Oak Ridge National Laboratories which controversially used uranium compounds to trace the passage of calcium from the placenta to the foetus.



Deformed... (right) a baby being treated for a congenital head growth; and (above) a mother tends her child, who has leukaemia

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11.5.98

Dear Melanne - Re - Elmsford Parkway

can anything be done about this?

Thank

Melanne Verveer

Issues
my

Nicole -
Can we p's
help about this

MV

The Ickes & Enright Group

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5 November 1999

The Honorable Paul J. Feiner
Town Supervisor
Town of Grreenburgh
PO Box 205
Elmsford, NY 10523

Re Elmsford Raceway

Dear Mr. Feiner:

This is in response to your 10.18.99 letter regarding Lou and Barbara del Rosario of Elmsford Raceway. I have forwarded it to the appropriate people and will follow up.

Sincerely,

Harold Ickes

Harold Ickes

Cc: Melanne Verveer -by fax
Neera Tanden -by fax

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- b(4) Release would disclose trade secrets or confidential or financial information [(b)(4) of the FOIA]
- b(6) Release would constitute a clearly unwarranted invasion of personal privacy [(b)(6) of the FOIA]
- b(7) Release would disclose information compiled for law enforcement purposes [(b)(7) of the FOIA]
- b(8) Release would disclose information concerning the regulation of financial institutions [(b)(8) of the FOIA]
- b(9) Release would disclose geological or geophysical information concerning wells [(b)(9) of the FOIA]

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DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
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002b. letter	Lou and Barbara del Rosario to Paul Feiner (1 page)	10/05/1999	b(6)
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COLLECTION:

Clinton Presidential Records
Domestic Policy Council
Ann O'Leary
OA/Box Number: 20225

FOLDER TITLE:

Correspondence [2]

2013-0436-S

rc1319

RESTRICTION CODES

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

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

C. Closed in accordance with restrictions contained in donor's deed of gift.

PRM. Personal record misfile defined in accordance with 44 U.S.C. 2201(3).

RR. Document will be reviewed upon request.

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

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

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DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
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002c. letter	Paul Feiner to Jay Fishman (1 page)	10/18/1999	b(6)
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COLLECTION:

Clinton Presidential Records
Domestic Policy Council
Ann O'Leary
OA/Box Number: 20225

FOLDER TITLE:

Correspondence [2]

2013-0436-S
rc1319

RESTRICTION CODES

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

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