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BY FEDERAL EXPRESS

October 4, 1996

Ms. Lyn Hogan
Senior Policy Analyst
White House Domestic Policy Council
217 Old Executive Office Building
The White House
Washington, D.C. 20500

Dear Lyn:

Thank you again for inviting me to the White House and giving me the opportunity to express my thoughts on the direction of child welfare policy.

As discussed, I have attached the following documents and other materials for the Council's review and consideration:

a. A summary of the comments I prepared for meeting;

b. a copy of the Family and Children's Index (FCI), the computer based tracking and coordination system developed by the Los Angeles Interagency Council on Child Abuse and Neglect (ICAN) and a copy of ICAN's child death review program. On November 15th, ICAN Associates, the non-profit, public support arm of ICAN, will launch the ICAN National Center on Child Fatality Review, the first national clearinghouse for assisting state and local agencies deal with the horrendous problem of 2000 children being killed each year by abuse. A copy of the proposal for this group which already has funding is attached for your review;

c. two copies of a tape containing nine child abuse public service announcements (psa's) produced by the American Media Council on Child Abuse (AMCA). AMCA, is a non-profit organization whose sole purpose is to promote awareness of child abuse through public service announcements. I am a member of AMCA's Board of Directors. Originally produced and aired for the National Basketball Association playoff games in 1990, these psa's have since appeared during National Hockey League games, the PAC ten football conference games and Prime Sports. From the inception, we freely gave these psa's to various organizations working on behalf of abused children (the tag

ending is tailored to their organization) so that they might more effectively get out their message. These organizations include the U.S. Advisory group on Child Abuse and Neglect, ChildHelp USA, Kempe Institute, the National Committee for the Prevention of Child Abuse and a number of local district attorney offices around the nation. Moreover because many of these psa's were aired on the national networks during prime time they are the most viewed psa's on child abuse ever produced.

I have also included a hardback copy of my other book, **Stalking Justice** and its paperback version released just this week. It doesn't concern children's issues but rather is a true story of justice in America.

After you, Carol and the others review this packet, please call if you have any questions. I am very interested in continuing the dialogue with you and look forward to the opportunity of working with you in the future.

Sincerely,

Paul Mones

cc: Carol Rasco

Enc.

SUMMARY OF PAUL MONES'S COMMENTS PREPARED FOR WHITE HOUSE DOMESTIC POLICY COUNCIL MEETING ON SEPTEMBER 19, 1996

1. THE GOAL OF THE CHILD PROTECTIVE SYSTEM SHOULD BE FIRST AND FOREMOST TO PROTECT CHILDREN. BASED ON OUR CURRENT UNDERSTANDING OF DYSFUNCTIONAL PARENTING AND THE DYNAMICS OF PARENTS WHO PHYSICALLY AND SEXUALLY ASSAULT THEIR CHILDREN, WE NEED TO REVALUATE THE CONCEPT OF FAMILY PRESERVATION AND REALIGN OUR FOSTER CARE SYSTEM TO MEET THE ULTIMATE NEEDS OF THIS REPRIORITIZING.

THERE APPEARS TO BE SOME CONFUSION IN THE CHILD PROTECTIVE COMMUNITY AND THE PUBLIC AT LARGE ON THE SYSTEM'S GOALS. IT DOES APPEAR THAT THE POLICY TO MAINTAIN FAMILIES COMBINED WITH THE OVERBURDENED NATURE OF THE SYSTEM HAS RESULTED IN INCALCULABLE HARM AND EVEN THE DEATH OF MANY CHILDREN. MOREOVER, UNINFORMED JUDGES ROUTINELY IGNORE THE PLEADINGS OF SOCIAL WORKERS AND RULE IN FAVOR OF RETURNING CHILDREN TO HIGH RISK PARENTS.

PLACING THE SYSTEM'S PRIORITY ON CHILD SAFETY WILL HAVE, IN THE LONG TERM, THE ADDED BENEFIT OF REDUCING YOUTH VIOLENCE. WE KNOW THAT MANY OF THE AGGRESSIVE AND ANTI-SOCIAL BEHAVIORS WE SEE IN ADOLESCENTS CAN BE DIRECTLY TRACED TO GROWING UP IN A VIOLENT AND DYSFUNCTIONAL ENVIRONMENT. UNFORTUNATELY MOST OF THE RESOURCES IN THE PRESENT CHILD PROTECTIVE SYSTEM ARE TRIAGE-ORIENTED, EXPENDING RESOURCES AT THE BACK END OF THE

SYSTEM WHEN IT IS OFTEN TOO LITTLE TOO LATE. SIGNIFICANT INTERVENTION MUST BE INITIATED FAR EARLIER. TO THIS END, WE MUST ALSO DEVELOP MORE REFINED TOOLS TO IDENTIFY HIGH RISK SITUATIONS TO ASSIST SOCIAL WORKERS AND OTHERS IN THEIR DECISION-MAKING.

A. INTEGRAL TO REPRIORITIZING OF THE CHILD PROTECTIVE SYSTEM IS HAVING RESOURCES SHIFTED TO THE FRONT END INTO PROGRAMS HEALTHY FAMILIES INITIATIVE.

2. COURT SYSTEMS NEED TO BE BETTER EDUCATED IN THE AREAS OF CHILD ABUSE AND FAMILY VIOLENCE. JUDGES IN FACT SEEM TO BE ONE OF THE WEAKEST LINKS IN THE CHILD PROTECTIVE SYSTEM. AROUND THE NATION JUDGES ARE OVERBURDENED. IN LOS ANGELES FOR EXAMPLE, EACH JUVENILE JUDGE HEARS 42 CASES PER DAY OR 9 MINUTES PER CASE ASSUMING NO BREAK DOWNS.

THE OVERBURDENED SYSTEM PROBLEMS ARE COMPLICATED BY COMPETENCY ISSUES. A JUDGE WHO IS SERVING A YEAR OR EVEN SIX MONTH ROTATION IN DEPENDENCY COURT WILL NEVER DEVELOP THE SKILLS AND BACKGROUND TO RENDER SOUND SAFE DECISIONS FOR CHILDREN AND FAMILIES. CHILD ABUSE IS A HIGHLY SPECIALIZED AREA WHICH DEMANDS A SOUND GROUNDING IN CHILD DEVELOPMENT AND MENTAL HEALTH. IT IS SPECIFICALLY BECAUSE MANY JUDGES DON'T EVEN HAVE

THE BASIC WORKING KNOWLEDGE IN THESE AREAS THAT CHILDREN ARE RETURNED TO HIGH RISK SITUATIONS.

3. THERE ARE DEFINITELY NOT ENOUGH PLACEMENT AND PERMANENCY OPTIONS FOR CHILDREN. AND MONEY IS NOT THE ANSWER TO THE PROBLEM. YOU COULD THROW MILLIONS OF DOLLARS AT THE PROBLEM BUT YOU WOULDN'T SOLVE IT UNLESS YOU DEVELOP A CADRE OF DEDICATED PEOPLE -- EXTENDED FAMILY MEMBERS, FAMILIES IN THE NEIGHBORHOOD, SCHOOL, HOUSE OF WORSHIP AND BUSINESS WHO WANT TO OPEN THEIR DOORS TO THESE INJURED CHILDREN. IN ORDER TO GET AMERICANS TO OPEN THEIR HEARTS TO THESE CHILDREN WE NEED TO CHANGE THE PERCEPTIONS OF AMERICANS OF THE PROBLEM OF ABUSE. WE NEED TO CONVINCE THE NATION THAT CHILD ABUSE AND MALTREATMENT AFFECTS US ALL.

4. BECAUSE OF WHAT WE KNOW ABOUT THE UNMISTAKABLE LINK BETWEEN DOMESTIC VIOLENCE, FAMILY VIOLENCE, CHILD ABUSE AND DELINQUENCY WE SHOULD CONSIDER RETHINKING THE GOAL CHILD WELFARE POLICY. THE GOAL OF PREVENTING HARM TOWARDS CHILDREN AND TREATING THEIR INJURIES NEEDS TO BE UNDERSTOOD AS THE CENTER PIECE OF CRIME PREVENTION POLICIES. WE NEED TO CONVINCE THE NATION THAT CHILD ABUSE PREVENTION IS THE FIRST LINE OF DEFENSE AGAINST CRIME. WE NEED TO CONVINCE THE NATION THAT CHILD ABUSE PREVENTION AND TREATMENT

EFFORTS ARE AS IMPORTANT (OR MORE IMPORTANT) TO THE PUBLIC'S SAFETY AS BUILDING MORE PRISONS OR HIRING MORE POLICE. A COHERENT FAMILY VIOLENCE POLICY IS AS IMPORTANT AS THE WAR ON DRUGS OR ANY OTHER CRITICAL CRIMINAL JUSTICE ISSUE.

WE NEED THE NATION TO PERCEIVE THAT ITS POLICIES TOWARD ITS ABUSED AND NEGLECTED CHILDREN ARE INEXTRICABLY TIED TO ITS POLICIES TOWARD DELINQUENT CHILDREN. THAT TODAY'S TRAUMATIZED KIDS ARE AT HIGH RISK TO BECOME TOMORROW'S TRAUMATIZERS. BY MAKING THIS CONNECTION IN THE MINDS OF THE PEOPLE, WE WILL ALSO INCREASE THEIR INTEREST IN THE PROBLEM OF ABUSE BECAUSE THEY WILL SEE IT IN MORE PERSONAL TERMS.

A. WE ARE NOW WITNESSING TWO DISTINCT TRENDS IN AMERICA'S ATTITUDE TOWARD ITS CHILDREN. FIRST THERE IS SEEMINGLY GREAT COMPASSION FOR ABUSED AND NEGLECTED CHILDREN. WITNESS THE GREAT INDIGNATION AT THE DEATHS OF THE TWO CHILDREN IN NEW YORK DURING THE LAST YEAR AND THE SUSAN SMITH CASE. ON THE OTHER HAND WE ARE EXPERIENCING A BACKLASH AGAINST TEENS WHO COMMIT VIOLENCE. IN ADDITION TO THE YOUTH PREDATOR ACT NOW BEFORE THE CONGRESS MOST STATES HAVE ROLLED BACK THE AGE AT WHICH A TEEN CAN BE CERTIFIED TO ADULT COURT.

THOUGH THESE TWO TRENDS ARE PRESENTLY PERCEIVED BY THE PUBLIC AND THE MEDIA AS MUTUALLY EXCLUSIVE, IT IS CRITICAL TO REALIZE THAT, WITH A SOME

EXCEPTIONS, THE FIVE YEAR OLD WHO IS LOCKED IN A CLOSET OR BURNED WITH HOT WATER BECOMES THE FIFTEEN YEAR OLD VIOLENT DELINQUENT.

B. THERE IS ALSO AN UNMISTAKABLE LINK BETWEEN DOMESTIC VIOLENCE AND CHILD ABUSE. VIOLENCE DIRECTED AGAINST A CHILD'S MOTHER IS A PRIMARY RISK FACTOR IN DETERMINING WHETHER THAT CHILD WILL BE DIRECTLY ABUSED BY THE CHILD'S MOTHER OR FATHER. AND CHILDREN WHO HAVE PREVIOUSLY WITNESSED THEIR MOTHERS' BRUTALIZATION TYPICALLY MODEL THEIR REACTION TO MISTREATMENT ON THEIR MOTHERS' REACTION. WHEN THESE CHILDREN ARE LATER STRUCK BY THEIR FATHER OR MOTHER FOR THAT MATTER, THEY DO NOT SEEK ASSISTANCE FROM THE OUTSIDE, THEY BLAME THEMSELVES FOR THE ABUSE AND EXPERIENCE FEELINGS OF SHAME AND LOW SELF ESTEEM. MOREOVER AGGRESSION BETWEEN PARENTS TRIPLES THE RISK THAT THOSE CHILDREN WILL LATER ACT VIOLENTLY. OTHER EFFECTS INCLUDE THE FACT THAT MALE CHILDREN WHO WITNESS DOMESTIC VIOLENCE EXPERIENCE INTENSE ANGER AT THEIR FATHER DURING AND AFTER DOMESTIC ASSAULTS AND TYPICALLY HARBOR REVENGE FANTASIES FOR YEARS AFTERWARD.

DESPITE THESE LINKS SOCIETY HAS A VERY DISMISSIVE ATTITUDE ABOUT THE EFFECT ON CHILDREN OF WITNESSING DOMESTIC VIOLENCE. ACCORDINGLY WE NEED TO CHANGE CHILD ABUSE INTERVENTION PROTOCOLS FOR LAW ENFORCEMENT, SOCIAL SERVICES AGENCIES AND THE JUDICIARY IN CASES OF DOMESTIC ASSAULT. EVERY TIME A DOMESTIC VIOLENCE ARREST IS MADE, THE INVESTIGATING AGENCY MUST INSURE

THAT THE CHILDREN ARE INDEPENDENTLY INTERVIEWED BY A SOCIAL WORKER (THERE SHOULD BE A CHECK-OFF LIST ON THE INCIDENT FORM THAT ADDRESSES THE INJURY TO CHILDREN AND SUCH A FORM NEEDS TO BE TRANSMITTED TO THE APPROPRIATE AGENCY) TO DETERMINE WHETHER THEY HAVE SUFFERED ANY MENTAL AND PHYSICAL INJURIES. PROSECUTORS AND CHILD WELFARE OFFICIALS SHOULD USE THE RESULTS OF THIS INVESTIGATION TO DETERMINE WHAT LEVEL OF TREATMENT AND INTERVENTION IS NEEDED TO PROTECT THE CHILD. A CAVEAT TO THIS POLICY CHANGE WOULD BE TO INSURE THAT BATTERED WOMEN ARE NOT REVICTIMIZED OR BLAMED BY THE SYSTEM.

5. THE FEDERAL GOVERNMENT SHOULD CREATE A CHILDREN'S RIGHTS STRIKE FORCE. THE DOJ HAS SUCH STRIKE FORCES FOR DRUGS, HATE CRIMES, CHILD PORNOGRAPHY, ETC, WHY NOT HAVE ONE FOR OUR NATION'S MOST VULNERABLE, HELPLESS CITIZENS. THERE IS NO QUESTION THAT MORE KIDS ARE HARMED BY INTRA-FAMILY VIOLENCE THEN THEY ARE BY PORNOGRAPHY AND PERHAPS, EVEN DRUGS. THE THREAT TO PUBLIC SAFETY FROM CHILD ABUSE, BOTH IN THE PRESENT AND LONG TERM IS CLEARLY EVIDENT.

ONE OF THE TASK FORCE'S PRINCIPAL RESPONSIBILITIES COULD BE TO MONITOR THE TREATMENT OF CHILDREN BY STATE AND FEDERAL INSTITUTIONS. SPECIFICALLY WE KNOW THAT THE CHILD PROTECTIVE SERVICE SYSTEMS IN 21 STATES ARE PRESENTLY UNDER COURT ORDER. IT IS A FAIRLY SAFE BET THAT MOST OF THE 29 STATES NOT UNDER COURT ORDER ARE NOT OPERATING ANY BETTER THAN THE ONES WHICH HAVE

BEEN SUED. MOST CHILD PROTECTIVE SYSTEMS ARE POORLY ORGANIZED, OVER-BURDENED BUREAUCRACIES POPULATED BY MOSTLY WELL MEANING PEOPLE WHO NEED BETTER DIRECTION. EVEN AN OMB REVIEW OF A HANDFUL OF THESE AGENCIES WOULD REVEAL THE NEED FOR CHANGE; AND IN MANY OF THE CASES THE REVIEW WOULD RESULT NOT IN THE NEED TO SPEND MORE MONEY RATHER THE REALLOCATION OF EXISTING RESOURCES. THE FEDERAL GOVERNMENT GIVES MILLIONS OF DOLLARS A YEAR TO THE STATES FOR CHILD PROTECTION. FOR THE CHILDREN'S SAKE, AT THE VERY LEAST IT HAS A RIGHT TO SEE THE MONEY IS BEING EFFECTIVELY AND HUMANELY ALLOCATED.

6. THE FEDERAL GOVERNMENT SHOULD USE THE MILITARY'S FAMILY VIOLENCE AND CHILD ABUSE INTERVENTION/TREATMENT PROGRAMS TO DEVELOP INNOVATIVE PROGRAM STRATEGIES THAT CAN BE REPLICATED IN THE CIVILIAN SECTOR.

7. THE FBI'S BEHAVIORAL SCIENCE UNIT AND THE SECRET SERVICE SHOULD USE ITS VAST RESOURCES TO UNDERTAKE FAMILY VIOLENCE RESEARCH, SPECIFICALLY FATALITY RISK ASSESSMENT IN CHILD ABUSE AND DOMESTIC VIOLENCE CASES.

8. THE COLLECTIVE SYSTEM RESPONSE TO CHILD ABUSE AND FAMILY VIOLENCE NEEDS TO BE BETTER COORDINATED. IT ALSO LACKS A CENTRAL INFORMATION RETRIEVAL SYSTEM. THE LOS ANGELES-BASED INTER-AGENCY COUNCIL ON CHILD ABUSE AND

NEGLECT (ICAN) HAS JUST DEVELOPED THE NATION'S FIRST COMPUTERIZED INDEXING SYSTEM TO ADDRESS THIS PROBLEM. AN OUTLINE OF THE PROGRAM IS ATTACHED.

Children and Families Brief

- Breaking the cycle of dependency, Clinton Administration executive order to require teenage mothers to stay in school and sign personal responsibility contracts, **see attached May 1996 Presidential radio address.**

- Preventing Teen Pregnancy, National Campaign to Reduce Teen Pregnancy, **see attached White House press release, January 29, 1996 announcing the commission, also see attached February 22, 1996 list of Board Members for National Campaign**

- The teen pregnancy rate has dropped: **reality** is teen birth rates are *modestly* down and teen pregnancy *modestly* declined in a majority of states. It is important to be careful with this data. Pregnancy rates are only available though 1993 and are on state-by-state basis without all 50 states reporting. Teen birth rates, however, have declined three years in a row by a total of 5%. **Please see attached HHS press release, June 24, 1996, HHS press release September 21, 1995 and internal statement from HHS/Melissa Skofield, June 16, 1996.**

THE WHITE HOUSE

Office of the Press Secretary

For Immediate Release May 4, 1996

RADIO ADDRESS BY THE PRESIDENT TO THE NATION

The Map Room

10:06 A.M. EDT

THE PRESIDENT: Good morning. This week was another good week for America. We learned that growth is up and unemployment is down. That's good for American jobs and good for America's families. We also had more good news on America's families today involving the Family and Medical Leave Act, which I was proud to sign in 1993. This week the bipartisan panel Congress created to study it reported that the law has helped more than one in six American employees take time off because of a serious family health problem, without any danger of losing their jobs. And almost 90 percent of the businesses found that complying with Family and Medical Leave cost them little or nothing. This is making America's families stronger, promoting work and family.

That's what we have to do with welfare reform, too. Our job is to fix a welfare system that too often pulls families apart and turns it into one that helps families pull together, to fix a system that traps too many people in a cycle of dependency that ends up snaring their children as well, and, instead, to create one that promotes jobs and independence.

For the last three years, we have been working hard to turn the welfare system around. All across America, the welfare rolls are down, food stamp rolls are down, teen pregnancy rates are down, compared to four years ago. And compared to four years ago, more and more people on welfare today are working as a condition of receiving welfare.

A lot of this has happened because our administration has

worked very hard to free states from federal rules and regulations which have built up over the years and which contribute to the flaws in the present system. We have slashed this red tape to 37 states, covering 75 percent of all the people on welfare in America, so that they can take steps to fix the broken system.

State by state, we are building a welfare system that demands work, requires responsibility, and protects our children.

But more needs to be done. The American people need a welfare system that honors American values: work, family, and personal responsibility. In 1994, and again this year, I sent Congress a sweeping welfare reform plan that would impose strict time limits on how long people can stay on welfare and strict work requirements for people when they are on welfare. My plan would also provide more funding for child care, so single parents can go to work. And it would crack down on parents who skip out on their responsibility to pay child support.

If Congress sends me a welfare reform bill that is tough on work instead of tough on children and weak on work, I will gladly and proudly sign it. Meanwhile, I am going to keep moving ahead to fix the welfare system by promoting work and looking out for our children.

Today, I'm acting to help teen mothers break free from the cycle of dependency for good. The only way for teen mothers to escape the welfare trap is to live at home, stay in school, and get the education they need to get a good job. We must make sure the welfare system demands that teen mothers follow the responsible path to independence.

Ohio has used freedom from federal rules to implement a terrific program they call LEAP -- Learning, Education, and Parenting. LEAP cuts welfare checks when teen mothers don't go to school, and rewards them when they do. And it works. A report released just this week by the Manpower Demonstration Research Corporation shows that for an important group of teens LEAP significantly increased the number of teen mothers who finished school, got jobs, and got off welfare. Every state should follow this example.

That's why, today, I'm announcing that every state must put in place a plan to keep teen mothers on welfare in school. We are going to audit the progress of every state and make the results public.

Second, we are going to make teen mothers who drop out of school go back to school and sign contracts that spell out exactly how they are going to take responsibility for their own lives.

And third, we are giving states immediate authority to provide bonuses to teen mothers who go to school and graduate, and to cut back the

checks of those who don't.

Finally, I'm challenging every state in the country to use its power to keep children who have children at home where they belong. There should be no incentive to leave home for a bigger welfare check. Unfortunately, even though they can, most states don't require teen mothers to live at home. That's wrong. Of course, if there is an abusive situation at home, children should be living in another safe, responsible setting.

But we have to make it clear that a baby doesn't give you a right, and won't give you the money, to leave home and drop out of school. Today, we are moving to make responsibility a way of life, not an option.

These commonsense steps have bipartisan support. They will help teen parents escape the cycle of dependency and start down the path to a successful future for themselves and their children. Now Congress needs to do its job and pass welfare reform. I'm glad that a group of bipartisan lawmakers is working on welfare reform. If Congress sends me a clean welfare reform plan that demands work, demands responsibility, protects children, and helps families stay together -- I will sign it. Until then, I'll keep working to do everything in my power to reform welfare, step by step and state by state.

Thanks for listening.

END 10:12 A.M. EDT

PRESIDENT WILLIAM JEFFERSON CLINTON
STATEMENT ON TEEN PREGNANCY
ROOSEVELT ROOM
JANUARY 29, 1996

[Acknowledgements: Secretary Shalala; Senators Pell, Murray and Chafee; Representatives Clement, Schroeder, Stokes, Clayton and Watt]

I'm pleased to report to all of you today about the progress being made toward launching a national effort to address the issue of teen pregnancy.

As I said in my State of the Union, we are living in an age of enormous possibility. More Americans, from all walks of life, will have more chances to build the future of their dreams than ever before. Of course, any time of great change brings its share of great challenges as well.

The first challenge I issued last Tuesday night was to cherish our children and strengthen America's families. And it was no accident that this was the first challenge I mentioned. Family is the foundation of American life. And if we have stronger families, we will have a stronger America.

Teen pregnancy is a moral problem that can quickly become an economic problem. The epidemic rates of teen pregnancy in our country mean that too many children are born into poverty and never escape it. And teen parents can't escape it either because too often they don't have the education and child care they need to participate in the work force. When children have children, it can create a destructive cycle that tears at our very notions of family and community.

That is why we must do all we can to make sure that every child who comes into this world has two loving parents who are ready to support and care for their child. Although the teen pregnancy rate is down, over one million young women become pregnant every year. And 80% of the babies born to unwed teen mothers who dropped out of high school will live in poverty.

We must all work together to solve this problem. Last year, in my State of the Union address, I called on Americans across the country to join together in a national campaign against teen pregnancy. Since then, members of my administration have been meeting with citizens from all sectors of our society to determine how a new national organization might support and expand upon existing community-based efforts.

That's why today, I'm pleased to announce that a group of prominent Americans has responded and will launch a full-scale National Campaign to Reduce Teenage Pregnancy. A dozen people are ready to begin this effort, including leaders in the field of helping our young people, such as C. Everett Koop and David

Hamburg of the Carnegie Corporation. Others who have agreed to play a role include Drew University president Tom Kean; former senator Warren Rudman; Ogilvy and Mather chair Charlotte Beers; entertainer Whoopi Goldberg; Atlanta Olympic co-chair Andrew Young; and MTV President Judy McGrath. I'd also like to especially thank Dr. Isabel Sawhill, of the Urban Institute, for her work in spearheading this effort.

This is a serious, bi-partisan effort to address a difficult problem in a substantive manner. Many of them will be meeting tomorrow in New York, and in the next month, this group will be up and running. And when the National Campaign to Reduce Teenage Pregnancy holds its first board meeting, I'd like to invite them to the White House to discuss how we further their commitment to this important work.

Government must do its part in this effort. That's why today I'm pleased to announce that Dr. Henry Foster has agreed to serve as my senior advisor on this issue, and will be my liaison to the National Campaign. In his career as a physician and through his "I Have A Future" program in Nashville, Dr. Foster has dedicated his energies to the complex problem of teen pregnancy. In his new role, he will work in partnership with community-based organizations across our country to give our young people the tools they need to build responsible and productive lives.

Ultimately, what is needed to stop teen pregnancy is a revolution of the heart. We must all work to instill in every young man and woman a sense of personal responsibility. Having a child is the greatest responsibility any person can assume. It is not the right choice for a teen to make.

This message to our children must be constantly reinforced. One of the best ways to do this is through community organizations, like the ones I just met with. These groups, whether they are social clubs, mentoring programs or school-based classes, bear the primary responsibility of carrying this message to teenagers.

And each of us as has a role to play. I'd like to thank Colin Sears, who is here with me today, for demonstrating what an enormous contribution one person can make. Colin has worked at Baltimore's Young People's Health Connection since he was in middle school, teaching other young people to make the right decisions and take responsibility for their lives.

All of us must say to every teen: Do not become pregnant or father a baby before you are married, have finished with school and are ready to support your child.

This is the way we need to meet our challenges -- by working

together -- on national and local levels, in families and in communities, and in the public and the private sectors.

The era of big government is over, but we can't go back to the era where we simply tell people to fend for themselves. We have to move forward to the era of all Americans working to meet our challenges together.

I'd like to thank all of you for being here today. If we all work together to solve the problem of teen pregnancy, we will make a difference.

THE WHITE HOUSE

Office of the Press Secretary

For Immediate Release January 29, 1996

PRESIDENT CLINTON ANNOUNCES APPOINTMENT OF DR. HENRY FOSTER AS SENIOR ADVISOR ON TEEN PREGNANCY

The President today announced the appointment of Dr. Henry Foster as Senior Advisor to the President on Teen Pregnancy and Youth Issues. Dr. Foster will also be serving as an Expert Advisor to the Director of the Centers for Disease Control and Prevention and to the Secretary of Health and Human Services.

The announcement follows the President's State of the Union address in which he challenged Americans to strengthen families and do everything possible to reduce the rate of teenage pregnancy. While pregnancy rates are beginning to come down among teenagers, one million teenage girls still become pregnant every year.

In the State of the Union, the President announced that a group of prominent Americans will launch a National Campaign to Reduce Teenage Pregnancy, designed to support grass roots community efforts in this area. A dozen people have already agreed to be a part of this effort, including C. Everett Koop, David Hamburg of the Carnegie Corporation, Urban League President Hugh Price, Whoopi Goldberg, former Senator Warren Rudman, former Governor Tom Kean, Ogilvy and Mather CEO Charlotte Beers, and MTV President Judy McGrath.

Today, the President will meet with people working at the state and local level to reduce teen pregnancy and ask Dr. Foster to serve as his liaison to the National Campaign. Dr. Foster will also be working to bring national attention to the issue, to galvanize activity at the local level and will be advising the Administration on policies related to teen pregnancy. He will be meeting with leaders in business, media and other fields to mobilize and intensify their interest and efforts in this area.

"I am pleased that Dr. Foster has agreed to work with us in our efforts to reduce teen pregnancy and promote hope and opportunity for our youth," the President said. "Teen pregnancy is one of our most pressing social problems. All of us must work together to send a clear message to our young people that staying in school, postponing sexual activity, and preparing to work are the right things to do."

Dr. Foster is presently a Professor of Obstetrics and Gynecology at Meharry Medical College in Nashville, Tennessee. He has in the past been the Dean of the School of Medicine at Meharry and Chairman of the Department of Obstetrics and Gynecology. The appointment of Dr. Foster is effective immediately.

-30-30-30-

THE NATIONAL CAMPAIGN TO PREVENT TEEN PREGNANCY

2100 M STREET, N.W., SUITE 500. WASHINGTON, D.C. 20037

BOARD MEMBERS

(As of February 22, 1996)

HHS NEWS

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

FOR IMMEDIATE RELEASE
Monday, June 24, 1996

Jeff Lancashire, 301-436-7551
Sandra Smith, 301-436-7551

TEEN BIRTHS DROP FOR THIRD STRAIGHT YEAR

Birth rates for teenagers in the U.S. declined in 1994 for the third straight year, according to the latest natality statistics released today by HHS Secretary Donna E. Shalala.

"The Advance Report of Final Natality Statistics, United States: 1994," prepared by the National Center for Health Statistics, a part of the Centers for Disease Control and Prevention, shows the birth rate for teenagers 15-19 years of age dropped from 59.6 births per 1,000 population in 1993 to 58.9 per 1,000 in 1994.

"This is another piece of good news in the battle against teen pregnancy, but we still have a long way to go," Secretary Shalala said. "Every day the tragedy of teen pregnancy hurts our children, our communities and our country. The President understands that teen pregnancy is one of the greatest problems facing our nation, and he has demonstrated leadership and taken action to help solve it."

To continue this progress, the administration has proposed a new $30 million Teen Pregnancy Initiative, to support community prevention efforts in cities with high teen pregnancy rates. In the past year, HHS also funded 15 demonstration programs through the Adolescent Family Life program aimed at preventing early teen sexual activity and pregnancy, as well as 13 grants through the Centers for Disease Control to help communities build coalitions to reduce teen pregnancy. (See HHS Fact Sheet: "Preventing Teenage Pregnancy.")

The 1994 birth rate among teens ages 15-19 was five percent lower than the recent high of 62.1 in 1991. The decline from 1993 to 1994 in teen births was 1 percent for teens age 15-17 (to 37.6 per 1,000 women) and 1 percent for teens age 18-19 (to 91.5 births per 1,000 women). Recent declines in abortion rates and birth rates for teenagers indicate that the teenage pregnancy rate has also fallen in the 1990's.

Despite this recent decline, the 1994 rate was still higher than in any year during the period from 1974 to 1989.

- More -

Today's report covers broad natality statistics. Overall, births in the U.S. declined for the fourth straight year in 1994 to 3,952,767. The birth rate fell 2 percent to 15.2 births per 1,000 total population; the lowest rate since 1978.

Among women of different race and ethnic groups, fertility rates were highest for Hispanic women, especially Mexican women, and for black women. Successively lower rates were reported for American Indian, Asian or Pacific Islander, and white women. Rates for teenaged women were highest among Mexican, Puerto Rican, and black women.

Meanwhile, the birth rate among unmarried women increased four percent in 1994, although the increases over the past five years have been much slower than that of the period 1984-1989. In 1994, nearly one out of three births were to unmarried women.

The multiple birth ratio rose to 26 per 1,000, an increase of two percent from 1993, and 33 percent since 1980. The higher-order multiple birth ratio (primarily triplet births) jumped 12 percent, doubling since 1987 and tripling since the early 1980's.

The report also provides a great deal of information on maternal health and behavioral characteristics, and improvements were reported in early prenatal care and reduced cigarette smoking:

--Eighty percent of mothers began prenatal care within the first trimester of pregnancy, the third consecutive year of increase. Meanwhile the proportion of mothers with late or no care continued to decline, dropping to four percent.

--Cigarette smoking during pregnancy declined again in 1994, for the fifth consecutive year, to 14.6 percent of mothers. Over 12 percent of births to smokers were low birthweight (less than 2,500 grams) compared with almost 7 percent of births to non-smokers.

--The incidence of low birthweight continued to climb, rising from 7.2 to 7.3 percent. Low birthweight improved among black mothers, but rose among white mothers. There was no change in low birthweight among American Indian or Hispanic mothers, but levels increased among Asian or Pacific Islander infants.

The report is available from National Center for Health Statistics, 6525 Belcrest Road, Hyattsville, MD, 20782; or by e-mail at: paoquery@nch10a.em.cdc.gov. The report is also found on the Internet at http://www.CDC.gov/nchswww/nchshome.htm.

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HHS NEWS

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

EMBARGOED FOR 4 P.M. EDT
Thursday, Sept. 21, 1995

Contact: CDC (404) 639-3286

CDC RELEASES NATALITY AND TEEN PREGNANCY REPORTS

Teen births are down nationwide and teen pregnancy declined in a majority of states, according to two new studies from the Centers for Disease Control and Prevention released today. CDC also reports that the rate of unmarried childbearing among women of all ages may have stabilized, and the agency released new findings on maternal and infant health.

Although the 1993 teen birth rate is still higher than 20 years ago, the birth rate for those 15-19 declined 4 percent from 1991 to 1993, according to the Advance Report of Final Natality Statistics, 1993, the annual report on birth patterns in America from CDC's National Center for Health Statistics. Teen pregnancy rates (including both births and abortions) were down in a majority of states as reported in "State-Specific Pregnancy and Birth Rates Among Teenagers--United States, 1991-1992," in the Sept. 22 Morbidity and Mortality Weekly Report, also being released today.

"Although these findings are encouraging, we clearly still need to do more to reduce teen pregnancy," said HHS Secretary Donna E. Shalala.

After increasing steadily between 1986 and 1991, the birth rate for teenagers 15-17 years declined 2 percent from 1991 to 1992 and was unchanged in 1993 at 37.8 births per 1,000. The birth rate for

older teens aged 18-19 was down 3 percent in 1993, to 92.1 per 1,000.

Pregnancy rates for teens declined in 30 of 41 reporting states and in the District of Columbia from 1991 to 1992. Decreases in teen pregnancy are reflected in a decline in both abortion and birth rates, with greater declines noted in the abortion rates. There were a wide range in pregnancy rates by state, from 53.7 per 1,000 women 15-19 in Wyoming to 106.9 for Georgia. Rates increased significantly in only two states.

In 1993, there were over a half-million births to teenagers -- over 200,000 to those not even 18. The teenage population is growing and if teen birth rates do not continue to decline, there will be a rise in the number of teen births over the next few years.

The 1993 annual natality report also documents that the rate of nonmarital childbearing has been essentially unchanged for three consecutive years, at 45.3 births per 1,000 unmarried women aged 15-44 in 1993. Prior to this period, there had been a 50-year rise in childbearing by unmarried women, and from 1980 to 1991 the rate increased 54 percent. Nonmarital births totaled just over 1.2 million in 1993 and accounted for 31 percent of all births that year.

The birth rate for unmarried teens leveled off between 1991 and 1993, showing the same pattern as that for all unmarried women. The vast majority of teen births are nonmarital (72 percent) but teen unmarried births account for only 30 percent of all nonmarital births.

Overall, births in the United States declined in 1993 for the third consecutive year, to just over 4 million. The birth rate per 1,000 total population declined to 15.5, its lowest point in 15 years. Birth rates for women in their twenties, the peak childbearing ages, declined in 1993 by 2 percent.

After rising steadily for almost two decades, birth rates for women in their thirties appear to have stabilized, recording just modest increases for the past few years. Still, there were more than 900,000 births to women in their early thirties, and the number of births to women aged 35-39, 357,000, was higher than in any year since 1960.

More than 100,000 babies were born in multiple deliveries in 1993, the highest number ever reported. Live births in twin delivery increased 1 percent while the number of triplet and higher-order plural births rose 7 percent.

The report documents maternal medical and lifestyle risk factors during pregnancy and their impact on the health of the infant:

-- **Cigarette smoking** during pregnancy declined to 15.8 percent, down from 19.5 percent in 1989, the first year that information on smoking was recorded on the birth certificate. Smoking during pregnancy declined in all age groups; still almost a quarter of young white and American Indian women, aged 15-24, smoked during pregnancy. Smoking is a key risk factor for low birth weight and infant mortality.

-- The most frequently-reported **medical risk factors** continued to be anemia, diabetes, and pregnancy-related hypertension.

-- **Prenatal care utilization** improved in 1993, following more than a decade of little change, with 79 percent of mothers receiving care in the first trimester. Fewer than 5 percent of mothers had late or no care, the lowest level since 1969.

-- The **cesarean delivery rate** declined again in 1993, to 21.8 percent of all births, continuing the downward trend noted in recent years following a rapid and steady increase through the late 1980s. The vaginal birth after cesarean delivery (VBAC) rate increased 8 percent in 1993.

Other measures of maternal and infant health were not so positive, the annual report shows.

-- **Preterm births** (prior to 37 completed weeks) increased 3 percent in 1993 to 11 percent of all births and almost one in five black infants.

-- **Low birthweight** increased from 7.1 to 7.2 percent the highest level reported since 1976. Most of the rise occurred among white births (6.0 percent), but low birthweight is still much higher among black infants (13.3). Low birthweight contributes to three-quarters of all infant deaths.

Data in Advance Report of Final Natality Statistics, 1993, are based on the birth certificates filed in state vital statistics offices and reported to the National Center for Health Statistics through the Vital Statistics Cooperative Program. "State-Specific Pregnancy and Birth Rates Among Teenagers--United States, 1991-1992," is based on birth certificate data as well as abortions reported to the Division of Reproductive Health, National Center for Chronic Disease Prevention and Health Promotion. Both centers are part of the Centers for Disease Control and Prevention, U.S. Public Health Service, within HHS.

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Note: For further information regarding these individual reports, please contact: "State-Specific Pregnancy and Birth Rates Among Teenagers--United States, 1991-1992," MMWR, Rachel Kaufmann or Lisa Koonin at 404-488-5200. Advance Report of Final Natality Statistics, 1993, Stephanie Ventura at 301-436-8954 or Sandy Smith at 301-436-7551.

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NOTE TO LORRIE MCHUGH --

FYI, data to be released by the CDC indicate that birth rates for teenagers in the U.S. declined for the third straight year in 1994, down 2 percent to 58.9 births per 1,000 teens aged 15-19. Altogether, the birth rate for 15-19 year olds has fallen 5 percent since 1991. Birth rates for 15-17 year olds and for 18-19 year olds both fell by nearly 1 percent in 1994, and have declined by 3 percent since 1991.

This new data on teen birth rates confirm what President Clinton has been saying, that the teen pregnancy rate has been going down in the 1990s but that it is still far too high.

We have some flexibility in timing the release of this good news. The CDC needs to decide in the next couple days when to release the data, and they would like the release date to be on or before June 28th. If there is interest in working with us on this release, please let me know how you would like to proceed. Although this may not merit the scheduling of another White House event, we could time this release to coincide with a Presidential announcement of the data in a speech.

We also need to discuss a Surgeon General's report on physical activity and immunization when you get a minute.

Thank you.

Melissa Skolfield

cc: Jeremy Ben-Ami
Rahm Emanuel