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First Lady Hillary Rodham Clinton

Remarks on Child Care

University of Maryland, College Park

October 3, 1997

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Thank you very much. (applause) Thank you. Thank you very much. Thank you Neil, thank you Professor Seefeldt, thank you Congressman Hoyer, thank you, President Kirwan. As I was sitting up here and Steny was introducing the President's family, when he introduced his wife, President Kirwan turned to me and said you know, I met her in Junior High School. He said, she sat behind me and she couldn't stand me and I thought, that's exactly the kind of memories I have from Junior High School, you know, the boy you really liked at the end of the year was the one you couldn't stand at the beginning of the year but this Junior High romance has certainly stood the test of time and I'm delighted to be here with your family and with the family of this great University. I came here today for a number of reasons. Part of it as the President suggested, is because I enjoyed my visit to be the Commencement Speaker so much and was very honored to receive an Honorary Degree and also because I have followed with great interest the work that is being done at this University in many areas but in particular, I have been impressed by the work that has been done in the area of human development, social and public policy, and we of course, as you know, we're blessed in the White House by having Professor Galston with us for a number of years so I feel a real kinship with the work that is done here and the people who are part of this great University community. So when the opportunity arose for me to come and speak with you about an upcoming White House Conference on Child Care, I immediately seized it. Because as the Congressman said, the President and I are hosting a White House Conference on Child Care on October 23rd and I wanted to come and tell you why this is an issue that deserves White House attention, deserves the attention of our Nation, one that we hope will raise awareness of these issues around our country. Some of you may recall that last spring the President and I hosted a Conference on Early Learning and Brain Research and we brought to the

Nation's attention the very exciting work that has been done by researchers here at NIH and elsewhere across the country that demonstrates clearly how important it is that we take the first three years of life because of what is happening in a child's brain and we wanted to get that information out because although many people intuitively knew that and experts like Professor Seefeldt taught that, there wasn't the hard data that supported that information until recently with the kind of work that has been going on in brain research and so for a lot of reasons, this is a time when all of us have to focus on what we best can do in our own homes and families as well as in our larger society to insure that each child has a chance to live up to his or her promise. I saw that in action this morning here at the Center for Young Children, what a wonderful facility you have here, a Child Care Center that is warm and inviting with workers that are creative and energetic and focus, a range of books and toys and crafts materials. I answered questions from the five year olds who wanted to know, among other things, what my favorite food was, what my favorite color was, and then a real stumper, what my favorite roller coaster was. I had to confess to this little boy that it has been so long since I've been on a roller coaster, I couldn't remember the names of any of the roller coasters I like but I certainly had the feeling that this is a place where children are treasured and valued and stimulated, a place that any of us would happily stay for juice and nap time any day. But, that Center is far too rare. Even though more and more families are seeking child care, in fact, over half of the infants under age one are in day care, twelve million children under the age of six, and seventeen million more, age six through thirteen, have both parents or their only parent in the work force. The plain fact is that there is simply not enough quality care for the children who need it. Quality child care is financially out of reach for the hard working American families whose children deserve the best attention they can receive. So today I come with a very straightforward proposition that this situation must

change for the sake of our children and our future. And there are ways I want to suggest that each of us can participate in this change. Every working parent in this room and in this country knows how urgent the matter is, any Mom or Dad who has ever left a child with a care giver for even a minute has felt at the gut level the importance of quality care. The stress around child care affects families ranging from the poorest all the way to the most affluent. It is a daily pressure for parents with preschoolers and parents with children in school who for whatever reason cannot get home to supervise a child themselves. For more than twenty five years, I have worked on issues affecting children and families, but in the last four and a half years I've been privileged to travel around our country on my own and with my husband, listening and talking with parents about their economic concerns, the issues that affect them on the streets where they live, whether its crime or the environment, and I've heard over and over again how important child care is. Yet, despite its importance in our everyday lives, it is not an issue that has been dealt with effectively by our society. Now, there are many reasons for this oversight and some of you who are students of human development and child care could recite many of them, I'm sure. But, I think its fair to say that until the demographics of our citizenry changed until economic forces and women's choices led so many mothers into the work force, this was not an issue that many people thought was serious. It was, like many issues, affecting children in the past, viewed as a soft issue that was a disproportionate concern to women. Yet now we know it is one of the hardest issues we face and it is an issue that had economic and social implications that go far beyond the individual concern that each of us brings to it. Fortunately, times are changing. Partly because of the work that many of you are doing, partly because more and more parents are speaking out, partly because America's employers have come to understand that the strength of their bottom lines depends on workers who are not absent, who will have their mind on their

work when they're there, whose child care needs are being met and partly because we have people in leadership like the President of this University, like this member of Congress before you who represents you, and because of my husband and members of Congress and State Legislators of both parties and many Governors who have made this a priority. All of this brings us together in the name of a shared belief, that the children of our country deserve child care as fine as that provided right here at this University. In fact, American children deserve the best care in the world. Now, there are many reasons to put our childrens needs first but let me just mention a few of them. One reason, as I've already stated is because we know that how we care for our children is critical to their intellectual and emotional development. You know, it wasn't so long ago and I can actually recall when I was younger and thinking about children a lot and even pregnant with my own, that it used to be kind of a joke among a lot of fathers I knew that they would say, well, you know let's wait until he can throw a ball or she can talk to me and then I'll pay attention and, you know, it was the kind of attitude that had been prevalent for most of history that you know, very young children should be cared for by their mothers, other women, that there wasn't much for fathers to do because there wasn't much happening until a child started to in some way assert a personality, act on his or own. Well, now we know clearly that that was mistaken. As we talked about at the White House Conference on Early Childhood Development in April, what happens to a child in those earliest years can make all the difference for a lifetime. Just 15 years ago, even scientists thought that baby's brain structure was virtually complete at birth. Now, neuroscience tells us 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. As one participant at the White House Conference put it, "nature and nurture don't compete, they cooperate."

Children's earliest experiences, the sights and sounds and smells and feelings they encounter, the challenges they meet, they determine how their brains are wired. For those of you who know a lot more about computers than I know, we're talking about how the brain shapes itself through repeated experiences. The more something is repeated, the stronger the neurocircuitry becomes. And those connections in turn can be permanent. In this way, even the seemingly unimportant, totally forgettable events of our first years are anything but trivial. It is during this time that children learn to soothe themselves when they're upset, to empathize, to get along with others, to become and we hope they will, human beings of the finest order.

Experiences in those first three years of life can also determine how well a child learns. When someone speaks, reads or plays with an infant or toddler, he or she, whether it is a parent, a grandparent, an older sibling or a care giver, is activating the connections in that child's brain that will one day enable her to think and read and speak and solve problems herself. Now, what that means is that subpar care, whether in the home or in a child care setting, means that a young brain is being deprived of what it needs to live up to its natural potential. Now that is a very serious conclusion for us to reach and now we have no more excuses. If we know that ignoring a child, being impatient, pushing off a 8 month old, or a 16 month old, failing to invest the time that is necessary in that two and a half year old, then we have to acknowledge, its not just a momentary action, but it adds to the past and the present and the feelings that that child is internalizing and it also literally affects the brain. Another reason we need to act is that we now have evidence that child care is too often inadequate, research presents a troubling picture. A recent national study of child care centers found that 70 percent of children are in care that is barely adequate. Ten percent are in care that is dangerous to their health and safety. Infants and toddlers are at the greatest risk with 40 percent in care that poses a threat to their health and well-

being. That means that they spend hours of their days with care givers who do not follow basic sanitary practices, who rarely cuddle, talk to or play with these infants and toddlers, in rooms that lack toys and other materials to encourage development and in places where the ratio of children to adults is too high for individual attention. Only twenty percent of our children are in what we could call "high quality care," such as what I saw this morning.

A study of child care in family-based settings found equally disturbing patterns. Only 56 percent of these programs provided adequate care, 35 percent were deemed inadequate, which means as we now know, that the hours spent there could actually undercut a child's development and only 9 percent offered high-quality care which was defined as enhancing the growth and development of children and even where quality care is available, it is often financially out of reach for parents, particularly low income parents. According to the 1995 census, families earning under $1200.00 a month pay an average of 24 to 25 percent of their income for child care. That takes a big chunk out of a household budget but it was still not enough to ensure quality care. I asked about the cost of the child care centers here on this Campus and there is a sliding scale which is very important, but it still costs between $340.00 and $600.00 a month. Middle class families are hit hard as well. Families earning up to $36,000. pay out 12 percent of their income for child care without any guarantee that that twelve percent is buying quality. It is difficult to think of a consumer situation in America where so many people are paying so much and too often getting so little.

Another reason we need to act is that we now know from another study that was just completed by the National Institute for Child Health and Development that good child care can be beneficial to young children. Whether it is care given at home or in a day care center. Now, there's no doubt that the most important lasting influence on any child is that child's family. But we do

know that good, quality child care can improve a child's chances, if that child is in a difficult family situation or enhance a child's learning and maturity if that child is in a good family situation. And for children who come out of family situations that are not always conducive to their well-being, bad child care can make a difficult situation even worse. Now a final reason we need to act is because of the changing nature of the work force. We know that the American work force has changed dramatically in the past forty years and that has meant dramatic changes in family life. Half of all mothers with children under the age of one are working outside the home and not only are more parents working, they are working longer hours. So this issue must become a policy challenge for all of us because it clearly affects the well-being of children, American workers, and the dynamism of our economy itself. I would imagine that many of you who are parents and those of you who are students, not yet parents, can equally shut your eyes and imagine or think back to one of those work family conflicts that has occurred in all of our lives. Even though my daughter is a Freshman in College, I still remember vividly the days when my child care arrangements fell through and I was not able to do anything about them. Now, luckily for me those were very few because I have the kind of job where if my daughter were sick or if she had a special occasion that I wanted to take advantage of in her preschool or her school years, I could arrange my schedule. That is not the case for the vast majority of working Moms and Dads. I also have the advantage, except for two years of her life, to live in a Governor's Mansion where there were lots of people around, that is not a common experience for most working mothers. And so I'm very aware that my situation was unique but even with it, I recall vividly those few times when despite my best efforts and a very supportive husband, and all of the balancing we all do, it just all fell through and I had to scramble like crazy to make up for it. One time in particular when I couldn't cancel something or just not go into work or go in

late, I had to be in court at nine o'clock and Chelsea was up all night sick and my babysitter was sick, probably with the same thing Chelsea was sick with and my husband was out of town and my family wasn't around and I called one of my best friends and she wasn't available, and it was just a real terrible feeling that you get when you know that you want to be with your child and because if work demands you can't and I was lucky enough to find a neighbor who could come in an sit with her and I called home every chance I had a break and rushed home when I finished to find her you know, very well taken care of. But, that is not what is available to most parents and I know it is infinitely tougher for most women who everyday are trying to do the best they can. And I honestly don't know how single parents do it. And I think we ought to be very sympathetic and very supportive of all parents but particularly of single parents. Too many children end up because of their parents challenges, caring for themselves or being supervised by older siblings. And we know what happens when children are left unsupervised. According to the FBI, it is during the late afternoon that our youngest children, those who are in their pre-teens or early teens, are most likely to experiment with drugs, to become involved with criminal gangs, to get pregnant, to commit violence or to get into trouble in other ways.

So, when that 3 o'clock bell rings, kids are relieved but a lot of working parents panic and we have to find a way to help parents with school age children as well. So, we know we need to act but where do we start. Well, we can learn from models of excellent child care around our country. They can provide the energy and expertise and inspiration for what we need to do now. One very bright spot is the military's child care system. Our Defense Department runs the largest child care system in the world. Taking care of the children of the parents who are in the front lines of America. I was privileged just two days at Quantico Marine Base to be able to see first hand what is being provided for the children of our Armed Forces and I have to say I saw what

every parent would want for her child. A beautiful facility, well-trained workers, high standards, unannounced inspections both in the Center and in the family day care settings, a tol. free number for parents to call with their concerns, mandatory training for everyone that comes into contact with and works with a child. And, most importantly, good wages and solid benefits and respect for staff. Now, that has resulted in lower turnover and more experienced care givers. Now, that wasn't always the case and I learned in a very open discussion that the military's child care was not always what we would hold up as an example. In fact, even the Center that I visited Quantico is brand new because the previous one had to be shut down because it didn't make the grade a few years ago. But, the leadership of our military knows that readiness depends upon mothers and fathers being able to do their work without worrying about whose caring for their children. So the military made a commitment to turning its child care system around and Quantico is now a shining example of what can be done. I want to tell two stories that I heard. The first, from one of the Commanders there was what happens before good child care in the military. I heard about a mother and a father who were both called to duty on an emergency basis at the same time. I believe they were both pilots. They had to be in the air at the same time. When that happened, they had to bring their two infants in basinettes' to the office of their Commander, leave those basinettes' in their Commander's office with instructions for care and feeding. Now, that beats any story about child care challenges that I've ever heard. The second story is about, "what happens now?" That there is quality care available no matter what the occasion. I met a Staff Sergeant, a single Dad, raising two little girls. He said that when he took his daughters to day care the first day they cried when he dropped them off, but the second day they cried when he came to pick them up. I was especially impressed by this very tough Marine whose obviously put in his time at the weight training facility, talking with great pride about how

he mastered pigtails and ponytails for his daughters but I think part of the reason his confidence is so high about embarking on the rather daunting task of being a single Dad of two little girls is because he's gotten a lot of support from the child care facility and the care giver's who have been there, helping him along, encouraging him, giving them advice, helping to create that village. On a serious note also, we were privileged to have Lt. Colonel ... who I see in the audience here speak about the perspective of the child care system from the perspective of a commander. He said that his soldiers are more productive when they don't have to worry about their children.

Now, I probably should say his Marines are more productive when they don't have to worry about their children and the result of that is a much higher level of preparedness 24 hours a day. Now, there are certainly differences between the military and civilian sector, but I believe that the military's experience can serve as a ... for the American work place in general. When parents don't have to come to work feeling concerned about how their children are doing, they can make a much more positive contribution which benefits all of us. Just before I visited Quantico I was in Miami at Baptist Hospital there that also has made a commitment to child care. I saw another first class facility, I learned about how they have adjusted the hours because just like the military they have 24 hour work days in a hospital and I heard a lot of detail from the Chief Executive Officer about why it is good economic sense to provide this service. I met at the hospital with the Board of Directors of something called, Florida's Child Care Executive Partnership, a group of business executives appointed by Governor Lawton Chiles to address child care issues. In creating this partnership, Florida put aside two million dollars the first year to match dollar for dollar Corporate contributions for child care. And the Board was charged with engaging the private sector in this effort.

Once asked, the Florida business community responded quickly and generously and this year the legislature and the business community are doubling their commitment so that we're taking both public dollars and pulling them to create more affordable quality child care and because of this effort, thousands of more working families in Florida now have access to the kind of care I saw at Quantico, I saw at Baptist Hospital, and I saw here at the University.

Because we know that providing good child care requires community involvement. The grant money in Florida only goes to communities where businesses have come together with child care organizations to forge a plan of action.

And, when I ask these business leaders why they thought the partnership was successful, they didn't hesitate to answer in very business like terms. They said it was good for the bottom line. They said they didn't have to spend as much time recruiting new workers who left because of child care problems. They didn't have to spend as much money recruiting new workers who had to be trained. They didn't have to worry about absenteeism which had been dramatically. Now, that was also the experience of many other businesses with whom I have met and I just find it being repeated over and over again.

So, because I find the partnership concept so impressive, I'm very pleased to announce today that the Department of Health and Human Services is awarding a half million dollar grant to the families and work institute, the National Governors' Association, and the Finance Project, to assist states in developing these partnerships with the private sector. And, the President has earlier this year, ... the military, the Department of Defense, to work with the private sector, to take the experience they've gained, their guidelines which have been carefully written and bring those to the table to discuss with more child care centers and family day care providers what can be done to use money like that available in Florida to make models that can be replicated. Because all

sectors of society have to be involved, businesses, schools, police departments, religious organizations, libraries, citizens' associations, the Federal, the State, and the local governments. We hope that the White House Conference will be a catalyst to bringing many of these sectors together. I also hope that at the White House Conference we will discuss ways that could assist parents who wish to make the choice to stay at home with their children more economically feasible because its not just creating good child care centers and family day care centers outside the home, how do we create real choices that are available to working families so that they in the privacy of their family can make a decision that it is economically feasible for one parent to be there for their children.

It is important to remember that this Conference is a starting point. I hope that it marks the beginning of National discussion and action. And I hope that its focus on the three keys areas will spark individual ideas around the country. Now, the three key areas are the lack of affordable child care, quality concerns, and the need for school age care. We have already discussed affordability and we've made some progress. The President took some steps to address this need. For starters, the expanded Federal funding for child care. In fact, since 1993, child care funding has risen by approximately 68 percent and it now reaches more than one million children through subsidies which is critical if they're going to have financial access to quality care. And I'm encouraged too that in the last four years more states are committing their own resources to help working people pay for quality child care.

In the balanced budget agreement, the $500 child tax credit

will go to 27 million families with 45 million children under the age of 17. Now for the typical American family with 2 kids, this child tax credit will mean 1,000 more dollars in take home pay

per year. That is especially important for low-income families who are also going to benefit from this child tax credit. Thirteen million children from families with incomes below $30,000 will receive the credit. That's a lot of young teachers, police officers, farmers, nurses and others who will have some extra income to put into whatever their family decides, but certainly one of the great expenses is improving child care. Also through the expanded Earned Income Tax Credit, more working families have had a cut in their taxes which has on average meant an increase in their income of over a thousand dollars. So, there have been real steps forward so that there's more child care available, it's subsidized, and there's more of an opportunity for families with children to take advantage of these programs. The President has also made child care an essential component of welfare reform. He insisted that welfare reform include spending for child care because we're putting a lot more women, single women with children, into the work force. So it will be increased by nearly $4 billion over the next 6 years. But that is still not enough and we have a long way to go to explore how better to enable parents to meet their child care costs. Quality is the second key issue. We have to do more to support child care providers. We have not done a good job of lifting up the profession that is so important in taking care of our children **and** matching that with increased income and job opportunities and benefits. I've been to a lot of child care centers and I've met many, many terrific people running and working in them but their salaries are woefully low and many leave the profession because it's not one that enables them to support themselves and their own families. I remember one provider who told me with tears in her eyes that with the birth of her second child, she had to leave taking care of children which is what she loved to do more than anything and go to work in an office because she needed to make more income. So we have to do all we can to encourage and support child care workers to get training, to build their skills and increase their

knowledge which will demand higher salaries and benefits. We have to find the very best people to take the jobs of caring for our children because parents should not have to worry whether their child is safe at day care and the vase majority of teachers are absolutely superb in caring for their children, but there a few who we need to make sure do not go into the classrooms of our day care centers. And we also have to help parents do a better job of searching out good child care. In survey after survey when parents are asked, they really don't know what they're looking for. They don't know what kind of equipment should be there; they don't know what kind of training they would be demanding for the child care workers. Too often parents are better informed about what kind of car to buy than what kind of child care to choose. So we have to help parents become more informed consumers to create that demand that will absolutely say to the market place, we must have higher quality for the money we're paying. One of the interesting results of a lot of the research that has been done recently is that good quality child care is generally but now always more expensive than inadequate child care. And in the middle, there's a lot of child care that could be vastly improved with some good training and better guidance there would make a big difference for the money that is being paid. Now I hope that we will continue to focus on safeguarding the health and safety of children in our ... system around the country. Certainly the President earmarked money going to the states for child care for quality improvements. And this summer he proposed a new rule requiring that child care programs that receive Federal dollars make sure that all children are immunized. And in 1995 the administration launched the Healthy Child Care America Campaign which promotes partnerships between child care centers and health agencies. That initiative now in 46 states **teaches** child care centers how to create safe healthy environments. A lot of times when we do these surveys and we get the results and people go in and say, this isn't sanitary; this is not appropriate, the child

care workers don't know that. Nobody's told them. They're not sure about what they're supposed to be doing. So through the Healthy Child Care America Campaign, we intend to do a better job of educating child care workers.

And, finally, school age care. A critical issue for millions of working American families. I have visited some excellent school age child care programs. The other day in Quantico, I visited one of their schools and saw what was available for the children there, but most children and their parents do not yet have access to good school age child care. Places where the children can do homework or play sports or learn to play a musical instrument ... **Home Alone** might have been a hit movie but it is not a good script for real childrens' lives and we need to move to make sure more children can safely and productively spend those after school hours in a place like a school or a library or some other setting that is good for them.

I'd like to close with one thought and then invite your questions. We are privileged to live in a time of tremendous bounty in our country. We are at peace. Our economy is booming. Social problems that for years held us back are receding. The crime rate is down, the teenage pregnancy rate is down. On so many fronts we're making progress together. At a time such as this presents a special opportunity free from crisis we can do work that might not be possible in stormier moments. So we should use this good fortune to make a difference, to lay the ground work so that the generations of children to come will be able **themselves** to build a country that has so many opportunities and take advantage of the blessings that we all have. So turning to child care is not just something that is a nice issue to talk about. It is as the President calls it, the next Great Frontier of Public Policy, to build up and strengthen our families, to give them more support so they can do their jobs both at home and in the work place will help up chart that Frontier not only so that we are

led to a better world for the children I saw today, but for generations of American children to come. And I invite all of you to be part in taking action to make sure that happens.

Thank you all very much. (applause) I'm glad there were babies here. That's a wonderful reminder of why this is so important. Well, as I understand what we're going to do now. We have two people with microphones in the isles. If anybody has any questions, they should line up behind the gentleman here and the young woman there and take a turn, but if not, that's all right, too. I don't mind at all.

Hi.

Hi. (Mrs. Clinton)

I have a question. I'm am employee on campus. I've been a secretary here for fifteen years. I have a four year-old son. I'm a single mother. I wanted to get my son to go to school here at the nice center. It would cost me over $500 a month and my salary is $25,000 a year. So how can that help employees here on campus? And I'm not the only single mother that has had a problem with this.

Mrs. Clinton - And that is one of the reasons why I mentioned that we have to do more to provide more slots in child care for working parents like yourself and we have to help subsidize quality child care because you are a perfect example of the problem that I'm trying to illustrate. You make $25,000 a year ...

With no child support.

Mrs. Clinton - with no child support. So that's your total income.

Correct!

Mrs. Clinton - And that's before taxes ...

Correct! And I live at home with my parents.

Mrs. Clinton - And you're doing all you can to keep expenses down living at home and good quality child care such as we see here at the university would cost $500 a month, which is $6,000 a year, which is a 25 percent of your before tax income. I mean that is exactly the problem that I'm talking about. So what have you done for child care?

Well, I went to a Catholic school in the area and they gave me a scholarship for just this year. So I pay $200 a month to have him in full-time pre-K. But if I did not have that and I didn't have my parents, I would probably have to quit my job and go on welfare because who would watch my child during the day and how could I afford that and live in an apartment.

Mrs. Clinton - Well, that is the problem. I could not more vividly describe it. And, so, I hope that some the proposals that will be discussed at the White House Conference, your child will be in school before we probably get much of the changes that I would like to see happen, but then you'll need, you know, after school care which is another part of this debate. But I hope that some of these proposals will focus exactly on what you're talking about. We need more subsidies for working families, particularly single parents. If we are going to have a policy in our country of ending welfare and expecting everyone to work, we have to do more to support those parents with children who are trying to do the best they can by working. And I want to thank you for what you're doing. (applause)

Hi, I'm the Director at Galludette University Child Development Center and I have worked with children with disabilities for the last 20 some years in child care and I'm curious what you all are suggesting the focus and direction more and more children with special needs are now in child care centers because of Special Ed laws and I'm curious where you all stand on that.

Mrs. Clinton - Well, we stand with you as an educator of children with special needs and with parents of children with special needs because it is more expensive to care for a child with special needs. And, again, parents face the same difficulties, only more so because of the additional costs. And it's not just financial costs. It's also emotional and psychological costs that is much higher when you have a child, whether it's your only child, or one of a number of your children with special needs that you need help caring for and also for many children, you want to integrate them as early as possible into as typical a life as you can possibly arrange for them and that requires, often times, you know special transportation, special equipment, whether it's wheel chairs or other kinds of medical equipment, it often requires, in your case, with deaf children, specially trained caregivers. So this is an issue that is a part of our overall issue of quality and affordability. I am old enough to -- I keep saying that -- I think that's because I'm going to turn fifty this month. I'm old enough, I'm nearly a half century old. Think about it for all you young people. It's hard to believe it happens. (laughter) So I can remember (applause) many, many years ago when I worked for the Childrens Defense Fund and when I was involved in other activities concerning children, going into places where children with disabilities were literally just left on the floor all day. I cannot tell you some of the places I have seen. Now that was twenty-five years ago. I haven't seen places like that recently, but I'm not invited to those places in my current position and I know that there are lots of excellent facilities for special needs children and I know that there are some that are really very inadequate. So this is a big part of what we're going to be talking about. Yes.

Thanks for coming. I'm a student here and I would like to know how does the European child care or World child care compare to the United States and are you planning to have any World input on planning for American child care.

Mrs. Clinton - That's an excellent question. I want to thank you for asking that because often times we don't learn about what works in other places and there are some very good models in Europe of National Commitment to Child Care. In fact when I was at the child care center here at the university, I learned this morning that the facility is modelled on facilities in northern Italy. The university architects went and visited because of the great room with the classrooms off the side and it's really something beautiful to behold. But there are some very good programs in a number of European countries that I think bear some attention. I have personally visited child care centers in France and in a few other countries, particularly in France and Denmark which were very impressive to me because there was a national commitment to the provision of quality affordable child care that went beyond political ideology. I remember when I visited France, I went to various cities and looked at their child care facilities and whether I was in a city that was run by a very conservative mayor and city council or one run by the socialists party, I didn't see any difference. And I asked a very conservative mayor in a French city how he could explain this national consensus about spending both national and local dollars to build excellent facilities, make them affordable, and he said but they're all our children. You know we are creating future French citizens and he said it as only a Frenchman could say it with a lot of flourish. It was like I asking such a ridiculous question. How could politics have anything to do with taking care of one's children. They fight about other things and even in the recent efforts to reign in the budgets in a lot of the European countries to make them more economically competitive, their caring for children has not been an issue of debate between the political factions in the countries that I'm aware of. They are going to remain committed to universal health care for all of their people and for adequate education and child care for preschool and I think it's a very important National commitment and I think we should look to see if we can

learn anything from that. I write a little bit about the French system in my book because I was impressed by it. Yes.

Being college students, most of us don't recognize there's a problem in child care but also being very involved in community service, what can we do as college students?

Mrs. Clinton - That's also a very good question and I think community service is a critical key to being able to provide enough voluntary manpower to help out in a lot of the centers that are particularly serving lower income families. And I know that a number of young people both through university community services and through Americore have signed up to work on things like America Reads and mentoring and tutoring children and I think looking for opportunities to work with even younger children to give them the attention that they need would be a very good way of working with at least one family, one child. Maybe showing a mom or a dad how to read to a child with just by you doing it, modelling it for them, playing, teaching some of those silly games and songs that you were taught -- all of which help build the brain. I mean all those little things that we used to do all make a difference. And you know there's a lot of evidence now that you know young women, young mothers when they speak to children in those little high voices we all adopt when we see little kids. Like oh, oh Michael, you're so cute. You know our voices just go up like, you know, full register. That has an impact. The child really can hear it. And young men and fathers who are more physical with babies and, you know, play games with them, that also stimulates the brain development. So there's a lot that both young men and women could do in giving of their time to work with some of these kids, especially as I say in lower income family areas where there may be too many adults taking care, too few adults taking care of too many children.

Good afternoon. My name is Cecilia Johnson and I'm a family child care provider and I have

been for twenty years. My question is of the eight parents that I have who are single mothers, one who just recently came off of welfare, the biggest problem that they undertake is getting benefits from the jobs in which they work to help take care of their children, especially medical benefits. And with the rising costs of child care and the costs of taking care of your child, I would like to know how do we plan to help our single mothers who can't get benefits from their jobs to help take care of their children.

Mrs. Clinton - Thank you for asking that and thank you for being a family day care provider. Until we have some program that takes care of all of our childrens' health care needs, we will not solve this problem completely, but in the Balanced Budget Agreement, we made a big step forward as a Nation. Because through the commitment of $24 billion that was raised by raising the tax on tobacco, we will be able to provide health care for half the children who are currently uninsured, many of whom fall into the category you're talking about. Now a lot of mothers getting off of welfare should be very sure they're not still eligible for Medicaid because they often are. We have 3 million children in America who are eligible for Medicaid but their mothers and fathers don't know they are so they are left to the whims of the emergency room or not being taking care of. So making sure your eight moms check to see whether they're available and eligible is the first thing. Secondly, this new money -- this $24 billion will expand coverage in every state. So making sure they know where to go to find out how to sign up their child for health care I think is the best advice you could give them and to help them, you know, know where to contact somebody and to try to find out. But we still have too many Americans who do not get health insurance through their work, are not eligible for any kind of government assistance, and they just fall into this large pool of 40 million uninsured Americans, about 11 million of whom are children. And so we just have to keep making

sure everybody who's covered with Medicaid and the new Child Health Program are covered, then we need to see what else we're going to do to cover the remaining children and adults. So please give them that information.

Mrs. Clinton, I hate to do this but your staff has suggested that you maybe should take only one more question.

Mrs. Clinton - All right.

Well, actually instead of a question I wanted to issue an invitation to you to come visit me at the Childrens Developmental Clinic on this campus. Come back one more time this Saturday and see a new program or different program from what we've been talking about today, which is undergraduate and faculty members volunteering their time on Saturdays to play with the children, provide role models for the children, and to deal with those hours of concern that you mention for late afternoon hours, excuse me, the week days when they are unsupervised. And the special thing about our program is that it's for children with physical disabilities, who have self-esteem issues and who get isolated at schools and also children from disadvantaged neighborhoods, from disadvantaged backgrounds. I work with children from the Cools Spring Elementary School who are Hispanic mostly and who have parents who are very disengaged from education and if you ever have the time to come visit us on Saturday, I'd love to show you what can happen when people volunteer for free.

... ... expenses

Mrs. Clinton - Well, the young man who asked the question what he might do, you need to sign him up. (laughter & applause) Well, unfortunately I can't be there this Saturday (laughter) but I'm very glad you stood up to invite me and did such a good job describing what you do because I

think that's the kind of a model that more people need to hear about. That there is something literally for everybody to do. Whether it's in our own homes spending more time with our own children, maybe the children next door or down the block or if somebody else in your family who doesn't have the time and is working too hard and needs a helping hand, or whether it's being involved professionally as so many of you are as child care providers at a center or in a home. We all have something we can do and volunteering to help support parents and child care providers is a very important way of not only providing a service but for each of us to know firsthand what you know about what a difference it can make in a child's life. And so I hope that you'll be engaged in this issue and thinking about it and sharing ideas and here on this campus try to reach out to everybody, you know, whether it's the young people who are at this center or the young women who stood up who is working here as a secretary already who needs some support, needs a helping hand. I bet if everybody on this campus just looked around at the people you already know, you'd find that there's something you can do to help relieve some of the burdens of taking care of children, especially for single parents. I really want to stress that. It is so important that we support them and give them the kind of attention and volunteer activities that will enable them to know they're being good moms and dads because that's what everybody wants to feel. And if we could get that idea across, I think a lot of our other problems in this country would take care of themselves.

Thank you very much. (applause)

President Kirwan --Mrs. Clinton I hope that you can sense the very strong and special feelings of support there are on this campus for you and the work that you're doing and also sense how honored we are to have you at College Park. We know that during school breaks, there will likely be some colors of another school prominent in the White House (laughter) and we think you need to be able

to retaliate with the colors of one of your schools. So we have a little gift we want to give to your that we hope you'll wear when Chelsea is home.

Mrs. Clinton - Absolutely! (applause)

From "Violence to Tolerance"

A national campaign on violence against and by youth – "Creating a Path from Violence to Dialogue and Social Understanding"

One of the main goals of this campaign is to develop national awareness of the issues of violence both against and between children and youngsters, with special emphasis on the phenomenon of **dating violence**. We also hope to arouse the various sectors of Israeli society to an increased awareness of the possibility of taking action to limit and decrease the scope and intensity of this unprecedented violence.

An expected outcome of this campaign is the furtherance and adoption of more preventive programs within the social, educational and therapeutic frameworks that care for Youth.

To advance this campaign, an inter-organisational forum was established, including all the related Government ministries, the I.D.F., Elem, the J.D.C., Ashalim association and the National Youth Movement Council. The campaign is also supported by business corporations and private foundations.

Objectives.

1. To initiate a keen, intensive public debate on the issue of increasing violence among and against children and adolescents in Israel.
2. To reinforce and re-emphasise the need of implementing educational programs within the school system that focus on violence reduction.
3. To develop community based preventive measures that will aid adolescents to resolve their individual and group conflicts by non-violent means.
4. To increase cultural sensitivity to issues of youth violence.
5. To pool the resources of all sectors of the community, organisational, Government, business, academic etc. to combat violence.

The campaign comprises 5 major elements:

1. A wide –ranging publicity campaign. This will include T.V flashes, billboards and posters, stickers for every child to wear, radio slogans, street corner petitions against violence etc.
2. Parallel to the publicity campaign, there will be educational programs throughout the whole school system in Israel.
3. There will be a conference organised by **Elem and Tel Aviv University** in tandem with an ongoing exhibition on violence against and by youth in Israel. The conference will include a moot court confronting Israeli society and the Israeli Governing System on their responsibility for violence amongst and against children and youth. **Mrs. Hillary Clinton** will make the closing speech of the Conference.
4. All the children of the country, and all the youth movements will be mobilised to campaign against violence on the day of the conference. All the children of Israel will sign a declaration committing themselves to avoid physical and verbal violence; to report cases of violence or imminent violence and to look for signs of undue stress in their surroundings.

As a result of the campaign we plan to introduce a new program for schools that focuses on reducing dating violence among Israeli Teenagers.

The Program's major goal is to decrease dating violence amongst adolescents and guide them in dealing with issues of couple relations and sexuality, by emphasizing equality, respect and cooperation. This educational Program is intended for high school students studying in grades 8 to 11 from various cultural backgrounds. It is planned to include 50 schools in the program.

Elem's National Network of Youth Counseling Centers and Outreach Van Programs

To be presented to Mrs. Hillary Clinton during her visit to Israel, November 10, 1999

Two of the major programs operated by **"Elem – Youth in Distress in Israel"** are the Youth Counseling and Information Centers and the Outreach Van Program. The Counseling Centers provide guidance and help for youth within a Coffee-Shop setting while the Outreach Vans operate in various cities in Israel and are aimed at the rescue of street children.

Program Descriptions:

- **The "National Network of Youth Counseling and Information Centers"** is a project that operates Counseling and Information Centers for youth located throughout Israel. The Centers provide teenagers. whoever they are, regardless of their cultural background, socio-economic condition and/or level of functioning; with information, a receptive ear and counseling in subjects that preoccupy contemporary adolescents such as employment. army service, dating and sexuality, S.T.D., drug abuse, leisure time activities, etc. The rationale guiding the project is the creation of an accepted, normative, stigma-free place, where initial preventive work will be available for teenagers at risk suffering from hardship or in crisis. The aim is to prevent their deterioration to marginal behavior, violence, crime and drug abuse. ELEM, the Ashalim association, J.D.C., in collaboration with other NGOs' and various Government agencies joined forces for this purpose. They undertook to pool resources earmarked for initiating and developing the program in ten locations within Israel during 1999.
- **The Outreach Vans Program**: The initial concept for the Outreach Van Program was based on a similar project implemented in New York City by

Covenant House. However, this model of intervention was developed further and elaborated into an innovative and multi-dimensional approach towards helping street children. The Israeli model is unique in that it encompasses not only a solution to the children's basic needs while on the streets, but also, a new intervention program providing overall guidance and long term solutions. This Program utilizes the **"Never Let Go"** approach for working with unattached, abused and exploited children who find great difficulty in trusting any of the existing aid services.

Visit Plan:

A 45 minute visit and program demonstration is planned to take place at the **"Kfar-Saba Youth Center"**. The Center also encompasses a large public area for the Van Program presentation.

The visit will be conducted in an informal manner and will take place as follows: gathering at the Center's entrance:

1. Opening remarks:
   - **Mrs. Nava Barak**, President of Elem.
   - **Mr. Izik Vald**, Mayer of Kfar Saba
   - **Mrs. Ann Bialkin**, President, Elem America
   - **Mr. Steve Shweger**, Director General JDC -Israel

   Dr. Mike Naftali, Executive Director, Elem – will host and guide the visit.
2. **Live simulation of how the Outreach Vans operate**, by Van volunteers and staff.
3. **Within the Center**: Two personal stories will be related by teenage girls residing in Elem Hostels.
4. **Visit to the Counseling and Information Center's facility**. The visit will include an informal conversation with the Center youth workers, volunteers and youth benefiting from Center services (including immigrant youth from Ethiopia and the former Soviet Union).

33 pages

מרכז שניידר לרפואת ילדים בישראל
مركز شنايدر لطب الأطفال في إسرائيل
Schneider Children's Medical Center of Israel

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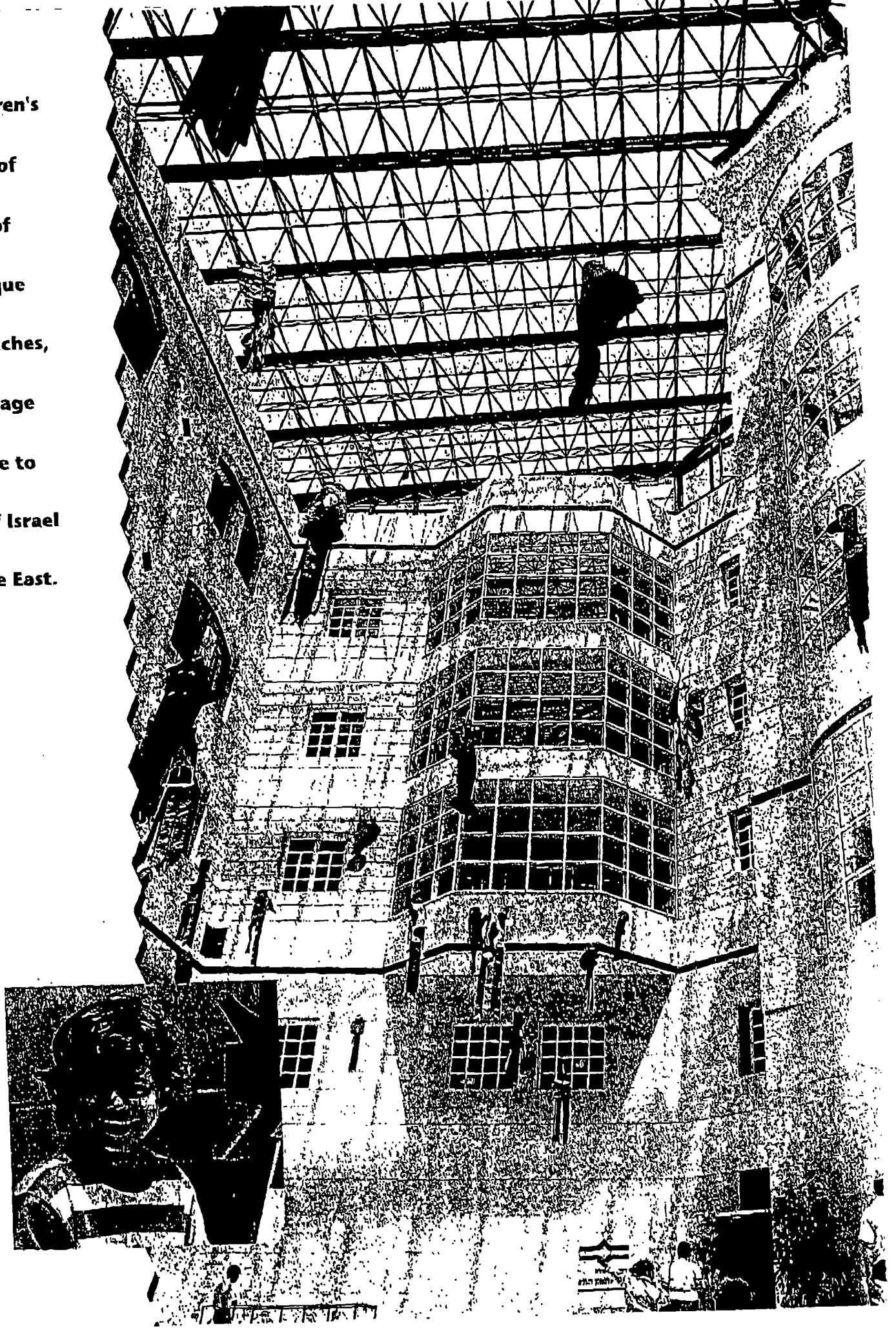
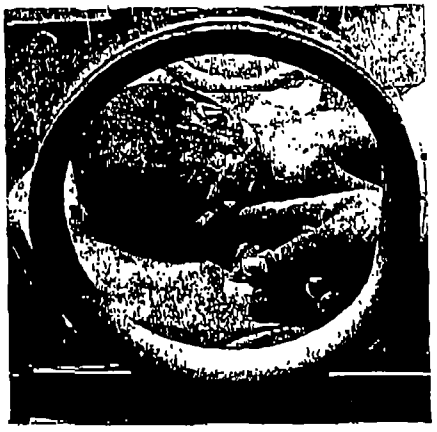


A Child Is Not Just A Small Adult

Welcome to Schneider Children's Medical Center of Israel (SCMCI) - the only tertiary care hospital in the Middle East exclusively for infants, children and adolescents.



Why a Children's Hospital?

Children respond differently than adults to sickness and injury. They become seriously ill more quickly; they need child-size breathing masks and child-size dosages of medicine and anesthesia.

Children also have very different emotional, psychological and social needs than adults.

In Schneider Children's Medical Center of Israel, these challenges are met by a dedicated staff of pediatric specialists who understand the unique needs and inner world of their young patients, and provide the finest medical care in a warm, friendly environment.

SCMCI was built following a comprehensive study of Israel's health system and its national pediatric medical needs. The study, conducted by an international commission of experts, concluded that there is an urgent need for a modern tertiary care hospital to serve all children of Israel and the Middle East.

Part of Something Big

SCMCI is located on the campus of Beilinson Medical Center in Petach Tikva, and is part of the Kupat Holim health care organization, with 15 hospitals and 1,300 community clinics. A teaching hospital affiliated with Tel Aviv University's Sackler School of Medicine, SCMCI is supported in North America by Medical Development for Israel, and in Israel by the Public Council for SCMCI and "Our Children" Foundation.

ne r nest n Children's Medicine

SCMCI has evolutionized pediatric care in Israel by offering the full range of medical services for children - all under one roof.

In all fields of pediatrics, SCMCI is setting a new standard of excellence.

Our highly trained staff - working with state-of-the-art equipment and a unique, multidisciplinary approach - have introduced pediatric specialties not previously available in Israel.

Here are some of our special inpatient services:

Hematology-Oncology

Over 60% of Israeli children with cancer and serious blood diseases are treated in this national center. Our cure rate for childhood leukemia is nearly 75%, and with our Bone Marrow Transplantation Unit, even more children will be cured.

Surgery

All types of general and specialized pediatric surgery are performed in our 7 state-of-the-art operating theaters, including organ and bone marrow transplantations. SCMCI has Israel's only department of pediatric anesthesiology.

Intensive Care

The 95% survival rate is equalled by only a handful of hospitals world-wide. We handle the full range of life-threatening cases, and offer Israel's first Pediatric Burn Center, as well as advanced Neonatal and Cardiac Intensive Care Units.

Psychiatric & Adolescent Medicine

As throughout the world, a growing number of young people - especially teenagers - are afflicted with suicidal behavior, eating disorders such as anorexia nervosa, and other related conditions. New approaches are being developed to care for these problems.

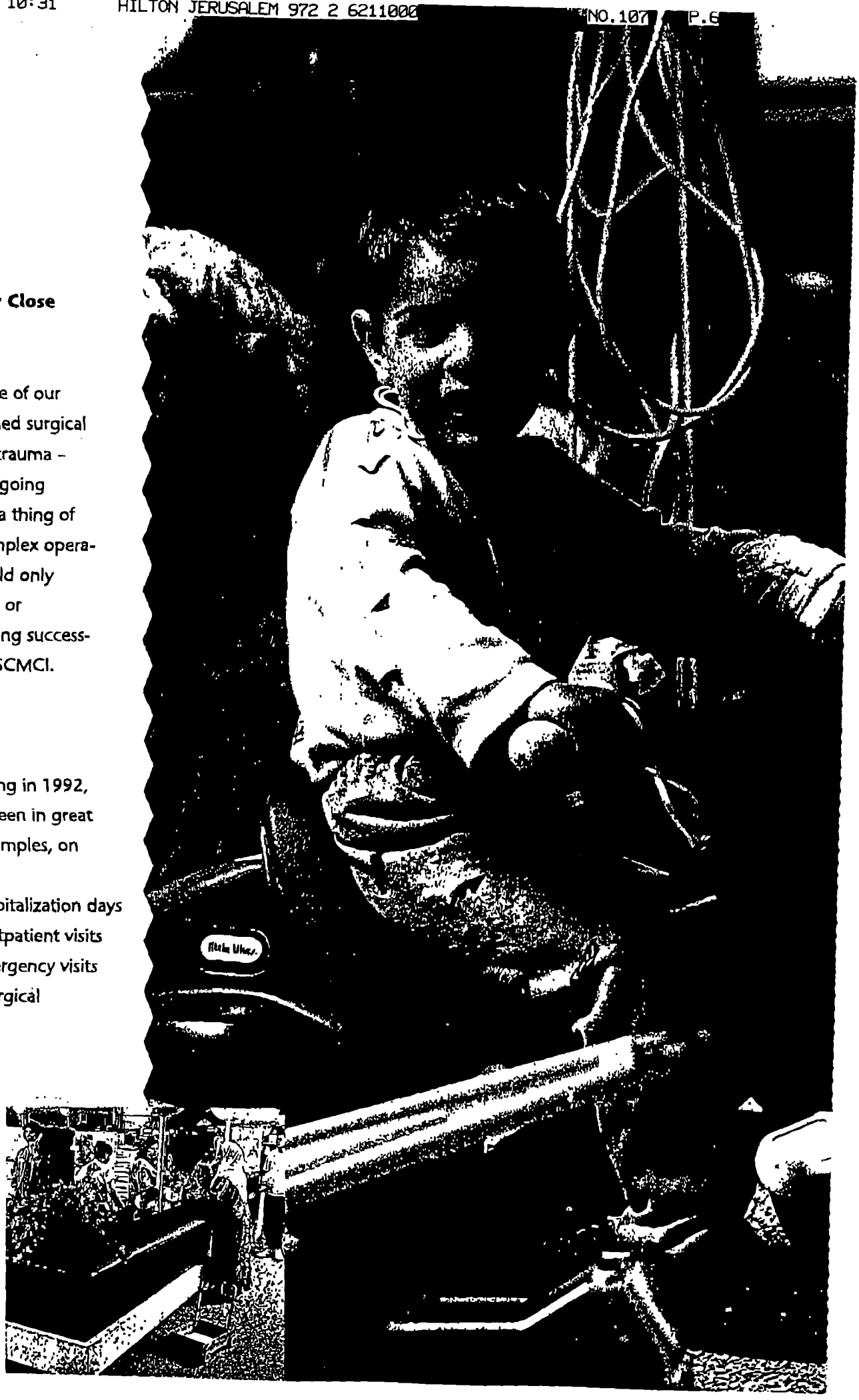
Complex Surgery Close to Home

The expertise of our internationally-trained surgical staff is making the trauma – and huge cost – of going abroad for surgery a thing of the past. Many complex operations that once could only be done in the U.S. or Europe are now being successfully performed at SCMCI.

Did You Know?

Since opening in 1992, our services have been in great demand. A few examples, on an annual basis:

- Over 10,000 hospitalization days
- Over 100,000 outpatient visits
- Over 35,000 emergency visits
- Nearly 10,000 surgical procedures



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More than 60% of the physical area of Schneider Children's Medical Center of Israel is devoted to outpatient, emergency and diagnostic services, many of which are unique to Israel and the region.

Cardiology

Israel's largest center for diagnosis and treatment of congenital and acquired heart illness in children. Our state-of-the-art catheterization unit treats over 400 children each year, saving many the need for complex, traumatic and costly open-heart surgery.

Juvenile Diabetes

Nearly 80% of all Israeli children with juvenile diabetes are treated in this national center, a leader in developing new approaches to preventing and curing diabetes, such as pancreatic islet cell transplantation.

Trauma

Israel's only Pediatric Trauma Unit is located in the Emergency Medicine Department - setting a new standard of care and saving lives everyday.

Radiology and Imaging

All advanced modalities are offered in Israel's leading service for children, including MRI (Magnetic Resonance Imaging), CT, ultrasound, x-ray, and nuclear medicine.

Clinical Laboratories

Israel's most extensive service for children. Hematology, cytogenetics, bone marrow, endocrinology and other sophisticated clinical laboratories provide the precise information crucial to accurate diagnosis and successful treatment.

Comprenensive Care

Care at Schneider Children's Medical Center of Israel extends to virtually all areas of children's medicine. Here's what we offer:

Inpatient Services

- Adolescent Medicine
- Anesthesiology
- Bone Marrow Transplantation
- Burn Unit
- Cardiac Intensive Care
- Cardiac Surgery
- Child and Adolescent Psychiatry
- General Surgery
- General Pediatrics
- Hematology-Oncology
- Neonatal Intensive Care
- Pediatric Intensive Care
- Specialized Surgery

Outpatient Services

- Allergy
- Cardiology & Catheterization Unit
- Child Development
- Cystic Fibrosis
- Dentistry
- Dermatology
- Eating Disorders
- Ear, Nose & Throat
- Endocrinology
- Enuresis Program
- Gastroenterology
- Genetics
- Immunology
- Juvenile Diabetes
- Medical Day-Care
- Mental Health
- Nephrology & Dialysis
- Neurology
- Neurosurgery
- Occupational Therapy
- Ophthalmology
- Orthopedics
- Perioperative Clinic
- Physiotherapy
- Pulmonology

Emergency and Diagnostic Services

- Bone Marrow Laboratory
- Clinical Laboratories
- Emergency Unit
- Hematology Laboratory
- Neurophysiology
- Oncologic-Cytogenetic Laboratory
- Radiology & Imaging
- Trauma Unit

Support Services

- Child Life Program
- Clinical Nutrition
- Community Outreach
- Health Education
- "Our Children" Gift Shop
- Patient Library
- Social Work
- "Tlalim" School Program
- "Yad Sarah" Equipment Outlet

A Bridge To Peace

schneider Children's

Medical Center of

Isr is building

bridges of

understanding and

cooperation among

Jews, Arabs and

other peoples of the

Middle East. We are

here for all children

of the region -

without regard to

race, nationality

or igion.

مركز شنايدر لطب الأطفال:
جسر للسلام والتفاهم

المركز الطبي للاطفال في اسرائيل هو مستشفى حديث ومتطور، الوحيد من نوعه في اسرائيل وفي الشرق الاوسط الذي يقدم جميع الخدمات الطبية وللاطفال فقط.

المركز الطبي للاطفال اخذ على عاتقه ان يكون جسرا للسلام والتفاهم بالشرق الاوسط. فهو يستقبل الاطفال المرضى من جميع انحاء اسرائيل والبلاد المجاوره دون اعتبار للدين واللون والقومية. هكذا مستشفى الاطفال هذا يهدم الحواجز بين الشعوب ويساهم في دفع عملية السلام والتفاهم بينها.

الطاقم الطبي هو متنوع ومن خلفيات مختلفة، وتقدمه المهني يكون حسب كفائة الفرد نفسه.

المركز الطبي يقدم خدمات طبية متميزة مثل: زرع نخاع العظام وزرع الاعضاء، امراض الدم والاورام، مرض السكر، قسم القلب وتشخيص امراض القلب، امراض المناعة قسم جراحة الاطفال وقسم العمليات الجراحية الخاصة، خدمات التشخيص المفغنط، مشروع حياة الطفل مع غرفة للالعاب، فصول تعليم، برنامج تعليم خاص وغيرها. المركز الطبي للاطفال تابع لكوبات حوليم العامة. في المستشفى ٢٢٤ سرير والتي تضم أسرة للعلاج المكثف للاطفال، كذلك للاطفال الذين ولدوا قبل اكمال فترة الحمل المطلوبة، قسم للعلاج اليومي، عيادات خارجية وغيرها.

يتكون المستشفى من سبع طوابق ومساحته ٢٦٠٠٠ مربع مع التركيز على حاجات الطفل وعائلته. الطفل المريض ووالديه يتمتعون بشروط خاصة - غرف نوم الاطفال ذات الوان براقة تحوي سرير او اثنين فقط، حمام ومراحيض. كذلك في كل غرفة سرير خاص مجهز وهذا خصيصا للوالدين اذ يمكن احدهم من البقاء على مقربة من ابنه المريض خلال ٢٤ ساعة في اليوم.

كذلك يوجد تحت تصرف الاهالي مطابخ صغيرة، ماكنات غسيل وتنشيف كذلك شقات للتاجير.

ترتبط في مستشفى الاطفال عيادات أطفال جماهيرية التي تستغل استشارته، مثل المركز الطبي للأطفال بالطيبة الذي يقدم خدماته لابناء الطيبة والمثلث.

מרכז שניידר לרפואת ילדים בישראל

מרכז שניידר לרפואת ילדים בישראל – גישה ייחודית ברפואת ילדים. המרכז פתוח לכל ילדי ישראל והמזרח התיכון, ללא הבדל דת, גזע או לאום.

מרכז שניידר לרפואת ילדים משרת את כל צרכי האישפוז של ילדים במרכז הארץ. מעבר לכך, המרכז הרפואי מספק שירותי רפואת ילדים יחודיים ומהווה מרכז ארצי בתחומים כמו: השתלת מח-עצם ואבנים, המטולוגיה-אונקולוגיה, סכרת, מכון הלב עם יחידת צינתור לב, אימונולוגיה, כירורגיית ילדים ומיתוחים מיוחדים, שירותי הדמייה מגנטיים, פרויקט חיי הילד עם חדרי משחקים, כיתות לימוד, תכנית לימודית מיוחדת, ועוד.

מרכז שניידר לרפואת ילדים מקבל לטיפול ולאישפוז ילדים המבוטחים בכל קופות החולים השונות.

במרכז שניידר לרפואת ילדים 224 מיטות אישפוז הכוללות טיפול נמרץ ילדים וכוויות, פנים, אישפוז יום, מרפאות ומכונים. בבית החולים 7 קומות ושטחו כ-36,000 מ"ר, תוך דגש על צדכי הילד החולה ומשפחתו.

השירות הינו רב-תחומי ומקיף. הטיפול הרפואי מלווה, בעת הצורך, בשירותי עזר כפיסיוטרפיה, ריפוי בעיסוק, פסיכולוגיה, תיוך וייעוץ בתחומים מגוונים נוספים.

הילד החולה ומשפחתו נהנים מתנאי שהות מיוחדים – חדרי אישפוז מרווחים וצבעוניים בני מיטה אחת או שתיים. בכל חדר מקלחת ושירותים, ולכל הורה מיטה ומצעים המאפשרים שהות נוחה ליד מיטת הילד 24 שעות ביממה. כמו כן, עומדים לרשות ההורים מטבחונים, מכונות כביסה וייבוש, ודירות להשכרה.

למרכז שניידר קשורות מרפאות ילדים בקהילה המשתמשות בשירותי הייעוץ של בית"ח בכל אותם תחומים מיוחדים שצויינו לעיל.

מרכז שניידר לרפואת ילדים בישראל פועל במסגרת קופת חולים כללית, ומעבר להיותו בית חולים משוכלל ומודרני, מנהל מחקרים רבים בתחומי הפדיאטריה. בהיותו מסונף לבית"ס לרפואה ע"ש סאקלר באוניברסיטת תל-אביב, בית"ח מכשיר סטודנטים לרפואה, סיעוד ותזונה בתחומים השונים של רפואת הילדים.

'his hospital is

'ond rful. We saw

pecial architecture,

happy environment.

t is inspiring." –

:zer Weizman,

'resident of the

;tate of Israel

A Happy Ch d Heals Better

A hospital can be a frightening place for a child. Pain, separation from family, an unfamiliar physical environment and a cast of strangers create untold fear and stress in a child. And a fearful and tense child is a lot harder to heal.

Children who feel safe and calm recover more quickly; when parents are close by and actively involved, treatment is more successful.

President Ezer Weizman visits victim of terror attack in SCMCI's Burn Unit

Calm and Secure Atmosphere

Every detail has been designed with the child and family in mind, creating warm, appealing surroundings that minimize stress and fear. Comfortable facilities for parents encourage family involvement. Our sun-drenched atrium sets the tone for visitors to the hospital: a welcoming gift shop, glass elevators and colorful reception cubicles create an inviting, friendly environment.

Brightly colored, softly lit and carpeted departments create a sense of friendly calm. Centrally located nurse stations promote a feeling of security: just reach out, and we're there.

Facilities Focusing on the Family

Private and semi-private patient rooms offer all the comforts: convertible chairs for parents to sit in by day and sleep in at night; full bath and shower; television and telephone; and even specially designed linens and pajamas – in short, everything to make child and family as comfortable as possible.

Departments and clinics also feature spacious and well-equipped play and computer rooms and parents' lounges.

All this goes a long way to helping children and families feel – and heal – better.

SCMCI has:

- 224 beds
- 7 floors
- 360,000 square feet
- Separate MRI building with family restaurant
- 5 private apartments for parents, at nominal cost
- Nearby hostel for families (in development)

Treating The Whole Child

At SCMCI, we believe a sick child needs - and deserves - more than just excellent medical treatment. Our psychological, educational and developmental support services provide "whole child" care unique in Israel and the Middle East.

T'lalim School Education Program

Critically and chronically ill children face long and repeated absences from school. At SCMCI, specially trained teachers and tutors, working with the patient's own class teachers, enable the child to keep up with schoolwork. With special computer rooms and innovative software, the child can even participate - in real time - in classroom lessons taking place in his own school.

Child Life Program

Play and recreation are critical to the sick child's development and healing, alleviate stress and fear and help pass long hours of hospitalization. Our staff of teachers, play specialists and volunteers - working bedside and in play rooms located in every department - supervise activities adapted to the child's age and medical condition. Libraries and computer games diversify recreation; frequent parties and entertainment programs help keep the children smiling.

Changing the Equation

Fear of the unknown = stress = pain

We make great efforts in preparing children and their families for unknown, frightening procedures such as surgery and cardiac catheterization. These programs, carried out with love, patience and a zealous respect for the child's autonomy and dignity, change the equation to:

Knowledge = calm = healing

This is the SCMCI way.

Research for a Better Future

Ongoing research is crucial to maintaining clinical excellence. Innovative research is conducted in many fields of pediatrics, including joint projects with leading researche abroad. More than half of our doctors - the highest percentag of any Israeli hospital - are staff lecturers in Tel Aviv University's Sackler School of Medicine.

"To the Staff of SCMCI, My great thanks for the care you gave my son... Despite our being Arabs from the West Bank, we were received with warmth & respect of course joyed devoted care, which were given to us without any regard for religion or race - and would have made any Jewish family proud... The feeling is wonderful."
Yussuf Ibrahim (father of Samir, 9) Ramallah

Reach ng Out, Building Bridges

Our mission goes beyond the hospital's walls. We reach out - to our Arab neighbors, to new immigrants, to community clinics, even to developing nations. These bridges go even further - into Asia, Africa, eastern Europe and Latin America. SCMCI hosts special training courses for pediatric nurses from dozens of countries throughout the developing world.

Violinist Itzhak Perlman: Living proof for SCMCI patients that handicaps can be overcome

Absorbing Aliya

We play an important role in absorbing new immigrants, particularly from eastern Europe and the former Soviet Union. More than 50 immigrant doctors have taken part in SCMCI's pediatric residency program; more than 100 nurses have received advanced training to help them find employment in SCMCI and other Israeli medical facilities; hundreds of immigrants were trained and employed in constructing SCMCI, and dozens more work in various hospital services.

Pediatric nurses from developing countries receive advanced training in SCMCI

Improving Community Medicine

Schneider Children's Medical Center of Israel has strong ties with the community and is committed to improving children's medicine throughout Israel. A network of innovative satellite pediatric clinics has been established, including the first in an Arab city - the Children's Health Center in Taibe. These clinics, run by senior SCMCI doctors, introduce new standards of health care into the community.

Violinist Isaac Stern puts a smile on SCMCI patient

Turning A Dream Into Reality

Many people have pulled together to realize the SCMCI dream. First and foremost are Helen and Irving Schneider, whose vision, generosity and devotion have made SCMCI what it is - a treasure for the State of Israel and the Middle East. Our thanks go to them, and to the many individuals and organizations the world over who have supported SCMCI.

Still, there is much more to be done.

Healing sick children is a noble, life-giving endeavor. We invite you to be part of it. As our sages tell us, "He who saves one soul is as one who has saved an entire world."

For more information, please contact:

IN THE U.S.:

Medical Development
for Israel, Inc, (MDI)
130 E. 59 St., Suite 1203
New York, N.Y. 10022
Tel.: (212) 759-3370
Fax: (212) 759-0120

IN ISRAEL:

Schneider Children's
Medical Center of Israel
14 Kaplan St., Petach Tikva
Tel.: (03) 925-3770
Fax: (03) 924-7515

The Public Council
for SCMCI
14 Kaplan St., Petach Tikva
Tel.: (03) 925-3742
Fax: (03) 925-3855

Our Children Foundation
14 Kaplan St., Petach Tikva
Tel.: (03) 925-3802
Fax: (03) 921-0885

RABIN MEDICAL CENTER

WOMEN'S

COMPREHENSIVE

HEALTH CENTER

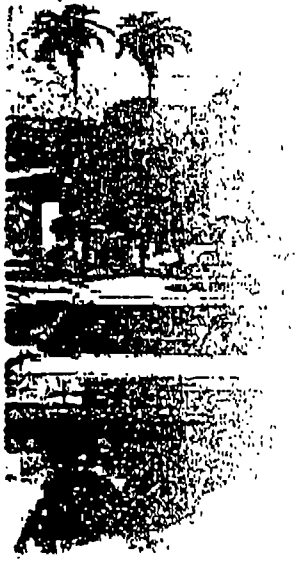
מרכז רפואי רבין

Nava Barak
President, Israel Friends of RMC
Chair, Board for the WCHC

Dear Friend,

I would like to share with you some thoughts regarding a special project now under construction at Rabin Medical Center (RMC). The new Women's Comprehensive Health Center (WCHC) is one of the most exciting and unique ventures in Israel's health care today, and I am proud to be part of the team of dedicated individuals who have committed themselves to making this dream a reality.

The WCHC will lead the way in bringing the highest quality of preventive, diagnostic, medical and surgical care to the women of Israel throughout each stage of their lives. With the entire spectrum of women's health services housed under one roof, patients will benefit from the expertise of a highly-qualified multidisciplinary team of professionals. The Women's Comprehensive Health Center truly symbolizes life and health for the women of this region well into the next millennium.



We are grateful to Helen and Irving Schneider whose vision and generosity have enabled the realization of this project. Since its inception, however, there has been an increased demand on health services due to the merger of the Beilinson and Golda hospitals into Rabin Medical Center. To meet these growing needs, the WCHC must continue to expand and develop.

In the hope that you will find this endeavor as important and worthwhile as we do, I look forward to working with you and those who have already pledged their support on behalf of the WCHC.

Best Wishes,

Nava Barak

Nava Barak

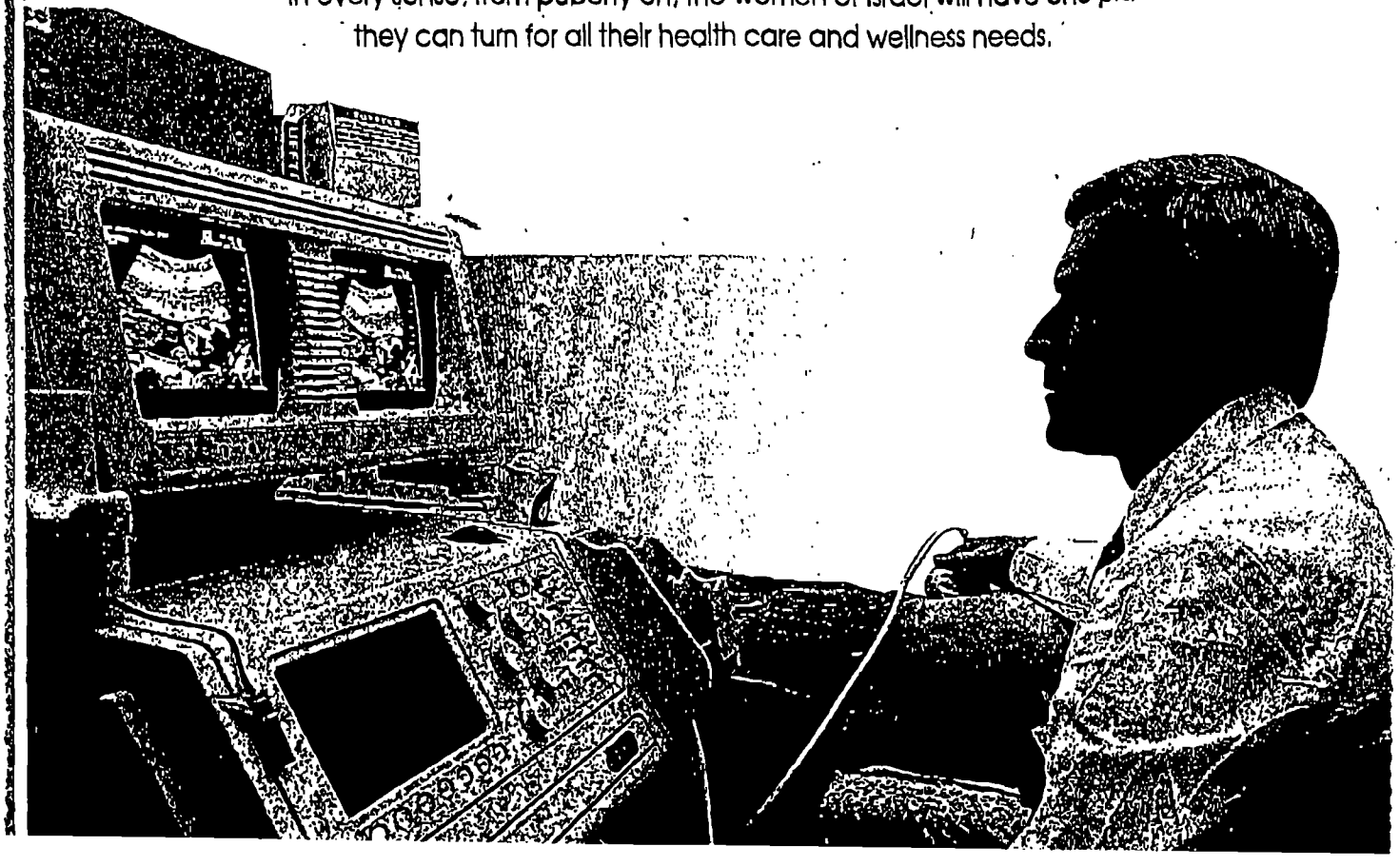
A LIFETIME OF COMPREHENSIVE CARE

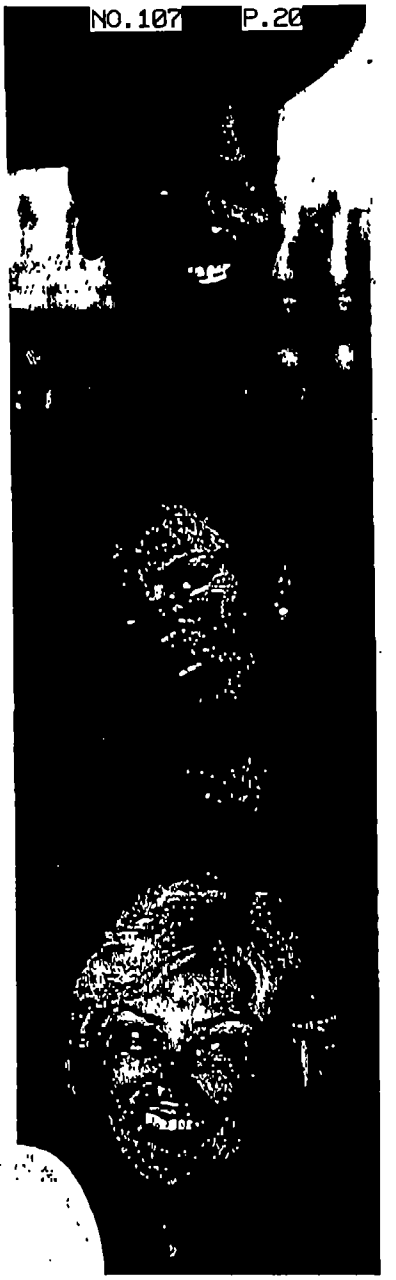
When it comes to a woman's health and well-being, we want to deliver the best. With this goal in mind, the Rabin Medical Center is in the process of developing the new Women's Comprehensive Health Center, a state-of-the-art facility which meets the unique health needs of women - all under one roof.

At the WCHC we are committed to providing the most advanced and extensive services available, reaching far beyond traditional areas of childbirth and routine gynecology. We offer a complete cycle of care during every stage of a woman's life - from adolescent gynecology to menopause appraisal and beyond. Our total approach to wellness means women will benefit from first-rate diagnostic breast health services, fertility clinics, family planning, genetic counseling, osteoporosis treatment, psychological consultation, fitness and nutrition management, and more.

Of course, we are also proud of our ultra-modern maternity facilities, which include new labor-delivery-recovery suites, an advanced ultrasound and fetal monitoring unit and an excellent high-risk pregnancy unit.

In every sense, from puberty on, the women of Israel will have one place to which they can turn for all their health care and wellness needs.





EMPOWERMENT THROUGH EDUCATION

Today, scientific and medical advances have made it possible for women to lead healthier, more energetic lives. The strong emphasis on education and prevention at the WCHC provides women with the right tools to make informed health care choices.

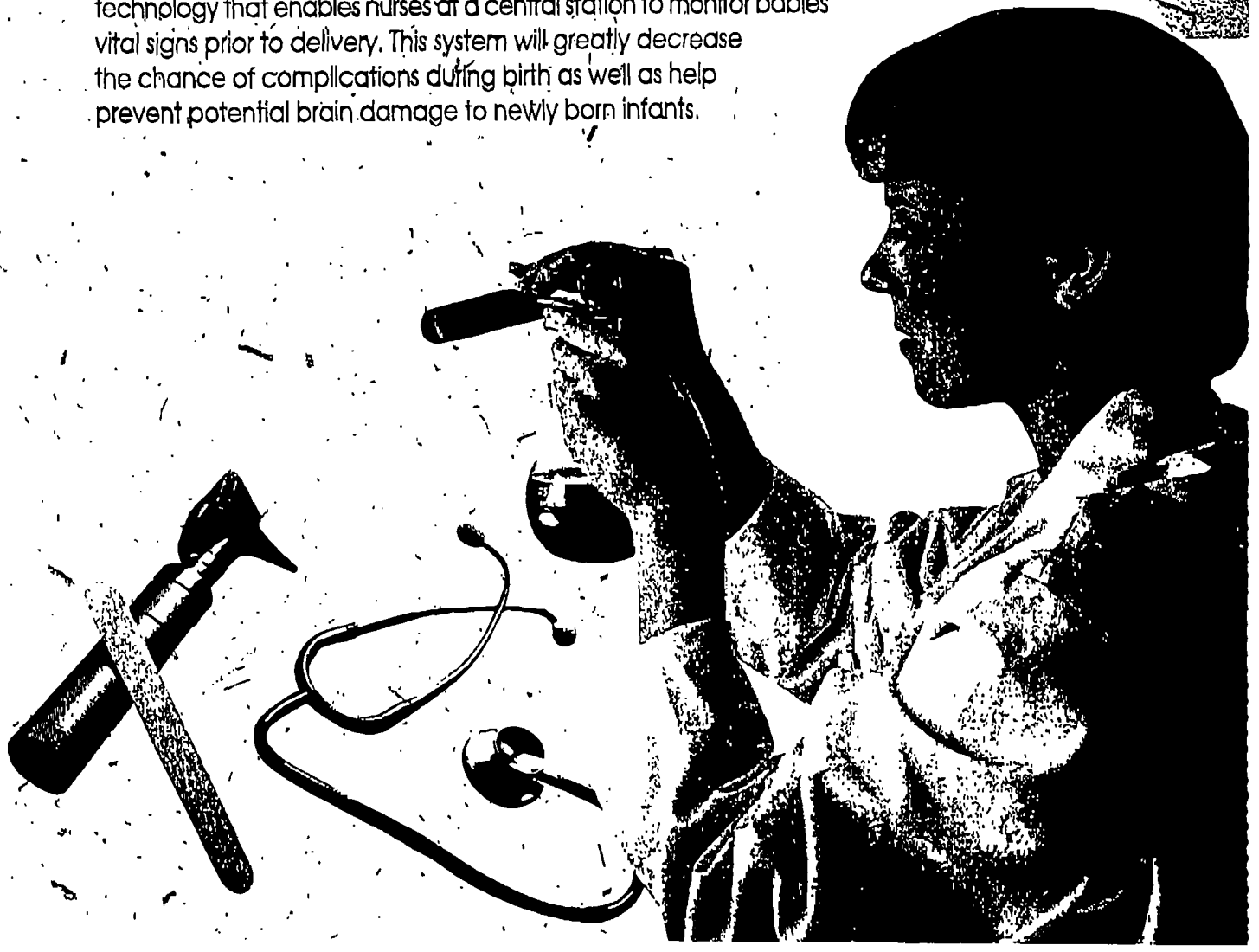
The new Center will deliver lectures and informational sessions on a broad spectrum of women's health topics. Our physicians, surgeons and medical staff will reach out to women, offering specialized programs in breast health, nutrition and weight management, osteoporosis counseling, treatment for victims of sexual abuse and alternative medicine options.

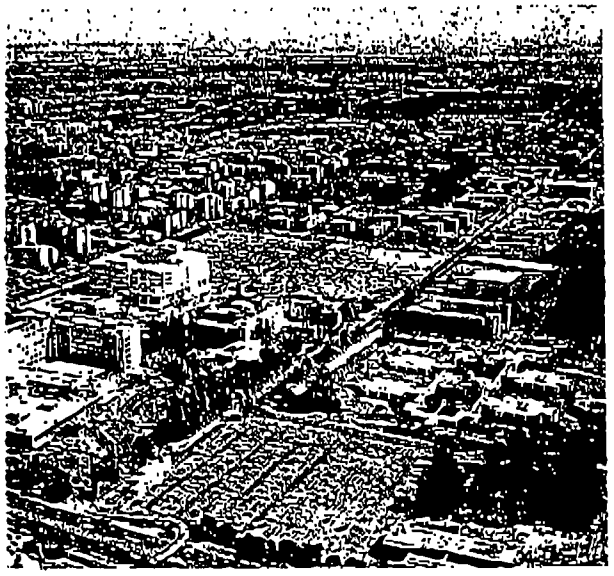
INNOVATIVE RESEARCH FOR A HEALTHIER TOMORROW

Cutting-edge research is also an integral part of the WCHC mission. Our physicians contribute to the introduction of new medical technologies and advanced treatment modalities for the benefit of all women.

WCHC research activities range from discovering new ways to prevent HPV viruses causing cervical cancer to ground-breaking techniques for *in vitro* fertilization. We have developed a process to freeze ovarian tissue from women undergoing potentially damaging chemotherapy, thus making it possible for them to have children later in life.

In addition, our physicians have been instrumental in guiding the development of the ARGUS Fetal Distress Detection System, an exciting advance in childbirth technology that enables nurses at a central station to monitor babies' vital signs prior to delivery. This system will greatly decrease the chance of complications during birth as well as help prevent potential brain damage to newly born infants.





A FOUNDATION OF MEDICAL AND ACADEMIC EXCELLENCE

Rabin Medical Center, Israel's largest health care facility, houses many of the top medical and surgical departments in the country and is a leading academic institution, affiliated with the Tel Aviv University Sackler School of Medicine. RMC's national outreach program of community clinics enables patients to receive the best ongoing care near their homes.

We are also fortunate in having adjacent to our campus the Felsenstein Medical Research Center, with its 50 laboratories dedicated to applied medical research and the Schneider Children's Medical Center of Israel, the only tertiary care hospital in the Middle East devoted to infants, children and adolescents.

For all of these reasons, Rabin Medical Center is the ideal setting for the Women's Comprehensive Health Center. With our wealth of talented physicians, latest medical technologies and strong support from friends around the world, we feel confident that together, we will make a significant contribution to the health care and well-being of Israeli women for generations to come.

MEDICAL SERVICES - PRESENT & FUTURE

- Andrology - Sperm Bank
- Breast Health Services
- Clinical and Basic Research
- Colposcopy and Vulvar Clinic
- Day Care
- Diabetes In Pregnancy
- Early Detection of Cancer - Breast, Cervix, Ovary
- Endoscopic Surgery
- Family Planning
- Female Infertility
- Genetic Counseling
- Gynecological Oncology
- Gynecology
- High-Risk Pregnancy
- In Vitro Fertilization and Micro Manipulation
- Male Infertility
- Menopause
- Obstetrical and Gynecological Ultrasound
- Obstetrics
- Osteoporosis
- Pediatric and Adolescent Gynecology
- Prenatal Screening
- Psycho-Social Services
- Sexual Dysfunction
- Urogynecology

מרכז רפואי רבין
Rabin Medical Center
39 Jabotinsky St.
Petach-Tikva 49100, Israel
Tel. 972-3-937-6001
Fax. 972-3-923-2223

מרכז שניידר לרפואת ילדים בישראל
مركز شنايدر لطب الأطفال في اسرائيل
Schneider Children's Medical Center of Israel

KUPAT HOLIM
CLALIT

Dear Mr. Schneider,
" Thank you in the name of all SCMCI children.
You have helped more children than you will ever know ! "
Ayal Beer

These words were said by Ayal Beer to Mr. Irving Schneider on stage, during the Adler Prize for Child Welfare Ceremony, when he presented Mr. Irving Schneider with a framed picture of hospitalized children holding letters making the sentence: **WE LOVE YOU !! ♥.**
Mr. Irving Schneider received the Adler Prize for Child Welfare, in May 1998, for his significant contribution accompanied by a rare and unique personal involvement, which provided the means to promote the care and treatment of children and youth in need.
Ayal Beer in a letter to Mr. Schneider: " My name is Ayal Beer and I am 13 years old. I live in Rehovot, Israel. A year ago I was diagnosed with Leukemia A.M.I. and throughout the year I was faced with very difficult treatments that involved a lot of side effects. In the beginning I was hospitalized and it was very depressing. Luckily, I was transferred to Schneider Children's Medical Center of Israel. Thanks to the great staff of the SCMCI, I am now past my last protocol and a Bone Marrow Transplant. I hope to begin school in two weeks and resume my former life."

NEW YORK
The Jewish Week
SERVING THE JEWISH COMMUNITY OF GREATER NEW YORK / ST. 20/ DECEMBER 12, 1997/ 11 KISLEV 5758

COEXISTENCE

In Accord For Kids

Chabad emissaries will make their rounds at a building in Petach Tikvah during Chanukah, passing out holiday goodies to young Jews and Arabs. At the end of Ramadan the Muslim monthlong fast period that starts Dec.30, officials from a fundamentalist Islamic Organization will come to the same building, where they will distribute gifts to Arab and Jewish children.

The building is the Schneider Children's Medical Center of Israel, and its new director says good relations between Jews and Arabs are the norm there.

Dr. Itamar Shalit

Children from both groups room and play together, and their parents provide moral support to each other says Dr.Itamar Shalit. Some 20 percent to 30 percent of the patients in the 225-bed hospital usually are Arabs from Israel proper, the Palestinian territories and neighboring Arab countries. A "bridge to peace," Shalit calls it.

He says concern for children outweighs parent's political differences. "They sit together. Usually they discuss the medical care of the kids." Shalit says.

While most Israeli hospitals provide care to everyone, the Petach-Tikva institution, named for New York philanthropists Irving and Helen Schneider, is the country's only tertiary pediatric center.

There was some concern about intergroup relations when the hospital opened in 1992. But its unofficial motto is "The mothers of Israel will make it work," says Shalit who was in New York recently.

Patient's mothers – and fathers - have endorsed the hospital's no distinctions policy, he says. Its staff of teachers for inpatient children includes two Arabs. Arab physicians and nurses work there. All signs are in Hebrew and Arabic. "It's fully integrated," Shalit says.

He points to a haredi father who helped an Arab family arrange dialysis treatments for their ill child, to the Arab father who consoled the parents of an Australian athlete injured in the bridge collapse during the opening ceremonies of this summer's Maccabiah Games, and to the Arab family who offered their 8-year old son's organs to Arabs and Jews after being accidentally shot earlier this month by Israeli soldiers in Bethlehem.

"We have a unique relationship with the Palestinian Authority," Shalit says. "This is one example of coexistence without any problems.

Steve Lipman

MEDICINE WITHOUT BORDERS

Ambassador of Jordan visits a Jordanian patient at Schneider Children's Medical Center of Israel

KUPAT HOLIM CLALIT

מרכז שניידר לרפואת ילדים בישראל
مركز شنايدر لطب الأطفال في إسرائيل
Schneider Children's Medical Center of Israel

Hamzah Nofell, a 10 year old Jordanian citizen, is being treated at Schneider Children's Medical Center of Israel for cancer. "This is a great country and Hamzah receives excellent medical treatment", says his father Said with passion, "for me Israel and SCMCI are the best places in the world." Hamzah's health problems started last January, explains Said: "when we suddenly saw him limping. I took him to a physician in Amman, who sent us to perform an MRI, a very large tumor was diagnosed in his thighbone. Already the next day I was in London with Hamzah at the Great Ormond Street Hospital. After they performed a biopsy it was decided that he should have chemotherapy and surgery, we should remain in London for at least 6 months." Said began to look for an alternative, closer to Jordan and his family. He called Gila Abulafiah, a business relation in Israel, who received all the child's medical reports and showed them to Dr. Ian Cohen, Acting Director Department of Hematology-Oncology at SCMCI. Dr. Cohen examined the data and accepted the child for treatment. "The tumor was diagnosed at Schneider Children's Medical Center of Israel by a new procedure", explains Dr. Ian Cohen, "we are the first department in Israel who uses this procedure and Hamzah is the second child in which we could prove that the diagnosis diagnosed abroad was incorrect." Until today two children from Lebanon who underwent open-heart surgery were treated at SCMCI, as well as one child from Irbid, Jordan who suffers from CF and comes regular to SCMCI for follow-up. Hamzah is therefore the fourth child from an Arab country treated at SCMCI, the realization of Irving Schneider's dream. Time and again Mr. Schneider said that with the inauguration of SCMCI he hopes it will be able to serve all children of the region, and slowly his vision becomes a reality.

H.E. Mr. Omar Rifai, Ambassador of Jordan in Israel, paid a visit to SCMCI on July 7th, 1998 and met also with Hamzah. Their meeting was very friendly and the Ambassador hugged Hamzah for a long time.

AN EXCITING COLLABORATION BETWEEN SCHNEIDER CHILDREN'S MEDICAL CENTER OF ISRAEL AND THE NEW SHANGHAI CHILDREN'S MEDICAL CENTER

A two-way exchange of senior staff members was initiated between the two institutions, ***Schneider Children's Medical Center of Israel*** (SCMCI) and ***Shanghai Children's Medical Center*** (SCMC). This challenging experience was made possible through the vision and support of PROJECT HOPE, Mr. Irving Schneider, MASHAV (Israel Ministry of Foreign Affairs) and many others.

Dr. Itamar Shalit, Director of Schneider Children's Medical Center of Israel hosted Dr. Chen Shu-Bao, Director of Shanghai Children's Medical Center, Dr. Chen Zhi-Xing, Vice President of Shanghai Second Medical University and Mr. Robert J. Burastero, Project Hope Regional Director for Asia & the Middle East, during their preliminary visit to SCMCI on January 3, 1998.

On March 23, 1998 three experts from SCMCI made a first successful 10-day visit as consultants to Shanghai Children's Medical Center. Professor Mark Mimouni (Director OPD, ER and the Observation Room), Ms. Ilana Weinraub (Nursing, Director of Outpatient) and Ms. Tammy Ben-Ron (Director of Administration OPD). SCMCI consultants examined the services of outpatient, emergency and day-care departments and made recommendations as to the operation of these departments at Shanghai Children's Medical Center.

On July 19, 1998 the second team of experts from SCMCI visited SCMC: Prof. Michael Zer (Director Department of Surgery), Dr. Elhanan Bar-On (Head Orthopedics) and Ms. Nili Zelikovsky (Head Nurse OR).

Itamar Shalit, M.D., M.P.A., Director
Schneider Children's Medical Center of Israel
visit Shanghai Children's Medical Center

This delegation spent 10 days training their Chinese colleagues laying ground of what they hope will be the beginning of a long-term academic exchange between Pediatric Surgery departments at SCMCI and Shanghai Children's Medical Center.

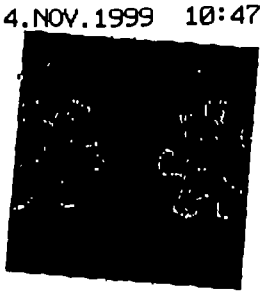
The third team of SCMCI experts, Ms. Nili Arbel (Director of Physiotherapy) and Ms. Orna Ze'evi (Senior Physiotherapist) were at SCMCI in September 1998. During their stay they spent 10 days in Shanghai training SCMC staff on Physiotherapy and Rehabilitation in children. Physiotherapy does not exist as a separate discipline in China. The health professionals were extremely impressed by the miraculous result in-patients at SCMCI, after even short sessions of PT, as demonstrated by the Israeli experts.

Dr. Itamar Shalit visited Shanghai Children's Medical Center from September 9 to September 14 to lecture on Infection Control.

Dr. Yeming Wu (Surgeon Department of Pediatric Surgery), Dr. Zhuoming Xu (Fellow in Pediatric ICU), Dr. Bochang Chen (Attending Surgeon, Department of Pediatric Orthopedics), Dr. Jun Ye (Attending Physician, Department of Endocrinology and Metabolism) were the first Chinese experts who received a 3-month training at Schneider Children's Medical Center of Israel from October 25, 1998 till January 21, 1999.

The extraordinary occasion of the inauguration of the new Shanghai Children's Medical Center took place on July 1, 1998, with the participation of Mr. Bill Clinton, President of the United States of America, Mrs. Clinton and Mr. and Mrs. Irving Schneider.

The beginning of a wonderful friendship:
Dr. Itamar Shalit, Director SCMCI
visits Shanghai Children's Medical Center
September, 1998



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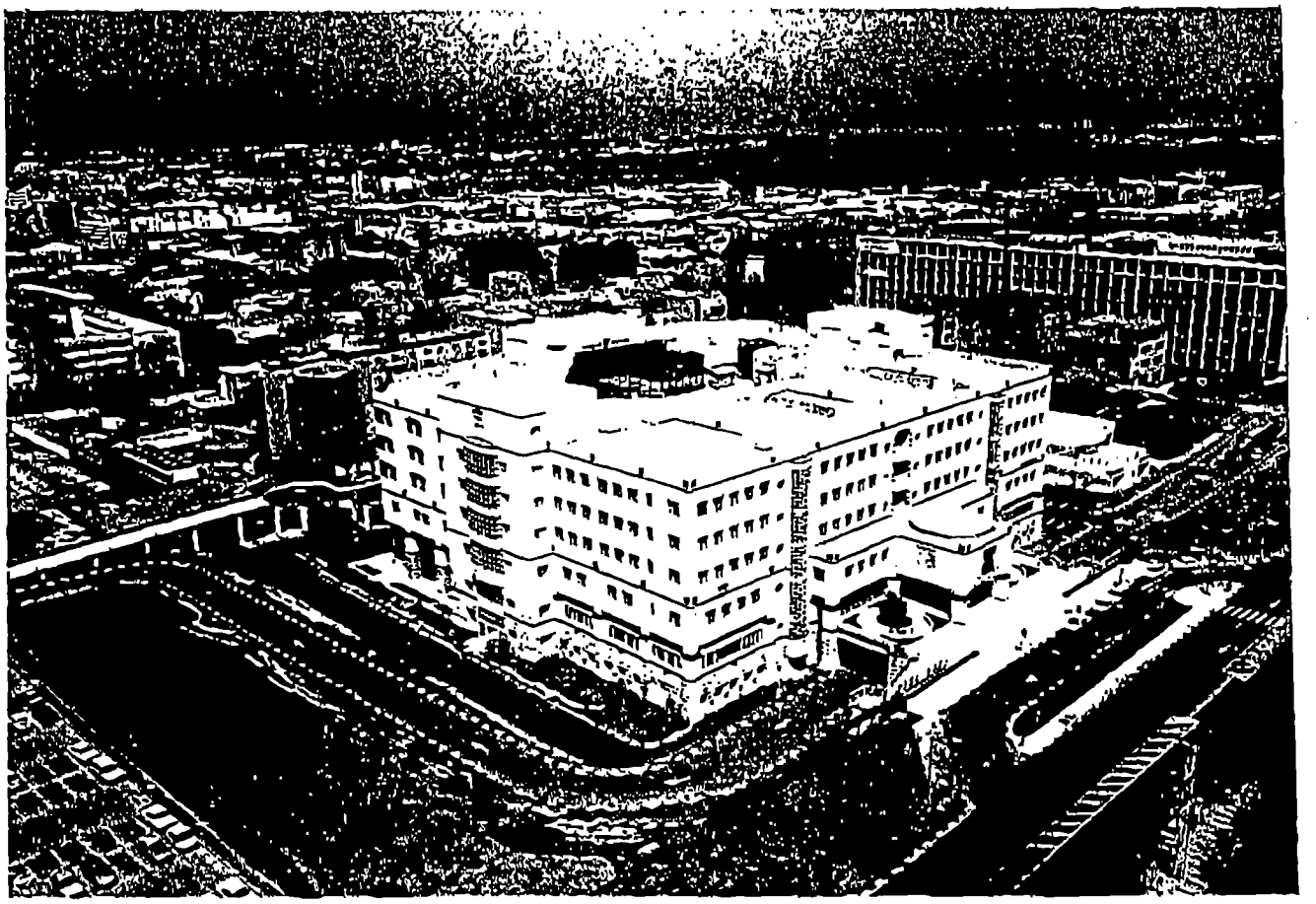
KUPAT HOLIM
CLALIT

SCHNEIDER CHILDREN'S MEDICAL CENTER OF ISRAEL



The Schneider Children's Medical Center of Israel (SCMCI) - a 224 beds, 7 floor facility - is located in Petah-Tikva, and is part of the Kupat Holim Clalit health care organization, which is the largest in HMO in Israel.

A teaching hospital affiliated with Tel-Aviv University's Sackler School of Medicine, SCMCI is supported in North America by Medical Development for Israel, and in Israel by the Public Council for SCMCI and "Yeladim Shelanu" Foundation.

SCMCI was built following a comprehensive study of Israel's health system and its national pediatric medical needs. The study, conducted by an international commission of experts, concluded that there is an urgent need for a modern tertiary care hospital to serve all children of Israel and the Middle East. Our highly trained staff - working with state-of-the-art equipment and a unique, multidisciplinary approach - have introduced pediatric specialties not previously available in Israel.

Our mission goes beyond the hospital's walls. We reach out - to our Arab neighbors, to new immigrants, to community clinic, even to developing nations. These bridges go even further - into Asia, Africa, Eastern Europe and Latin America. SCMCI hosts special training courses for pediatric nurses from dozens of countries throughout the developing world.

Schneider Children's Medical Center of Israel has strong ties with the community and is committed to improving children's medicine throughout Israel. A network of innovative satellite pediatric clinics has been established, including the first in an Arab city - the Children's Health Center in Taibe. These clinics, run by senior SCMCI doctors, introduce new standards of health care into the community.

From the moment you arrive at the front pavilion and are drawn into the beautiful, light-filled enlivened by colorful windbanners, it is clear that an unparalleled center of hope and care was created. Every detail of the hospital -- from the overarching architectural concept to the coordinating color schemes and cheerfully patterned linens and pajamas -- has been carefully and fully thought out. Everything bears the mark of hands and hearts.

Each floor is new evidence of creativity and thoughtfulness: the inclusion of both indoor and outdoor play/waiting spaces, the fully equipped computer room sponsored by the Ministry of Education, the color coordination of paint and floor number, the high quality of all the visible construction materials and the appealing, well-stocked gift shop. The central atrium is a comforting and a stimulating core of the building, which affirms the viewer's sense of connection to the time of day and to the changes of the seasons.

מרכז שניידר לרפואת ילדים בישראל
مركز شنيدر لطب الأطفال في إسرائيل
Schneider Children's Medical Center of Israel

KUPAT HOLIM CLALIT

THE KING'S PRIVATE PHYSICIAN VISITED SCHNEIDER CHILDREN'S MEDICAL CENTER OF ISRAEL

Dr. Yousef Goussous, Private Physician of H.M. King Houssein, and Dr. Adel Shureideh, Director King Hussein Medical Center in Jordan, participated in the Fourth International Symposium on Otology and Audiology that took place on Sunday May 24th, 1998 at Schneider Children's Medical Center of Israel. The Symposium, sponsored by the Canada International Scientific Exchange Program (CISEPO), contributed to the broadening of professional networks between Israel-Jordan-Palestine for the early detection of hearing loss in infants and children and for its assessment and treatment. CISEPO, headed by Professor Arnold Noyek from the Mount Sinai Hospital, University of Toronto, is designed to promote education as well as to encourage cooperation among medical, scientific and educational colleagues throughout the region. The first of these collaborative programs took place at the King Hussein Medical Center in Amman, Jordan. The programs and methods established during both conferences, will be distributed throughout the Middle East, and enhance the broadening of professional networks in the region and will contribute to the dialogue and peacebuilding among the regional participants.

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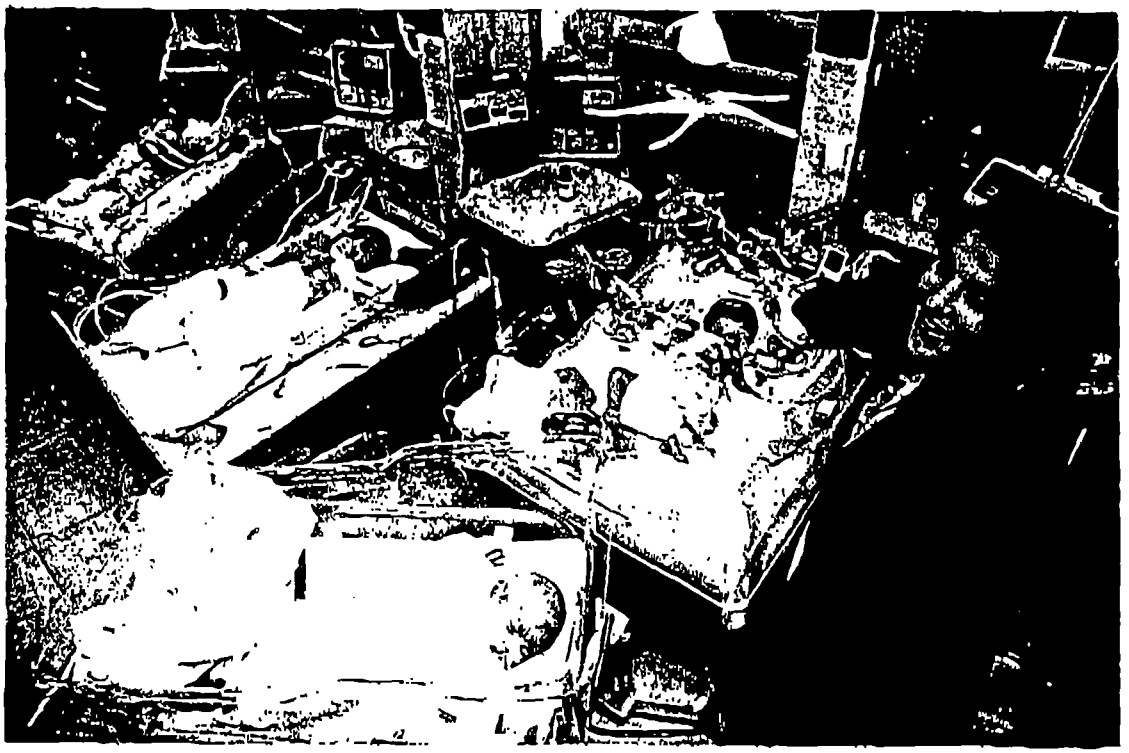
مركز شنايدر لطب الأطفال في إسرائيل
Schneider Children's Medical Center of Israel

KUPAT HOLIM
CLALIT



From Heart to Heart

Four infants, each 7 to 17 days old, are now hospitalized at Schneider Children's Medical Center of Israel following complicate arterial switch surgery which all four underwent within a period of less than one week. This is a rare and most likely once in a lifetime event.

All four were born with similar congenital heart defects – transposition of the arteries. In this defect the aorta emerges from the right ventricle of the heart and the pulmonary artery from the left ventricle, a condition which is fatal. Thus, the four newborns had to be operated on in the first days of their lives. The surgery was performed by Prof. Bernardo Vidne at SCMCI.

One of the four infants had been born with two additional and most complicated heart defects – a disconnected aorta in the thorax and a large defect of the ventricular septum. All defects were corrected during the transposition surgeries.

One baby is from the southern region in Israel, one is from the north, one is from a Druze village on the Golan Heights and one is from a Druze village in the Haifa area.

The condition of all four babies is good and they are recuperating from the complicated operation.

Dr. Ovadiah Dagan, Director of Cardiac ICU at SCMCI reports that in the course of the last four years around 1000 pediatric heart surgeries were performed, of which 15% involved babies younger than one-month-old – to correct various complicated heart defects. The mortality rate of all pediatric cardiac surgical procedures at SCMCI is approximately 5%. This rate is exceptionally low, not only for Israel but also in comparison with the finest hospitals in the world.

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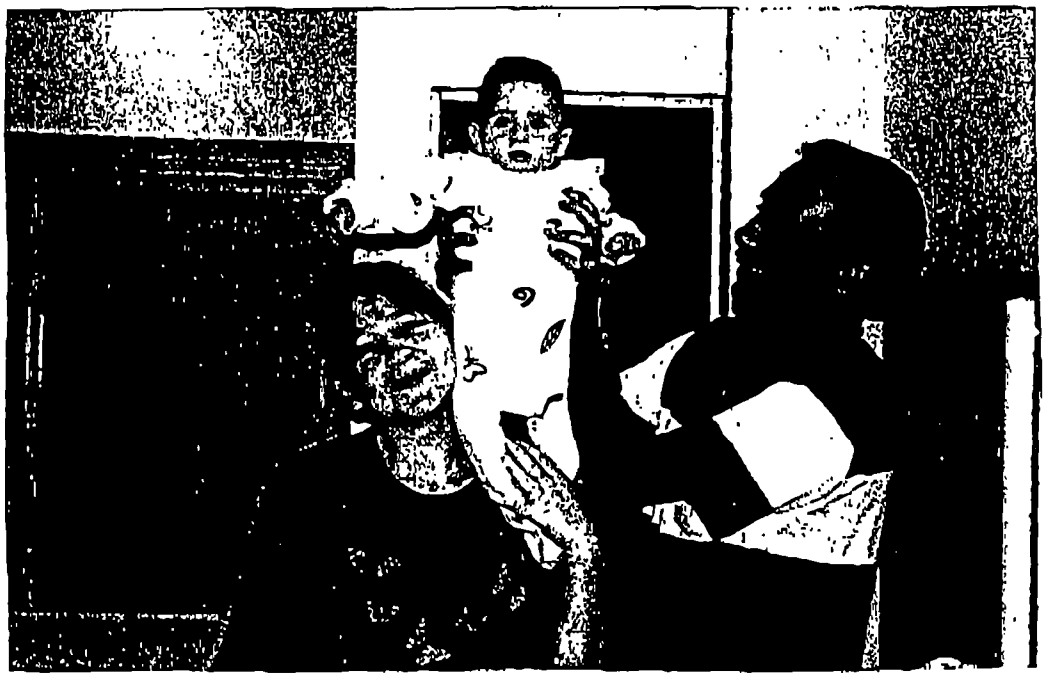


SURGEONS AT SCHNEIDER CHILDREN'S MEDICAL CENTER OF ISRAEL EXCRETED AN ENORMOUS TUMOR – AND SAVED A 6 MONTHS OLD BABY'S LIFE

"My baby is reborn," the happy father said after the successful surgery

In a dramatic attempt to save the life of a 6 months old baby boy, a complex and unique operation to excrete a liver tumor was successfully performed at ***Schneider Children's Medical Center*** in September 1998. This tumor was diagnosed in Gilad Levy from Haifa two months ago. His treating physicians in a hospital in the northern part of the country were planning to transfer him to Belgium for operation, however, very soon the tumor increased enormously in size. Gilad had an unusual complication of high abdominal pressure that caused an obstruction of the blood flow to the veins, from the lower part of the body to the heart, thus endangering his life. Gilad was transferred urgently in critical condition to ICU at ***Schneider Children's Medical Center***, where a most dramatic procedure was performed to save his life. After his condition was stabilized he was transferred to OR where the second complex procedure began – the excretion of this enormous tumor. During a 10-hour operation, headed by Dr. Eytan Mor, Director Liver Transplant Unit at the Rabin Medical Center, the huge tumor was excreted entirely, weighing more than 1 kg. "My baby is reborn" says the father, Shlomo Levy. "There are no words to express our gratitude to the medical staff who treated him. It was like in the movies – they saved him quick and efficiently." The broadcaster in the "Good Morning Israel" broadcast explained: "This case is mentioned in the medical handbooks as a very rare one. At ***Schneider Children's Medical Center*** a tumor weighing more than 1 kg was excreted out of the small body of 6 months old Gilad. No additional case like these ever occurred in Israel, and little Gilad's name will be registered in medical handbooks as

"a very rare medical case that ended in a miracle."

מרכז שניידר לרפואת ילדים בישראל
مركز شنايدر لطب الأطفال في إسرائيل
Schneider Children's Medical Center of Israel

KUPAT HOLIM CLALIT

JORDANIAN BABY BOY, SUFFERING FROM CYSTIC FIBROSIS CAME TO SCMCI FOR TREATMENT

Nine-month-old Fares Halalsheh arrived from Irbid, Jordan for treatment at the Kathy and Lee Graub Cystic Fibrosis Center of the Schneider Children's Medical Center of Israel

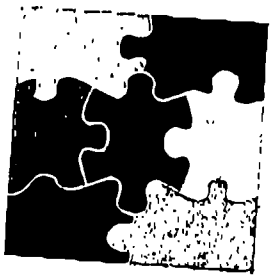
Fares Halalsheh was being treated at the CF Center in Irbid and referred by his physician for a second opinion to the SCMCI Kathy and Lee Graub Cystic Fibrosis Center, headed by Dr. Hannah Blau. The nine-month-old baby boy is the third child in his family to suffer from this hereditary disease. Twins were born to his parents for whom CF was fatal - one died after two days and the other at the age of one-and-a-half months.

Until recently, there was no indication that CF was prevalent in Arab countries, however, it is a rather common disease among Israeli Arabs. In Irbid, Jordan, there is a center that treats approximately 60 CF patients. The director of the Center in Irbid is familiar with the advanced multidisciplinary work performed at the SCMCI CF Center and referred Fares there for a second opinion. While at SCMCI, the family had the opportunity to receive guidance from a whole team of specialists in the disease including doctors, nurses, a clinical nutritionist, physiotherapist, and researchers from the Institute of Genetics and Laboratory Services.

The mother who is an archeologist, and the father who works at the Department of Finance at the Yarmouk University in Irbid, will continue to bring Fares for check-up at SCMCI.

It seems that this is the beginning of a fruitful collaboration between the CF Center in Jordan and SCMCI.

33 pages



מרכז שניידר לרפואת ילדים בישראל
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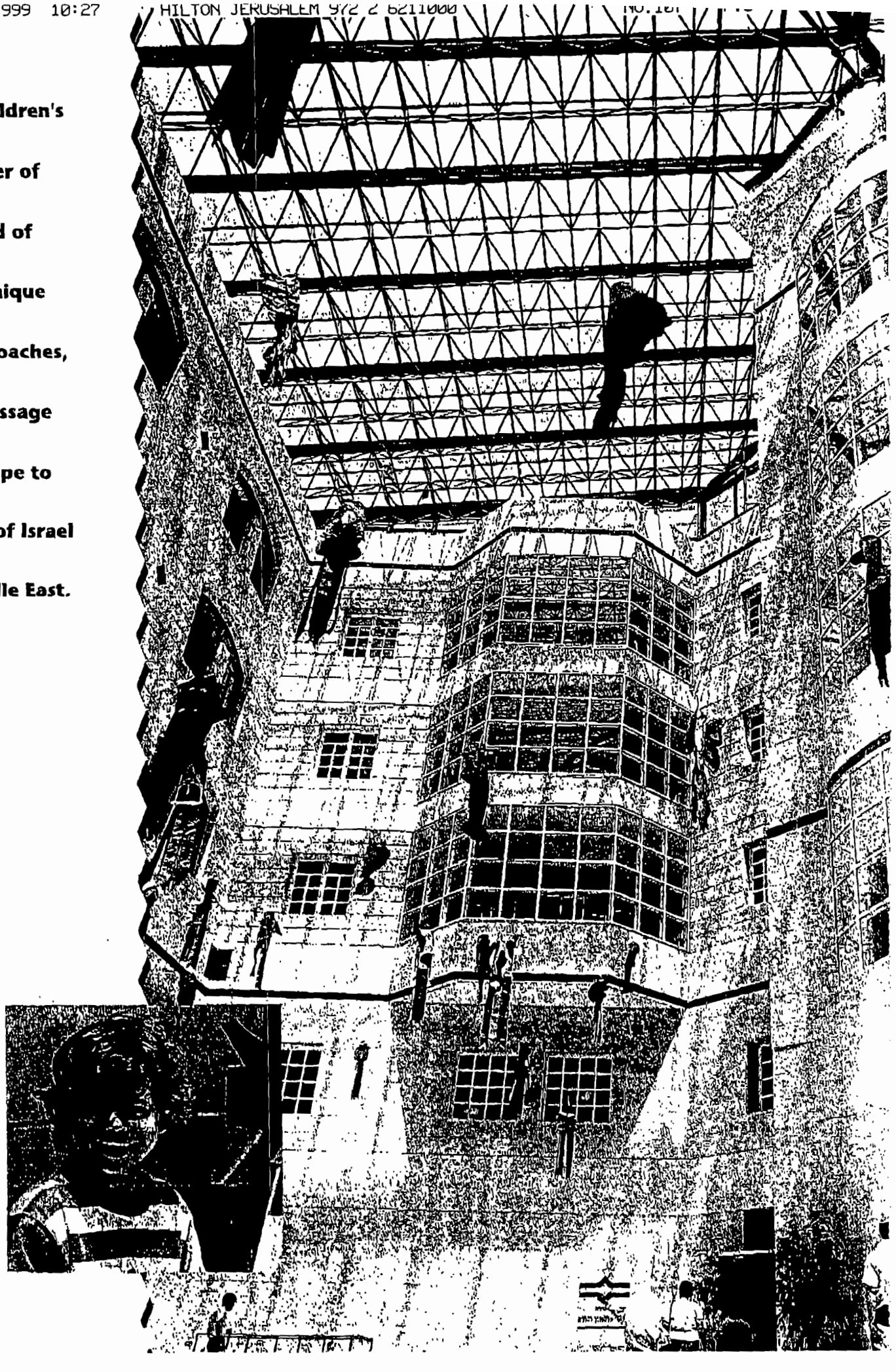
Schneider Children's Medical Center of Israel

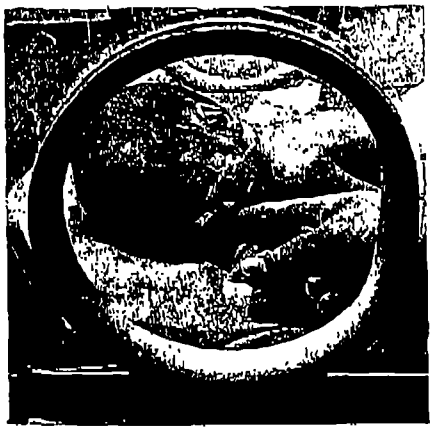
Schneider Children's Medical Center of Israel

Schneider Children's Medical Center of Israel: a world of caring and unique m lcal approaches, s ding a message of life and hope to the children of Israel d the Middle East.



A Ch d s Not Just A Sma Adu t

Welcome to Schneider Children's Medical Center of Israel (SCMCI) - the only tertiary care hospital in the Middle East exclusively for infants, children and adolescents.



Why a Children's Hospital?

Children respond differently than adults to sickness and injury. They become seriously ill more quickly; they need child-size breathing masks and child-size dosages of medicine and anesthesia.

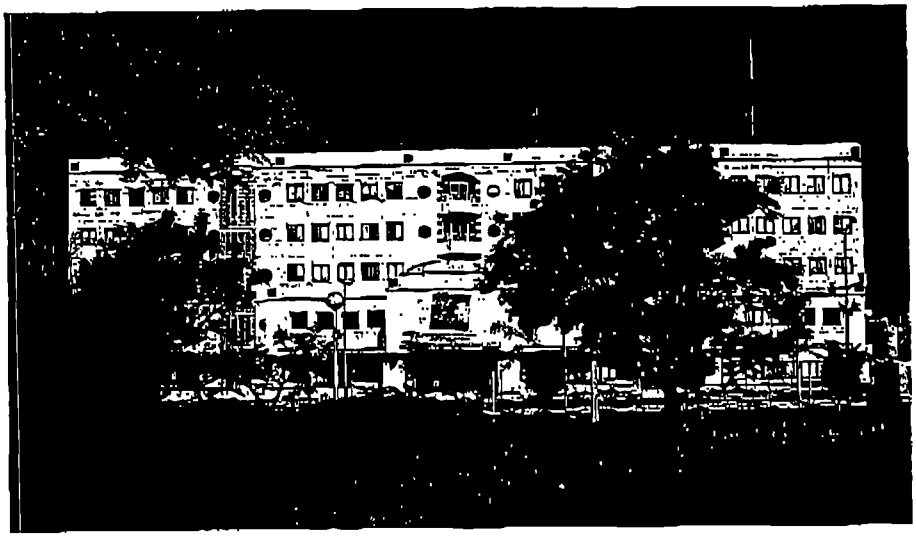
Children also have very different emotional, psychological and social needs than adults.

In Schneider Children's Medical Center of Israel, these challenges are met by a dedicated staff of pediatric specialists who understand the unique needs and inner world of their young patients, and provide the finest medical care in a warm, friendly environment.

SCMCI was built following a comprehensive study of Israel's health system and its national pediatric medical needs. The study, conducted by an international commission of experts, concluded that there is an urgent need for a modern tertiary care hospital to serve all children of Israel and the Middle East.

Part of Something Big

SCMCI is located on the campus of Beilinson Medical Center in Petach Tikva, and is part of the Kupat Holim health care organization, with 15 hospitals and 1,300 community clinics. A teaching hospital affiliated with Tel Aviv University's Sackler School of Medicine, SCMCI is supported in North America by Medical Development for Israel, and in Israel by the Public Council for SCMCI and "Our Children" Foundation.



SC CI has revolutionized pediatric care in Isr el by offering the full range of medical services for children - all u er one roof.

ne r nest n Children's Medicine

In all fields of pediatrics, SCMCI is setting a new standard of excellence.

Our highly trained staff - working with state-of-the-art equipment and a unique, multidisciplinary approach - have introduced pediatric specialties not previously available in Israel.

Here are some of our special inpatient services:

Hematology-Oncology

Over 60% of Israeli children with cancer and serious blood diseases are treated in this national center. Our cure rate for childhood leukemia is nearly 75%, and with our Bone Marrow Transplantation Unit, even more children will be cured.

Surgery

All types of general and specialized pediatric surgery are performed in our 7 state-of-the-art operating theaters, including organ and bone marrow transplantations. SCMCI has Israel's only department of pediatric anesthesiology.

Intensive Care

The 95% survival rate is equalled by only a handful of hospitals world-wide. We handle the full range of life-threatening cases, and offer Israel's first Pediatric Burn Center, as well as advanced Neonatal and Cardiac Intensive Care Units.

Psychiatric & Adolescent Medicine

As throughout the world, a growing number of young people - especially teenagers - are afflicted with suicidal behavior, eating disorders such as anorexia nervosa, and other related conditions. New approaches are being developed to care for these problems.

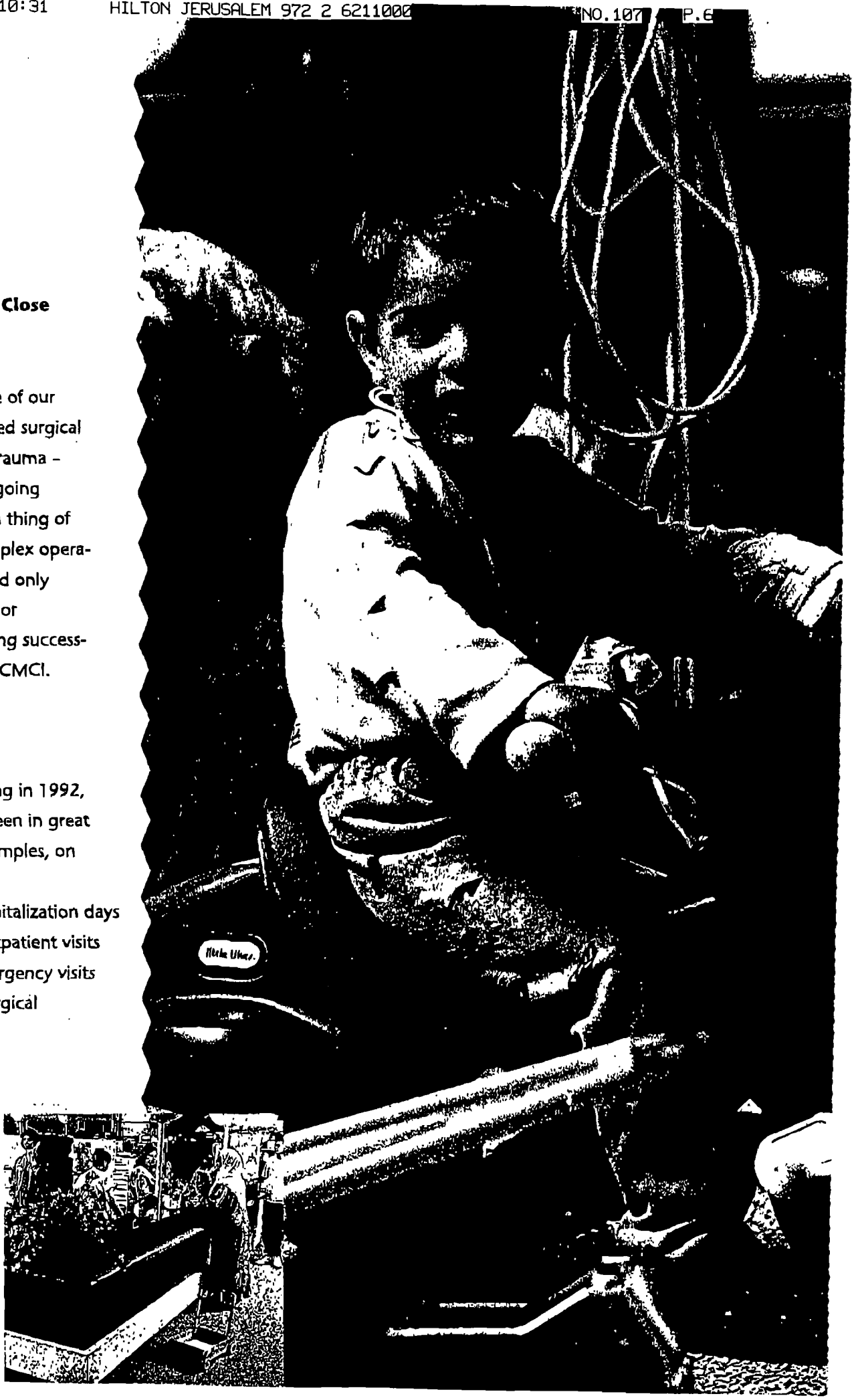
Complex Surgery Close to Home

The expertise of our internationally-trained surgical staff is making the trauma – and huge cost – of going abroad for surgery a thing of the past. Many complex operations that once could only be done in the U.S. or Europe are now being successfully performed at SCMCI.

Did You Know?

Since opening in 1992, our services have been in great demand. A few examples, on an annual basis:

- Over 10,000 hospitalization days
- Over 100,000 outpatient visits
- Over 35,000 emergency visits
- Nearly 10,000 surgical procedures



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A our patients

enjoy the most

advanced diagnostic

services available.

More than 60% of the physical area of Schneider Children's Medical Center of Israel is devoted to outpatient, emergency and diagnostic services, many of which are unique to Israel and the region.

Cardiology

Israel's largest center for diagnosis and treatment of congenital and acquired heart illness in children. Our state-of-the-art catheterization unit treats over 400 children each year, saving many the need for complex, traumatic and costly open-heart surgery.

Juvenile Diabetes

Nearly 80% of all Israeli children with juvenile diabetes are treated in this national center, a leader in developing new approaches to preventing and curing diabetes, such as pancreatic islet cell transplantation.

Trauma

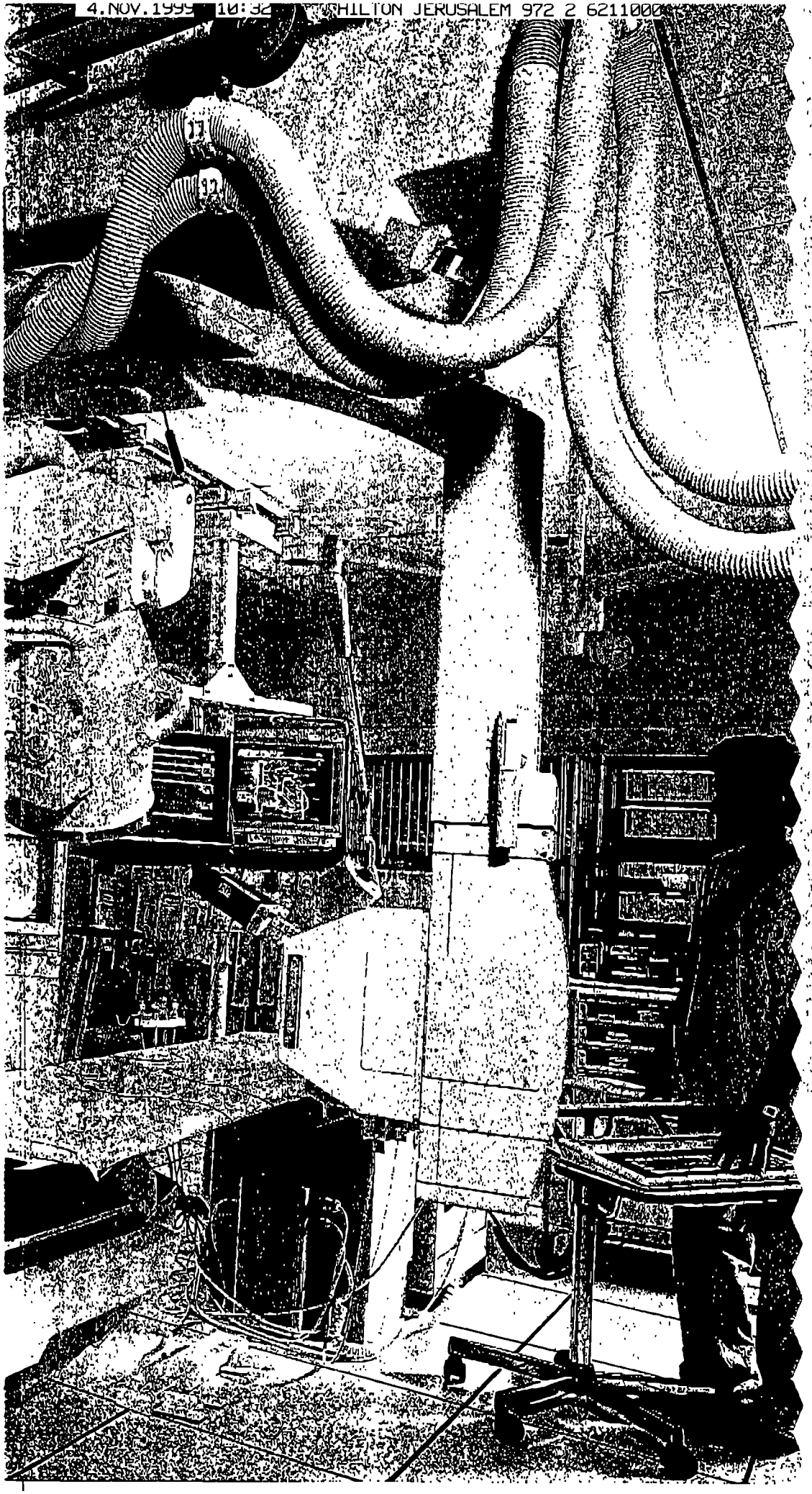
Israel's only Pediatric Trauma Unit is located in the Emergency Medicine Department - setting a new standard of care and saving lives everyday.

Radiology and Imaging

All advanced modalities are offered in Israel's leading service for children, including MRI (Magnetic Resonance Imaging), CT, ultrasound, x-ray, and nuclear medicine.

Clinical Laboratories

Israel's most extensive service for children. Hematology, cytogenetics, bone marrow, endocrinology and other sophisticated clinical laboratories provide the precise information crucial to accurate diagnosis and successful treatment.



Comprenensive Care

Care at Schneider Children's Medical Center of Israel extends to virtually all areas of children's medicine. Here's what we offer:

Inpatient Services

- Adolescent Medicine
- Anesthesiology
- Bone Marrow Transplantation
- Burn Unit
- Cardiac Intensive Care
- Cardiac Surgery
- Child and Adolescent Psychiatry
- General Surgery
- General Pediatrics
- Hematology-Oncology
- Neonatal Intensive Care
- Pediatric Intensive Care
- Specialized Surgery

Outpatient Services

- Allergy
- Cardiology & Catheterization Unit
- Child Development
- Cystic Fibrosis
- Dentistry
- Dermatology
- Eating Disorders
- Ear, Nose & Throat
- Endocrinology
- Enuresis Program
- Gastroenterology
- Genetics
- Immunology
- Juvenile Diabetes
- Medical Day-Care
- Mental Health
- Nephrology & Dialysis
- Neurology
- Neurosurgery
- Occupational Therapy
- Ophthalmology
- Orthopedics
- Perioperative Clinic
- Physiotherapy
- Pulmonology

Emergency and Diagnostic Services

- Bone Marrow Laboratory
- Clinical Laboratories
- Emergency Unit
- Hematology Laboratory
- Neurophysiology
- Oncologic-Cytogenetic Laboratory
- Radiology & Imaging
- Trauma Unit

Support Services

- Child Life Program
- Clinical Nutrition
- Community Outreach
- Health Education
- "Our Children" Gift Shop
- Patient Library
- Social Work
- "Tlalim" School Program
- "Yad Sarah" Equipment Outlet

A Br dge o Peace

Schneider Ch dren's Medical Center of Isr is building bridges of understanding and cooperation among Jews, Arabs and other peoples of the iddle East. We are here for all children of the region - without regard to race, nationality or religion.

مركز شنايدر لطب الأطفال:
جسر للسلام والتفاهم

المركز الطبي للاطفال في اسرائيل هو مستشفى حديث ومتطور، الوحيد من نوعه في اسرائيل وفي الشرق الاوسط الذي يقدم جميع الخدمات الطبية وللاطفال فقط.

المركز الطبي للاطفال اخذ على عاتقه ان يكون جسرا للسلام والتفاهم بالشرق الاوسط. فهو يستقبل الاطفال المرضى من جميع انحاء اسرائيل والبلاد المجاوره دون اعتبار للدين واللون والقومية. هكذا مستشفى الاطفال هذا يهدم الحواجز بين الشعوب ويساهم في دفع عملية السلام والتفاهم بينها.

الطاقم الطبي هو متنوع ومن خلفيات مختلفة، وتقدمه المهني يكون حسب كفائة الفرد نفسه.

المركز الطبي يقدم خدمات طبية متميزة مثل: زرع نخاع العظام وزرع الاعضاء، امراض الدم والاورام، مرض السكر، قسم القلب وتشخيص امراض القلب، امراض المناعة قسم جراحة الاطفال وقسم العمليات الجراحية الخاصة، خدمات التشخيص المغنط، مشروع حياة الطفل مع غرفة للالعاب، فصول تعليم، برنامج تعليم خاص وغيرها. المركز الطبي للاطفال تابع لكوبات حوليم العامة. في المستشفى ٢٢٤ سرير والتي تضم أسرة للعلاج المكثف للاطفال، كذلك للاطفال الذين ولدوا قبل اكمال فترة الحمل المطلوبة، قسم للعلاج اليومي، عيادات خارجية وغيرها.

يتكون المستشفى من سبع طوابق ومساحته ٢٦٠٠٠ مربع مع التركيز على حاجات الطفل وعائلته. الطفل المريض ووالديه يتمتعون بشروط خاصة - غرف نوم الاطفال ذات الوان براقة تحوي سرير او اثنين فقط، حمام ومراحيض. كذلك في كل غرفة سرير خاص مجهز وهذا خصيصا للوالدين اذ يمكن احدهم من البقاء على مقربة من ابنه المريض خلال ٢٤ ساعة في اليوم.

كذلك يوجد تحت تصرف الاهالي مطابخ صغيرة، ماكنات غسيل وتنشيف كذلك شقات للتأجير.

ترتبط في مستشفى الاطفال عيادات أطفال جماهيرية التي تستغل استشارته، مثل المركز الطبي للأطفال بالطيبة الذي يقدم خدماته لابناء الطيبة والمثلث.

מרכז שניידר לרפואת ילדים בישראל

מרכז שניידר לרפואת ילדים בישראל – גישה ייחודית ברפואת ילדים. המרכז פתוח לכל ילדי ישראל והמזרח התיכון, ללא הבדל דת, גזע או לאום.

מרכז שניידר לרפואת ילדים משרת את כל צרכי האישפוז של ילדים במרכז הארץ. מעבר לכך, המרכז הרפואי מספק שירותי רפואת ילדים יחודיים ומהווה מרכז ארצי בתחומים כמו: השתלת מח-עצם ואבנים, המטולוגיה-אונקולוגיה, סכרת, מכון הלב עם יחידת צינתור לב, אימונולוגיה, כירורגיית ילדים וניתוחים מיוחדים, שירותי הדמיה מגנטיים, פרויקט חיי הילד עם חדרי משחקים, כיתות לימוד, תכנית לימודית מיוחדת, ועוד.

מרכז שניידר לרפואת ילדים מקבל לטיפול ולאישפוז ילדים המבוטחים בכל קופות החולים השונות.

במרכז שניידר לרפואת ילדים 224 מיטות אישפוז המכוללות טיפול נמרץ ילדים וכוויות, פגים, אישפוז יום, מרפאות ומכונים. בבית החולים 7 קומות ושטחו כ-36,000 מ"ר, תוך דגש על צרכי הילד החולה ומשפחתו.

השירות הינו רב-תחומי ומקיף. הטיפול הרפואי מלווה, בעת הצורך, בשירותי עזר כפיסיוטרפיה, ריפוי בעיסוק, פסיכולוגיה, תיווך וייעוץ בתחומים מגוונים נוספים.

הילד החולה ומשפחתו נהנים מתנאי שהות מיוחדים – חדרי אישפוז מרווחים וצבעוניים בני מיטה אחת או שתיים. בכל חדר מקלחת ושירותים, ולכל הורה מיטה ומצעים המאפשרים שהות נוחה לד מיטת הילד 24 שעות ביממה. כמו כן, עומדים לרשות ההורים מטבחונים, מכונות כביסה וייבוש, ודירות להשכרה.

למרכז שניידר קשורות מרפאות ילדים בקהילה המשתמשות בשירותי הייעוץ של ביה"ח בכל אותם תחומים מיוחדים שצויינו לעיל.

מרכז שניידר לרפואת ילדים בישראל פועל במסגרת קופת חולים כללית, ומעבר להיותו בית חולים משוכלל ומודרני, מנהל מחקרים רבים בתחומי הפדיאטריה. בהיותו מסונף לביה"ס לרפואה ע"ש סאקלר באוניברסיטת תל-אביב, ביה"ח מכשיר סטודנטים לרפואה, סיעוד ותזונה בתחומים השונים של רפואת הילדים.

A Happy Ch d Heals Better

'This hospital is wonderful. We saw special architecture, a happy environment. It is inspiring." – Ezer Weizman, President of the State of Israel

A hospital can be a frightening place for a child. Pain, separation from family, an unfamiliar physical environment and a cast of strangers create untold fear and stress in a child. And a fearful and tense child is a lot harder to heal.

Children who feel safe and calm recover more quickly; when parents are close by and actively involved, treatment is more successful.

President Ezer Weizman visits victim of terror attack in SCMCI's Burn Unit

Calm and Secure Atmosphere

Every detail has been designed with the child and family in mind, creating warm, appealing surroundings that minimize stress and fear. Comfortable facilities for parents encourage family involvement. Our sun-drenched atrium sets the tone for visitors to the hospital: a welcoming gift shop, glass elevators and colorful reception cubicles create an inviting, friendly environment.

Brightly colored, softly lit and carpeted departments create a sense of friendly calm. Centrally located nurse stations promote a feeling of security: just reach out, and we're there.

Facilities Focusing on the Family

Private and semi-private patient rooms offer all the comforts: convertible chairs for parents to sit in by day and sleep in at night; full bath and shower; television and telephone; and even specially designed linens and pajamas – in short, everything to make child and family as comfortable as possible.

Departments and clinics also feature spacious and well-equipped play and computer rooms and parents' lounges.

All this goes a long way to helping children and families feel – and heal – better.

SCMCI has:

- 224 beds
- 7 floors
- 360,000 square feet
- Separate MRI building with family restaurant
- 5 private apartments for parents, at nominal cost
- Nearby hostel for families (in development)

Treating The Whole Child

At SCMCI, we leve a sick child needs - and deserves - more th just excellent medical treatment. Our psychological, educational and d elopmental support services provide "whole child" care unique in Israel and the ddle East.

T'lalim School Education Program

Critically and chronically ill children face long and repeated absences from school. At SCMCI, specially trained teachers and tutors, working with the patient's own class teachers, enable the child to keep up with schoolwork. With special computer rooms and innovative software, the child can even participate - in real time - in classroom lessons taking place in his own school.

Child Life Program

Play and recreation are critical to the sick child's development and healing, alleviate stress and fear and help pass long hours of hospitalization. Our staff of teachers, play specialists and volunteers - working bedside and in play rooms located in every department - supervise activities adapted to the child's age and medical condition. Libraries and computer games diversify recreation; frequent parties and entertainment programs help keep the children smiling.

Changing the Equation

Fear of the unknown = stress = pain

We make great efforts in preparing children and their families for unknown, frightening procedures such as surgery and cardiac catheterization. These programs, carried out with love, patience and a zealous respect for the child's autonomy and dignity, change the equation to:

Knowledge = calm = healing

This is the SCMCI way.

Research for a Better Future

Ongoing research is crucial to maintaining clinical excellence. Innovative research is conducted in many fields of pediatrics, including joint projects with leading researche abroad. More than half of our doctors - the highest percenta of any Israeli hospital - are staff lecturers in Tel Aviv University's Sackler School of Medicine.

Reach ng Out, Building Bridges

"To the Staff of SC CI, My great thanks for the care you gave my son... Despite our being Arabs from the West B k, we were received with warmth & respect and of course enjoyed devoted care, which were given to us without any regard for religion or race - and would have made any Jewish family proud... The l eling is wonderful." Yussuf Ibrahim (father of Samir, 9) Ramallah

Our mission goes beyond the hospital's walls. We reach out – to our Arab neighbors, to new immigrants, to community clinics, even to developing nations. These bridges go even further – into Asia, Africa, eastern Europe and Latin America. SCMCI hosts special training courses for pediatric nurses from dozens of countries throughout the developing world.

*Violinist **Itzhak Perlman:** Living proof for SCMCI patients that handicaps can be overcome*

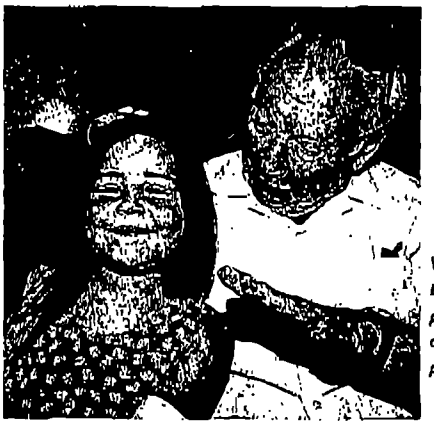
Absorbing Aliya

We play an important role in absorbing new immigrants, particularly from eastern Europe and the former Soviet Union. More than 50 immigrant doctors have taken part in SCMCI's pediatric residency program; more than 100 nurses have received advanced training to help them find employment in SCMCI and other Israeli medical facilities; hundreds of immigrants were trained and employed in constructing SCMCI, and dozens more work in various hospital services.

Pediatric nurses from developing countries receive advanced training in SCMCI

Improving Community Medicine

Schneider Children's Medical Center of Israel has strong ties with the community and is committed to improving children's medicine throughout Israel. A network of innovative satellite pediatric clinics has been established, including the first in an Arab city – the Children's Health Center in Taibe. These clinics, run by senior SCMCI doctors, introduce new standards of health care into the community.



*Violinist **Isaac Stern** puts a on SCMCI patient*

Turning A Dream Into Reality

Many people have pulled together to realize the SCMCI dream. First and foremost are Helen and Irving Schneider, whose vision, generosity and devotion have made SCMCI what it is - a treasure for the State of Israel and the Middle East. Our thanks go to them, and to the many individuals and organizations the world over who have supported SCMCI.

Still, there is much more to be done.

Healing sick children is a noble, life-giving endeavor. We invite you to be part of it. As our sages tell us, "He who saves one soul is as one who has saved an entire world."

For more information, please contact:

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The Public Council
for SCMCI
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Our Children Foundation
14 Kaplan St., Petach Tikva
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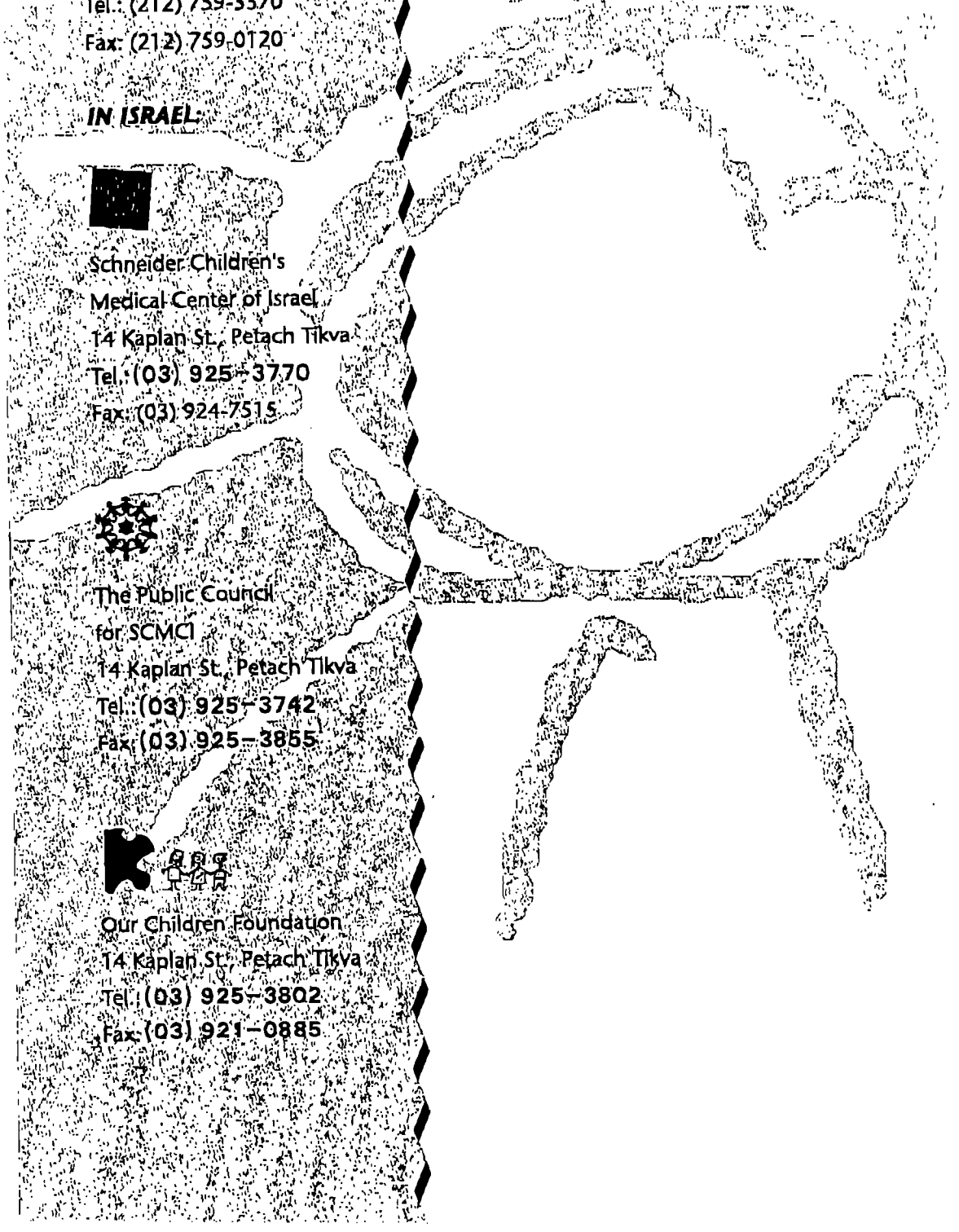


RABIN MEDICAL CENTER

WOMEN'S

COMPREHENSIVE

HEALTH CENTER

מרכז רפואי רבין

Nava Barak
President, Israel Friends of RMC
Chair, Board for the WCHC

Dear Friend,

I would like to share with you some thoughts regarding a special project now under construction at Rabin Medical Center (RMC). The new Women's Comprehensive Health Center (WCHC) is one of the most exciting and unique ventures in Israel's health care today, and I am proud to be part of the team of dedicated individuals who have committed themselves to making this dream a reality.

The WCHC will lead the way in bringing the highest quality of preventive, diagnostic, medical and surgical care to the women of Israel throughout each stage of their lives. With the entire spectrum of women's health services housed under one roof, patients will benefit from the expertise of a highly-qualified multidisciplinary team of professionals. The Women's Comprehensive Health Center truly symbolizes life and health for the women of this region well into the next millennium.

We are grateful to Helen and Irving Schneider whose vision and generosity have enabled the realization of this project. Since its inception, however, there has been an increased demand on health services due to the merger of the Beilinson and Golda hospitals into Rabin Medical Center. To meet these growing needs, the WCHC must continue to expand and develop.

In the hope that you will find this endeavor as important and worthwhile as we do, I look forward to working with you and those who have already pledged their support on behalf of the WCHC.

Best Wishes,

Nava Barak

Nava Barak

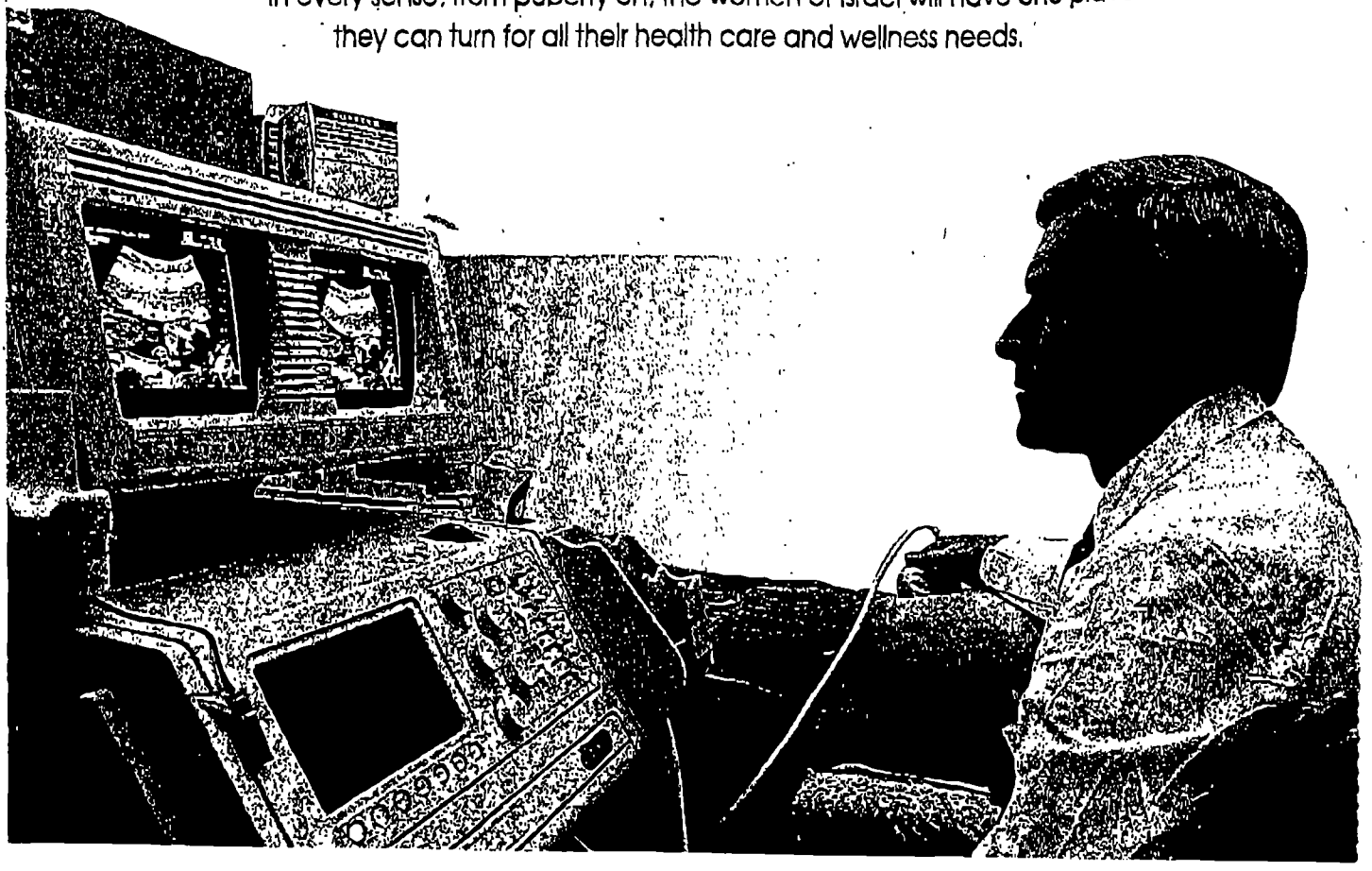
A LIFETIME OF COMPREHENSIVE CARE

When it comes to a woman's health and well-being, we want to deliver the best. With this goal in mind, the Rabin Medical Center is in the process of developing the new Women's Comprehensive Health Center, a state-of-the-art facility which meets the unique health needs of women - all under one roof.

At the WCHC we are committed to providing the most advanced and extensive services available, reaching far beyond traditional areas of childbirth and routine gynecology. We offer a complete cycle of care during every stage of a woman's life - from adolescent gynecology to menopause appraisal and beyond. Our total approach to wellness means women will benefit from first-rate diagnostic breast health services, fertility clinics, family planning, genetic counseling, osteoporosis treatment, psychological consultation, fitness and nutrition management, and more.

Of course, we are also proud of our ultra-modern maternity facilities, which include new labor-delivery-recovery suites, an advanced ultrasound and fetal monitoring unit and an excellent high-risk pregnancy unit.

In every sense, from puberty on, the women of Israel will have one place to which they can turn for all their health care and wellness needs.



EMPOWERMENT THROUGH EDUCATION

Today, scientific and medical advances have made it possible for women to lead healthier, more energetic lives. The strong emphasis on education and prevention at the WCHC provides women with the right tools to make informed health care choices.

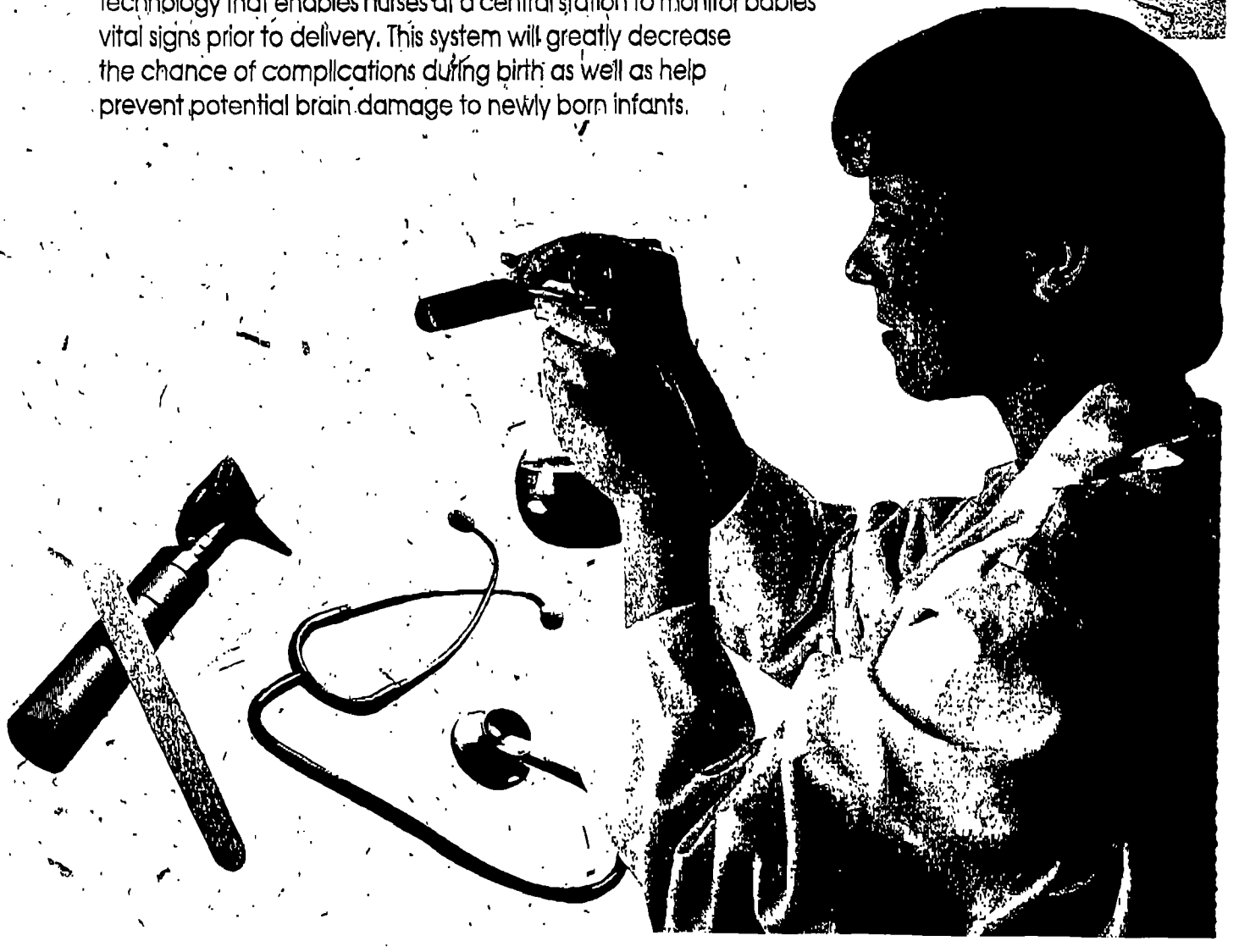
The new Center will deliver lectures and informational sessions on a broad spectrum of women's health topics. Our physicians, surgeons and medical staff will reach out to women, offering specialized programs in breast health, nutrition and weight management, osteoporosis counseling, treatment for victims of sexual abuse and alternative medicine options.

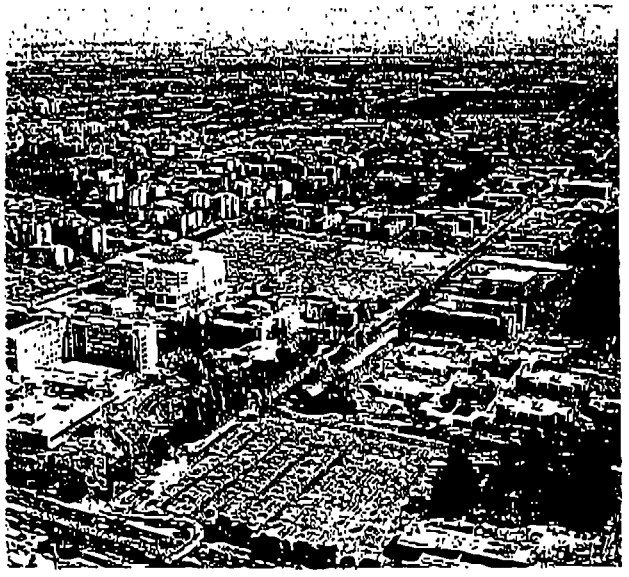
INNOVATIVE RESEARCH FOR A HEALTHIER TOMORROW

Cutting-edge research is also an integral part of the WCHC mission. Our physicians contribute to the introduction of new medical technologies and advanced treatment modalities for the benefit of all women.

WCHC research activities range from discovering new ways to prevent HPV viruses causing cervical cancer to ground-breaking techniques for *in vitro* fertilization. We have developed a process to freeze ovarian tissue from women undergoing potentially damaging chemotherapy, thus making it possible for them to have children later in life.

In addition, our physicians have been instrumental in guiding the development of the ARGUS Fetal Distress Detection System, an exciting advance in childbirth technology that enables nurses at a central station to monitor babies' vital signs prior to delivery. This system will greatly decrease the chance of complications during birth as well as help prevent potential brain damage to newly born infants.





A FOUNDATION OF MEDICAL AND ACADEMIC EXCELLENCE

Rabin Medical Center, Israel's largest health care facility, houses many of the top medical and surgical departments in the country and is a leading academic institution, affiliated with the Tel Aviv University Sackler School of Medicine. RMC's national outreach program of community clinics enables patients to receive the best ongoing care near their homes.

We are also fortunate in having adjacent to our campus the Felsenstein Medical Research Center, with its 50 laboratories dedicated to applied medical research and the Schneider Children's Medical Center of Israel, the only tertiary care hospital in the Middle East devoted to infants, children and adolescents.

For all of these reasons, Rabin Medical Center is the ideal setting for the Women's Comprehensive Health Center. With our wealth of talented physicians, latest medical technologies and strong support from friends around the world, we feel confident that together, we will make a significant contribution to the health care and well-being of Israeli women for generations to come.

MEDICAL SERVICES - PRESENT & FUTURE

- Andrology - Sperm Bank
- Breast Health Services
- Clinical and Basic Research
- Colposcopy and Vulvar Clinic
- Day Care
- Diabetes In Pregnancy
- Early Detection of Cancer - Breast, Cervix, Ovary
- Endoscopic Surgery
- Family Planning
- Female Infertility
- Genetic Counseling
- Gynecological Oncology
- Gynecology
- High-Risk Pregnancy
- In Vitro Fertilization and Micro Manipulation
- Male Infertility
- Menopause
- Obstetrical and Gynecological Ultrasound
- Obstetrics
- Osteoporosis
- Pediatric and Adolescent Gynecology
- Prenatal Screening
- Psycho-Social Services
- Sexual Dysfunction
- Urogynecology

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מרכז שניידר לרפואת ילדים בישראל
مركز شنايدر لطب الأطفال في اسرائيل
Schneider Children's Medical Center of Israel

KUPAT HOLIM
CLALIT

Dear Mr. Schneider,
" Thank you in the name of all SCMCI children.
You have helped more children than you will ever know ! "
Ayal Beer

These words were said by Ayal Beer to Mr. Irving Schneider on stage, during the Adler Prize for Child Welfare Ceremony, when he presented Mr. Irving Schneider with a framed picture of hospitalized children holding letters making the sentence: **WE LOVE YOU !! ♥.**
Mr. Irving Schneider received the Adler Prize for Child Welfare, in May 1998, for his significant contribution accompanied by a rare and unique personal involvement, which provided the means to promote the care and treatment of children and youth in need.
Ayal Beer in a letter to Mr. Schneider: " My name is Ayal Beer and I am 13 years old. I live in Rehovot, Israel. A year ago I was diagnosed with Leukemia A.M.I. and throughout the year I was faced with very difficult treatments that involved a lot of side effects. In the beginning I was hospitalized and it was very depressing. Luckily, I was transferred to Schneider Children's Medical Center of Israel. Thanks to the great staff of the SCMCI, I am now past my last protocol and a Bone Marrow Transplant. I hope to begin school in two weeks and resume my former life."

The Jewish Week
NEW YORK
SERVING THE JEWISH COMMUNITY OF GREATER NEW YORK / ST. 007 DECEMBER 12, 1980/13 LIGHT 5741

COEXISTENCE

In Accord For Kids

Chabad emissaries will make their rounds at a building in Petach Tikvah during Chanukah, passing out holiday goodies to young Jews and Arabs. At the end of Ramadan the Muslim monthlong fast period that starts Dec.30, officials from a fundamentalist Islamic Organization will come to the same building, where they will distribute gifts to Arab and Jewish children.

The building is the Schneider Children's Medical Center of Israel, and its new director says good relations between Jews and Arabs are the norm there.

Dr. Itamar Shalit

Children from both groups room and play together, and their parents provide moral support to each other says Dr.Itamar Shalit. Some 20 percent to 30 percent of the patients in the 225-bed hospital usually are Arabs from Israel proper, the Palestinian territories and neighboring Arab countries. A "bridge to peace," Shalit calls it.

He says concern for children outweighs parent's political differences. "They sit together. Usually they discuss the medical care of the kids." Shalit says.

While most Israeli hospitals provide care to everyone, the Petach-Tikva institution, named for New York philanthropists Irving and Helen Schneider, is the country's only tertiary pediatric center.

There was some concern about intergroup relations when the hospital opened in 1992. But its unofficial motto is "The mothers of Israel will make it work," says Shalit who was in New York recently.

Patient's mothers – and fathers - have endorsed the hospital's no distinctions policy, he says. Its staff of teachers for inpatient children includes two Arabs. Arab physicians and nurses work there. All signs are in Hebrew and Arabic. "It's fully integrated," Shalit says.

He points to a haredi father who helped an Arab family arrange dialysis treatments for their ill child, to the Arab father who consoled the parents of an Australian athlete injured in the bridge collapse during the opening ceremonies of this summer's Maccabiah Games, and to the Arab family who offered their 8-year old son's organs to Arabs and Jews after being accidentally shot earlier this month by Israeli soldiers in Bethlehem.

"We have a unique relationship with the Palestinian Authority," Shalit says. "This is one example of coexistence without any problems.

Steve Lipman

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Schneider Children's Medical Center of Israel

KUPAT HOLIM CLALIT

MEDICINE WITHOUT BORDERS

Ambassador of Jordan visits a Jordanian patient at Schneider Children's Medical Center of Israel

Hamzah Nofell, a 10 year old Jordanian citizen, is being treated at Schneider Children's Medical Center of Israel for cancer. "This is a great country and Hamzah receives excellent medical treatment", says his father Said with passion, "for me Israel and SCMCI are the best places in the world." Hamzah's health problems started last January, explains Said: "when we suddenly saw him limping. I took him to a physician in Amman, who sent us to perform an MRI, a very large tumor was diagnosed in his thighbone. Already the next day I was in London with Hamzah at the Great Ormond Street Hospital. After they performed a biopsy it was decided that he should have chemotherapy and surgery, we should remain in London for at least 6 months." Said began to look for an alternative, closer to Jordan and his family. He called Gila Abulafiah, a business relation in Israel, who received all the child's medical reports and showed them to Dr. Ian Cohen, Acting Director Department of Hematology-Oncology at SCMCI. Dr. Cohen examined the data and accepted the child for treatment. "The tumor was diagnosed at Schneider Children's Medical Center of Israel by a new procedure", explains Dr. Ian Cohen, "we are the first department in Israel who uses this procedure and Hamzah is the second child in which we could prove that the diagnosis diagnosed abroad was incorrect." Until today two children from Lebanon who underwent open-heart surgery were treated at SCMCI, as well as one child from Irbid, Jordan who suffers from CF and comes regular to SCMCI for follow-up. Hamzah is therefore the fourth child from an Arab country treated at SCMCI, the realization of Irving Schneider's dream. Time and again Mr. Schneider said that with the inauguration of SCMCI he hopes it will be able to serve all children of the region, and slowly his vision becomes a reality.

H.E. Mr. Omar Rifai, Ambassador of Jordan in Israel, paid a visit to SCMCI on July 7th, 1998 and met also with Hamzah. Their meeting was very friendly and the Ambassador hugged Hamzah for a long time.

AN EXCITING COLLABORATION BETWEEN SCHNEIDER CHILDREN'S MEDICAL CENTER OF ISRAEL AND THE NEW SHANGHAI CHILDREN'S MEDICAL CENTER

A two-way exchange of senior staff members was initiated between the two institutions, ***Schneider Children's Medical Center of Israel*** (SCMCI) and ***Shanghai Children's Medical Center*** (SCMC). This challenging experience was made possible through the vision and support of PROJECT HOPE, Mr. Irving Schneider, MASHAV (Israel Ministry of Foreign Affairs) and many others.

Dr. Itamar Shalit, Director of Schneider Children's Medical Center of Israel hosted Dr. Chen Shu-Bao, Director of Shanghai Children's Medical Center, Dr. Chen Zhi-Xing, Vice President of Shanghai Second Medical University and Mr. Robert J. Burastero, Project Hope Regional Director for Asia & the Middle East, during their preliminary visit to SCMCI on January 3, 1998.

On March 23, 1998 three experts from SCMCI made a first successful 10-day visit as consultants to Shanghai Children's Medical Center. Professor Mark Mimouni (Director OPD, ER and the Observation Room), Ms. Ilana Weinraub (Nursing, Director of Outpatient) and Ms. Tammy Ben-Ron (Director of Administration OPD). SCMCI consultants examined the services of outpatient, emergency and day-care departments and made recommendations as to the operation of these departments at Shanghai Children's Medical Center.

On July 19, 1998 the second team of experts from SCMCI visited SCMC: Prof. Michael Zer (Director Department of Surgery), Dr. Elhanan Bar-On (Head Orthopedics) and Ms. Nili Zelikovsky (Head Nurse OR).

Itamar Shalit, M.D., M.P.A., Director
Schneider Children's Medical Center of Israel
visit Shanghai Children's Medical Center

This delegation spent 10 days training their Chinese colleagues laying ground of what they hope will be the beginning of a long-term academic exchange between Pediatric Surgery departments at SCMCI and Shanghai Children's Medical Center.

The third team of SCMCI experts, Ms. Nili Arbel (Director of Physiotherapy) and Ms. Orna Ze'evi (Senior Physiotherapist) were at SCMCI in September 1998. During their stay they spent 10 days in Shanghai training SCMC staff on Physiotherapy and Rehabilitation in children. Physiotherapy does not exist as a separate discipline in China. The health professionals were extremely impressed by the miraculous result in-patients at SCMCI, after even short sessions of PT, as demonstrated by the Israeli experts.

Dr. Itamar Shalit visited Shanghai Children's Medical Center from September 9 to September 14 to lecture on Infection Control.

Dr. Yeming Wu (Surgeon Department of Pediatric Surgery), Dr. Zhuoming Xu (Fellow in Pediatric ICU), Dr. Bochang Chen (Attending Surgeon, Department of Pediatric Orthopedics), Dr. Jun Ye (Attending Physician, Department of Endocrinology and Metabolism) were the first Chinese experts who received a 3-month training at Schneider Children's Medical Center of Israel from October 25, 1998 till January 21, 1999.

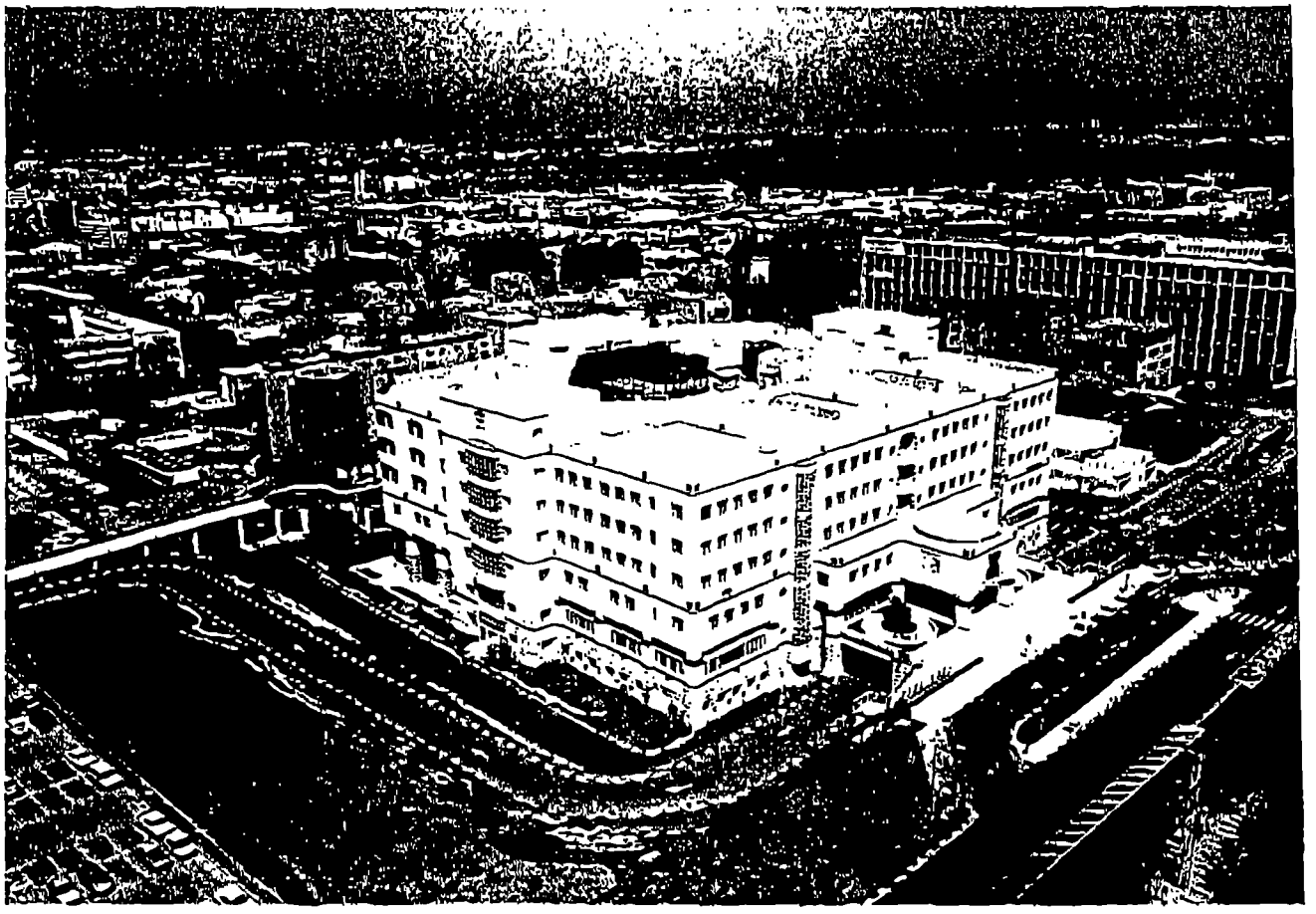
The extraordinary occasion of the inauguration of the new Shanghai Children's Medical Center took place on July 1, 1998, with the participation of Mr. Bill Clinton, President of the United States of America, Mrs. Clinton and Mr. and Mrs. Irving Schneider.

The beginning of a wonderful friendship:
Dr. Itamar Shalit, Director SCMCI
visits Shanghai Children's Medical Center
September, 1998

מרכז שניידר לרפואת ילדים בישראל
مركز شنايدر لطب الطفل في اسرائيل
Schneider Children's Medical Center of Israel

KUPAT HOLIM
CLALIT

SCHNEIDER CHILDREN'S MEDICAL CENTER OF ISRAEL



The Schneider Children's Medical Center of Israel (SCMCI) - a 224 beds, 7 floor facility - is located in Petah-Tikva, and is part of the Kupat Holim Clalit health care organization, which is the largest in HMO in Israel.

A teaching hospital affiliated with Tel-Aviv University's Sackler School of Medicine, SCMCI is supported in North America by Medical Development for Israel, and in Israel by the Public Council for SCMCI and "Yeladim Shelanu" Foundation.

SCMCI was built following a comprehensive study of Israel's health system and its national pediatric medical needs. The study, conducted by an international commission of experts, concluded that there is an urgent need for a modern tertiary care hospital to serve all children of Israel and the Middle East. Our highly trained staff - working with state-of-the-art equipment and a unique, multidisciplinary approach - have introduced pediatric specialties not previously available in Israel.

Our mission goes beyond the hospital's walls. We reach out - to our Arab neighbors, to new immigrants, to community clinic, even to developing nations. These bridges go even further - into Asia, Africa, Eastern Europe and Latin America. SCMCI hosts special training courses for pediatric nurses from dozens of countries throughout the developing world.

Schneider Children's Medical Center of Israel has strong ties with the community and is committed to improving children's medicine throughout Israel. A network of innovative satellite pediatric clinics has been established, including the first in an Arab city - the Children's Health Center in Taibe. These clinics, run by senior SCMCI doctors, introduce new standards of health care into the community.

From the moment you arrive at the front pavilion and are drawn into the beautiful, light-filled enlivened by colorful windbanners, it is clear that an unparalleled center of hope and care was created. Every detail of the hospital -- from the overarching architectural concept to the coordinating color schemes and cheerfully patterned linens and pajamas -- has been carefully and fully thought out. Everything bears the mark of hands and hearts.

Each floor is new evidence of creativity and thoughtfulness: the inclusion of both indoor and outdoor play/waiting spaces, the fully equipped computer room sponsored by the Ministry of Education, the color coordination of paint and floor number, the high quality of all the visible construction materials and the appealing, well-stocked gift shop. The central atrium is a comforting and a stimulating core of the building, which affirms the viewer's sense of connection to the time of day and to the changes of the seasons.

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KUPAT HOLIM
CLALIT

THE KING'S PRIVATE PHYSICIAN VISITED SCHNEIDER CHILDREN'S MEDICAL CENTER OF ISRAEL

Dr. Yousef Goussous, Private Physician of H.M. King Houssein, and Dr. Adel Shureideh, Director King Hussein Medical Center in Jordan, participated in the Fourth International Symposium on Otology and Audiology that took place on Sunday May 24th, 1998 at Schneider Children's Medical Center of Israel. The Symposium, sponsored by the Canada International Scientific Exchange Program (CISEPO), contributed to the broadening of professional networks between Israel-Jordan-Palestine for the early detection of hearing loss in infants and children and for its assessment and treatment. CISEPO, headed by Professor Arnold Noyek from the Mount Sinai Hospital, University of Toronto, is designed to promote education as well as to encourage cooperation among medical, scientific and educational colleagues throughout the region. The first of these collaborative programs took place at the King Hussein Medical Center in Amman, Jordan. The programs and methods established during both conferences, will be distributed throughout the Middle East, and enhance the broadening of professional networks in the region and will contribute to the dialogue and peacebuilding among the regional participants.

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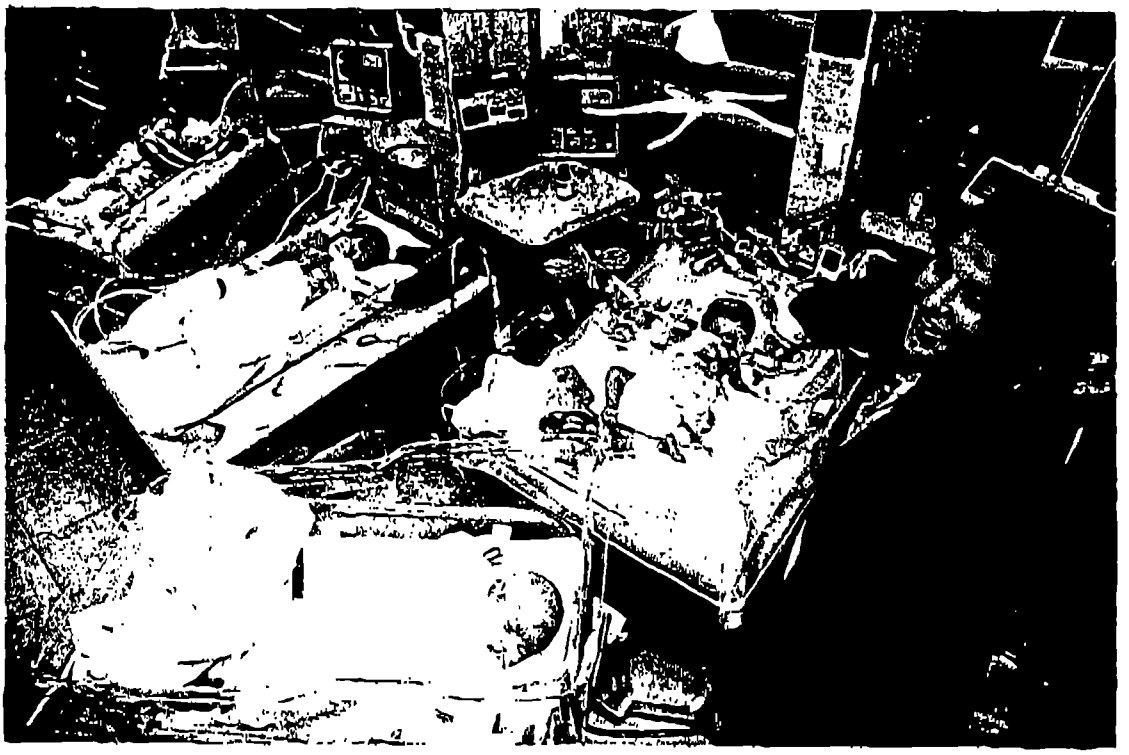

From Heart to Heart

Four infants, each 7 to 17 days old, are now hospitalized at Schneider Children's Medical Center of Israel following complicate arterial switch surgery which all four underwent within a period of less than one week. This is a rare and most likely once in a lifetime event.

All four were born with similar congenital heart defects – transposition of the arteries. In this defect the aorta emerges from the right ventricle of the heart and the pulmonary artery from the left ventricle, a condition which is fatal. Thus, the four newborns had to be operated on in the first days of their lives. The surgery was performed by Prof. Bernardo Vidne at SCMCI.

One of the four infants had been born with two additional and most complicated heart defects – a disconnected aorta in the thorax and a large defect of the ventricular septum. All defects were corrected during the transposition surgeries.

One baby is from the southern region in Israel, one is from the north, one is from a Druze village on the Golan Heights and one is from a Druze village in the Haifa area.

The condition of all four babies is good and they are recuperating from the complicated operation.

Dr. Ovadiah Dagan, Director of Cardiac ICU at SCMCI reports that in the course of the last four years around 1000 pediatric heart surgeries were performed, of which 15% involved babies younger than one-month-old – to correct various complicated heart defects. The mortality rate of all pediatric cardiac surgical procedures at SCMCI is approximately 5%. This rate is exceptionally low, not only for Israel but also in comparison with the finest hospitals in the world.

PUBLIC RELATIONS
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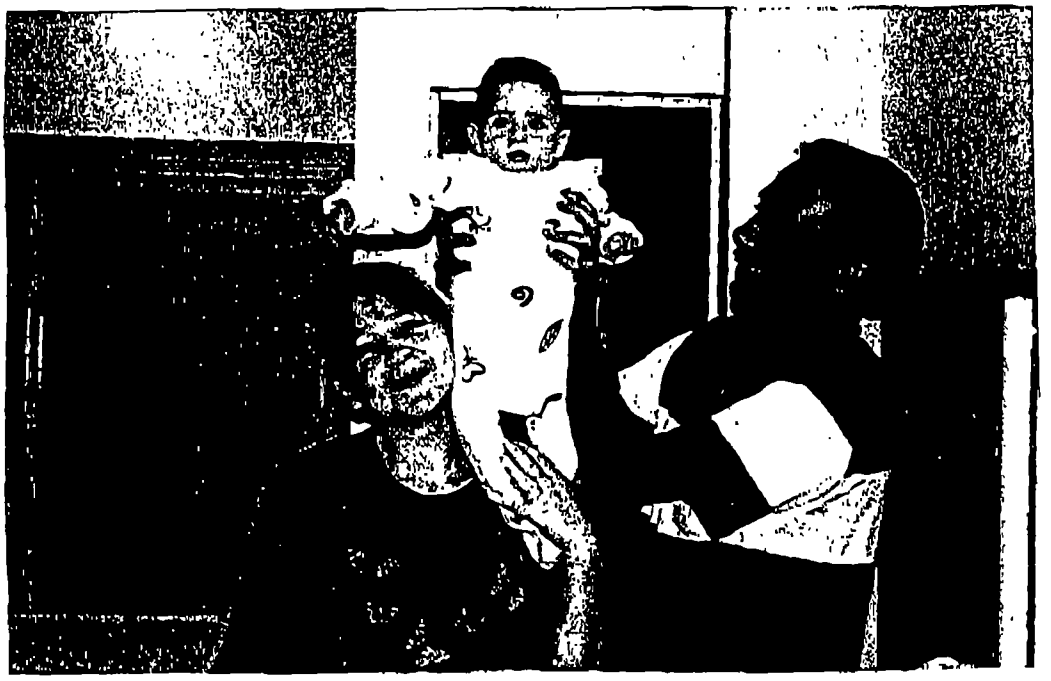

SURGEONS AT SCHNEIDER CHILDREN'S MEDICAL CENTER OF ISRAEL EXCRETED AN ENORMOUS TUMOR – AND SAVED A 6 MONTHS OLD BABY'S LIFE

"My baby is reborn," the happy father said after the successful surgery

In a dramatic attempt to save the life of a 6 months old baby boy, a complex and unique operation to excrete a liver tumor was successfully performed at ***Schneider Children's Medical Center*** in September 1998. This tumor was diagnosed in Gilad Levy from Haifa two months ago. His treating physicians in a hospital in the northern part of the country were planning to transfer him to Belgium for operation, however, very soon the tumor increased enormously in size. Gilad had an unusual complication of high abdominal pressure that caused an obstruction of the blood flow to the veins, from the lower part of the body to the heart, thus endangering his life. Gilad was transferred urgently in critical condition to ICU at ***Schneider Children's Medical Center,*** where a most dramatic procedure was performed to save his life. After his condition was stabilized he was transferred to OR where the second complex procedure began – the excretion of this enormous tumor. During a 10-hour operation, headed by Dr. Eytan Mor, Director Liver Transplant Unit at the Rabin Medical Center, the huge tumor was excreted entirely, weighing more than 1 kg. "My baby is reborn" says the father, Shlomo Levy. "There are no words to express our gratitude to the medical staff who treated him. It was like in the movies – they saved him quick and efficiently." The broadcaster in the "Good Morning Israel" broadcast explained: "This case is mentioned in the medical handbooks as a very rare one. At ***Schneider Children's Medical Center*** a tumor weighing more than 1 kg was excreted out of the small body of 6 months old Gilad. No additional case like these ever occurred in Israel, and little Gilad's name will be registered in medical handbooks as

"a very rare medical case that ended in a miracle."

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Schneider Children's Medical Center of Israel

KUPAT HOLIM CLALIT

JORDANIAN BABY BOY, SUFFERING FROM CYSTIC FIBROSIS CAME TO SCMCI FOR TREATMENT

Nine-month-old Fares Halalsheh arrived from Irbid, Jordan for treatment at the Kathy and Lee Graub Cystic Fibrosis Center of the Schneider Children's Medical Center of Israel

Fares Halalsheh was being treated at the CF Center in Irbid and referred by his physician for a second opinion to the SCMCI Kathy and Lee Graub Cystic Fibrosis Center, headed by Dr. Hannah Blau. The nine-month-old baby boy is the third child in his family to suffer from this hereditary disease. Twins were born to his parents for whom CF was fatal - one died after two days and the other at the age of one-and-a-half months.

Until recently, there was no indication that CF was prevalent in Arab countries, however, it is a rather common disease among Israeli Arabs. In Irbid, Jordan, there is a center that treats approximately 60 CF patients. The director of the Center in Irbid is familiar with the advanced multidisciplinary work performed at the SCMCI CF Center and referred Fares there for a second opinion. While at SCMCI, the family had the opportunity to receive guidance from a whole team of specialists in the disease including doctors, nurses, a clinical nutritionist, physiotherapist, and researchers from the Institute of Genetics and Laboratory Services.

The mother who is an archeologist, and the father who works at the Department of Finance at the Yarmouk University in Irbid, will continue to bring Fares for check-up at SCMCI.

It seems that this is the beginning of a fruitful collaboration between the CF Center in Jordan and SCMCI.

DC Campaign to Prevent Teen Pregnancy

It's time to change the conversation.

FOR IMMEDIATE RELEASE
March 13, 2000

Contact: Whitney Brimfield
202-789-4666

DC CAMPAIGN TO PREVENT TEEN PREGNANCY INTRODUCES NEW WEB SITE

Washington, DC — The newly-launched DC Campaign to Prevent Teen Pregnancy unveils a new web site this week. Reach it at www.teenpregnancydc.org.

The goal of DC Campaign to Prevent Teen Pregnancy is to cut the rate of teen pregnancy in the District of Columbia by 50% by the year 2005. One way that DC Campaign plans to accomplish this goal is by serving as a resource for teens, parents, local programs and other community members. Through the new web site, which includes information about teen pregnancy prevention, parent/teen communication and community involvement, DC Campaign hopes to become a helpful information source for the community.

The web site also includes publications and fact sheets to download for more information about teen pregnancy in the District of Columbia.

Coming soon on the web site are a searchable database of local programs, a news desk, and a community bulletin board!

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It's time to change the conversation.

DC Campaign to Prevent Teen Pregnancy

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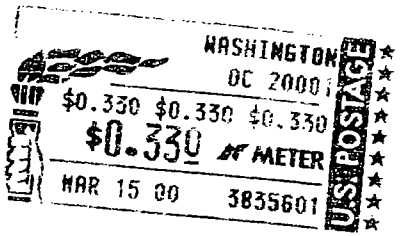

Mr. Eric Massey
Office of the First Lady
The White House
Washington, DC 20502