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

Morning Session

The East Room

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10:45 A.M. EDT

PARTICIPANTS:

THE PRESIDENT
MRS. CLINTON

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DR. DONALD COHEN, Yale University, New Haven, Connecticut

DR. CARLA SHATZ, University of California, Berkeley

DR. PATRICIA KUHL, University of Washington, Seattle, Washington

DR. EZRA DAVIDSON, Charles R. Drew University of Medicine and Science, Los Angeles, California

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DR. DEBORAH PHILLIPS, Institute of Medicine, Washington, D.C.

P R O C E E D I N G S

MRS. CLINTON: Please be seated. Welcome to the White House and to this very special White House Conference on Early Childhood Development and Learning. We are delighted that you can join us today not only here in the East Room, but I want to give a special welcome to the thousands of people who are joining this conference via satellite from universities, hospitals and schools around the country. There are nearly 100 sites in 37 states.

Now, at first glance, it may seem odd to hold a conference here at the White House devoted to talking about baby talk. But that discussion has never been more important, because science, as we will hear from the experts who are with us today, has now confirmed what many parents have instinctively known all along, that the song a father sings to his child in the morning, or a story that a mother reads to her child before bed help lay the foundation for a child's life, and in turn, for our nation's future.

So the President has convened this conference with a clear mission: to give the leading experts in the field of early childhood development, the scientists and pediatricians, the researchers and all of the others, the

opportunity to explain their discoveries and to put this invaluable body of knowledge at the service of America's families.

But this is not just for America's families. This information is crucial for anyone in the position of leaving an impression on a young child's growing mind -- day-care workers, teachers, doctors and nurses, television writers and producers, business leaders, government policy-makers, all of us.

It is astonishing what we now know about the young brain and about how children develop. Just how far we have come is chronicled in a report being issued today by the Families and Work Institute, entitled, "Rethinking the Brain." Fifteen years ago, we thought that a baby's brain structure was virtually complete at birth. Now, we understand that it is a work in progress, and that everything we do with a child has some kind of potential physical influence on that rapidly-forming brain.

A child's earliest experiences, their relationships with parents and care-givers, the sights and sounds and smells and feelings they encounter, the challenges they meet determine how their brains are wired. And that brain shapes itself

through repeated experiences. The more something is repeated, the stronger the neuro-circuitry becomes, and those connections, in turn, can be permanent. In this way, the seemingly trivial events of our earliest months that we cannot even later recall -- hearing a song, getting a hug after falling down, knowing when to expect a smile -- those are anything but trivial.

And as we now know, for the first three years of their life, so much is happening in the baby's brain. They will learn to soothe themselves when they're upset, to empathize to get along. These experiences can determine whether children will grow up to be peaceful or violent citizens, focused or undisciplined workers, attentive or detached parents themselves.

We now have reached the point of understanding that a child's mind and a child's body must be nourished. During the first part of the 20th century, science built a strong foundation for the physical health of our children -- clean water and safe food, vaccines for preventable diseases, a knowledge of nutrition, a score of other remarkable other lifesaving achievements. The last years of this century are yielding similar breakthroughs for the brain. We are

completing the job of primary prevention, and coming closer to the day when we should be able to ensure the well-being of children in every domain -- physical, social, intellectual, and emotional.

I have very high hopes not only for this conference, but for what I hope will come from it. But there are, however, two things I hope this conference will not do. The first is I hope this information will not burden or overwhelm parents. Parenting is the hardest job in the world, and the information we offer today is meant to help parents, not to make them anxious or imprison them in a set or rules. If you forget to read to your child one night, please, that's okay. (Laughter.)

Think of this conference as a map. And like any good map, it shows you a lot of different ways to get where you need to go. Many American parents have been asking for just such a map. A new survey, "From Zero to Three," the National Center for Infants, Toddlers and Families shows a real hunger on the part of parents for knowledge on how they can play a positive role in their child's early development. And I hope this conference in one of the ways we answer that call.

The second thing I hope does not happen is to create the

impression that once a child's third birthday rolls around, the important work is over. The early years are not the only years. The brain is the last organ to become fully mature anatomically. Neurological circuitry for many emotions isn't completed until a child reaches 15. So there is always room for appropriate stimulation, loving and nurturing care by adults who are invested in a child. There's always something that concerned adults can do. And that has special relevance for adoption. Adoptive parents can make an enormous difference for a child at any time, and especially for older children.

That said, here is what I hope the conference will accomplish. I hope it will get across the revolutionary idea that the activities that are the easiest, cheapest and most fun to do with your child are also the best for his or her development -- singing, playing games, reading, story-telling, just talking and listening. Some of my best memories are reading to our daughter, even if I fell asleep in the nine hundredth reading of "Goodnight, Moon." But reading to her when she was young was a joy for Bill and me, and we think also a joy for her. But we had no idea 15, 16, 17 years ago that what we were doing was literally turning on

the power in her brain, firing up the connections that would enable her to speak and read at as high a level as she possibly could reach.

I hope that the science presented in this conference will drive home a simple message, one supported in great detail by a report being issued today by the President's Council of Economic Advisors. If we, as a nation, commit ourselves now to modest investments in the sound development of our children, including especially our very youngest children, we will lay the groundwork for an American future with increased prosperity, better health, fewer social ills and ever greater opportunities for our citizens to lead fulfilling lives in a strong country in the next century.

There's a quote I particularly like from the Chilean poet, Gabriella Mistral, that reminds us, "Many things we need can wait; the child cannot. Now is the time his bones are being formed,
his blood being made, his mind being developed. To him, we cannot say, tomorrow. His name is today." We have known this instinctively, even poetically; now we know it scientifically.

And I'm pleased to introduce someone who has been saying

this and practicing it for a long time -- maybe not in poetry, but certainly in the countless stories and books and songs that he has shared not only with our daughter, but with our nephews and, really, any small child who ever crosses his path. As the President of the United States and as a father, he has acted on these beliefs, putting the well-being of children at the very center of national policy. So it pleases me greatly to introduce my fellow reader of "Good Night, Moon," the President, Bill Clinton. (Applause.)

THE PRESIDENT: Thank you. Thank you very much. Thank you very much, and welcome to the White House. I was relieved to hear Hillary say that the brain is the last organ to fully develop. It may yet not be too late for me to learn how to walk down steps. (Laughter.) Or maybe I was thinking it was because I was always hugged when I fell down as a child, I did this subconsciously on purpose. (Laughter.)

Let me begin by thanking the members of the Cabinet who are here. I see Secretary Riley and Secretary Glickman. I thank Governor Romer and Governor Chiles for being here. I think Governor Miller is coming. There are many others who are here. Congresswoman De Lauro is either here or coming.

Thank you, Governor Miller. I see I was looking to the left there. (Laughter.) He's from Nevada -- he just went up five points in the polls when I said that. (Laughter.)

Let me say, first of all, the first time I met Hillary, she was not only a law student, she was working with the Yale Child Study Center, and she began my education in these issues. And for that, I am profoundly grateful. And I thank her for bringing the scientists, the doctors, the sociologists, the others whose work is the basis for our discussion today here. And I, too, want to thank the thousands of others who are joining us by satellite.

This unique conference is a part of our constant effort to give our children the opportunity to make the most of their God-given potential and to help their parents lead the way, and to remind everyone in America that this must always be part of the public's business because we all have a common interest in our children's future.

We have begun the job here over the last four years by making education our top domestic priority, by passing the Family Leave act and now trying to expand it and enact a form of flex time which will give parents more options in how they take their overtime in pay or in time with their children, by

the work we have done to expand the Family and Medical Leave Act and by the work we've tried to do to give parents more tools with the v-chip and the television rating system, and the work we are still carrying on to try to stop the advertising and marketing and distribution of tobacco to our children, and other work we've done in juvenile justice and trying to keep our kids away from the dangers of alcohol and drugs.

All these are designed to help our parents succeed in doing their most important job. Now it seems to me maybe the most important thing we can actually do is to share with every parent in America the absolutely stunning things we are learning from new scientific research about how very young children learn and develop. In that regard, I'd like to thank Rob Reiner and others who are committed to distributing this information, and I'd like to thank the media here in our Nation's Capital and throughout the country for the genuine interest that they have shown in this conference.

I think there is an instinctive understanding here that this is a very, very big issue that embraces all of us as Americans, and that if we learn our lessons well and if we're patient in carrying them out, as Hillary said, knowing that

there is no perfect way to raise a child, we are likely to have a very positive and profound impact on future generations in this country. So I want to thank, again, all of you for that.

Let me say there are some public programs that bear directly on early childhood development -- the Head Start program, which we've expanded by 43 percent over the last four years; the WIC program, which we've expanded by nearly 2 million participants. I have to say that I was a little disappointed -- or a lot disappointed to see a congressional committee yesterday vote to underfund the WIC program. I hope that if nothing else happens out of this conference, the results of the conference will reach the members of that congressional committee and we can reverse that before the budget finally comes to my desk.

I would also like to remind all of you that this conference is literally just a start. We have to look at the practical implications of this research for parents, for care-givers, for policy-makers, but we also know that we're looking at years and years of work in order to make the findings of this conference real and positive in the lives of

all of our children. But this is a very exciting and enormous undertaking.

This research has opened a new frontier. Great exploration is, of course, not new to this country. We have gone across the land, we have gone across the globe, we have gone into the skies, and now we are going deep into ourselves and into our children. In some ways, this may be the most exiting and important exploration of all.

I'm proud of the role that federally-funded research has played in these findings in discovering that the earliest years of life are critical for developing intellectual, emotional and social potential. We all know that every child needs proper nutrition and access to health care, a safe home and an environment; and we know every child needs teaching and touching, reading and playing, singing and talking.

It is true that Chelsea is about to go off to college, but Hillary and I have been blessed by having two young nephews now -- one is about two and one is about three -- and we're learning things all over again that, I must say, corroborate what the scientists are telling us.

We are going to continue to work on this, and I know that you will help us, too. Let me just mention two or three

things that we want to work on that we think are important. We've got to do a lot more to improve the quality, the availability and the affordability of child care. Many experts consider our military's child care system to be the best in our country. I'm very proud of that, and not surprised.

The man responsible for administering the Navy's child care system, Rear Admiral Larry Marsh, is here with us today. He leads a system that has high standards, including a high percentage of accredited centers, a strong enforcement system with unannounced inspections, parents have a toll-free number to call and report whatever concerns they may have, training is mandatory and wages and benefits are good, so, staff tends to stay on.

I am proud that the military places such importance on helping the families of the men and women who serve our country in uniform. But it's really rather elementary to know that they're going to do a lot better on the ships, in the skies, in faraway lands if they're not worried about how their children are faring while they're at work serving America.

To extend that kind of quality beyond the military, I am

issuing today an executive memorandum asking the Department of Defense to share its success. I want the military to partner with civilian child care centers to help them improve quality, to help them become accredited, to provide training to civilian child care providers, to share information on how to operate successfully, and to work with state and local governments to give on-the-job training and child care to people moving from welfare to work.

I think this is especially important. Let me say in the welfare reform bill, we put another $4 billion in for child care. In addition to that, because the states are getting money for welfare reform based on the peak case load in welfare in 1994, and we've reduced the welfare rolls by 2.8 million since then, most states, for a period of time until an extra session comes along, will have some extra funds that the can put into more child care. This gives states the opportunity they have never had before to train more child care workers, to use funds to help even more people move from welfare to work and perhaps even to provide more discounts to low-income workers to make child care affordable for them.

This welfare reform effort, if focused on child care, can train lots of people on welfare to be accredited child

care workers and expand the availability of welfare in most of the states of the country. It's not true for every state, because some of them have had smaller drops in the case load and three have had no drops. But, by and large, the welfare reform bill, because of the way it's structured, gives all of you who care about child care about a year or two to make strenuous efforts, state by state, to create a more comprehensive quality system of child care than we have ever had before. And I certainly hope that what we can do here, plus the support of the military, we'll see dramatic advances in that regard.

I'd like to thank the people here who have done that work. And I'd like to say that we are going to hold a second conference, this one devoted exclusively to the child care issue here at the White House in Washington this fall. And I hope all of you who care about that will come back.

The second thing we want to do is to extend health care coverage to uncovered children. The budget I have submitted will extend coverage to as many as 5 million children by the year 2000 with the children's health initiative in the budget proposal -- to strengthen Medicaid for poor children and children with disabilities, to provide coverage for working

families through innovative state programs, to continue health care coverage for children of workers who are between jobs. There is an enormous amount of interest in this issue in both parties, I'm happy to say, in the Congress in this session. And I quite confident that if we'll all work together, we can get an impressive expansion in health care coverage for children in this congressional session.

I'm pleased that Dr. Jordan Cohen, the President and CEO of the Association of American Medical Colleges is with us today to lend his association's strong support to these efforts. With the support of leaders in medicine, again I say, I am convinced we'll have a bipartisan consensus that will extend coverage to millions more uninsured children.

The third thing we want to do is this: Because we know the great importance of early education, we're going to expand Early Head Start enrollment by at least one-third next year. Early Head Start was created in 1994. It's been a great success in bringing the nutritional, educational and other services of Head Start to children aged three and younger and to pregnant women. It has been a real success and we need to expand it.

Today we are requesting new applications for early Head

Start programs to accomplish the expansion. And to help parents to teach the very young, we developed a tool kit called, "Ready, Set, Read," part of our America Reads challenge, designed to make sure that every child can read independently by the 3rd grade. This kit gives tips on activities for young children. It's going out to early childhood programs all across the country along with a hotline number for anyone else who wants the kit.

The fourth thing we're going to do is to protect the safety of our children more. In particular, we have to help young children more who are exposed to abuse and violence. Let me tell you, as you might imagine, I get letters all the time from very young children. And my staff provides a significant number of them for me to read. The Secretary of Education not very long ago gave me a set of letters from children who were quite young, a couple of years ago gave me a set of letters from children who were in the 3rd grade. But sometimes I get them from kindergarten children and 1st grade children, talking about what they want America to look like. And it is appalling the number of letters I get from five- and six-year-olds who simply want me to make their lives safe; who don't want to worry about being shot; who

don't want anymore violence in their homes; who want their schools and the streets they walk on to be free of terror.

So, today the Department of Justice is establishing a new initiative called "Safe Start," based on efforts in New Haven, Connecticut, which you will hear about this afternoon. The program will train police officers, prosecutors, probation and parole officers in child development so that they'll actually be equipped to handle situations involving young children. And I believe if we can put this initiative into effect all across America, it will make our children safer. And I'm glad we're announcing it today during Victims of Crime Week. We all know that it's going to take a partnership across America to help our children reach their full potential. But the toughest job will always belong to our parents -- first teachers, main nurturers. Being a parent is a joy and a challenge. But it's not a job you can walk away from, take a vacation from, or even apply for family leave from. (Laughter.) The world moves too fast, and today, parents have more worries than ever. Work does compete with family demands, and finding a balance is more difficult than before. That's why this must always be part of the public's business.

Let me come now to the bottom line. The more we focus on early years, the more important they become. We know that these investments of time and money will yield us the highest return in healthier children, stronger families and better communities.

Now, let me say, finally, I know that none of us who are in politics, none of us who are just parents, will ever know as much as the experts we're about to hear from today. But what they're going to tell us is the most encouraging thing of all, which is, they have found out that we can all do the job. No matter how young, a child does understand a gentle touch or a smile or a loving voice. Babies understand more than we have understood about them. Now we can begin to close the gap and to make sure that all children in this country do have that chance to live up to the fullest of their God-given potential.

Again, I thank you all for being here. I thank our experts, I thank the First Lady. And I'd like to ask Dr. David Hamburg to come up and sit there and take over the program.

David?

Thank you. (Applause.)

MRS. CLINTON: I wanted to add to the President's introduction. Dr. Hamburg brings to this position a lifetime of commitment, improving the quality of life of Americans and people around the world; and in his latest incarnation as the President of the Carnegie Corporation, has overseen the production of a series of reports about our children. And the one that is most relevant for today is a report called "Starting Points," that really was, in many of our eyes, the seminal report on early childhood development, and out of which has sprung much of the public attention over the past three years to the issues we're going to discuss today.

Dr. Hamburg.

DR. HAMBURG: Thank you very much, indeed. I know I speak for everyone in thanking the President and the First Lady for outstanding leadership on this vital issue, which is simply the fundamental building blocks of every human life. That's what this is about. This month is a historic one in the annals of disease prevention. Do you remember infantile paralysis, we used to call it? In April, 1995 -- in April, the Salk Polio Vaccine first became available.

It so happens that the late Jonas Salk was a member of the task force that prepared Starting Points, and he said,

about that report when it came out, "The encouraging news in Starting Points, that there is a way to prevent the crippling of the minds of infants and children, may be a similar historic opportunity. I think today's White House Conference does indeed signify historic opportunity, the nation coming together on behalf of all our children, our most precious assets.

Now, the fact is that our nation's infants and toddlers are in trouble. Compared with most other established democracies, the United States has more casualties and more risk factors, more serious risk factors, than the other democracies. For example, a higher mortality rate, a higher proportion of low birth-weight babies, a smaller proportion of toddlers immunized against childhood diseases, and a much higher rate of babies born to adolescent mothers.

Now, if a poor start leaves an enduring legacy of impairment, then high costs follow. Now, it's quite true, as the First Lady just said, it doesn't necessarily follow that bad experiences in the first few years doom a person for the rest of their lifespan, but such bad experiences do change the odds in a negative way. And, when there is an enduring legacy of impairment, then it may show up in different

systems: in health, in education, in justice. We call them by a lot of different names: disease, disability, incompetence, ignorance, hatred, violence. But, by whatever name, these outcomes involve severe economic and social penalties for the entire society.

During the 1990s, an important consensus has emerged within the scientific and professional communities, on ways that parents and others can cooperate in meeting the developmental needs of very young children. Our aim at this meeting is to clarify that scientific and professional consensus as far as we can, and to make it widely understood throughout country. The President referred to Rob Reiner's initiative, which is a major thrust toward fostering public understanding, which is so vital in a democracy, and this meeting gives a very big boost to that effort.

Our report, to which the First Lady referred, Starting Points, published the three years ago this month, in 1994, formulated four main approaches to preventing damage to the youngest children and provided a solid basis for hope, as the President said. Those four thrusts were: first, preparation for responsible and competent parenthood; second, health care; third, child care; and fourth, community

mobilization. You will hear at least samples of each of those approaches in today's program, partly this morning, partly this afternoon.

Now, when Starting Points was released, we were somewhat surprised by the extraordinary positive, constructive, extensive media attention that focused on the strong evidence from research on brain and behavior development, indicating the long-term effects of early experience. Starting Points also noted the wide gap between scientific research and public knowledge, between what is known and what we do about that knowledge, what we do to meet the essential requirements for healthy child development in the earliest years, so today's meeting is a major step in filling that dangerous gap.

In the morning session, we will first hear from three distinguished scientists about highlights of basic research in the biological and behavioral sciences. These are important samples of emerging knowledge, only samples. Because of the time constraints, we cannot possibly be comprehensive. This field is simply flourishing beyond any prior expectation. But they will be sufficient to suggest the profound importance of early development.

Then we will hear from three highly respected scholars on professional services. How can the powerful advances in fundamental knowledge be put to work for the wellbeing of all our children and for the strengthening of their families? I think the President himself will guide that part of the discussion. In essence, that part of the discussion will focus on a developmental sequence of valuable services that starts with early prenatal care and goes on to preventive pediatric care, to parent education, social supports for young families, high-quality child care and early childhood education which, as you heard, will be the focus of a conference in the White House this fall, a vitally significant subject. A new Rand cost/benefit study shows that, for every dollar spent on such early opportunities, many dollars are saved in later years.

It is important to note, and I want to reinforce what the President said, that most of the research in this field, and almost all of the basic research -- the basic research -- has been supported by the United States Government, primarily by the National Institutes of Health, and also by the National Science Foundation. These institutions are highly respected throughout the world. Wherever there is

serious interest in science, or medicine, or public health, the NIH and the NSF are well known and deeply respected.

Now, let me briefly introduce the speakers, and I will do them in turn. To save time, I will do the whole batch together and then they will speak: Dr. Donald Cohen is director of the Yale Child Studies Center and Irving B. Harris Professor of Child Psychiatry, Pediatrics, and Psychology at the Yale University School of Medicine in New Haven. The Center is internationally recognized for its multidisciplinary research and its clinical programs, its professional education, its services, and its advocacy for children and families. You also heard that Mrs. Clinton had one of her very first jobs in that Center. Dr. Cohen is deeply involved in ways of coping with the problems of urban child development.

Then, we'll have Dr. Carla Shatz, who received her Ph.D. in neurobiology at the Harvard Medical School, working with David Hubel and Tosten Viesel, Nobelists who really opened up this crucial line of inquiry with respect to the development of the nervous system. She is now professor of neurobiology at the University of California at Berkeley. Her ongoing studies of how the orderly sets of connections present in the

adult brain are actually wired up during development -- these studies have gained her great respect in the international scientific community. She is immediate past president of the Society for Neuroscience, which is the umbrella organization in this field. Her research has broad implications for our understanding of the normal development of the human brain, including learning and memory, but it also has implications for neurological birth defects.

Then, we will hear from Dr. Patricia Kuhl, who is the current chair of the Speech and Hearing Sciences at the University of Washington in Seattle. Her research interests focus on the development of language and speech and how language information is stored in the brain. Her studies have illustrated how infants' early auditory experience plays a critical role in the acquisition of language in the first year of life. This work has broad implications for the identification of crucial periods in development and also in respect to bilingual education.

Then, we will hear from, in the second half of this session on professional services, we will hear from Dr. Ezra Davidson, who is Professor and past Chairman of the Department of Obstetrics and Gynecology of the Charles Drew

University of Medicine and Science in Los Angeles, where he headed, for many years, one of the largest obstetrical services in the country. He was an early contributor to our understanding of fetal development, and he has been at the forefront of efforts to improve maternal and child health.

Next will come Dr. Barry Brazelton, one of the best-known child health specialists in the world, a distinguished scholar and tireless advocate for children. One of Dr. Brazleton's foremost achievements in pediatrics is his behavioral assessment scale, which is used worldwide to assess neurological responses of newborns, their emotional wellbeing, and their individual differences. He is Clinical Professor of Pediatrics Emeritus at Harvard Medical School. His Touchpoints Project at Boston Children's Hospital formulates curricula for use in outreach programs across the nation to bring high-risk children into the preventive primary health care system.

And, finally, Dr. Deborah Phillips. She is a distinguished child development psychologist. She is Executive Director of the Board on Children, Youth, and Families of the National Academy of Sciences, the National Research Council.

She has done highly illuminating research and analysis on child care, most recently serving on the group responsible for the National Institute of Child Health and Human Development Longitudinal Study of Child Care Outcomes that was reported two weeks ago at the Society for Research and Child Development.

So it's a wonderful panel on a sampling of absolutely crucial topics for the future of our children and, thereby, for the nation's future.

Dr. Cohen, please start us off.

DR. COHEN: Thank you very much, Dr. Hamburg.

Mr. President, Mrs. Clinton, we are all very grateful, indeed, for your focusing national attention on children's development and on the implications of research for the lives of children and families.

As you have pointed out, research reveals that babies are born with remarkable abilities and potential. Their experiences during the first years and months of life will either facilitate this potential or blunt it. These early experiences have an during impact on children's behavior and also, as you know, on the maturation of their brains.

While there is far more to learn about young children, scientific knowledge already can and should be used to help assure that children receive the care that will move them forward. Available knowledge also can help families, teachers, and clinicians recognize when a child is first starting to have problems and to provide effective treatment to help move development back on course.

Much that science has learned confirms the truths that our grandparents took for granted -- that babies need devoted care of adults who love them, protection from harm, a chance to play, to feel proud of their achievements, and to be comforted when they are upset.

Our grandparents also knew that children need to be treated fairly and provided with moral examples to develop their own inner sense of values.

Science has confirmed these beliefs, but we have also learned some things about the first years of life that would have surprised our parents. Researchers have discovered that the minds of infants are active from the time they are born, and are shaped by experience.

Infants see and hear and taste, and they try actively to make sense of these impressions. They recognize patterns and

are interested in shapes, and they remember what they have heard and what they have felt. Babies, in short, are smarter, more competent, more curious and eager than ever was suspected.

Most importantly, we have learned that social relations are central to every aspect of a child's development. Active and engaged care is essential for children's brain maturation and for the social, emotional intellectual development.

Ordinary devoted parents are what makes development go forward because their care provides the basic ingredients for brain maturation. However, it's artificial to distinguish brain and behavior. Everything that the baby thinks or feels or does is the result of brain activity. In turn, the baby's experiences actually changes the way the brain works.

As the child looks at the mobile above his crib or later as the child and father play blocks and talk about what they're ding, specific groups of brain cells are activated and connections between parts of the brain are formed and strengthened.

A baby comes into the world ready to adapt. On the first day of life, a baby can search the room with his eyes, can visually trace the edges of the triangle, and look

intently at his mother's eyes during a feeding. During nursing, a baby exercises every sense, vision, touch, taste, temperature, smell, and organizes these perceptions as he learns about his mother's appearance and her style of giving care.

When parents and other care givers take care of a child, they're doing a lot more than just feeding or bathing or comforting. They're helping the child's brain to develop, shaping his temperament and teaching the child about the world.

These social interactions are the building blocks for a young child's mental and emotional abilities. When the child plays with his parents or care givers or listens to them talk and babbles back, he learns to focus and to concentrate, to recognize the familiar and to study the unfamiliar, to communicate and to take pleasure in learning. These same processes later allow a first grader to focus on a book, quiet down, filter out the noise in the classroom and feel good about learning to read.

Children who are provided with warm care and attention become attached to their parents and then to the one or two or even three other adults who take care of them on a regular

basis. They build up an internal emotional portrait of their parents. When the parent isn't there, when she's at work or busy with something else, when the child is upset, the baby remembers the internal portrait and comforts himself.

The more securely attached a child is, the more easily she can cope with new experiences, including out-of-home child care or recovering from illnesses or brief separations.

The experiences during the first years of life at home, in child care, in the community are especially important because they lay down the patterns for all future development. A fortunate child who has been loved and stimulated, talked with, comforted, given predictable care, will see the world as basically safe and secure, will feel valued and effective, will have trust in himself and others and will be able to use his intellectual potentials to his limits.

The nation has far too many children who are not so fortunate. Children who have had difficult experiences in one area or another are likely to have problems. In subsequent years, there may be opportunities for earlier brain and behavioral patterns to be reshaped. A child with low self esteem from repeated failures and neglect can

blossom with a mentor and an opportunity for success. An anxious child can be helped with therapy and emotional support. Over-active children can learn how to calm down in kindergarten and first and second grades.

No child's potential for recovery and achievement should ever be written off, but we can't count on the success of such renovation when early maladaptive patterns have been too severe and have gone on for too long.

There are important lessons from research on early care and stimulation for the lives of the most vulnerable young children, such as those who have been abused or neglected or moved from one foster home to another.

Mrs. Clinton, your teacher and mine, Sally Province, was among the very first researchers to show that children who are deprived of the continuity of individualized, active attention and care are at great risk to fail emotionally and physically. They're at jeopardy of ever forming secure, stable attachments and trust in others.

Dr. Province used these insights to create one of the first early intervention programs for infants and children. She demonstrated that sensitive child care and family support can lead to long-term gains in children's development.

We need to make this advanced developmental knowledge and training and resources available to those providing care and security for the most vulnerable traumatized children.

Scientific research also provides important new information about children from loving and devoted families who are born with constitutional vulnerabilities such as autistic children. These children are unable to communicate or participate in social relations because of inborn dysfunctions in brain maturation that no amount of loving, devoted care can really reverse. They benefit from education and treatment, but the ultimate hope lies with the type of behavioral and brain research that you are encouraging today.

Scientific research on healthy children and on vulnerable children pass new light on the many factors that go into normal development and the many ways in which development may become derailed. This research helps to define what children and families need to develop their fullest potential. We must strive to meet these needs.

We thank you, Mr. President, Mrs. Clinton, for your making the future of children a shared national concern.

Thank you.

(Applause.)

DR. HAMBURG: Dr. Shatz?

DR. SHATZ: Well, I'd first like to echo that thanks for focusing this day and also future events on the importance of knowing about child development and brain development.

Dr. Cohen began his talk by mentioning that the baby is born ready to go, ready to adapt to the world, and I would like to talk about what's going on in the brain during those times and even earlier in development.

The brain after all is the most incredible computational machine imaginable and its precision of circuitry really underlies our abilities to see, to talk to fee and in fact to be human, so a huge question that neuroscientists have spent the last 25 years addressing is how in the world is this incredible machine assembled during development.

I am very happy to say that the last 25 years of research have yielded a huge amount of new and important insights and I want to try to fill you in on some of those in the next few minutes.

First, I want to talk to you about the magnitude of the problem. The brain actually consists of nerve cells and neuroscientists argue about how many there are but there are probably something like a trillion nerve cells. And I know

those of you who are dealing with the budget deficit understand that number.

Now, a nerve cell consists, you could think of a nerve cell kind of like a telephone, but, unlike a phone, it communications with other nerve cells by a combination of chemical and electrical signalling.

Now, like a phone, a nerve cell gets inputs, gets signals from other cells and it sends signals through a very long fiber or process called an axon. And the axon itself connects with maybe up to anywhere from 10 to even 10,000 other nerve cells, so when you place a phone call, maybe one or maybe even 10,000 other phones will ring.

Now, that means there's something like over a hundred trillion connections that the brain has to form during development and yet the precision of those connections is such that it's almost as if nothing has been left to chance.

Now, another amazing problem that the brain has to solve during development is that none of these connections are there to start out with. Nothing is connected to anything else in the brain. In fact, the way things work is that individual nerve cells come from dividing cells that divide like mad, produce progenitors. Those cells then have to spin

out, they're very long axons, to reach the appropriate parts of the brain. So nothing is connected at first.

And you could make the analogy that the problem of brain wiring is kind of like the problem of stringing telephone wires from one city to another in the brain, from New York to Washington, D.C., and there are sort of two levels of problem that have to be solved.

The first is you have to string the trunk lines, so you have to connect up New York to D.C. and not to Providence, Rhode Island. And what I mean by that is in the brain connections from the eye have to grow to the visual part of the brain. Connections from the ear have to grow to the auditory part of the brain and so on. All these things have to happen de novo.

But then the problem of wiring isn't over once that happens. The trunk lines are formed and then within the cities the connections have to go to the right address, so when your grandmother calls you up in Washington that your phone rings and the phone at the White House doesn't ring. So there is this problem of address selection as well.

It's not a trivial problem. The connections from the eye to the brain, there are about a million connections from

each eye and there are about two million possible phones that each one of these connections could make in the target. And yet only something like 10 or 20 or 100 connections are selected from this huge subset and that's just in the visual system.

Now, what I want to talk about is the solution here, how this works. Well, one idea is that the brain could be wired like a computer, so, like a computer, take all the component parts, solder them all together, flip the switch and, voila, it works. But, actually, the brain solution is much more adaptive and elegant than that and the bottom line is the solution involves starting out by doing the gross wiring of the brain and then halfway through, before all the wiring is complete, just flip the switch, and then actually the wiring continues the process. the functioning of the braining continues the wiring process. So the brain is on from early times in development helping in this wiring process.

Now, research all the way from flies to mammals have shown that this wiring occurs, then, in two broad phases. There's a basic framework of brain wiring, these would be the trunk lines, that are laid down through following a strict genetic blueprint that sets down very clear molecular clues

allowing axons to grow along the right roadways and select the right targets within the brain, so laying down connections from New York to Washington, D.C.

But those connections, when they first form within the target structure, are not in the adult precision. In fact, the phones, when you place a phone call in development from New York to Washington, phones ring all over Washington, so not only your phone rings, but the White House phone rings, too.

Then there is a second phase of development in which brain function is required and it's actually as if the brain is placing phone calls and using those phone calls to correct the initial errors that have been formed in the addressing that occurs early in development. So the brain is almost running test patterns on all these connections, phoning home, essentially, to figure out which are the right phones to ring and which are the wrong and the incorrect connections are eliminated and the correct ones are actually strengthened and grow like mad.

So the baby's brain is actually not just a miniature version of an adult brain. It's a dynamic evolving structure that requires its own function to wire itself in the second

phase, this kind of phoning home.

Now, I want to give you a famous example of this. In the last 20 years or so, many people have looked at vision and development of visual connections and I want to ask you a question and see if you can answer this.

When your grandmother gets a cataract as an adult, she cannot see out of that eye, but if she has that cataract for five years and then a surgeon comes and corrects the optics of the eye and replaces the lens and the cornea, she has good vision again, no problem.

Now, an unfortunate situation is that sometimes children are born with congenital cataracts and they might not be operated on for about five years. So let's say a five-year-old is then operated. The optics of the eye are corrected, yet tragically the child is blind in the eye that has the cataract.

What's the difference?

Well, Hubel and Viesel who were Nobel laureates in 1981 set out to make an animal model to answer this question and what they discovered is that they eye that wasn't used because it had the cataract actually lost many of its connections with the brain. They withered away and that

actually accounted for the blindness in that eye. So this is a classic example of use it or lose it. And Hubel and Viesel could look right in the brain of the animal models and see that those connections had actually gone away.

So this idea, then, gave rise to the whole concept of the importance of early experience in brain wiring and it's still one of our best examples of how early experience is needed for the proper wiring of connections and how abnormal experience can literally lead to a loss of connections in the brain.

Now, don't worry, grandma was fine because once the connections are formed, in most cases, they don't go away again. So once formed, the connections are there. And this then means that there must be early periods of development, windows of opportunity or critical periods, as scientists call them, during which time experience is essential for brain wiring.

Now, because the brain and different parts of the brain develop at different rates, scientists think that there probably are different critical periods or different windows for different parts of the brain, so it's not just as if there is one critical period for vision. It's very likely

that there are many different critical periods and you're actually going to hear about another nice example from Dr. Kuhl in the next talk, language development.

Now, you can ask how early do these periods begin? Well, we know now that this phoning process is going on even before birth. In fact, even before babies can see, their eyes are running test patterns on their connections in the brain and they do this, actually, starting out by a kind of automatic, auto-dialing process. And then, of course, after birth, this auto-dialing process is superimposed by vision. Vision takes over and vision places the phone calls. So in a way, even in utero the brain is in training for experience and it's using its activity in order to help refine connections that are formed.

So what I've told you, then, is that there is actually a two-step process to brain wiring and this is actually an extremely elegant solution. If after all things were just hard wired, if everything in the brain were just strictly programmed genetically by molecules that wired everything up, A to B, C to D and so on, then of course we wouldn't be nearly as adaptable as we are as organisms.

Brain function selects and refines. The second step is

actually very prolonged in humans. As I've said, it begins in utero and it persists all the way through puberty and, actually, in the spirit of Mrs. Clinton's remarks earlier, I have to just remind you that it doesn't just stop there, in fact, it's going on right now and I can guarantee you that after today your brain is going to be different in structure from what it was before.

Now, this is a risky process, of course, this process of allowing experience to sculpt connections, but it allows adaptability. And just think of one example here and that is you don't know if you're going to be born in Japan or in the United States and you don't know which language you're going to have to learn. Well, what's elegant about the superb flexibility is that the brain lays down a basic circuit that's designed to learn language and then experience essentially makes decisions about which connections to keep and which ones to eliminate. And without this superb flexibility, of course, we couldn't do anything. We couldn't learn, remember, change, in short, we wouldn't have those properties that make us uniquely human.

Thank you.

(Applause.)

DR. HAMBURG: Thank you very much indeed.

Dr. Kuhl?

DR. KUHL: Thank you. I also want to thank the President and Mrs. Clinton for putting the spotlight on infants and children and their development.

Today I want to describe a specific instance of how the brain wires itself up for a specific and complex activity like language. We want to talk about what those phone lines that Carla Shatz described are transmitting.

Over the past 25 years, we've learned a tremendous amount about the child's acquisition of language. We previously thought that language began when first words appeared, at about one year of age, and when kids started talking to us. The new research shows that this is incorrect in that infants are mapping the sound structure of language in the first six and 12 months of life. There's always something going into the brain mapping the elementary building blocks of language that infants will use to communicate with in the next year.

What I'll tell you today is that by six months of age, infants are well on their way to cracking the language code. Let me unpack this a little bit.

It takes both nature and nurture or, to say it another way, both biology and culture, to bring this about. Infants are very well prepared for the acquisition of language. At birth, infants across the world can discriminate all of the sound contrasts that are used in any language of the world. I like to refer to them as citizens of the world.

As Carla said, they don't know what language they're going to have to acquire, whether it's Japanese, Spanish, Swedish or English, they're prepared for anything. This is quite a feat because the acoustic events they have to pay attention to are very, very minute. But it's not finished yet. The fact that they're citizens of the world doesn't make them a speaker of a particular language. The job is yet to be done.

Infants have to change from their citizen of the world status to a culture-bound language specialist and, again, the news is that there is concrete evidence that by 12 months of age infants are well on their way to mapping the sound structure of their particular language. We know this because we've been doing studies in all parts of the world. We're observing the results of nature's experiments. Nature constructs life such that babies being reared in these

different countries are all listening to a separate language and so we have studied infants at various phases in their development to see when they diverge from their citizen of the world beginning to the culture bound citizens that we all become as adults.

In studies conducted, for example, in Sweden and in Stockholm and in Seattle, Washington, we observed that by six months of age, babies are already focused on the particular language sounds that their language uses contrastively rather than the sounds of all languages. So by six months of age, they have already moved from the citizen of the world status to their culture-bound language specialist status.

For example, by 12 months of age, we've just learned from studies in Japan, infants who originally at six months in Japan were able to hear the distinction between R and L no longer do so. They don't respond to the difference between R and L at 12 months. This is very good for Japanese because it doesn't contain those two sounds, just R. So babies have begun to ignore the variations that are not critical to their language and pay attention to just that set of sounds that are critical for distinguishing words in their particular language.

So what this research is showing is that by six months of age, infants' perceptual systems have been altered simply by listening to us speak.

Now, I don't know when the last time is that those of you in the audience have looked at a six-monther. They're very little babies. They have yet to produce a single word, they're yet to understand a single word, and yet the lesson from the research is that they are listening to us speak and their brains are busy coding the sound structure of the language they're going to have to master in order to be able to talk back.

So if infants are listening to us at this wee age, who are they listening to? Well, they're listening to us, to you and me, to the speakers of their language and culture. So the language we produce to infants is vital to them and that puts some responsibility on us.

So that brings us to the question what do we know about the language that we produce when we speak to infants and children?

Well, there's plenty of research on what we call parentese, the kind of language we produce when we talk to infants and children. We seem to do this unconsciously.

When you bring a person into the laboratory who has a child, she comes into the laboratory, a mother, and she says, "I'm glad I'm here, the traffic was awful." And then she looks at her two-monther and she says, "Hi. How are you?" So we see there that the grammar is simpler, the vocabulary is simpler, and it has a unique sound. The sound of motherese attracts babies. It's like an acoustic hook that pulls their attention to the speaking adult.

We know from laboratory tests, again, that babies prefer this kind of signal hands down over any other. If you give them a choice between adult-directed speech like I'm producing now and infant-directed speech, there is no contest. A baby will do whatever they have to do to turn that signal on.

The most recent research says that that signal has very well formed phonetic units ideal for the baby's job of learning those particular units, so this motherese, this parentese kind of information, it contains both melody, it has a very good and enticing sound, and meaning. It conveys the warmth and attention we're trying to give to our children, as well as providing a tutorial on language.

So language development is this intricate interplay

between biology and culture. Nature and nurture don't compete, they cooperate. Biology provides a kind of blueprint. The blueprint is that baby's exquisite ability to hear the differences between all sounds, but then culture jumps in and provides this information, the input, language information, that the baby's brain begins to map. This all occurs in a deeply social context.

This is where the village comes in that Mrs. Clinton has written so eloquently about. Language is a social enterprise, one that the community of people surrounding the infant have to help them with. Young infants learn to communicate by watching and listening to us. Again in the laboratory, we can see that if you expose a very young baby, a 20-week-old infant, to a face of a person speaking simple sounds, within about a minute the baby starts to coo back, producing the best instances of those sounds that they can do. So this give and take, this turn-taking, that we do, the communication dance begins very, very early in infancy. By 20 weeks, babies know that they get to have their turn.

So this early learning, this plasticity as scientists refer to it, makes infants both responsive to the environment and vulnerable. Infants' early propensity to learn reminds

us that we have to pay attention to the intactness of their ability to hear and see and process information. It's important to look at early hearing, early speech and early language abilities to that we can jump in with intervention strategies if there is something amiss. Timing is extremely important.

Timing is also important in learning a second language. This propensity to learn means that infants can master a second language quite easily during their pre-school years. It's much more difficult to learn it at the age that we are. The window for language learning is wide open in early infancy. It doesn't shut for we adults, thank goodness, but it does narrow a bit. So if we're going to expose children to second languages, it's best to do it early.

Now, one last point, and it's a caveat. These findings on early learning shouldn't put additional pressure on parents. Research can't tell us yet how much communicative interaction it takes to allow this kind of development to occur. We don't know if it's 30 minutes a day or two hours a day of conversation that's needed to support this kind of learning.

As researchers, we don't advise parents who are

communicating with their children to try and accelerate the normal pattern of development. We don't recommend flash cards to try to teach words to three-monthers. Nature has provided a perfect fit between the parents' desire to communicate with the child and the child's ability to soak this information up.

Parents should take pride in the hard work that they do to develop their baby's mind. They should also understand that while infants are very, very clever, they're not adults, they have a long way to go and that we participate in this developmental process.

Let me sum up with an analogy. When we see a young baby's physical growth, we're very comforted. Seeing the doctor's scale go up one pound when I had a child made me feel very good. We think our child is then healthy. Mental growth is more difficult to see. One day your child produces his or her first word or his first sentence and you say, "Where did that come from? What's going on up there?" Modern behavioral and brain science is providing answers to the questions. When we speak to our children, something is happening. We're bringing about changes in the brain that will allow them to eventually participate in the

communication game.

Infants are born to learn. Our role is to be good partners in this learning process.

(Applause.)

THE PRESIDENT: I'd like to ask one question. You say that, as I think all these presentations that we've heard today, lead a parent to the question that you say there's not exactly an answer to yet, which is you don't know whether you need a half an hour or two hours a day of speaking or if two hours a day makes a lot more difference to a child in the first six months of life, but do we know that there is at least some minimum threshold that has to be crossed and do we know, for example, that there is a big difference between hearing a soothing human voice in motherese, if you will, and just leaving a child with a radio going on or a television going on and do we know anything about what children do with that sort of language if they're exposed to it for hours a day in those early months?

DR. KUHL: Well, first of all, I guess we can say that without language input, language doesn't develop, so if you look at deaf children who do not have the advantage of sign language, they will not learn to map language sounds and

produce the characteristic milestones of language. It takes input to build a language system.

We don't know how much it takes, however, there's just no answer to that question, and we can only guess whether or not language would develop if you hung a tape recorder on the child's crib and said, well, this is going to do it. My guess is, however, that it wouldn't happen, that a disembodied tape hung on the side of an infant's crib is not what it's about.

It is again this social game, this desire to communicate on both individuals' parts. And we're learning a little bit from animal models that in social contexts in which communication occurs, there are all kinds of changes in hormone levels and perhaps the biochemistry of learning will eventually tell us that it's the social context that prompts the kind of neural machinery and chemistry that's needed to lay these memory tracks down.

THE PRESIDENT: Thank you.

David, should we go on to the next panelist?

DR. HAMBURG: Dr. Davidson?

DR. DAVIDSON: Well, I too, want to thank the President and the First Lady for just opening up what is clearly a very

exciting area.

Just on the basis of what we've heard so far, preparing to be a parent should be no less important than preparing for one's life work. We have long understood that good health and medical care for women before and during pregnancy had very important influences on their infants' health. In view of this recent remarkable scientific finding about brain development, all prospective parents, men and women, must become actively and knowledgeably involved to assure the best possible health status before and during pregnancy because of its importance to newborn and early child development.

A healthy mother, a healthy baby, born into a healthy family, offers the best chance for full advantage of this new science demonstrating how much the young child's brain development benefits from stimulating and interactive environments. The general society should be so infused with this information that no child should escape its benefit.

Formal and informal education should ensure that future parents, especially girls and women of all ages, understand that proper personal habits, balanced nutrition and family support are among the factors that improve pregnancy outcome.

There is proven value in a specific medical visit and

evaluation when pregnancy is contemplated. This provides the opportunity for a complete family and personal history, physical examination, needed laboratory tests that could identify conditions that might require special consideration and counselling.

For example, medical conditions that might harm the woman and fetus and lead to a less healthy start could be identified and corrected. These could be as obvious as problems of obesity or conditions that are less obvious and important as high blood pressure or diabetes and even unrecognized risks such as genetic conditions, hazards in the workplace, diets, and even medications that patients may feel that are not harmful. Personal habits such as smoking, drinking, drug abuse could be stopped or reduced.

While all of these will be addressed as a part of prenatal care, often the harmful influences can occur even before pregnancy is suspected or diagnosed, so this good healthy living life style is important before pregnancy.

At the present time, medical care begins with pregnancy for most patients, since preconception care that I've just described is relatively a new recommendation and is not often exercised.

There is no question that early and comprehensive prenatal care provides an added assurance that there will be a healthy mother joyfully interacting with a vigorous newborn that is responsive. Such newborns have the best chance of maximal development. Mental and physical impairment or disability that could have been avoided with proper prenatal care may otherwise greatly increase the difficulty in reaching developmental potential.

Risks that should be identified and can be modified with health promotion or prevention or treatment are rich opportunities that can be exercised during this prenatal experience. Advantages of this care are insufficiently recognized by many who consider pregnancy to be only a normal condition and not recognize that very harmful and serious changes can occur without warning.

Prenatal care not only proves an advantage for mothers and infants, but over many times has been documented to decrease overall costs. Too many women still in this country do not get adequate prenatal care because of lack of knowledge, motivation, resources or insurance, and we must work to reduce these barriers.

The time immediately after birth, the postpartum period,

is another critical opportunity to be captured for evaluation and examination. A smooth transition from birth to parenting a newborn at home that provides comfort and reassurance about the details of newborn care and feeding is enhanced by professional observation and evaluation.

As a matter of fact, I am sure that common wisdom understanding this and the advantages that it offers contributed to the mass public and professional outcry over postpartum hospital stays that were cut short for financial and administrative reasons without this due professional concern.

Throughout our population, many barriers interfere with ideal prenatal and perinatal care: smoking, drinking, substance abuse, poor nutrition, family violence, stress, lack of knowledge and inadequate medical care. And we must remember up to one in four children in this country is born in poverty. Special efforts need to be made also that we are bringing the benefit of this science and support to these less fortunate members of the society.

Importantly, much more emphasis needs to be placed on planned child bearing to pursue a more orderly and productive preparation for pregnancy and its care. Over half of the

pregnancies in this country are unplanned or untimely. This is not only a problem as we focus on teenagers, but in numbers is even a larger problem in the adult population. Only 15 percent of this risk is among adolescents.

It would be an enormous benefit that would have major impact advantage to newborns if there were a large reduction in this unplanned pregnancy. There is no comparison between the attentive mother eagerly anticipating the birth of a child and doing everything possible to make sure it is healthy and will be received in a warm environment compared to a person who has a much less interest in that pregnancy and does not afford the prospective opportunity for this support and comfort.

It was clear even before today's findings that it was necessary to improve the general advantage for newborns to have this kind of start. Hopefully, with this kind of new information, it will be impelling enough that the necessary social and policy actions can be accomplished.

I really do appreciate an opportunity, as brief as it is, to bring this maternity care and obstetrical perspective to these important issues.

Thank you.

(Applause.)

THE PRESIDENT: Doctor, what's the best delivery system we could develop to get this information especially to poor prospective mothers?

DR. DAVIDSON: Well, I think part of that is a medical answer and part of it is a general support and educational answer that's even beyond medicine, but clearly, it is important that all women and families have an opportunity to participate in quality medical care that provides the springboard for the other necessary services to be provided because that context allows the easy assessment as to whether or not there are other physical, psychological or other needs that help prepare a parent to engage in this exciting enterprise with the newborn.

DR. HAMBURG: Dr. Brazelton?

DR. BRAZELTON: Well, first of all, I want to thank the President and Mrs. Clinton for every family in this country because I can guarantee you that all of them are watching today with the kind of feeling that nobody before has cared.

When I was on the National Commission for Children with Jay Rockefeller for two years with many of the people in this room, we went around this country and were really horrified

that we were one of the least family and child oriented countries in the world. How can we have gotten there? And yet I have identified in my own work ten stresses that have made parenting much harder today than when we were raising our own children. It's escalating. Parents are under more stress every day than we are meeting.

Why has a country like ours not met this responsibility when we know what the outcome is at the other end?

And I have some biases. Biases only operate if you are not willing to face them. If you bring them to the surface, you can say, hey, I don't want to be dominated by that bias, I want to act on it. One of them is that we basically feel families ought to be self-sufficient and if they're not they ought to pay a price for it, so we don't do anything really important to help them. Even welfare reform, we turn the wrong way.

We should have looked at what we were going to do with children before we pushed women out into the workforce. It's so obvious to anybody.

(Applause.)

So, you know, we don't do it. The next one is women ought to be home with their kids and if they're not, their

children ought to suffer and they're going to suffer. You know, we aren't paying attention to what 70 percent of families are going through with that bias.

The third is that we don't like failure and we don't like diversity. We have made diversity into a negative in this melting pot society. How have we done it?

When I play with newborns around the world, they bring us a fantastic kind of diversity to our country. We ought to be so proud and valuing that so much that we could change that model.

Well, what I want to do is use that to say to you that I think what you all entered into your presidency with last year was wonderful. When you did the family medical leave bill after we had worked for 10 years to get it, it seemed like it was failing because it only affected 5 percent of families, but it had a spread effect that all of you ought to be aware of. It certainly is the one thing in my elderly life that looks good.

Businesses began to wonder what are we doing to our families and they are now planning family support systems in many of the businesses in this country. And we're working with four major businesses to set up centers in every

business site with not only quality day care but preventive health care, support systems if they deserve food stamps and so forth, they get them right there, they go right into Head Start right there. These are community centers and people are beginning to feel a sense of community again at a time when we've lost that in this country? Isn't that exciting?

The same thing went on, Hillary, with the health care bill. You may feel like you've lost it, I don't. You shook medicine to its roots. It's running for cover now and it ought to. It has not been successful.

In pediatrics, which you've asked me to talk about in five minutes, I can tell you that pediatricians are very disillusioned. They know that what they've been doing is not satisfying anybody, including themselves. Middle class people only get a baby weighed, measured, and immunized. That's not what they come for. Lower class women don't come. Forty percent of our kids are getting no effective preventive health care. Aren't immunized. What country can say that about their children?

So we'd better re-look at our health care, as we have that opportunity. And I would like to ask you for something today and I hope all of you in the front rows are going to

respond to this. I'd like to see universal coverage at least for all children and pregnant women.

(Applause.)

And it's not costly, it's an investment. As William White had said, will it cost us a lot more? Compared to what? You know, we are paying a terrible price for our lack of attention to this area later.

Well, we can't just fall back on universal coverage. We need a special kind of outreach medicine in this country. It not only has to be available, affordable, but it has to be respectful. It has to begin to pay attention to what families want when they come to a doctor.

When a mother comes into a pediatric office, she comes with two questions: How am I doing? How is my kid doing? But she doesn't just want back his height and weight. That may be very important, but she wants to know whether that baby is right on target.

The Academy of Pediatrics has asked me to help them with their immunization program and I said, sure, if you'll do one thing: every mother who brings a baby in for an immunization hopes she's going to get something back from that visit. When she walks in the door, have somebody at the door who

says, oh, what a beautiful baby, look at that baby, look at you with those lidded eyes and look at you look back with those lidded eyes, aren't you having a great time. And then you have one other person in the office who hands that baby a toy, if that's age appropriate, and as the baby grabs for it, they say he's right on target, isn't that wonderful. No mother will ever miss another immunization, I can promise you. So these are the things we've got to begin to incorporate in our medical outreach.

I think we need to change our medical system from a deficit model which we were all so well trained in in medical school, look for all the problems, we never miss one, but then say, hey, what kind of strengths are giving these people the opportunity to raise five kids in the ghetto with no supports? And as soon as you ask a mother that, she sits up, her eyes come alive and she begins to answer and then she'll tell you things that are important to her.

And I would recommend that we change our preventive health care system from one that welcomes, that reaches out, when they come in you never look a baby in the face, anybody that looks a baby in the face gets what they deserve, a screaming baby. What you do is look just past them and as

they pick up on just what you're looking past, they begin to do something. They've just learned.

I saw an eight-month-old baby the other day who just learned to go "phfft". So I said to the mother, "How is she phfft doing?" And the baby sat up straight. Eight months. Right in the middle of stranger awareness. And I said, "Is she phfft eating all right?" By the third "phfft" she reached out for me, a stranger. I took her and went "phfft" a fourth time and she looked up in my face, felt my mouth and went "phfft" back. And how long did that take out of the 10 minutes I had for those patients?

The other thing you can do is the same thing with mothers. As you're working with them, watch their rhythms, use their non-verbal language and they're right with you. And I think we can change our model by touching in on what I call touch points. The vulnerable times in a child's development are like a map. There are six of these in the first year, three in the second, two each year after that, when a baby regresses just before they take a spurt in development and these spurts in development are going to cost everybody in the family a lot, but these regressions cost the most if parents don't understand them because they think, oh,

my lord, she's starting to lie, steal, suck her thumb, wet the bed, any of the things kids can do.

If you're there to touch into the system and say, you know, regression is a time for reorganization and for learning and she's just going to take off in such and such a way, a cognitive way or a motor way. These parents, the next time they come in, "Wow, you were right," you have not only empowered the child, you have empowered the mother and all of these efforts we've been hearing about, about brain development, ought to be looked at with that in mind. Are we just talking about the brain development in the child or are we talking about the parents' development, too? And every time we are rewiring the brain of the baby, we're rewiring the brain of the parent.

We have a chance through preventive health care, preventive education, to give back to parents this feeling I matter, what I do matters. And every time they look at their baby and the baby goes ooh and they go ooh back and every time the baby smiles and they smile back, that baby is not only -- I'd go a step farther than you did, Dr. Kuhl, I would say that the reason we talk to a baby in a special way is they know we're talking to them. If I hold up a newborn with

its head here and its bottom here and say, "Hi, how are you doing? Come on, you can turn to my voice." That newborn stops breathing, the face lights up, breathing starts up again. He keeps himself under control so he won't startle and turns to my voice and arches toward me like, "There you are."

If I get a mother over here and I'm over here and we both talk, any newborn worth its salt chooses the mother's voice, turns to her, and I've never done it yet, I was in the nursery yesterday, that the mother doesn't grab her baby and say, "You know me already."

And if we want fathers in there, Bill, what we have to do is put the father over here, macho types, you know, and get them to talk and fortunately 80 percent of babies choose their father's voice instead of mine, and the other 20 I tip their head.

(Laughter.)

The father does the same thing that a mother does and grabs his baby and says, "You know me." Well, this has worked at Howard University with unwed African-American fathers, it's worked with addicted women, it works with anybody who cares.

Now, if we have a country that still cares and is still hurting because they care so much, can't we capture that energy, put it to use to do just what we've been talking about in capturing these pathways, not only in the baby, but in the parents?

Thank you.

(Applause.)

MRS. CLINTON: Dr. Brazelton, I wanted to follow up on a couple of things that you said today and that I've heard you say many times before.

As I mentioned earlier, the organization Zero to Three has just completed an extensive nationwide survey of parents of young children. They used this survey to try to find out what parents know and what they don't know about children's development and we find out from this survey that parents know a lot about what they should be doing, there are some things they have misconceptions about, but there is a clear finding from this poll of parents that they are just hungry for information on what they can do to enhance their child's development.

You and I have spoken together many times and we have said over and over again, in your much more extensive work

and my more limited observation and contact, I have met very few parents, very few, who I thought didn't care about their children, but I have met many parents who were overwhelmed, stressed out, anxious, unsure about what it is they were supposed to do.

What would be the best things that you would want every parent to know to do to nurture their young children? If you could have a face-to-face conversation and look into the eyes of every young mother and father, what would you want them to know to do?

DR. BRAZELTON: I'd want them to know two things, I'm afraid. One is to learn how to follow their baby's behavior and when they talk to them watch to see when that baby pays attention. If you talk like I was just talking to a full-term baby to a specially vulnerable baby like a preemie or one who has been addicted in the uterus, you'd stop that baby from breathing and they'd turn away from you, spit, up have a BM, turn blue around the mouth, show you in every system I'm overloading you.

On the other hand, if you reduced your voice and said, "Hi, how are you doing? Come on, you can turn to my voice," even these very fragile infants pull it together, turn to

your voice, put four modalities into action in terms of the brain's development in order to turn to you.

Now, I think parents need to learn how to watch their baby's behavior as their language and learn the baby's temperament as their language and then they'll feel like I know my baby.

And the other thing I want them to know is the ghosts from their own nursery and how much those dominate your behavior when you hit a snag. If they can look back and say, "I don't need to do this just because my mother did this to me," in terms of child abuse, "I can make a choice." And then I think they can make the right choice.

THE PRESIDENT: Let me ask you something. This goes back to something Dr. Davidson said, too, about the whole perinatal care network. If a lot of the parents that are most at risk of messing this up because of their own difficulties are in fact already covered by public programs and if in fact, which basically underpay the doctors in many ways, wouldn't the most cost-effective way of dealing with this be to sort of build into the Medicaid expansion program to treat these things as actual services that ought to be given to pregnant women? Or if women don't come in in

prenatal care, at least immediately after childbirth, before they get out of the hospital, at least somebody goes through some of these things? And then there's some understanding that they can come back for this kind of consultation?

Shouldn't we try to develop a more systematic way of imparting all this scientific information and all this kind of stuff?

(Applause.)

And isn't it really rather inexpensive and easy to adapt the program to this?

DR. BRAZELTON: Do you want to answer first?

DR. DAVIDSON: Well, I will give one reply. It has been suggested to me that this level of interacting with parents or parent education ought to be in the same category as immunizations and we ought to be as concerned about this and maybe have bench points, as immunization is required to get into school. And this is for parents across the board, because there is so much information that they want to know and once they are engaged there is so much more information that they want to know and it certainly should be built into the situations where the parents are naturally found.

DR. BRAZELTON: Bill, I would say not the way it's set

up now. AFDC is handed out as a top-down gift to people and with it goes a kind of derogatory approach that I think is so destructive.

If we change the model to a shared model in which we were looking for relationships in our training, touch points, it takes us a week to get people who are very dedicated to come around to want to make relationships with other people not at a top-down level. And then we try to get them out of the model of just looking at deficits to looking at positives. Those are big steps, but we can do it. We can train people.

And if you could get us universal coverage and if we could retrain people to come out of the old medical model of negative failures, we could sure do it. We'd reach everybody in this country.

THE PRESIDENT: When we break, it might be worth having a conversation with the governors who are here, because we do have some governors here, but in virtually every state in the country now, I think every state, the Medicaid program covers people who are above the welfare level. There are people on AFDC and then people who are working poor. And there will be, I believe this anyway, I believe the chances are

overwhelming that there will be a dramatic expansion of medical coverage to children who don't have insurance now and we might get all the way there. Sometimes a fever overtakes the Congress in a positive sense and we get things done. It's building in the right direction, anyway.

But the thing that strikes me about all this, if you go back to what all the first speakers said, if you go back just to begin with Dr. Cohen and you go through what Dr. Shatz said and certainly what Dr. Kuhl said, there has to be -- the defect in America is we hate systems about everything.

We need a system to have the kind of networking relationships with parents, hopefully before but at least immediately after birth, that we don't have and those things are, compared to what we're spending money on now, relatively inexpensive if you can do what you're talking about.

MRS. CLINTON: I would like to just add to that. There are a lot of interesting programs out there. Some of them have been highlighted in starting points, I know that Rob is going to be highlighting some of them in his upcoming special. I know many of you have worked in them.

It's not that we don't know what works. We do know what works. We know what can help get a parent more engaged.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

child care setting.

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

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

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

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

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

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

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

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

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

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

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

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

Parents understand the importance of quality in their

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

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

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

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

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

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

Thank you.

(Applause.)

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

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

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

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

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

wage replacement.

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

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

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

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

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

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

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

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

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

would improve their development.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

difference how awake you are, how stressed you are.

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

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

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

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

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

(Laughter.)

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

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

DR. COHEN: Right.

(Laughter.)

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

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

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

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

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

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

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

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

And if you take the United States versus France, for

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

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

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

that.

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

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

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

then let people deal with individually.

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

Thank you. (Applause.)

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

Afternoon Session

The East Room

Thursday, April 17, 1997
12:00 P.M. EDT

PARTICIPANTS:

MRS. GORE
THE VICE PRESIDENT
MRS. CLINTON

DR. GLORIA RODRIGUEZ, Avance Family Support Program, San Antonio, Texas

MS. HARRIET MEYER, Ounce of Prevention. Chicago, Illinois

MS. SHEILA AMANING, Early Childhood PTA, Charlotte, North Carolina

MR. MELVIN WEARING, Chief of Police, New Haven, Connecticut

MR. ARNOLD LANGBO, The Kellogg Company, Battle Creek, Michigan

MR. ROB REINER, CastleRock Entertainment, Los Angeles, California

GOVERNOR ROBERT J. MILLER, Nevada

A F T E R N O O N S E S S I O N

(3:16 p.m.)

MRS. GORE: Well, hello, everybody. Good afternoon, and welcome to the White House Conference on Early Childhood Development and learning. We have all gathered today so that we can share new ways of enhancing our children's lives and to secure their future and to secure the future of our country.

This afternoon, we're going to focus on the practical applications of the latest scientific research on the brain. As parents and as caregivers, we certainly can get our children off to a very strong and healthy start by positively impacting the first three years of their lives.

As the national spokesperson working with Secretary Donna Shalala on the Back to Sleep campaign to reduce sudden infant death syndrome, these first three years are of particular interest to me. As you hear many of the experts say today, remember that, in addition to the miraculous growth and development that takes place in the first several years of life, that some of the children in our country are particularly vulnerable to SIDS -- sudden infant death syndrome -- especially in the first year of life, from four

months to 12 months, in particular.

Each year, Al and I have been able to host and work with others in making sure that we could have a conference on families in Tennessee, and this has been a source of great learning and networking and joy for us. The conferences have put several issues on the table, and they allow us to discuss a lot of topics that people are dealing with in their everyday lives, and we're concerned about the struggles that families face in America.

These concerns, the ones that you are so familiar with, in conjunction with our commitment to family, are why we participate in the family conferences, and it's the reason that we are here today, as well. This Administration is committed to children and to families -- very, very committed, unshakably committed.

We want to ensure that every child has the opportunity to prosper and every family has the means and the tools and the knowledge to make that happen.

I have been very lucky to raise our four children with a very supportive and committed husband and father by my side, so no matter how full his schedule has been, he has often rearranged it. There are pro-family policies here in

the White House. I can tell you that. He always makes time for his family and is always there for us when we really, really need him.

So it is with great love and admiration that I introduce to you a great husband and, probably even more importantly, a wonderful father, Al Gore, our Vice President.

(Applause.)

THE VICE PRESIDENT: Thank you. Well, shucks. Thank you. Thank you very much. I want to thank the First Lady for all these pro-family policies here in the White House, too; and Tipper and I want to thank the First Lady for the opportunity to participate in today's conference.

I want to briefly acknowledge Governor Lawton Chiles, who is here, and other elected officials. Of course, Governor Bob Miller is going to be introduced by the First Lady, along with Rob Reiner and the others on the program.

In the audience in addition to Governor Chiles, is Secretary Riley, Secretary Shalala, Representatives Tom Allen and Frank Riggs and Sheila Jackson-Lee, and Dr. Jack Gibbons, the President's science advisor. There may also be others. If I have overlooked other elected officials, it's unintentional.

This is an exciting conference for all who have been following it and participating in it, and it comes at a unique, spectacular moment in the history of human understanding. It is, of course, a new age of discovery that many have labeled the Age of the Brain.

Scientists have discovered much about the world that surrounds us, but the brain inside our skulls remains a source of mystery and wonder, and is, in a sense, the next frontier of human understanding.

This morning, you had presented some fascinating findings about what lies on this new frontier.

We learned from Gail Shatz that a baby's brain is constantly phoning home, completing a wiring process more complicated than in any telecommunications system.

Patricia Kuhl explained that a newborn arrives truly a citizen of the world, prepared to learn any language under the sun.

And Dr. Brazelton informed us that, from birth, children know who their most important caregivers are -- their parents.

All over the country, often with the help of federal research funds, scientists and physicians are mapping

this new scientific territory, and each new revelation seems more amazing than the last. But, of course, this is not a purely academic exercise. Each new discovery also suggests new ways to guide our lives, both as parents and public officials. That is why we are here today.

Some new knowledge arrives in our brains with an imperative attached to it. Once you know it, you have to act. When the First Lady wrote in her book, It Takes a Village, about the emerging discoveries in these fields, many people share with her the sense of urgency that comes with that knowledge, and she took the leadership, along with the President, in organizing today's conference.

In this afternoon's session, we'll learn how communities across America are putting this new understanding from neuroscience into action in the service of our children. For example, Arnold Langbo, CEO of the Kellogg Company, will tell us what business can do to support early childhood development.

Incidentally, I'm pleased to say that, later this year, Kaiser Permanente will host a national summit of business leaders this fall that will explore many of the themes that we're discussing in this conference, and develop

strategies for making sure that the infants and toddlers of their employees get off to a good start. Kaiser's CEO, David Lawrence, is in the audience, and I would like to recognize him.

We also have in the audience Ralph Larsen, CEO of Johnson & Johnson, a company with one of the most family friendly policies, as you might expect, investing heavily in child care and supporting Head Start.

This afternoon, we will also be hearing from Rob Reiner about how the media and entertainment industry can spread the word to parents and caregivers. Also, Newsweek Magazine will be distributing copies of a special issue devoted to this topic.

Then, we'll hear about the early Head Start Program that the Clinton-Gore Administration launched in President Clinton's first term, and about the innovative New Haven, Connecticut Police partnership, which is the foundation for the Safe Start Initiative that the President announced this morning.

These efforts and others you will hear about, and others like them around the country, require a deep commitment, but they are founded in good, old-fashioned

common sense. The breathtaking discoveries in neuroscience yield to simple, practical advice. Read to your kids. Talk to your kids. Sing to your kids. Dance with your kids. I've done that.

(Laughter.)

MRS. GORE: They didn't know it.

(Laughter.)

THE VICE PRESIDENT: That joke's getting old. I'm still distressed that people laugh at it, however.

Tipper and I have been working on some of these issues, for quite some years, and our annual family conference in Nashville has touched on some of the themes that have been addressed here today, and I would like to mention just one.

A few years ago, our family conference focused on the issue of fatherhood and the role of fathers in children's lives. Now, some of the new research you've been discussing is revealing that the attachment a child forms with his or her father is innate and critical to that child's development.

Children whose fathers are active caregivers tend to have higher IQs and are less prone to violence. And,

since fathers usually have different parenting styles from mothers, children with active fathers develop a richer set of emotions and a wider, more textured view of their world.

Incidentally, at this June's family conference, we will be focusing on the topic of the family and learning, and we'll be talking about the ways in which families can relate to schools and the learning process throughout a child's life.

We are very grateful to the President and First Lady for playing key roles in the family conferences of the last few years and, actually, this whole year, with the President's initiatives unveiled in the State of the Union Address and this conference, organized primarily by the First Lady, that is filled with such exciting discoveries, the focus on families and learning in June, the focus on child care later in the year, and the other activities related to learning and development and children, when you put it all together, we have an opportunity to put in place a set of new approaches and policies based on new understandings that can really make a profound difference for our country.

But the beginning is today's conference -- the beginning of what I hope will be an entirely new approach to

how private citizens and public officials fulfill their responsibilities to America's children.

You don't have to be a brain surgeon to understand the importance of these new discoveries, and you don't have to be a super-parent to make sure your child benefits. To take advantage of the new understandings that are being presented today about the human brain, you just have to use your head. You may quote that, if you wish.

(Laughter.)

THE VICE PRESIDENT: I want to, in introducing the First Lady as the moderator of this session, I want to presume to say, on behalf of all of us who have the privilege of participating in this conference, how grateful we are for her leadership.

We've heard a lot about the "bully pulpit" in the history of the White House. I think we're seeing a brilliant use of the bully cradle here today, and the President and the First Lady have assembled an outstanding group of experts who are opening our minds to new understandings. I'm looking forward to this session, and I want to invite behind this brain conference, our First Lady, to get us started.

(Applause.)

MRS. CLINTON: Thank you very much, Vice President Gore. I can see this will lead to an endless series of bad puns --

(Laughter.)

MRS. CLINTON: -- the most obvious of which is that doing what has been suggested here is a no-brainer.

(Laughter.)

MRS. CLINTON: I am delighted to be joined by the Vice President and Tipper Gore. I don't know of any two people who have been more committed, not only to their own family and to the wellbeing of their children, but to the wellbeing of all of America's children. I am very grateful for their leadership, friendship, and support.

We are excited by the people who have joined us on this panel, because each one is a doer, as we will now hear. They are people who don't just read an article in Newsweek about the brain and say, "Well, that's real interesting." They're people who say to themselves, "What can I do about this? This is something that has great potential, and I want to be part of helping as many people as possible learn about this exciting information."

Our first speaker, Mr. Arnold Langbo, is the CEO of

the Kellogg Company, based in Battle Creek Michigan. As I said this morning, Kellogg has launched a community-wide effort that Mr. Langbo will tell us about, which is already making a difference in the lives of the people of Battle Creek and particularly the employees of the Kellogg Company.

I would like to ask him now to tell us what Kellogg is doing and what the effects of that are. Mr. Langbo.

MR. LANGBO: Mrs. Clinton, Mr. Vice President, and Mrs. Gore, thank you.

I speak today on behalf of the group of business and education leaders that I represent from Kellogg's home town in Battle Creek, Michigan, and I appreciate this opportunity to report to the White House Conference how we have been working together to help make sure that every parent and every caregiver in our community is aware of this important new information on early childhood development that you are bringing to the attention of our nation here today.

My colleagues and I first became aware of this new scientific learning on early childhood brain development about two years ago and, at that time, we were engaged, looking very hard for ways to help improve student performance in our schools and, for several months, we

researched and debated curriculum changes, school choice, charter schools, character education, academic standards, student testing, and many, many others subjects.

These are all good ideas, and we are working on many of them in our community, but they simply won't, by themselves, result in the improved student performance that we seek.

The more we explored all of these issues, the more we realized that we needed to reach deeper into the more fundamental reasons why some children are succeeding in school while others, even before they enter school, seem destined for difficulty.

In looking deeper, we focused on three conclusions that led us to develop our program, which we called Learning Now.

Now, the first conclusion was based on research conducted in Michigan, which compared the relative influence that family, community, and other factors have on student performance. Amazingly, it concluded that factors outside of the school are four times more important in determining a student's success on standardized tests than are factors within the school.

This reaffirmed, for those of us in business, the importance of becoming partners with educators, parents, and other institutions in our community dealing with the development and performance of young people. What this means is that businesspeople cannot just sit on the sidelines and criticize but, rather, we must be involved.

Secondly, a survey of local kindergarten teachers revealed that about four of every ten children entering our schools are not adequately prepared. When we considered this information in conjunction with child health indicators and rates of abuse and neglect, and other key indicators, it became painfully aware that far too many of our children are not getting the start in life that they need.

Then, we became aware of the powerful new information about brain development being reported by the scientific community, and we began to understand that lost learning opportunities in the first few years of life simply cannot be made up later on.

With these understandings, the business and education partnership in Battle Creek became committed to helping ensure that every parent and every caregiver in our community is aware of and, indeed has access to easy to

understand information about early child development and brain stimulation.

Now, to accomplish this, we are using print and broadcast advertising, direct mail, payroll staffers, and, importantly, community forums. We are encouraging parents and caregivers in our community to call the well-publicized now Learning Now phone number, to receive information appropriate to the age of their child. Once signed up, parents and caregivers are mailed additional age-appropriate information at six-month and one-year intervals, until their child enters kindergarten.

We have received tremendous cooperation from many sectors of the community. Local print and broadcast media are matching Learning Now advertising expenditures dollar for dollar. Every mother who delivers at our community hospital receives Learning Now information before carrying their newborn home.

Noted pediatric neurologist, Dr. Harry Chugani, who is attending this conference today, was in Battle Creek recently to conduct seminars for child care providers and other early childhood professionals. Later this month, Ronald Kotulak, author of the book, Inside the Brain, will be

in Battle Creek for two days, conducting seminars again for parents, for caregivers, educators, and business people, about the brain development research covered in this morning's session.

Now, earlier I mentioned to you the use of direct mail to reach families, and I mentioned to Mr. Reiner this morning that, as a part of the Learning Now program, we are sending postcards to 6,000 households with young children in our community, encouraging them to watch your April 28th television special and to attend one of the community forums that Mr. Kotulak will hold in Battle Creek on April 29 and 30.

How is it all going? At this early stage, we couldn't be more pleased with the response that Learning Now is receiving. And I believe that, once you understand what is happening with brain development during the first years of life, you want every parent to know, so much so that I have become increasingly interested in what more Kellogg Company and other major corporations might do to spread this important information to parents and caregivers all over America.

With this in mind, I am sure that most of you here

today recognize that back panels of cereal packages are one of the most powerful communication vehicles in America. I'm sure that everyone here knows all about that because, as a part of our own early childhood development, you will all remember that we sent two boxtops to Battle Creek for our free submarine.

(Laughter.)

MR. LANGBO: Because Kellogg products have about 95 percent household penetration among families with children, I am committing at this important White House conference that Kellogg Company will begin a program to print at least two special cereal carton back panels focused on early learning with simple examples of the kinds of activities that anyone can use to encourage and enhance a child's development.

(Applause.)

MR. LANGBO: If I can, I would just like to give out a little more perspective for you. There are 35 million households with children in the United States and, with Kellogg's penetration of about 95 percent, our products are in about 33 million households. I'm told that this level of household penetration far exceeds the combined daily circulation of the 25 largest newspapers in the United

States, so this is a powerful mechanism.

Our intent is to help make tens of millions of American families aware of this new information from the scientific community. Our commitment is to children, to helping them reach their full potential. If our children reach their full potential, so can our country, and so can our society.

In a longer-term context, I think it's all about building broad-based community awareness, community by community, the networking that was discussed this morning, all across America, as to just how important a child's first years are.

I can't even begin to imagine the longer-term positive impact in our society of this. Any community in America that truly understands the importance of this issue will make young children its first priority.

Business has, I think, an enormous responsibility and accountability here. After all, 95 percent of the parents of these children that we're talking about are in our workplace, and we communicate effectively with them every day.

Again, my business and education colleagues and I

greatly appreciate all that you are doing here today to focus this nation's attention on this critically important issue for children. Thank you very much.

MRS. CLINTON: Thank you very much.

(Applause.)

MRS. CLINTON: We are just thrilled to hear what Kellogg is doing, and I look forward to reading the back of those cereal boxes, as I still do in the morning.

If I could, Mr. Langbo, could I ask, in addition to the outreach and the community leadership that your company is providing in partnership with other businesses and educators in Battle Creek, are there any kind of employment policies that businesses can adopt to support their employees as parents, so that this information that you rightly say can be conveyed effectively in the workplace can perhaps be more readily available?

MR. LANGBO: I think the answer to that is certainly yes. We have done a number of things recently in the workplace environment, certainly in part to provide a more meaningful maternity benefit for our families that are in this situation, but also, frankly, in an attempt to relieve some of the workplace stress situation. This was

touched on briefly, this morning.

Indeed, I think workplace stress is increasingly prevalent in our workplace. We do provide an opportunity, rather, for Kellogg employees, either the mother or the father, to take up to a three-month leave when the child is born. We have recently enhanced our flexible work hours, I think meaningfully, so as to allow more flexible work scheduling that would be helpful during maternity periods.

This, by the way, included an option for employees to do a certain number of hour of their work week at home, which again has been very favorably received, and I think, as I said earlier, it speaks to both of the issues -- stress, as well.

We have never, as a company, provided Kellogg day care. Rather, we have supported the local community entrepreneurs. But we thought it was timely, recently, that we fielded a questionnaire with all of our employees to ask the question of, "How well are we doing; is it satisfactory; does it need further assistance; and are there any other improvements that should be made?" Those are some of the things that we've added in the workplace recently.

MRS. CLINTON: Great. Thank you very much.

Our next presenter is someone I've known for a number of years, whom I was privileged to go to France with and visit their childcare programs, and she has been on the front line of providing support and services to parents through an innovative model program known as Avance. She started it in San Antonio. It has now spread much more widely across Texas.

Dr. Gloria Rodriguez is one of the most articulate spokespeople that one could find on behalf of the proposition that providing support for parents, giving them the tools that they can use to help themselves become better parents, is not only possible, but essential to be done.

Dr. Rodriguez, would you describe for us what Avance does and how it has worked with the parents you've been helping?

DR. RODRIGUEZ: Certainly. Avance is a program for parents who have young children under the age of three. We help them become the best parents they can be.

I thought I would begin by telling you how I started Avance 24 years ago. It started, as a very frustrated schoolteacher, when I saw six-year-old children in my first grade class being labeled as mentally retarded, as

vegetables, as slow learners. They were set aside and ignored.

I also saw parents loving their children, valuing education, wanting the best for their children, but they did not know what to do with their children prior to coming to school. From a little survey that I took of the parents, their expectations were very, very low. They thought their children were only going to go to the seventh grade.

So, we started Avance, in many, many neighborhoods, in schools, housing projects, in churches. We knocked on doors, and both mothers and fathers said that they wanted to help their children, and they wanted to learn what is it that they needed to do to get their children ready for school.

These were very, very poor families, many single, on welfare, and they just wanted the best for their children. So they attended a nine-month parenting program, a weekly program, where they learned of knowledge and child growth and development, from a very culturally sensitive Avance parenting curriculum.

They learned about the importance of talking and reading and allowing the child to explore and to experiment, to touch and to cuddle and do all those things that will

stimulate the brain and will help children develop to their fullest potential.

In fact, our Avance curriculum, for 24 years, has included a section on the brain. However, at that time, we were relating rat experiments and what we learned about rats, and now, with a new technology, we're seeing that the effects are the same with human beings.

Parents and children go on field trips to the library, to the zoo, to the circus, wherever we can get free tickets, to really stimulate the child's environment. Avance also becomes a broker connecting the family to the many social services, health services, educational services that are in the community.

In San Antonio alone, we bring about 100 services to the families. We connect the Avance children from the Zero to Three program to the Head Start program. We make sure they get immunized. The parents are then asked and encouraged to further their education, and we assist them in job training.

I have to tell you, Avance works. It certainly does, because we have seen it work, not only through the lives of people, but also through empirical research. From a

grant that we received from the Carnegie Corporation of New York, we found that parents were changing knowledge, attitudes, and behavior.

From a 17-year followup study of our participants, we saw changes thereto. While 91 percent of the parents dropped out of school, 60 percent went back to school. These were women on welfare. And half of them were attending college. But, where we saw the greatest gains were in those children under the age of three. Ninety-four percent of them had graduated from high school and about half were attending college.

I have to tell you, I am so happy and proud to introduce to you one of our first Avance graduates and her mother, Isela Flores and Esperanza Segura and her husband. Would you please stand up? I have to acknowledge them.

(Applause.)

DR. RODRIGUEZ: Isela was nine months old when she started Avance. Her mother was 24 years old, as old as Isela is today. However, at that time, Esperanza was a single mother on welfare, living in a housing project with four children. Today, Isela is a college graduate. She is now a schoolteacher, teaching in her former school in the barrios

of San Antonio. And that's where we are seeing the difference, and that Avance is working.

(Applause.)

DR. RODRIGUEZ: Like the Carnegie study, like how it demonstrated, Esperanza learned knowledge in child growth and development which she applied to all of her children, and they all have excelled academically and in sports. In fact, one of her sons, also an Avance baby, was one of eight representing the United States at a track meet in London; and another one excelled in art and just recently got a state award, but Isela is one that already completed her college degrees.

We need to see more success stories like Isela and Esperanza in poor Hispanic communities and in all communities. We need more public-private partnerships to support these kinds of efforts.

Avance is funded by foundations. In fact, we got a large grant from the Kellogg Foundation and the Carnegie Foundation. We get it from corporations, foundations, from the private sector, but also from the Federal Government and the state government and city government.

In fact, 40 percent of our funds come from the

Federal Government, in such programs as Even Start, as Early Head Start. We have a Family Preservation Grant. So, Ms. Shalala, those programs need to be supported and they need to be expanded.

Isela credits her mother as the person that set that foundation, that helped her learn the important values, such as the work ethic, determination, and the love and value of education. We need to replicate programs like Avance all over the United States to set the foundation for school and for life.

The word "Avance" is a Spanish word meaning "to advance and to progress." We need to advance and help families progress. We need children to progress and we need communities, all over America, to advance and to progress.

Thank you very much.

(Applause.)

THE VICE PRESIDENT: Gloria, if I could ask you a brief question. I remember meeting with you and hearing about your program years ago in San Antonio, and I've been very impressed with it.

I wonder if you could share some of the things Avance has done to get fathers involved in caring for and

raising their children.

DR. RODRIGUEZ: Since 1988, we have had a fathers program and, just like the mothers program, the fathers are encouraged to participate, to learn about child growth and development, to get actively involved in the development of their children, and to establish that warm relationship that we as mothers have been getting and doing for years.

It has been working. We have been hearing comments from fathers that, for too long, they have been out of the picture and they have missed so much. So not only have we related knowledge in child growth and development, but the research studies that you mentioned, as well as research studies that they have had on girls where the fathers become involved in their development, the children are going to be better in math and science and do better in life.

The program doesn't end just with the relationship between the parent and the child. We also encourage a better relationship between husband and wife, and strengthening the marriage, and we encourage the father to be the breadwinner and the provider by connecting him to adult education courses, as well as job training programs.

DR. RODRIGUEZ: Thank you.

MRS. CLINTON: Thank you so much, Gloria.

We also know how important the parent-teacher connection is, and how necessary it is for families to support what goes on in schools. Our next presenter is Sheila Amaning, who is the co-president of the Charlotte/ Mecklenburg Early Childhood PTA in North Carolina.

She, as an employee of a not-for-profit that provides information to parents on early learning, is committed to enhancing childhood development and sees a great opportunity in doing so by linking this early childhood effort to the pre-school years, to help prepare a child for what comes when he or she walks through the door of the school.

Sheila, could you share with us what you've been doing and what the results have been?

MS. AMANING: Certainly, Mrs. Clinton, Vice President Gore, Mrs. Gore. I would like to say I'm just delighted to be here today. It is, indeed, an honor to be here and even more honor to share my experience with Early Childhood PTA with all of you.

As Mrs. Clinton said, my name is Sheila Amaning, and I am from Charlotte, North Carolina, the wife of Samuel

Amaning, who is in the audience, and he's a native of Ghana, West Africa, and the mother of a very spirited son, Asante; and I am family involvement coordinator with Childcare Resources, which is located in Charlotte.

I feel that involvement in Early Childhood PTA is extremely valuable, as well as beneficial, to parents, because it enhances parental knowledge about the needs and development of pre-schoolers, supports families in their role as parents, assists families in preparing their children for school readiness, and encourages future family and public involvement with the school system.

When my son was two, I attended an Early Childhood PTA workshop on school readiness. After attending the workshop, I was convinced that I absolutely had to become a part of the Charlotte/Mecklenburg Schools' Early Childhood PTA and that I could definitely benefit from being able to meet other parents who shared similar concerns as my own.

As a result of attending this workshop, I was able to better prepare my child in making the transition from pre-school to kindergarten, gained invaluable knowledge, and developed a burning desire to get other parents involved in Early Childhood PTA and to make them aware of ways in which

they could benefit from being a part of the organization.

In an effort to do everything that I could to empower other parents, I became co-president of the Charlotte/Mecklenburg Schools' Early Childhood PTA, which is sponsored by the Charlotte/Mecklenburg school system and chartered by the North Carolina National PTA.

The Early Childhood PTA is open to parents, grandparents, guardians, early childhood caregivers, and others who are responsible for children from birth to school age. Quarterly meetings and/or workshops are held throughout the year at various locations.

Some of the topics include: Ask the Principals, which consists of a roundtable discussion of principals from magnet schools in Mecklenburg County; Getting Started with Early Childhood PTA; Holiday Story Hour; Discipline and Sibling Rivalry; Discipline Without Tears; and The Road to Reading.

Some of the other activities which have been initiated by Early Childhood PTA include conducting Saturday transitional workshops, and this allows parents to attend a half a day of class with their four-year-old to experience being in a kindergarten environment and to get a feel for

activities which take place in the classroom.

We also distribute educational gift packages to parents of newborns in Mecklenburg County hospitals. The packages, we have a pink one for the girls and a blue one for the boys. The contents of the package include a letter from the superintendent of the Charlotte/Mecklenburg Schools, a congratulatory letter from the coordinator of Early Childhood PTA, a certificate of recognition.

I would just like to share with you the six educational booklets which are included in the package, as well. Very colorful, and the parents can use these booklets with their children throughout their school years.

We have: Helping Your Child Develop Skills for Helpful Learning; Helping Your Child Develop Math Skills; Helping Your Child Develop Skills in Science; Helping Your Child with Reading and Writing; Helping Your Child Learn Through the Arts; and Helping Your Child Develop an Interest in Social Studies.

There is also another booklet which we recently started including in this package, and it's called Before the Bell Rings. This was actually written by a kindergarten teacher in Mecklenburg County and the book was recently

reproduced through funds of Smart Start, so this is the finished product.

What it is, it's fun and practical activities to help your child be ready for school, so this pretty much emphasizes activities which parents can do with their child at home, as well as out in the community.

As a result of our outreach efforts with these educational gift packages, we received the Golden Key Award and, last year alone, 13,000 of the gift packages were distributed to hospitals in Mecklenburg County, so we were able to reach 13,000 parents of newborns.

In addition, for our outreach efforts, the Charlotte/Mecklenburg Schools' Early Childhood PTA has also been recognized for other activities in which they have participated, as well as demonstrating a commitment to the objectives of the PTA by encouraging and strengthening parent involvement and advocacy for children.

As a result of this, we received an award, and it was the National PTA Advocates for Children Award.

I strongly feel that the educational process begins at birth and that, the more parents are empowered to deal with the development and education of their children, the

great opportunities will be for their children. Being a part of the Charlotte/Mecklenburg Schools' Early Childhood PTA has been a truly wonderful experience for me, and I would like to challenge everyone involved in the life of a child to become a member of an Early Childhood PTA chapter.

Thank you.

(Applause.)

MRS. GORE: Sheila, if I could just ask you one question.

Because of your involvement with the parents and with the teachers, what have you learned or what has been the most helpful thing to you, as a parent?

MS. AMANING: Well, actually, there are two things. I guess the first thing is the assurance that there are other parents out there who are experiencing some of the same concerns as I experience, and just being able to see that I am not alone and that it is a constant battle, and you have to advocate for the children.

Another thing which I have learned is that there is always opportunity to take advantage of a teachable moment. It's not that you have to take the child out to a fun fair. You can begin at home. You can begin in your kitchen

teaching the child math skills. You can go right outside your back door and take advantage of the opportunity to introduce the child to the environment.

I would say those are two of the most important thing that I've gained.

MRS. GORE: Thank you.

MRS. CLINTON: That's great. And, Sheila, I know how proud you are of your husband and your son, so why don't we ask them to stand?

(Applause.)

MRS. CLINTON: Thank you. I hope this is one of those teachable moment.

(Laughter.)

MRS. CLINTON: I am so pleased that we could have with us this afternoon a Chief of Police who is interested in prevention and involved in a partnership with the Yale Child Studies Center and other institutions in New Haven, Connecticut, that is aimed at putting into practice through law enforcement the information about development that we have been talking about today.

It's especially significant, since this program is serving as a model for the Department of Justice-funded

program that the President announced this morning.

So I would like very much to hear from Chief Melvin Wearing what this effort is that is going on in New Haven and what have been the results of it in terms of law enforcement and the people in the community you work with. Chief Wearing?

CHIEF WEARING: Thank you very much, Mrs. Clinton, Vice President Gore, Mrs. Gore. Children are our most important resource.

New Haven is the third largest city in the State of Connecticut, has a population of approximately 130,000 people, 51 percent minorities. In 1990, the Police Department began the department-wide transition from traditional policing to community-oriented policing.

Community policing in New Haven integrates police officers within their communities. They are known as individuals, rather than by role. They know the people they serve as individuals, because they interact with them on a daily basis. Citizens now have a voice in how they are policed and they now have unprecedented access to the Department.

We have successfully evolved from a traditional law

enforcement agency responding to crime simply by arresting people, to an organized organization of skilled professionals committed to solving neighborhood problems before they escalate to serious crimes.

Since police officers are actually the last of a dying breed of professionals who make house calls 24 hours a day, seven days a week, we are in a position to direct people to the resources best suited for their particular problem. The new approach, however, requires a new type of police officer, with special training and special partners.

To this end, we have instituted a number of groundbreaking initiatives, including the Department's partnership with the Yale Child Studies Center. As public servants, the police must look to experts to help us, to give us the resources, and guide us, as we do our job.

The purpose of the Child Development/Community Policing Program is to help children who have been traumatized by violence experienced in their everyday lives and to prevent new generations from becoming involved in this same cycle of violence. As a result of our work together, the program now includes specialized interventions for families involved in domestic violence and for young

perpetrators who are beginning to move from the role of victim to the role of perpetrator.

As applied to officers' daily work, the program involves several components:

First, the seminar on child and adolescent development;

Second, a consultation service where clinicians and specially trained officers are on call 24 hours a day to make and direct contact with families referred by officers;
Third, a clinical fellowship at the Yale Child Studies Center for veteran police officers; Fourth, a community policing fellowship for clinicians, where they learn basics about police procedures.
they also give them a chance to see streets through the eyes of police officers; Finally, a weekly program conference, which provides a forum for case discussions, collaborative problem solving, development of monitoring of new approaches and interventions. An example: Six children, the youngest a toddler of two years, witness a knife stabbing between two men. One was stabbed to death, the other wounded. Clinical and police service went beyond the event. The officers became figure of stability in the

lives of these children as they continued to stop by the house to check on the kids well after the crime had occurred.

In New Haven, we have the same officers working the same beats on a daily basis, and make sure that they interact with residents on a daily basis. Also, police officers sometimes perpetuate violence, when we execute search and seizure warrants, looking for evidence of a crime. Sometimes it's of an illegal nature, and many times there are children in these homes when we enter. We no longer leave those children unattended. We pay attention to them, now. We call in the clinicians to assist and make them aware of what is going on. Police were called to the scene of a double shooting. Two children, ages four-and-a-half to six had awakened and found their parents unresponsive and bloody. They went back to bed and hoped that their parents would wake up soon. After a few hours, the six-year-old dialed 911 and reported that her parents were dead, and she was alone with her baby brother. Police arrived at the scene and did find both parents dead, in an apparent murder-suicide. The Child Development/Community Policing clinicians were immediately paged. In addition to their involvement with the surviving family members, officers and the clinicians

provided information, consultation, and support to the children's school and helped school officials deal with intrusive media. Previously, if a child was the victim of violence, or witnessed a serious act of violence, he or she would not have been considered a victim. They were basically ignored. Today, through the Child Development/Community Policing Program, these children can get the help they so desperately need. Under funding from the Office of Juvenile Justice, Delinquency Prevention, Portland, Oregon; Nashville, Tennessee; Charlotte, North Carolina; and Buffalo, New York are involved in replicating the Child Development/Community Policing Program. Newark, New Jersey and Baltimore, Maryland are among other cities that are introducing the program. In my career, I never thought that I would see police officers and mental health professionals working together as a team. In the past, police officers would essentially fill out a report, fill out the complaint form, and move on to the next case. In the face of the tragedies that officers encounter on a regular basis, how could we expect them to effectively attend to the needs of children and families left behind without new partners, new training, and new resources? How could the

clinicians make their skills and expertise available to those same children and families, if they never ventured beyond the consulting room? Through the Child Development/Community Policing Program partnership, we no longer work in isolation from each other. We no longer need to turn away from the devastated faces of children who have been traumatized. Together, clinicians and officers are now able to affect the lives of children and families who, in the past, would have been the least likely to receive mental health services and the most likely to experience police as coming too late, altering too little, and leaving too soon.

As a result of this partnership, the police, the mental health professionals and, most importantly, the children, are not alone in the face of violent tragedies. Thank you.

(Applause.) MRS. CLINTON: Chief, if I could ask you, I know that we're seeing very positive results around the country from community policing reducing crime, preventing crime. Do you think that this additional effort, through the Child Development/Community Policing Program, will have an additional effect, or is this something you're doing to try to just take care of the victims? CHIEF WEARING: I feel that, if we are going to make a difference,

or break the cycle of violence in this country, then we have to deal early on with children. And again, police officers make calls 24 hours a day, seven days a week. We need to reach out to other agencies, other services, to join in, to save our children. MRS. CLINTON: There is a program that has been operating for a number of years now, that was started in Chicago, Illinois, called Ounce of Prevention.

It was the brainchild of Irving Harris, who is here with us today, who, along with his son, Bill, who is also here, have been stalwart advocates for the proposition that early intervention and emphasizing early childhood development truly does amount to an ounce of prevention, as opposed to a pound of cure, which is the usual route that we have taken.

Harriet Meyer is the executive director of Ounce of Prevention. I wanted her to describe what Ounce of Prevention is and what it has done, and provide perhaps some suggestions or lessons from their experience in attempting to create an early intervention system. Harriet? MS. MEYER: Thank you. I want to thank you and the Vice President and Mrs. Gore and the President for hosting this event, and I want to thank you on behalf of my many, many, many colleagues who are out there working across the country,

struggling to put the pieces of the puzzle together in many communities. The Ounce is a public/private partnership between the State of Illinois, the Federal Government, and the private sector, and it invests in the healthy development of infants, children, adolescents, and their families in order to prevent physical, social, and emotional problems later in life. We accomplish our work through an innovative cycle which marries program implementation with research, policy analysis, and advocacy. We chose the name, the Ounce of Prevention Fund, because we believe that it is more caring the cost-effective to promote child development than to treat problems later in life, and we target the first three years of life for all the reasons you heard this morning. This period offers a tremendous opportunity to change the trajectory of a child's life and, while it is not the only moment for intervention, birth to three truly provides all service providers a developmental window of opportunity when we can have the greatest impact.

Perhaps the greatest lesson we have learned since our inception is the importance of working in partnership. The Ounce was originally conceived as a partnership 15 years ago when Irving Harris and the Pitway corporation joined forces

with Illinois state government, through its Department of Children and Family Services, to develop a statewide birth-to-three program for teen parents and their babies. Then, 11 years ago, the Ounce partnered with HHS, our state child welfare agency, and local foundations to develop a comprehensive birth-to-three program in a very low income community in Chicago. Collaborating with a hospital, the Chicago Public Housing Authority, and community organizations like the Chicago Urban League, we now operate one of the nation's first Early Head Start sites. This program reaches more than 100 families and is comprehensive, offering home visiting, health care services, full day child care for children from three months to the age of five, as well as an array of self-sufficiency activities for parents, and we do it all in one place at one site. It is there that we apply theories of research and practice to the design and operation of early childhood programs. Early Head Start really has ushered in a new era in this nation, by focusing on the first three years of life. The funds are non-categorical and provide us with the glue that we need at the community level to fill in the gaps in services to truly meet the needs of families. Early Head Start is the place

the child gets a real head start. It is an opportunity to help a mother have a healthy pregnancy and strengthen family ties. The program is now flourishing and, as a part of it, we have just established our most exciting partnership with the Chicago public schools to build a brand new child care center that will focus on children from birth to the age of five, and will be located on public school property directly across the street from our Early Head Start program.

So what happens for us, when the rubber hits the road, so to speak, and we apply theory to practice in child care? Let me tell you about Trevon. At eight months, his grandmother came down and enrolled him in our infant child care program. Trevon's mother, Nikkaa, disaffected and depressed, was 16 at the time, and a senior at the DuSabele High School across the street. She showed very little interest in him, held him on her hip facing backwards when she carried him. At the center, she didn't talk to staff or even say goodbye to her child. Initially, the caregiver in our child care center, Carolyn, held him a lot, because he needed it. He was always crying or, even worse, whimpering. Over time, he began to respond to her care, and she was able to place him between her knees

on the floor and play with him. Little by little, she saw his crying diminish. Nikkaa, the mother, seeing this response, asked the staff for guidance. Carolyn, the caregiver, had begun to build a trusting relationship with Nikkaa, by telling her about Trevon and his day. This started Nikkaa thinking about her child and watching him more, and Carolyn and Nikkaa talked through the child's actions, and Nikkaa began playing with her child, both at the center and at home, with toys that we sent with her. Now, when his mother enters the center, Trevon greets her excitedly, and there is a corresponding smile and a hug.

This story depicts the dance that takes place between a parent and a child. It's a relationship that stimulates the child's growth. It was a caregiver who initially was able to provide what Trevon needed but because she helped the mother develop the same kind of relationship with her child, the mother was able to cut in, and now she also dances with her son. We can all imagine what would have happened, had staff not engaged his mother and him. How can we expect this child to learn from toys and books and mobiles, if all he can do is lay on his stomach and whimper because no one is responding to his need to be talked to, touched, held, and

loved? An infant's cognitive growth occurs through emotional and social interactions. We learned that this morning. Child care and Early Head Start are excellent opportunities to reach children and families at the earliest possible moments in order to lay the foundation that is the basis for their ability to learn in school and to get along with others. We must view child care as more than just a place for children to be when their parents are at work or in school. Developmentally appropriate, high quality child care is literally brain food for the next generation, but good child care must provide caring relationships, knowledgeable caregivers, family connections, and a safe, health environment. The most important assessment tool that we have is our power of observation. Our staff need to be continuously trained and supervised to see with their eyes, but teach with their heart. Dr. Sally Province, the great pioneer of infant development, said, "Don't just do something, stand there." She meant that observing how a parent and child interact is critical to understanding how to reach out and to help them. Sometimes, we need to leave the parent and the child alone. Lastly, relationships matter. Positive, nurturing relationships between staff and

child, staff and parent and, of course, most importantly, and parent and child help the brain to grow, and it is only through these relationships that children change and develop and build a sense of cooperation, self-confidence, and a concept of what is expected and what it takes to feel right in the world. Thank you. (Applause.)

MRS. CLINTON: Thank you very much, Harriet. I wanted to ask you, if you could, to speak a little bit about another aspect of Ounce of Prevention, and that is home visits. What are the advantages of home visiting, and how does that get carried out through your program? MS. MEYER: Voluntary home visiting offers us, I think, a unique opportunity to enter the life of a parent just at that moment when a parent is most open to receiving information, creating a new relationship, and receiving support. The reason we visit them in the home is because that's where parents are. Especially after they give birth, they are usually involved, bound to the home, with more of the more intimate functions of parenting, which are, in fact, very personalized. They include feeding and nursing and bathing and changing and diapering. Those aren't activities that feel comfortable taking place in a large classroom, as an example. It's a

wonderful way for us to break down the isolation that every parent feels when you're presented with this bundle of joy on the first day, but particularly for our most vulnerable parents. It offers us a great time to not only build the relationship, but make the connection for them as a front door to other community services that are available to them.

MRS. CLINTON: I am very strongly in favor of home visiting, for just all of those reasons, because I think that it could help build relationships, do the kind of modeling that Dr. Brazelton and others talked about this morning, and create a relationship of trust between a parent and a responsible adult, which may be the only way to build up the confidence of that parent over time. I think that the more we can consider ways of providing that home visitor function, the more likely we are to actually see the changes that would benefit parents and children. We are all looking forward to the wonderful production that Rob Reiner and his wife and others have been working on to bring to broad public attention the information about brain development and also some of the solutions about what is working around the country. Rob has taken this effort on as a crusade, and those of us who have watched his energy

being spent on this are very grateful that he has, because what he has done is to bring together not only the resources for a television program, but for a campaign called I Am Your Child. It will call upon the talents and resources of entertainment leaders, corporations, early childhood experts, community leaders, business leaders, and on and on and on.

Rob, if you will, give us maybe a preview but, more than that, what comes after, as well as what you hope to see develop from this? MR. REINER: Thank you. First of all, I just want to say I am so thrilled to be here today with the First Lady and Vice President Gore and Tipper Gore and the President this morning. It is so thrilling for me, because we have been working so hard, everybody in this room, for a long, long, long time, and we have now finally put the issue of early childhood development in front center, where it belongs. It is the single most important issue facing American today. (Applause.) MR. REINER: We have spent the last 50 years since the Second World War strengthening our country, from trying to build democracy and fight communism. We know communism is virtually eliminated now, and now we have to look inward. If we are going to strengthen this country in the future, we must look inward,

and the way to look inward is to strengthen the family, and the way to strengthen the family is to strengthen the relationships between parents and children in the first three years of life. Wonderfully, we have new brain science. We have scientific research which is pointing us in the right direction and telling us what to do. I want to say, if we are going to adopt a slogan, "It's the brain, stupid." (Laughter.) MR. REINER: Ultimately, that's what it comes down to. If we want to have a real significant impact, not only on children's success in school and, later on in life, healthy relationships, but also an impact on reduction in crime, teen pregnancy, drug abuse, child abuse, welfare, homelessness, and a variety of other societal ills, we are going to have to address the first three years of life. There is no getting around it. All roads point to Rome. It's very simple. We know what the problems are, and we were talking about it this morning in this morning's panel, and we know what the solutions are. That's the kind of frustrating thing for everybody in this room. There are people in this room that have been wrestling with these problems for 15, 20, 25 years, and we have the solutions.

My job, my job is to take this information and

disseminate it to the public, because we have to create a public will. Once we create a public will, there is a wave that is inescapable, there is a critical mass that is unavoidable. And, when that critical mass happens, we will get the country to change their way of thinking and look through the prism of zero to three in terms of problem solving on every level of society. I talk about, you know, building a coalition and building up a head of steam. And I want to thank Tipper Gore, especially, because -- yes, Tipper, wake up, you're down there. (Laughter.)

MR. REINER: I have been thinking about this issue for 20 years, now. I don't come as a Johnny-come-lately here. I've been thinking about it for a long time. I came to my own realizations through my own analysis, and determined that what happened to me, in my first two or three years of life, was critical in terms of how I functioned later on as an adult, good and bad, and I knew that that realization was not unique to me, that this was something that everyone experienced. But, at that time, I didn't know about the brain science. I think the brain science was just breaking, but I was certainly not aware of it. Then, as I became more successful and had a power base and had the

ability to reach out to the powers that be, I started searching, because I knew that this was the answer. I knew this was the answer, but how did I get this information out?

So I started reaching out, and the first person I called was Tipper Gore. I had read, like everybody else, that she was interested in mental health issues. I knew she cared deeply about that. And I picked up a telephone and I called her, and she answered the telephone; and I said, "I want to come and talk to you, because I want to know what I can do. What can we do to put this on the front burner and make everybody aware of how critical this is?" I went to Washington, with my wife, Michelle, who is sitting right there, and we met with Tipper at her house, and there were a couple of members of the Department of Education, I think, there at that time. The Clintons' Goals 2000 had just been released at that time. I looked at the goals. And, of course, everybody knows the first goal is, every child must enter school with a readiness to learn. And I said, "Hmm. If we can meet that goal, we don't have to worry about the rest of these goals. They will take care of themselves." And I believe they will. So, again, all roads lead to Rome. I mean, if we can get our children ready to learn as

they enter school, they will learn. They will be good students and they will reach their full potential.

So my job is to get the word out. I went back to California and I met Ellen Gilbert and we started reaching out to every member of the society. We talked to people from the Governor's Office in Vermont, from the Vice President's office, Mayor Riordan came to the house, and we started talking -- "What can we do?" I realize that there is no stomach here for a federally funded program and, also, there is no one size fits all. We certainly can observe that from what we hear today. There are a lot of ways to "skin the cat" and there are lots of needs from the various communities. So I said, "And, by the way, we don't want a one size fits all." It has to be from a grassroots level. It has to be community basis. I do feel there is a federal component to this, because I do feel there has to be a national imprimatur on all of this, even regardless of how large or small that component is, and that can be worked out by the policy makers, but there needs to be done. "But," I said, "I don't do that. I don't create programs. I create television programs, not social programs." So what I do is, I know how to put on a show, and that's what I decided to do.

I'm went to ABC and I said, "Give me an hour. Give me one hour. I'm now in a position where I've done enough in my community where you must give me an hour to talk about this. And they were kind enough. By the way, before I get into this, Mr. Langbo, what cereal are we going to be on here? Is it going to be Frosted Flakes or Special K? Because Special K is going to penetrate a lot more deeply than Frosted Flakes. (Laughter.) MR. REINER: I watched that Special K with that guy, you know, Covert Bailey or something. But he's kind of fat. He doesn't lose weight. I don't know why. MR. LANGBO: It can be any cereal that you would like it to be. (Laughter.)

MR. REINER: Ones that adults eat, you know. Don't put it on a sugary cereal. Anyway, no, it's terrific. It's terrific what you're doing. It's absolutely terrific what you're doing. Anyway, I went to ABC, and I said, "Give me an hour. Give me an hour and I will put on a show, and I will get you some people to be on the show so that it will not be a dry documentary, it will not be an NBC White Paper. It's ABC, first of all, so it couldn't be an NBC White Paper.

(Laughter.) MR. REINER: And I said, "I will get some people into the tent for you." And they said,

"Well, who will you get?" I said, "I'll get you Tom Hanks." And I went and I got Tom. He was the first person I went to. I got Tom Hanks. That opened the door, because now we've got somebody who says, "Okay, I'm standing up for this." Then, it was easy. I went to Robin Williams, I went to Billy Crystal, I went to Rosie O'Donnell, to Roseanne, to Oprah Winfrey. I went to General Colin Powell. And, when I had all those people lined up, I said, "Maybe I can get the President and the First Lady to come on." And they agreed to do it, and they're terrific in the show. They're absolutely wonderful. So we've got this wonderful forum, where we hope people will tune in. Now, we also are disseminating information, as well. There's going to be a lot of information about the new research in brain development. Barry Brazelton is on the show, Dr. Bruce Perry, C. Everett Koop. We will also examine the town of Hampton, Virginia and what they are doing, in terms of early childhood development. It was a community at risk. They were facing economic collapse, and they decided to adopt an Ounce of Prevention preventative approach, and develop some early childhood development programs as a way of uplifting the community. They have done that, and they have been

very, very successful, so we are highlighting them, as well.

It was one thing to put together a television show and get it out to the public and have this discussed. But, like so many things that you put front and center, unless there is some followup, unless there is a public engagement component to it, it evaporates into the ether. We all know what happens when we all get together. We're of like mind. We talk about a lot of things, and then it disappears. So, to that end, we put together quite a coalition. We started reaching out. We went to Johnson & Johnson and we asked them if they would help fund a video, which they are doing and which will be made available at the end of May, a parenting video. We went to IBM and asked them if they would help us fund a website, which they agreed to do -- www.Iamyourchild.org, which is our website. We went to AT&T and we said, "Would you agree to give us a toll-free number where we could disseminate some fulfillment materials?" They agree to do that. It's 1-888-447-3400 which, if you call, you can get either a parenting brochure called The First Years Last Forever or a brochure which I think is ultimately going to be much more important, which is a community mobilization brochure. It tells people what they

can do in their communities to mobilize around this issue.

The Avance program that was spoken of earlier by Ms. Rodriguez is talked about in the brochure, parents as teachers, a number of other programs, really good programs around the country are mentioned, along with the Healthy Families America and what they are doing to help communities mobilize. So we've done all that and, on top of it, we've reached out to the National Governors Association. Governor Miller, who is the chairman and Governor Voinovich from Ohio, who is the vice chair, have agreed to meet with us and agreed to put this issue on the front burner as part of their agenda, as the Governors' agenda. I spoke at the last NGA meeting in the winter here in Washington, and it was discussed. They put together a six-Governor task force, bipartisan -- three Republicans and three Democrats -- and the issue of early childhood will be passed on to Governor Voinovich and I'm sure Governor Miller will speak more about that. Newsweek Magazine, yes. Rick Smith, are you here, sir? Yes. There is Rick Smith. We called Newsweek up. Recently, you might have seen -- Rick, don't get mad at me -- recently, you've seen the report on Time Magazine about the brain. But Newsweek was on this issue six to eight

months before Time magazine. They were the first national publication to really get on the issue of brain development.

We called them up and said, "we're going to do this campaign. Would you like to be an ally to us?" And they immediately said yes. They went ahead and put together a special edition which is going to hit the stands April 24th. It's a sensational issue. Those of you who have had preview copies of it, it covers just about everything that we've been discussing today, and it was funded by Johnson & Johnson, fully funded. They have been unbelievable for us.

So we are doing all of these things. It was mentioned earlier today about a CEO summit, Kaiser Permanente putting on a CEO summit. We are going to be the co-hosts of that summit. We are going to help them throw some media spotlight on that to see what businesses can do around the country.

Like I said, I'm not a Johnny-come-lately, and I'm not a Johnny-leave-early. I guess I just made that up. I'm in for the long haul, here. I'm in for the long haul.

(Applause.) MR. REINER: So we are going to continue. The Reiner Foundation is going to continue with a media office in Los Angeles, which we're going to start ramping up to support all the organizations that have been pulled

together by the Families at Work Institute, the Carnegie Corporation, the Heinz Foundation, all the people that we've been working with, to help them get messages out. You know, this brain information has been around for 15 years, but we need to get it out and we need to continue to get it out and keep the drumbeat going. I believe it's going to be the central issue in the future elections. I think it is the single issue to strengthen our country, and that's all we're doing. And I'm so thrilled to be here, I can't tell you how thrilling this is. (Applause.) THE VICE PRESIDENT: Wow. That was fabulous. I just want to say, Rob, that ever since Tipper specialized in this issue in graduate school, I've heard her lectures on zero to three and child development, but I can tell you that I don't think she has ever had a response to one of her little talks like this.

MR. REINER: It was interesting, because I came to your house, and I said, "This is what I think. You know, I think that what happens to a child in the first couple of years of life is the critical time period in determining how that child is going to function later on in society." And she says, "Oh, you're talking about zero to three." I said, "I am?" I didn't even know there was a thing -- I

didn't even know there was a thing called zero to three, but apparently I was on the same wavelength. THE VICE PRESIDENT: Let me ask you a question about the entertainment media. You have talked about enlisting all these great folks who can command the attention of the public, and they're parents, they care, and they're helping you, and it's absolutely wonderful. What about the media's responsibility in the entertainment they provide? How do you see that? MR. REINER: Well, there obviously is a tremendous responsibility. I mean, there's a lot that the media can do and we will do. One of the things that I'm going to work very hard on in the next couple of months is there is an organization called the Civitas Initiative, which was started by a fellow named Jeff Jacobs, who is the executive producer of the Oprah Winfrey Show. He runs all of her Harpo Productions. He is working very closely with Dr. Bruce Perry, who many people in this room are familiar with down at the Baylor College of Medicine, and they are working on trying to find a model, a working kind of biosphere model, to integrate all of the child protective services into one area so it can be disseminated to communities on an at-need basis, and also to have an ongoing

research component connected to it so that we will have enough data to be able to continue doing these programs.

One of the problems we have and one of the things I left out is that we are also funding a Rand Corporation study, a cost/benefit analysis of the programs that are working and, as many of the people in this room know, the problem we are having is that there are not longitudinal studies, there are not longitudinal cost/benefit studies to prove to people that this is cost effective. We know it is. We all in this room know it is. And Bruce Perry has often said, you know, "How many times do you have to drop an apple from a tree to know that there is such a thing as gravity." I mean we know it exists. But it is certainly nice to have the good hard data to back it up. We've got the science. The science is in place. We have got to get the economics in place. Once those two things are locked in place, it is immutable. This thing cannot go away. We will pursue it. But to that end, to go back around, you know, Oprah Winfrey is on the board of the Civitas Initiative. And the one thing I am going to try to do, you know, it is enough for me to be a front for the media in this and I'm, you know, I'm not unattractive.

(Laughter.)

MR. REINER: But Oprah Winfrey really is attractive, you know. And if I can convince Oprah Winfrey to be a spokesperson for this issue, I think that is probably the biggest thing we are going to be able to do.

THE VICE PRESIDENT: You're doing pretty well, Rob.

(Laughter.)

MR. REINER: I know. But, you know, I am not as pretty as Oprah.

(Laughter.)

MR. REINER: You know? And I can't sell books the way she does.

THE VICE PRESIDENT: I just wanted to add one other thing I'll say to the First Lady. Mr. Langbo, you look like you wanted to answer Rob's question.

(Laughter.)

MR. LANGBO: Rice Krispies.

(Laughter.)

THE VICE PRESIDENT: Fat free. Fat free. Right? Rice Krispies is fat free.

MRS. CLINTON: Oh, my goodness. You know, one of the sweetest things I've seen, Rob, in the last couple of

weeks, is your father going around promoting his new movie with Bette Midler, spending half his time promoting your program. So, I mean it is becoming a generational commitment here.

I wanted to follow up on one thing that Rob said at the very end because I think it is something we should pay special attention to when he was talking about the Civitas Initiative and the work with Dr. Perry and others. I think it is important that we do have some sense of priorities in terms of the challenges that families face. And, certainly, children in foster care, children in abusive situations, children who are most vulnerable should be our first priority because oftentimes they will not have the kind of help and their parents won't know where to turn, and those are the populations the hardest to reach.

So, we have got to use every means at our disposal to try to reach into those communities and to make the case that all of us on this panel are making about the importance of early intervention.

Now, there are some very difficult challenges that people like Gloria Rodriguez and others deal with on a daily basis in trying to deliver these messages. What works for my

family might not work for one of Gloria's clients or one of Kellogg's employees and we have got to be very sensitive about how we not only deliver the primary message, but then deliver all these sub-messages to different populations. And I hope that many of you who are here with us today will really give all of us advice about how best to do that.

There's another group of people that I am particularly concerned about. Dr. Cohen mentioned them this morning. You know, and that is the parents of children who have some kind of disability, who have some sort of congenital condition, who have some kind of illness in the early months and years that leaves them with some kind of difficulty that has to be dealt with, whether it is autism or cerebral palsy or Down's Syndrome, whatever it might be. Because if we only talk about the brain as being something that can be stimulated to create all these learning opportunities, that will make the task of parenting a child with disabilities even more painful for many of these families. And we have got to be sensitive to that and talk about, you know, maximizing the potential of every child and using this information as a means for enhancing parenting, not pointing fingers or making people feel more anxious than

they already do in whatever situation they find themselves. So, there is a lot to be thought about as we try to consider how do we deliver these messages. Who are the advocates, the champions, the spokesmen and women who are best positioned to speak to different populations so that the information not only is delivered, but is heard and acted on.

There is also another element that I think we have to give some thought to and that is there are behaviors that parents adopt for realistic reasons that, again, we were talking about briefly after the session this morning. If you live in a dangerous neighborhood in any of our inner cities, one of your primary goals is to keep your child alive. And one of the ways you do that is by conveying a lot of warnings which come across as negative reenforcement to your child.

If any of you have, as I have, worked in settings where you are involved with a lot of families who come from difficult neighborhoods, from the kind of communities that the chief was talking about where, you know, there is violence that a child might see on a regular basis, you, I am sure, have seen a lot of the parenting techniques that have been adopted where children are told not to do something, stay away from there, don't do that, get back here. All of

that kind of parental language which is aimed at protecting a child, but which has the effect, we know, of sending a very different message.

And, so, we have to be very thoughtful about how do we talk to parents who are most at risk? How do we enlist people such as those that Harriet Meyer works with or Sheila and others, how do we enlist the experts, the parents and the people who work with the parents, themselves?

So, as we think about this and as we review programs that we hope will work, I hope all of you will lend your expertise. Gloria wrote me a note saying that, you know, one of the things that her program does is to have toy making sessions where in the course of making the toys, a lot of lessons can be taught to children. And there are just lots of ways that we have to be more creative.

Well, the people who are really in the public arena on the front lines of this are governors who have such major responsibilities for education and child care and, now, a lot more responsibility for welfare and many of the other functions that historically were the province of the federal government, have now been handed over in all or part to the states. And that poses both great opportunities for the

states, but also some very significant challenges.

I would commend to any of you who is interested in how one governor sees these challenges to read Governor Chiles' State of the State Address which he delivered a few weeks ago in which he talks about his now I think 34-year career in public service, and how it goes along with what Rob was saying, after all of the years he spent in the Senate, 18 years, chaired the Budget Committee, his second term as governor of one of our most populous states, what he has concluded is that there isn't anything more important than what happens with children. And that is not what he thought when he started in public life or when he held many of these important positions, but it is what he knows now.

And I hope the message that Governor Chiles gave to his state legislature will be echoed in many other State Houses and in our Congress. And, certainly, the governors are attempting to make this issue a front burner issue. And I would like, now, to turn to Governor Bob Miller, the Governor of Nevada, Chair of the National Governors Association, Co-Chair of the Association's Children's Task Force, to talk about what the states are doing and the challenges that the states are attempting to meet and to give

us some insight about where the governors are going with this issue.

Governor Miller?

GOVERNOR MILLER: Thank you, Ms. Clinton, Mr. Vice President and Ms. Gore. And on behalf of my colleagues and myself, I would like to thank all of you and the President for leading this country on issues of parenting and families, both by example and by action.

I think all of us in life learn from experiences and perhaps focus our own actions based on those. I know when our first two children were born, my wife and I were fortunate to be living near her parents and both of her sisters and many lifelong friends who provided the support network.

Some twelve years later when our third daughter, third child was born, not only did we establish that we had flunked Planned Parenthood, but we also had two teenage siblings that were providing part of that support network. They interacted extensively with her. And recalling Dr. Brazleton's example earlier this morning, they decided that the appropriate response for their young sister was, in fact, (noise).

(Laughter.)

GOVERNOR MILLER: The cue, the cue that they chose, interestingly, was my political opponent's name.

(Laughter.)

GOVERNOR MILLER: Which interrupted a great many interviews on Election Night several years ago as two teenagers nearby were howling in appreciation for their sister. But, unlike my experience, which is in this day and age the exception, families are much more mobile. They infrequently live near their parents and their siblings. In many instances, both parents work; in others, there is but one parent. The challenges for raising children are much more intense than they were just a generation ago, but the desire is just as strong to be a good parent as it was for our parents or it is for any of us.

We have heard today extensively the analysis of this situation and concern and recognition by the private sector and the action that they have taken. And, so, I suspect that that would turn to me as to what role should government play?

And government should play a role. Our role needs to be defined and refined. This year as Chairman of the

National Governors Association, I have chosen as my initiative to work on 0 to 3 working with I Am Your Child, receiving a dull unimpassioned plea from Mr. Reiner as we have heard earlier today that made that decision a very easy one to make. But also to be able to analyze and evaluate what is going on in states and local communities in terms of recognition of the importance of these first three years and to build and learn from each other in a coordinated effort.

In my own State of Nevada a couple of years ago, we created family resource centers in each little pockets of communities and allowed the neighborhood to decide how they would use the coordinated federal, state and local resources all in that facility and establish their own priorities. In this session, we are trying to expand into a family-to-family connection in which with, again, the private sector's involvement, we would bring in through churches and civic groups and businesses trained volunteers into a hospital setting at the time of birthing and provide some guidance and assistance and then on a voluntary basis go to houses to follow up thereon and see what assistance we can provide in being that extended family network. Government should not replace parenting or families but can be an adjunct thereto.

Programs like this have existed in Vermont and Hawaii, Minnesota, and Kansas, already. And in Hawaii, for example, the incidence of repeat child abuse dropped from 62 percent to 3.3 percent. We have seen in Missouri and Alaska efforts to provide public information on this critical topic. You have heard at lunch and, again, a moment ago in the introduction of the extensive work that Governor Chiles has put forward in Florida, we have seen similar programs in Colorado. And I think our challenge as elected officials is to work together at all levels of government. The federal government can and should have a role. They already provide funding for many of the programs that we have heard about today, but there isn't a coordinated effort.

Perhaps the federal government can and should look into pilot projects that we can build upon as we determine how best to approach this problem.

State governments should have a role, not just in working with the federal government, but on their own. We're putting several million dollars into the family, the family concept that I've put forth in the State of Nevada. And I think more can and should be invested in future years. We should also coordinate with local government.

I believe that all of us working together and through the recognition of the importance of these first three years which is now just coming on to the front as far as public awareness can establish a next generation which will be much more trouble free than the generation that we deal with day in and day out. And I, again, appreciate on behalf of my colleagues the opportunity to be here and to learn more and more about just how important this issue is. And as many speakers have said, this is the most important issue facing the future of our country. Thank you.

(Applause.)

THE VICE PRESIDENT: Well, thank you for asking me. It did provoke one thought because what you talked about, Governor Miller, in the description of what has happened in this family-to-family program, with the effects on the whole family of the reinvolvement with the child, 0 to 3, is similar to what Harriet Meyer told us about in the dance between the mother and child and how a mother changes her behavior after the engagement with the child, if the behavior is modeled or if in some other way she learns the importance of this involvement.

I just wanted to add one other piece to this puzzle

from the research done on fathers. There is a national program called "Father-to-Father" and a lot of the findings demonstrate that the deep involvement of a father in the life of his infant child can and often does have a powerful transforming effect on that man, so that behaviors change, the whole pattern of life changes. It can lead to a rededication to the mother of that child and some of the Father-to-Father programs in inner cities and distressed areas where there are lawbreakers, gang members, young men who have not considered marrying the mother of their child or their children, are themselves really changed dramatically. So, it is just another piece of the whole puzzle that illustrates, I think, the powerful result for our society that can come when we look through the lens the First Lady has put before us here, to look at what happens in the developing brain of a young child when the right approach is taken and it effects everything: the child's future, the family's future and present and, obviously, the whole society.

MRS. CLINTON: Well, that was a wonderful way to end this remarkable day. I want to thank everyone who participated in the panels this morning and this afternoon.

I want to thank all of you who were here as members of the audience, both here in the East Room and in the Old Executive Office Building and out around the country.

When Rob was talking about his commitment to these issues of 20, 25 years, I couldn't help but look out and see Bernice and Barry and Ed Zigler and think it's about 50 or 60 years for some of the people in this audience. (Laughter.) And we are grateful for that pioneering commitment and work that you have brought to this issue. And we are finally catching up to what you have been advocating for a very long time.

Now it's time for us to leave this table and consider all of the ways that each of us can carry on the mission of enhancing the development of our children. Many of you are on the front lines doing that every day. On this panel, we have Harriet Meyer, and we have Sheila Amaning, and we have Chief Wearing, and we have Gloria Rodriguez who are out there day in and day out working with children and families. And those are the people that the rest of us have to support because, for all of the concern and caring that we may bring to this issue, it is these people and the people they work with who will actually be in those homes putting

together those programs, making those connections.

And we also, I think, are blessed to have with us today business leaders like Mr. Langbo who understand that there really isn't any more important bottom line than what we do as parents of our own children and what we do as citizens of our society to enhance the potential of all children as future citizens and as future employees. And that kind of enlightened leadership and enlightened self-interest is critical to how we see the next steps in this effort to bring attention to this important set of issues, and then to act on what we now know.

We're also blessed to have public officials here, starting with the Vice President and Mrs. Gore and Governor Miller and Governor Chiles, and we have members of Congress and members of the Cabinet who also appreciate the significance of this new information. And I hope that we will be able to think of good arguments and effective ways of communicating why this is important and why it should go far beyond partisan politics and become an American issue, not an issue of any political party or ideology, as to how we try to enhance the raising of our children.

And then we have members of the media who we are

all reliant upon to convey this information not just for a week, not just for one show, but as Rob has eloquently expressed, to really make it an ongoing commitment. I said this morning that there are people in the world who ask, how are the children, and all of us, I hope, will begin asking that as well, because we have so many opportunities now. As Governor Chiles said at lunch, the information and research that science is giving us provides a hook that we have not had before. And it is up to us to figure out ways of using that in our respective positions.

I hope that this conference has laid the groundwork for all of us coming together to be more committed and more effective in that commitment on behalf of American children. I thank all of you for being part of what I hope will be looked back on as a part of a historic moment that involves the research that has been done, the dissemination and communication of it, and then the follow-up. And I thank you all and invite you to join us and others who will be arriving at a reception in the tent in the back yard. And, really, I hope you will go away from this event at the White House as inspired and fired up as Rob Reiner is. (Laughter.)

Thank you all very much. (Applause.)

END 4:59 P.M. EDT