KEYNOTE ADDRESS

MARIAN WRIGHT EDELMAN

INTRODUCTION BY JOEL ALPERT, MD

Our keynote speaker and honoree, Marian Wright Edelman, has been an advocate for disadvantaged Americans for her entire professional career. Under her leadership, the Children's Defense Fund (CDF) has become a strong national voice for children and families.

The CDF mission is to "Leave No Child Behind" and to insure every child a Healthy Start, a Head Start, a Fair Start, a Safe Start, and a Moral Start in life, and successful passage to adulthood, with the help of caring families and communities.

Dr. Edelman is a graduate of Spelman College and Yale Law School. She began her career in the mid-1960s when, as the first black woman admitted to the Mississippi Bar, she directed the NAACP Legal Defense and Educational Fund office in Jackson, Mississippi. In 1968, she moved to Washington, DC, as counsel for the Poor People's March that Dr. Martin Luther King, Jr., had begun to organize before his death. In Washington, Dr. Edelman founded the Washington Research Project, a public interest 501(c)(3) organization and the parent body of CDF. For 2 years, she served as Director of the Center for Law and Education at Harvard University, and in 1973, she began CDF.

*Because of her good—indeed, extraordinary—works, Marian Wright Edelman has received numerous honorary degrees and awards, to which one was added at the symposium. Among her other honors are the Albert Schweitzer Humanitarian Prize and the Heinz Award. She was a MacArthur Foundation Prize Fellow and has served on the Board of Trustees of Spelman College; she chaired the board from 1976 to 1987. She is the author of several books, including *Families in Peril: an Agenda for Social Change*, *The Measure of Our Success: a Letter to My Children and Yours*, and *Guide My Feet: Meditations and Prayers on Loving and Working for Children*.*

Marian Wright Edelman is married to Professor Peter Edelman of Georgetown Law School. They have three sons: Joshua, Jonah, and Ezra.

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The words of Marian Wright Edelman are powerful, worthy of comparison with the words of Old Testament prophets. The voice is loud, the message clear, the words are a call to action. As was true of those to whom the prophets spoke, however, our society has yet to listen. The powerless children of our country beg us to listen. Marian Wright Edelman challenges all of us to listen, to act, and to make certain that no child is left behind.

It never occurred to me, 25 or 30 years ago, when I was involved with the Poor People's Campaign, that it would be so difficult to persuade America to do what is right for its children. It is still difficult for me to understand because, if we do not stand strong for our children, we will not stand strong as a nation in the new century and millennium. I still think, however, that we can get a few things done before this century ends. The task for us, then, is to move with a sense of urgency to build a movement, a task that will require the transformation of national priorities. I think the children are the way in which we will be able to spark that.

The year 1998 is the 30th anniversary of our parent organization, the Washington Research Project, and the 25th anniversary of the Children's Defense Fund. There is much of which we ought to be proud: there has been much progress, even as much peril remains. I am very proud of the fact that disabled children now have a federal right to education. When we began, 37% of all handicapped children did not have any access to education services; today, that figure is less than 1%, thanks to the Education for All Handicapped Children Act and, later, the Individuals with Disabilities Act. Millions of children now have access to health services, although we must be mindful of children who do not have such coverage, and we must make sure that the quality is, in fact, there for those who do. Infant mortality rates have dropped significantly, though not as much as needed. I am concerned about the racial disparities that persist.

One of the things I used to be proud of was that child malnutrition and hunger, a salient issue in the 1960s, was effectively wiped out in the 1970s thanks to the dramatic expansion of federal child nutrition and family nutrition programs. How sad to see it come back in the 1980s, with misguided, backward national priorities, and to persist in the 1990s. These are not acts of God; they are choices made by men and women, and they must be changed.

Nevertheless, progress has occurred. Many children have received permanent homes and adoptions because of reforms in the child welfare system, albeit the system has been overwhelmed again as a result of crack and violence, and must strive to catch up with problems thought to have been solved. Nevertheless, as

we look at the perils of the past, we should remember the progress that has occurred. Now, however, we must sustain it, we must build on it, we must expand it. We know much about what ought to be done; the real question is, how do we create the political and moral will in this wealthy, powerful nation to put our children first? True though it is that infant mortality and prenatal care access have improved significantly, it is shameful that one in five of our mothers still are having babies without adequate early prenatal care.

Progress requires effort, as it has in the past. In the spring of 1997, when everybody said it was absolutely impossible to think about getting any significant expansion of health coverage for children, people rallied together to form a broad-based constituency; they built a coalition and said, We want child health now! We wanted a 43-cent tobacco tax and had the good fortune to have a wonderful bipartisan partnership between Senator Orrin Hatch and Senator Ted Kennedy. Most notably, people came together from around the country in over 700 local events and stood up for healthy children. The result was a \$48 billion new investment in child health insurance for working families over the next 10 years.

Now, our challenge is to make sure that those children do, in fact, get coverage and get good coverage. As a result of the recent legislation, we have developed the Child Health Insurance Program (CHIP), which operates on the state and community levels. CHIP is a step forward thanks to the mobilization of many communities and a strong bipartisan leadership in Congress. I'm very pleased that we have gotten off to a good start in the implementation of CHIP, but much hard work remains. The new law gives each state much flexibility to design its own program. When we lobbied for the law, we tried to get a unified Medicaid benefit package for children, but we lost that battle; therefore, we must do state-by-state work in a systematic manner to make sure that the state plans that are adopted take into account the broad-gauge needs of children, and that they are implemented well.

It appears that many states are making the right policy choices or developing programs that can truly benefit children. At this time 43 states have finalized their decision or are near to finalizing decisions. Although the law permits states to limit enrollment, about half of the states covered in the report have designed programs to help uninsured children with income eligibility up to 200% of the poverty level, which is about \$27,300 for a family of three. Nearly two-thirds have chosen to provide benefit packages based on the unique needs of children; that is, Medicaid-like benefit packages. I must say, however, that we still must fight tooth and nail for dental services or for mental health services; that is why

I still ask myself: What is it that makes it so hard to get people to do the right thing for children? Nevertheless, the trends are encouraging as I survey the state programs because commercial health insurance plans often omit services that children need, such as hearing aids, eyeglasses, and dental care. Most of these services are included in most of the state plans that have been adopted so far.

Of the states that we reviewed, 75% forbade imposing additional costs, such as premiums and copayments, on the poorest children, those in families with incomes below \$20,000 per year. Two states, Wyoming and Washington, have opted to stay out of the CHIP program for 1998, and a handful of states have created very minimal programs, usually small Medicaid expansions that will leave many hundreds of thousands of children in their midst without desperately needed health coverage. Nine states are charging premiums of more than \$200 to families earning less than 150% of the poverty level; that decision will exclude many because many low-income families are not going to be able to afford the premiums. These states need to be prodded to expand and improve their programs, to move in a direction that the majority of states have chosen. There is no excuse not to provide coverage with comprehensive benefit packages for all eligible children at costs that low-income families can afford. All eligible children, regardless of where they live, should have access to strong CHIP programs, but that lays on us the profound next challenge, which we must all work together to plan for and to meet: we must enroll children in these new programs and make sure that Medicaid-eligible children also are enrolled. That challenge will require a large and sustained outreach and community mobilization effort; public-awareness campaigns for parents must be mounted in traditional and nontraditional ways. It will require the resources and commitment of individuals, community groups, public officials, the private sector, and, of course, health providers. Fortunately, we have some very good models for working collaboratively.

One of those models is found in immunization programs. I am very pleased at what has happened over the last 5 years on immunizations, and I should like to note that we learned in New York State, after doing focus groups for our immunization campaign, to use the word "vaccination" because people confuse immunization with immigration. Therefore, we called our program the Childhood Vaccination Campaign. In 1992, it was shocking to find that only one-half of the nation's 2-year-old children were fully immunized. By 1996, more than three-quarters of these children were immunized; vaccine-preventable diseases

have dropped dramatically, falling one-third below their 1993 levels. A significant part of this result stems from the Clinton administration's creation of the Vaccines for Children Program that is now used by more than 80,000 providers in all 50 states. The vaccination campaign also included expanded immunization clinic hours in many states and localities, co-locating immunization sites with Women, Infants, and Children (WIC) sites; identifying children with incomplete immunizations; and educating providers and parents about the importance of getting all children immunized.

A good part of our effort concerned decreasing bureaucratic barriers. Reading the Medicaid eligibility form in New York State was an enlightening—one might say depressing—experience. We worked with the state to reduce it to one page and combine it with WIC eligibility.

We also learned through the vaccination program some lessons that I think we can apply to ensure that parents get health coverage. The essence of what we learned is that health care providers must work with others outside the health care community. For example, the Children's Defense Fund collaborated with the New York City Health Department, Chase Manhattan Bank, the Robin Hood Foundation, and New York Telephone (NYNEX) to develop a broad-gauge public service advertising campaign, combined with telephone hotlines, so that any parent who called could get a response and be told—in any of 150 different languages—where to get their child immunized. We also work with labor unions locally; the members help us by conducting home visits and going door to door. We learned a good deal about conducting saturation campaigns with sustained action and about community mobilization through churches, hairdressers, barber-shops, undertakers—the people with whom parents come into contact. And, we learned to work with disc jockeys.

I remember asking Brian Rustin what was the key to putting on the March on Washington in 1963. Which groups made the biggest difference, I asked. Rustin said, "Disc jockeys and hairdressers." We need to think about people who really do reach other people.

I am proud of our New York City Children's Defense Fund Office and its head, Donna Lawrence; the organization has worked to increase immunization rates in New York City from 52% to 81% in 3 years; I am hopeful that 90% will be vaccinated very shortly. Nevertheless, as was pointed out by Dr. Barondess, more than 11 million children in America are uninsured, 90% of whom live in working families. In the aftermath of welfare reform, it is now national public policy that all poor mothers must work. If that is the case, we have to make

work pay. The Children's Defense Fund, therefore, challenges all the politicians who have said they want to help working families and two-parent families to make sure that people who are working and play by the rules have health insurance for their children. In 1998, CDF is also issuing the same challenge for child care. We are saying to the politicians: If you want them to work, let's make sure that they have quality child care so that those children are safe.

Reaching working parents is challenging. One of the reasons is the hours during which most clinics are open. Many working people have not come into contact with government agencies because they are working during hours when clinics and other services are open. Another challenge concerns implementation of CHIP and Medicaid: our community monitoring reveals that many welfare offices are not telling people who are losing local or state welfare eligibility that they are still eligible for Medicaid or for health services. We must get that message to these people. We also must persuade governors and county officials to procure new training for front-line workers. We must face the language and cultural barriers that prevent people from obtaining services by devising simple, user-friendly procedures and outreach strategies, all underpinned by a commitment to help families get the coverage that is now available to them.

All of these efforts constitute a real test of state commitment to children. Unlike welfare, it should not be controversial (there should be little problem with providing health care to working poor people), but collectively this does test a state's commitment. I hope we will work to establish a stronger state advocacy voice for children.

If that commitment can be met, then our challenge is to procure coverage for children who are not covered. I do not believe that God meant us to give only half of all children a Healthy Start. He meant all of them.

The Children's Defense Fund is working with New York State to create a model of universal coverage for all children. I hope that we can convince the state to adopt a strong plan that puts together its Medicaid money with its CHIP money (which is about \$255 million a year, each year for the next 10 years) and its Child Health Plus money. If these three streams are amalgamated, every child can be served. We recognize, however, that help for uninsured children must be sought in a much broader context. There is a need to mount a massive campaign against child poverty because health does not exist in a vacuum. Poverty pillages children in countless ways: there are connections between the problems of children and poor housing, poor schooling, and the lack of hope

that both engender. Recognition of these connections is crucial to dealing in a holistic way with the problems that flow from poverty for so many children. In that regard, I hope that pediatricians and other medical specialists will speak out about the importance of quality, affordable child care because that issue relates to getting poor children ready for school and keeping them safe after school. The hours between 3:00 and 7:00 PM are when many children start smoking, develop drug problems, and are exposed to crime.

All of these things need to come together with voices from the health community, as well as from the religious and child advocacy community. Poverty is the issue that, together, we must bring into focus.

America is riding high today. Excess, as the columnist, Russell Baker, says, has become a way of life for the very rich. Corporate chief executive officers who earned 41 times what their workers made in 1960 made 185 times as much in 1995. While millions of stock options have helped quintuple the earnings of our corporate chief executive officers since 1980, these same employers threw millions of children out of health insurance plans at their parents' workplace, and parental wages stagnated. That is why we have 11 million uninsured children, 90% of them in working families. Many parents are working longer hours and have sent a second worker into the labor force to meet family necessities, but family support wages often are not available to them; a minimum wage no longer prevents poverty.

It is of utmost importance to emphasize that 69% of poor children live in working families. Ending welfare as we know it will not help them. Ending poverty as we know it will. Sustained economic investment, rebuilding our communities, stable jobs with decent wages, and quality affordable child care and health insurance must become our chief priorities. The only way that is going to happen is when we mobilize politically and in every community to establish those priorities.

It is simply shameful that we have 14.5 million poor children in this time of economic prosperity, with 1 in every 11 growing up extremely poor. It is unnecessary, it is shameful, it is costly. A study by Robert Solow and a group of other economists notes that the cost of child poverty is approximately \$150 billion a year in foregone productivity, and that is just the schooling cost; it does not account for welfare and prison costs. Such data should impress on us that we must change the debate; the issue is not whether we can afford to alleviate or eliminate poverty, but whether we can afford not to. Accordingly, we should undertake to educate the public and change the image of who is poor, so as

to retrigger this debate. The costs of poverty will spill over to employers and consumers, making it more difficult for businesses to expand technology, train workers, and provide a full range of high-quality products. We must bring such information to the attention of the business community, so that we might enlist them as allies in the discussion about early investment and decent education.

Additional costs are going to be borne by schools, hospitals, and taxpayers and by a criminal justice system that is growing by leaps and bounds. Poor children held back in school require special education and tutoring, experience a lifetime of heightened medical problems, rely on some social services, and fail to earn and contribute as much in taxes. It is difficult to impart such information to the public, however. Somehow, we must find a way to say these things in the context of the interdependent ways in which poverty makes children's lives so difficult.

A theme that underlies—and undercuts—many of our efforts is violence. It is difficult to talk to poor people about teenage pregnancy, health care, or Head Start if they are worried about whether their child is going to come home alive. I have been very mindful of this in 1998, the 30th anniversary of Dr. King's assassination. I reread Robert Kennedy's speech not too long ago, the words he spoke at the time that Dr. King was assassinated. He spoke very movingly about, "the mindless menace of violence in America, which again stains our land, and every one of our lives. It is not," Kennedy said,

the concern of any one race. The victims of the violence are black and white, rich and poor, young and old, famous and unknown. They are, most important of all, human beings, who other human beings loved and needed. No one, no matter where he lives or what he does, can be certain who will suffer from some senseless action of bloodshed. And yet it goes on, and on, and on in this country of ours.

Since Robert Kennedy spoke these words, he and 950,000 American men, women, and children have been killed by guns. Another 580,000 Americans have died violent deaths by other means in America's undeclared 20th-century civil war. Most disgracefully, since 1979 we have lost over 60,000 children to gun violence, a number higher than American battle casualties during the entire war in Vietnam. We lose a classroom full of children to gun violence every 2 days; every 2 hours, another child is killed by a person with a gun.

This nation simply must confront its national plague of violence, which transcends racial boundaries, as recent tragedies show. Once again, public education is needed to emphasize the fact that gun violence and other forms of violence are far more likely to strike at home than on the streets. Approximately one-half

of all gun homicide victims are white, half are black, but 94% of suicide victims (the largest group of gun deaths) are white. Most murders are committed by family members, by neighbors, and by acquaintances. The killing of children—often by other children—has become routine. The nation has 220 million guns in circulation and imports or produces another gun every 8 seconds, and then we wonder why children are doing this. The response in Washington is to lower the ages at which we punish the children, and then ask: Why in the world are 5-year-old children coming to school with loaded guns? We should be asking: Why are we not locking up the guns, rather than locking up the children? Why are we not locking up the people who give children the access to the guns? Once again, the public health community and the medical community must become strong voices and advocates for ending this plague of violence by treating guns as the dangerous consumer products that they are. We regulate toasters and teddy bears, and yet we do not regulate a product that takes the lives of more than 5,000 children every year.

It is stunning to talk to children today about their lives. Many inner-city children do not expect to live to be 20. Dr. Margaret Heagarty has done extraordinary things at Harlem Hospital to treat violence; she and some other pediatricians are making a difference in many ways, but the overall situation is unacceptable.

The stories are heartbreaking. I spoke with a principal in Washington, DC, in an elementary school recently. She does not just teach her children to practice fire drills; they also practice gunfire drills: they are taught to hit the floor, partly so they will not be victims, and partly so they will not be witnesses. What kind of way is this for children to grow up? I hope, therefore, that we will begin to deal with the extraordinary effect, the cumulative effect, of all of these plagues on our children, plagues that come about from many different causes. We must begin to deal with them in holistic ways, but the voices of the medical communities will make a difference.

There are no quick answers. There are no single answers. We must look at children in the context of family and community. The problems that we face with our children today are the cumulative, convergent, heightened manifestations of a range of very serious and long-neglected problems. An epidemic of child and family poverty must be considered the salient issue, even though these problems do cut across race and class. We must confront the increasing economic inequality, the racial intolerance and hate crimes, the pervasive drug and alcohol abuse in our homes and popular culture, the growing numbers of out-of-wedlock births, and the effects of divorces. All of these have contributed to the disintegration of

the family. Community and spiritual values and supports that all of our children need often are not there.

If one adds to these issues easier access to deadlier firearms, then hoards of lonely and neglected children and youths, left to fend for themselves by absentee parents in all race and income groups, will become gangs of inner-city and rural youth, relegated to the cellar of American life without education, jobs, or hope. If, finally, one adds political leadership that pays more attention to foreign policy than to domestic issues and to the rich rather than to the poor, one comes face to face with what I believe is the social and spiritual disintegration of American society.

To reach the answers we seek, we must begin to ask very insistently some very hard questions in our public arena. Why are there 14.5 million poor children, mostly in working families, in an economy of more than \$8 trillion? Why are we spending \$265 billion a year on the military, more every 6 hours than we spend on getting children ready for school through Head Start or good-quality child care? Why do we keep producing guns without regulating them, when we are already saturated with guns in our society? Why do we guarantee, as we ought, health care to every 66-year-old individual, but not to every 6- or 12-year-old? These are fundamental issues that we must raise over and over again.

We must provoke a different kind of debate. That will come if we stand together and begin to say, through our voices and our letters, that we will no longer stand for it. We made a difference last year, standing together for health care for our children, focusing together, across race, class, religion, and ethnic groups. I am convinced that women and mothers will play an extra special role in this, but we must build that movement. I hope that we will stand again now, in at least a thousand events across the country, for quality child care. Nothing short of a popular movement will save us from ourselves.

Let us ask God to forgive our rich nation, where small babies die of cold quite legally. God forgive our rich and powerful nation, where toddlers and school children die from guns sold quite legally. Forgive our rich nation, where small children suffer from hunger quite legally. God forgive our rich nation, which lets children be the poorest group of Americans, quite legally. God forgive our rich nation, which thinks that security rests in missiles rather than in mothers and in bombs rather than in babies. God forgive our rich nation for not giving sufficient thanks by giving to others their daily bread. Help us never to confuse what is quite legal with what is just and right.

I congratulate Margaret Mahoney on the symposia named after her. I hope

that the deliberations of the Mahoney Symposium help to ensure that more children get health care and also help to build a movement for an America that will be just and right in God's sight on the cusp of the 21st century and third millennium. Building that movement is incumbent on all of us. With it, we can transform America. That must be our goal.