

AMCHP 2007 ANNUAL CONFERENCE

HEALTHY COMMUNITIES

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Luncheon and MacQueen Lecture

JONATHAN KOTCH: Mr. President, honored guests, members of the platform party, my fellow -- excuse me. That was the beginning of my acceptance speech for my nomination for Secretary of DHHS. I'll need to put that away again. It does address one of my themes today, though, which is don't give up hope. Jeff, thanks for that kind introduction and thanks to all of you for the opportunity to address you this afternoon. From here, looking in your direction, you're beautiful. It's really great to see this room as full as it is and that you've had such a successful conference.

It's a great honor to be the John McQueen lecturer this year not just because Dr. McQueen has been such a great example for me combining Maternal and Child Health academics and practice, but also because I know him. And to the best of my recollection, it would have been at one of these very AMCHP meetings decades ago when we first met. We rarely get a chance to thank all of those who have made our successes possible and this talk is one way of my saying thanks, John.

Second, I wish also to honor and remember Dr. Greg Alexander who died unexpectedly two weeks ago. As you know, Greg had been the Chair of the

Department of Maternal and Child Health at the University of Alabama in Birmingham, one of only three programs in the country that I am aware of that can still be called a Department of Maternal and Child Health. Greg and his wife, Donna Peterson, moved on to the University of South Florida where Donna became the Dean of the School of Public Health there and Greg joined the Department of Pediatrics.

As you'll see, I will borrow heavily from Greg's work throughout this talk. Greg was a tireless advocate for making MCH a core public health discipline. If it were, then every public health student in the country would have to demonstrate competency in core MCH content, whereas today in fact we have public health practitioners in the field who wouldn't know the difference between a balance sheet and a balanced diet. I have to admit that I didn't agree with Greg about MCH as a core competency at the time, but I'm coming around to his point of view.

I'm worried about MCH departments disappearing or being subsumed into larger, more powerful academic units as I see MCH practice being overwhelmed by the urgency of the constant policy and program crises that we face every day.

Sometimes academic MCH programs enter into strategic alliances with other public health practice oriented disciplines in order to form larger academic units that can challenge the so-called hard disciplines of epidemiology and biostatistics. Sometimes MCH programs are incorporated into far larger

departments like health administration and management or population and family health.

If we in MCH are lucky to get training grants from the Feds or contracts with our state level counterparts, their piddly eight or ten percent indirect cost rates pale in comparison with the forty to fifty percent indirect cost rates that NIH or the Agency for Health Research and Quality, or USAID, pays, and then we can't compete for the attention of our deans who need that indirect cost revenue to pay for their fundraising trip. What do we need to do?

Sometimes it helps to remember where we have been in order to know where we're going. Today I'm going to borrow heavily from Greg Alexander's online PowerPoint presentations about MCH history that you can each access yourself if you haven't already on the UAB website. I also am indebted to Laura Cavanaugh for her MCH timeline on the MCHB website. Laura's here. Thank you, Laura.

Let's start, however, with the question of what is MCH? This is another topic on which Greg and I disagreed pleasantly and our disagreement is spelled out in the introduction to my textbook, "Maternal and Child Health: Programs, Problems and Policy in Public Health". I know you've all read it, so I won't dwell on it very long (laugh). There will be a "meet the author tea" right after this lunch (laugh).

Greg's focus on MCH was more linear than mine starting with determinacy and mechanisms and systems and ending with future health and welfare of society. It is clearly and profoundly child-focused. My response is that of Earl Segal that MCH is cyclical rather than linear and connects reproductive health, a maternal health, infant health, child health and adolescent health which, of course, links back to reproductive health and the continuing MCH cycle.

So far so good, but what my academic colleagues ask is your theoretical paradigm. What is the unifying principle that's the bedrock of the MCH academic enterprise? Sadly, we don't have one. Somehow to be successful in academia, one has to have one. If you're a biologist, you have evolution. If you're a health behaviorist, you have the health belief model or its equivalent. What do we have? Nada. And it isn't that we haven't tried.

Others have argued that human development should be theoretical paradigm. That is certainly consistent with the definition of MCH as the study and practice of the reproductive cycle. But sometimes the consequence for MCH has been fusing us with gerontology in a made-up specialty with the words human development somewhere in the title. Others have tried to latch onto the demography, itself a subspecialty of sociology in other hybrid formats.

I have another idea. I think MCH is about human rights and, in the time I have left, I'm going to share with you some thoughts about how human rights and

specifically children's rights can inform and inspire everything we do, both MCH research and MCH practice. To do this, I'm going to depart from my usual pattern of overwhelming audiences with data and text-dense slides. Instead, I'm going to share with you some images, very few words and no numbers to illustrate how human rights as applied to children can be a beacon in these troubled times, and I hope my former students won't be disappointed.

Now Jeff gave me a little lesson in how to use this thing. Voila. The idea that children have rights is not new. Here's a picture of Mary Ellen Wilson, the earliest recorded child abuse case in America that resulted in a court order requiring her to be removed from her home and separated from her abusing parents. Those are stab wounds on her face. She was found chained to her bed with a bloody scissor on a night table next to her. To frame the rest of this cook's tour or Kotch tour of children's rights, I'm going to borrow from the Children's Covenant of 1931, but first, what is a right? Simply, it is a valid claim. Moreover, it is a claim that someone else is obliged to do something about. Usually that would be a child's parents. In many of the examples which follow, it should be us.

The source of the Children's Covenant was the White House Conference on Child Health and Protection convened by President Hoover in 1930. Whatever happened to White House conferences on children? I leave that for you to ponder. True to our times, the first principle enumerated is faith-based. This shot

from the UAB slideshow is more compelling than the Norman Rockwell version. In this scene, the principals are orphans.

Under circumstances requiring religious and voluntary organizations to do the job that should be a public responsibility, who in fact should be the entity which is obliged to respond to a child's valid claim in the absence of its parents? It's too important to be left to the whim and the availability of volunteers. It has to be the state, not a thousand points of light. We cannot allow the mandate of child protection to get lost as we watch our country slide back to the 1930s.

Every child has a right to a home. Not just any home, but one that provides love and security. I cannot emphasize enough the importance of love and acceptance to a child. But how difficult is that under the impoverished circumstances portrayed here? I have been in such a house, a shack, really. Wallpapered in newspaper with a wood stove providing both heat and cooking. I cringe to think what would have happened to that shack and that child should an ember from the stove ignite the newspaper on the wall.

How hard would it be in a society where the number of millionaires and the size of their incomes and their bonuses are increasing at the same time as the number of Americans below 75% of poverty is also increasing, how hard would it be to guarantee under those circumstances as a matter of right that every child should have a safe home? We cannot guarantee the love, but we can guarantee

the circumstances that would make that love possible. I'm sorry. I told you I wouldn't bore you with any numbers, so I promise that 75% will be the last one (laugh).

Here's a right we can all identify with, although you would be surprised how difficult it is to get policymakers to agree that a right to appropriate healthcare is just as important and should be enforceable as the right to an appropriate education. Or maybe you wouldn't be surprised. Some presidential candidates are articulating the "U" word, universal, as in universal healthcare and falling into the same trap that the Clintons did in 1993 by trying to make universal healthcare serve all vested interests, not just those of the people. I do think, however, that universal healthcare for children is a possibility, but it won't succeed unless access to healthcare is made a right just like education. Otherwise, we'll be battling budgets every other year just as SCHIP advocates are doing today.

Back to the right to have a place to live, a separate right that actually addresses the physical structure. There are homeless children in the U.S., of course, and as far as I know, few of them are homeless by choice. They're homeless because one or both parents are homeless. In the case of women with children, the most likely cause of homelessness is domestic abuse. So we are reminded of the MCH cycle again and how absolutely essential it is to support women, not just mothers, if we are to achieve the goal of health for all and in the [inaudible] development goals for child and maternal health. Child protection and protection

from domestic abuse are frequently two sides of the same coin. To provide every child with a safe dwelling place, we need not only to address poverty; we must address violence.

I have already mentioned the right to education. This picture from UNICEF of a school is at a refugee camp for Palestinians. We're supposed to be global. My school of public health once upon a time, the best school of public health in a public university, is soon to be called a school of global public health, but I digress.

I am always taken with anecdotal stories of how motivated children are to go to school under extremely difficult circumstances. For example, children in East Africa who walk, no, who run miles to go to school or children who wake up before dawn to do their chores before going to school, then have to finish their chores after they come home. When a disaster strikes, authorities turn their attention initially to food, shelter, sanitation and the immediate medical needs of victims and displaced persons, but then attention is turned to schools for children unless, of course, you're in New Orleans.

A child has a right to protection from danger, be it physical danger or moral danger. This youth is running away from Israeli tanks. All over the world, children are exposed to physical dangers and worse created by so-called adults. In addition to being unintended victims, children are deliberate targets as in the

case of the suicide bomber who blew herself up in crowds of students getting ready to take an exam. And innumerable cases of children who are kidnapped and recruited to serve the physical and sexual needs of liberation armies and resistance fighters or who are taught to kill or be killed.

Other children in our own country are exposed to racism and hatred which are no less immoral and sexual exploitation. Under such circumstances, it is not merely safety and security which is stolen, but childhood itself. Ultimately, do not children have a right to be children? Children have a right to be taught how to be safe. Those of you who know me know that I eschew the word accident. In the injury prevention world to which I travel now and then, accidents don't exist. If I were at the White House Conference on Child Health and Protection in 1930, this right would have been called the Right to Education and Protection Against Unintentional Injuries, but I agree that that's less poetic.

I ask you to take a good look at the tote bag being carried by the woman in this otherwise very PC and inclusive photo. It is emblazoned with the logo of Eddie the Eagle who, after Joe Camel, is probably the most pernicious advertising symbol dreamed up by Madison Avenue. Eddie the Eagle represents the gun safety program of the National Rifle Association.

To say gun safety and National Rifle Association in the same sentence is more disagreeable than the word accident. And on the very same page on the web

devoted to gun safety for parents by the NRA is a link to your local gun club so you can teach your child how to shoot a firearm. Safety education, to be useful, has to be effective and that means it has to be scientifically evaluated. Just as was the case for the D.A.R.E program, some gun safety programs actually increase the interest among children in the very real dangers they purport to educate against.

It's especially important that the right to dignity and respect is extended to children with special needs. How I continue to be inspired by the success in 1974 of those Pennsylvania parents who sued for the right to a free and appropriate education for their children and who won their suits, forcing Congress to pass PL 94-142, the precursor of today's Individuals With Disability Education Act, or IDEA.

Our job as public health people is to prevent handicap and disability to the greatest extent possible. Given, however, that we cannot prevent every possible disability from occurring, it is an ethical obligation that these children and their families receive the support and the services they require to reach their full potential. It must not be left to the bean counters and the rarified reams of policy analysis to determine whether cost benefit is achieved. It is the right of such children to be the beneficiaries of the same level of generosity that our country seems willing to bestow on Halliburton and KPMG.

It is possible that Herbert Hoover, at the beginning of the Depression, a Republican president, could endorse a right, not just a wish, to all children to grow up in a family with an adequate standard of living? Isn't he the same guy who said, "A chicken in every pot"? Maybe he wasn't such a bad guy after all.

What little effort would make this possible? A serious minimum wage which would guarantee a family with a fulltime working adult an income that was above poverty, a genuine earned income tax credit that was indexed to inflation, a return to the principle of progressive income tax, corporate taxes that are not the lowest as a proportion of all federal tax receipts since the 1930s, with the single exception of the year 1983.

We have the tools and the wealth at our disposal to make this dream of Herbert Hoover a reality right now for children in the U.S. as well as for children like this four-year-old with her eighteen-month-old sibling on her back, both orphans in a camp for refugees from Darfur. It is true, as you recall, that MCH as we know it today started in the early 1900s as an alliance between child health and social welfare advocates to prevent child labor.

This looks like a textile mill and, as such, could have been in North Carolina. Children were exploited in factories like these and in mines because they could reach or crawl into enclosed spaces where larger adults could not. They worked, of course, because their families needed the money just as children in many

developing countries do today. A child who works is deprived of other rights, namely the right to health, the right to protection from injury, the right to an education and, in fact, the right to childhood itself.

Although not as dire as the circumstances in developing countries, children in this country continue to be exploited in retail sales and fast food chains, exposed to injury, deprived of time for homework and sleep. Just yesterday, my colleague, Carol Runyon, published a nationwide survey in pediatrics documenting that 43% of teens under the age of eighteen are made to perform tasks on the job that are illegal under federal law, and 37% of teens under sixteen work after seven p.m. on school nights, which is also illegal. And then we let them drop out of school at sixteen well before they could possibly have any potential for continuing on a trajectory that would lead to personal and financial independence. How ethical is that?

Here is one that I like a lot. I know you were waiting for me to get to the community part. Children have a right to a community organization of health, education and welfare officials which will be responsible to a national service. Here it says responsive to a nationwide service. I'm still waiting. We don't have a nationwide public health department in this country 75 years after this particular right was written. Why not?

Ask yourself if a national health department might do a better job of ensuring the availability of required immunizations of every child regardless of what state he or she lives in. Ask yourself if a national health department might do a better job of ensuring children against polluted air or water that crosses state lines or guaranteeing enrollment in Medicaid based on a uniform set of eligibility criteria or assuring access to services for the children of migrants or of immigrants? Why do we persist in the delusion that we live not in one country, but in 51 countries? Why is that, as a single nation, e pluribus Unum, we can't seem to get it right for all of our kids and families, not just the privileged?

Here is a particular right we can't seem to get right, the preceding presentation on Healthy Start excepted. We remain embarrassingly behind every other developed country and some developing countries in perinatal and infant health. Prenatal, intrapartum, postnatal care is a right. Rights are not parsed according to nationality. You can no more have a little more of a right than you could have a little more of a pregnancy, so why do we ask to see the documents of every pregnant woman before we offer her prenatal care?

Does it make any sense to deny preventive and primary healthcare to women when we know they will show up earlier than they should in the ER? Some people think the principle of punishing people who break the law is more than important than the lives of a few infants. I don't, and I challenge those who do to

find for me a quotation in scripture or anyplace else that says it's okay to kill a baby to punish a law-abiding, albeit undocumented, adult.

Finally, the child has the right to health protection. Health protection invokes the role of policy level interventions that guarantee that one's given health status will not be degraded or interfered with through the activities of others. We have a right to be protected from water contaminated by the waste of others. We have a right to be protected from drunk drivers. Children have a right to protection from abuse, exploitation, injury and illness.

Did you ever wonder where health protection went? I remember being taught that public health stood on three legs, health protection, health promotion and disease prevention. Then we discovered something called HPDP, Health Promotion and Disease Prevention. Whose political agenda was served when we lost our right to health protection? Industrialists, who shamelessly squandered children's futures by hiring them at poverty wages in dead-end jobs, polluters who whine every time a reasonable and feasible proposal for reducing toxic emissions is proposed, the military who recruit heavily in the most depressed and deprived schools in the country to fill their ranks with adolescents and youths sent to die, the broadcast media who can't seem to get the difference between a children's program and programming for children, including advertisements for diabetogenic food and vicious video products, and finally, politicians who wrap themselves in the flag and then run interference for all of the above.

I was going to end there, but there's one more right for MCHers. I'm sorry if I disappointed you. There's one more right for MCHers to champion and it is from, instead of the Children's Charter, the U.N. Convention on the Rights of Children ratified sixty years after the Children's Charter in 1991 with its emphasis on the right of all children to particular care. It is Article 8, the right of the child to preserve his or her identity, including nationality, name and family relations.

As this slide from the collection of the U.S. Holocaust Memorial Museum demonstrates, one's identity isn't always benign. According to the museum, these boys were shipped to a concentration camp a month after this photo was taken in 1944, but this could be Sarajevo or Darfur or Rwanda. The point is, of course, that one's name, nationality and identity should not expose a child to danger, and the right to an identity must be accompanied by all of the above rights to health, safety, protection, education, housing and love.

In Canada, the Assembly of First Nations and the First Nation's Child and Family Caring Society formally filed a complaint with the Canadian Human Rights Commission regarding lack of funding for First Nations Child Welfare. They argue "Our children must have an equal opportunity to grow up with their families in their communities and in their culture. No First Nation child should have to forego this opportunity as a result of poverty or an inability to access basic services."

We are MCHers, not actuaries. Our paradigm is what is right, not what is cost-effective. What is right for one child should be right for all. Let us evaluate MCH programs and policies, indeed all policies and programs, which affect children and families through the lens of our collective conscience, not through the green eyeshade.

Let me conclude by quoting from the Children's Charter again. "Every child regardless of race, color or situation, wherever he or she may live, do not give up hope." We are powerful because we are right. We are right because the paradigm of human rights is on our side and, if any of you represent the FBI or Homeland Security, let me not fail to repeat these once and future meaningful words, "under the protection of the American flag." Thank you.