

## Alternatives to Institutionalized Child Care Bringing National Policy In Line With Scientific Research

The announcement by the First Lady of her intentions to improve day-care in America prompted a series of conversations with scientists and developmental specialists. Serious questions were raised regarding our national policies and the continuing scientific findings regarding brain and behavior development in early childhood.

Are policy makers giving attention to the emotional/social/sexual brain development of our children to the extent they have for cognitive brain development, such as reading readiness? What impact will the Welfare-Reform act of 1996 have on early childhood, especially the emotional, social development of young children? How does poverty impact the capacity of women to nurture and care for young children? Do our national health policies reflect the findings of over thirty-years of continuing research in brain and behavioral research, cognitive and emotional/social/sexual development?

We asked James W. Prescott, Ph.D., to review past and current scientific research and to offer his recommendations for policy changes that would assist Ms. Clinton explore and develop alternatives to the current model of early and sustained institutional care of our nation's children. Our emphasis is to encourage mothers and fathers to provide a nurturing HomeStart rather than stranger-care or day-care.

## Transforming the American Family

The January 1998 edition of *Scientific American* draws attention to a number of recent studies reported at the October 1997 annual meetings of the Society of Neurosciences in New Orleans ("Don't Stress" by Kristin Leutylar). These studies support earlier findings that significant failure or impairment of affectional bonding in the mother-infant/child relationship results in both structural and functional damage to the brain.

The article describes how Dr. Michael Meaney of the Douglas Hospital Research Centre in Montreal; Dr. Mark Smith of the Du Pont Merck Research Labs; NIMH scientists; Dr. Mary Carlson of Harvard Medical School and other investigators have continued a long tradition of research on the effects of mother deprivation on infant brain-behavioral development. This research is the latest in over thirty years of neuropsychological studies on the mother-infant relationship, which have also involved infra-human primates.

Mary Carlson of Harvard Medical School observed behavioral problems in socially isolated chimpanzees and suspected that the autisticlike symptoms stemmed from a lack of tactile stimulation.... Compared with family-reared children, Romanian orphans showed retarded physical and mental growth and cortisol levels.

Robert M. Sapolsky of Stanford University reports: *not only do chronically high GC (cortisol) levels kill off hippocampal neurons, they leave many others vulnerable to damage from epilepsy, hypoglycemia, cardiac arrest and proteins implicated in Alzheimer's disease and AIDS-related dementia.... The worst thing for an animal is to remain isolated.*

These and other brain disorders underlie the well documented depression, impulse dyscontrol, pathological violence and enhanced propensity for alcohol/drug abuse which follows from these separation induced brain disorders. Earlier studies have clearly established that failed bonding in the mother-infant/child relationship (the "isolation effect" or Somato-Sensory Affectional Deprivation S-SAD) is the single most important predictor of violence against offspring (child abuse) and later adolescent/adult societal violence.

Mounting evidence strongly indicates that traditional "institutionalized day care" which involves "stranger care" not only separates infants and very young children from their mothers and their nurturant love and affection, but also places them at "high risk" for abnormal brain-behavioral development. "Day Care" also impairs or prevents breast-feeding which is essential for normal immunological health and brain development of the child. Breast-feeding is intimately linked to the child-care reform agenda.

It is for good reason that international research has led the World Health Organization (WHO) and UNICEF to recommend breast-feeding for "two years or beyond" (Innocenti Declaration, 1990) and for at least one full year by the American Academy of Pediatrics in their revised policy statement "Breast-feeding and the Use of Human Milk (*Pediatrics*, December 1997).

Yet, many newborns and infants are deprived of this best "Head Start" because our social-economic based child-care system discourages—if not prevents—women from being "nurturing mothers" and from breast-feeding their infants/children for the time periods recommended by the WHO, UNICEF and the American Academy of Pediatrics.

Of special interest is the loss of the amino acid tryptophan— necessary for brain serotonin development—and other essential brain nutrients found only in breastmilk and absent in formula milk which pose special risks for abnormal brain development in formula-fed infants. Deficits in brain serotonin have been well established in depressive, impulse dyscontrol and violent behaviors.

The report that some 600,000 children and youth have been prescribed serotonin reuptake inhibitors (SRIs) to control depression is indicative of the magnitude of this problem. Prozac prescriptions alone have increased 46 percent from last year for those 13-18 years of age. It is highly unlikely that any of these children and youth have been breast-fed for “two years or beyond”— as recommended by WHO-UNICEF. Prevention is easy if we only had the wisdom and courage to act on the common sense and hard science before us.

Tragically, general and specific forms of nutritional deficiencies affect millions of American children, which can be prevented. Carol Bellamy, Executive Director, United Nations Children Fund, summarized some of the principle findings of UNICEF’s 1977 “State of the World’s Children” at a Paris press conference:

*Children who survive the early consequences of nutritional deficiencies are often left crippled, chronically vulnerable to disease and intellectually impaired, unable to concentrate and learn”. “These are not problems children grow out of. They are permanent...*

*UNICEF estimates that more than 13 million children in the United States—or one in four under age 12—don’t get enough to eat (where) one-sixth of U.S. children are born into poverty, a higher proportion than in any other industrialized nation.... Discrimination and violence against women is a major cause of malnutrition. When women suffer, the nutritional well-being of their children suffers too. (Chicago Tribune, December 17, 1997).*

The magnitude and tragedy of the American family and its children have yet to be effectively addressed by the U.S. Congress and the Clinton Administration where little or no programs of true PREVENTION have been established—comprehensive programs which must begin during pregnancy and carried through the formative periods of brain-behavioral development.

In an article, “Running Into Trouble: As More Teen-Agers Flee Abuse, Shelters Lack Beds”, Jane Gross (*New York Times*: 18 DEC 98), reports:

*“I’ll go anyplace but home,” said the blond, lanky teenager, who arrived at a runaway shelter here bruised but smiling, relieved to be at a secret location where her family could not find her. “If I have to keep running, I’ll keep running. I’ve had enough”....*

*But run where, when there are 30,000 teenagers who have fled their homes in New York state and only 400 emergency shelter beds, 13,000 runaways in New Jersey with safe haven for only 300, and 10,000 in Connecticut with room for just 115? Even if a runaway finds a bed in a crises center, where does he or*

*she go after reaching the 30-day federal limit for sanctuary in an emergency shelter, like the one in Harrison?...*

*Here in Westchester County (one of the wealthiest Countys in the U.S.), 1,883 teenager were reported missing in 1996, up from 1,534 in 1995 (23% increase). In the same time, county spending for the one emergency shelter decreased by nearly 40 percent, forcing the agency to make up more of its \$330,000 budget from private contributions.*

Andrew Jacobs, in his article: "Neediest Cases: Navigating the Turbulent Waters of an Adolescence in New York City" (*New York Times*: 21 DEC 97), reports: *Jobs and recreation programs for teenagers are scarce; the potential for trouble is abundant. Although there are more than 760,000 New York City children living in poverty, city financing of youth programs was cut 42 percent from 1993 to 1996...*

Said David R. Jones, the president of Community Service Society of New York. "Everyone is crowing about the falling crime rate, but if we keep ignoring our youth, we're going to pay for this later on."...

*For the 47,000 children in foster care, the challenges are daunting. Each year 2,000 to 2,500 of them turn 18, receive a \$750 parting gift from the city and are expected to make it on their own. "Almost the entire group ends up on public assistance or in the criminal justice system," Jones said. ... With no skill, no family and no network of people to rely on, it's not a surprise that they do.*

On June 19, 1997, the Child Welfare League (CWL) in conjunction with the Sacramento County Department of Health and Human Services and FIGHT CRIME: INVEST IN KIDS, held a press conference reporting an additional firm link between child abuse and neglect and the arrests of children. Arrest rate of 9-12 year olds referred to child welfare in Sacramento County was 67 times greater than the arrest rate among similar aged children not known to the child welfare system. 42-50% of youth crime in Sacramento County can be attributed to a history of child abuse and neglect reported to the welfare system.

It was estimated that it costs the taxpayer \$471,000 to deal with a "typical" youth offender, ages 9-12; and \$40,000 for five years of intensive intervention with one "at-risk" family. The projected savings of \$40,000 to the taxpayer is an underestimate of the true cost savings involved since costs to the taxpayer after age 12 years for the continuing offender have not been calculated. Intervention at ages 9-12 years is much too late.

The primary damage has already been inflicted during infancy and childhood. Being poor increased the variety of physical and mental ills: "Sustained economic hardship leaves physical, psychological and cognitive imprints that decrease the quality of day-to-day life." stated Dr. John Lynch (*New England Journal of Medicine*, 25 Dec, 1997).

Dr. Timothy D. Dye and associates from the Women's and Children's Health Care Research Center, Dept. of Obstetrics and Gynecology, SUNY, Syracuse reported: *Women with mistimed pregnancies, and pregnancies that were not wanted were significantly less likely to breast-feed than were women whose pregnancies were planned (AM.J. Public Health, 1997 (87))*

It is well known that breast-feeding provides essential antibodies to the infant/child and stimulates the development of their immune system which protects them against many infections and illnesses.

Thus, breast-feeding becomes even more crucial when infants/children are placed in institutional day care settings which exposes them to numerous infectious agents carried by other children. It is equally well recognized that infectious children in institutional day care spread their infections to other healthy children who then carry their infections back home to infect parents and their siblings. The total health costs associated with day-care precipitated illnesses in children and adults have yet to be assessed but they can be projected to be staggering.

In the January 1988 edition of PEDIATRICS, Dr. Horwood and Fergusson from the Christchurch School of Medicine, Christchurch, New Zealand noted:

*Breastfeeding is associated with small but detectable increases in child cognitive ability and educational achievement. These effects are 1) pervasive, being reflected in a range of measures including standardized tests, teacher ratings, and academic outcomes in high school; and 2) relatively long-lived, extending throughout childhood into young adulthood.*

In a lengthy "in-depth review" of the status of how well the welfare reform act is working, Jason Deparle in his article: "Tougher Welfare Limits Bring Surprising Results" (*New York Times*, December 30, 1997), offers:

*Early evidence suggests that only about half of those leaving the rolls have jobs. That percentage seems little or no better than in the past, in weaker economies and with less stringent rules. With more people than ever leaving welfare, the raw number of workers is rising. But so is the number of families with neither benefits nor jobs...*

*Surveys suggest that many of those leaving welfare for work remain in poverty... Many have seen substantial declines in incomes that were already dangerously low...*

*Despite the threat to crack down on deadbeat dads, almost all the burden has remained on the mothers... Even in flush times, states began channeling some of their new federal resources away from the poor and toward causes like tax relief...*

The following are intended to realign national health policies to be consistent with the mounting research on cognitive as well as the emotional/social/sexual development

***National health policy:***

1. Create programs to support mothers being nurturing mothers which includes affectional bonding and breastfeeding for “two years of age and beyond”, as recommended by the WHO and UNICEF.
2. Create breastmilk banks in day care facilities where nursing mothers who are compelled into the workforce can store and make available their breastmilk to their infants and children, in lieu of formula milk that is harmful to the developing brain and immune system.
3. As pharmacological immunizations of infants and children are required, so should every effort be made to provide “natural immunization” of this nation’s infants and children through breastfeeding, particularly where infants and children are exposed to the “high risk environments” of institutionalized day-care. No greater “Head Start” could be given to the newborns/infants and children of this nation, as these nurturing measures would optimize their immunological health and brain development which carries lifelong benefits for them and our society.

***Initiate legislation***

1. Amend the “Welfare Reform Act of 1996” to:
  - a) exempt nursing mothers and their children from the restrictions of the “Welfare Reform Act of 1996”;
  - b) exempt mothers and families with children three years of age or younger from the restrictions of the “Welfare Reform Act of 1996”;
  - c) provide monetary incentives to support mothers breastfeeding their children at home which would match those planned monetary incentives for entities and corporations providing “day- care” for these infants/children;

d) establish “Parent/Child Development Centers” that would provide training and education to welfare parents in infant and child development which would replace “institutionalized day care”, as we know it. “Welfare Funds” would be replaced by “Scholarship Funds” and lead to a certificate of “Infant/Child Development Practitioner” where such parents would assist in the expansion of the “Parent/Child Development Centers” in their communities. Mothers with their infants/children would attend the “Parent/ Child Development Centers”, thus, eliminating the need for institutionalized day care with “stranger care” which has known adverse consequences upon the physical, emotional-social health and cognitive development of such infants/children;

e) eliminate public funding subsidization of the infant formula companies and use these public funds to support mothers breastfeeding their infant/child. Exceptions for “medical necessity” for formula-feeding would, of course, apply;

f) prohibit the States from using Federal Welfare monies for any purpose other than the support of infants, children, youth and families in need;

g) mandate a “set-aside” of 15% of Federal Welfare monies made available to each State to create a State fund to support evaluation and follow-up analyses of the health status and social well-being of children and families that have been displaced from the welfare rolls and for those who continue to be supported through the Welfare Reform Act of 1996;

2. Initiate appropriate legislation for non-welfare parents/families that would:

a) provide monetary support to enable mothers to nurture and breast-feed their children at home that would match monetary incentives to day care operators and corporations who provide “day -care” for these infants/children;

b) provide for an “environmental impact statement” which establishes a cost/benefit analysis that justifies the total costs incurred in compelling a mother of infants and young children into the workforce compared to costs incurred in supporting that mother in being a nurturing mother at home.

c) provide for an “environmental impact statement” which establishes criteria for evaluating “benefits” and/or “injury” to infants and children placed in institutional day-care and other placed “at risk children”.

d) provide for the protection of mothers breastfeeding in public where any harassment of the nursing mother would be met with penalties comparable to those associated with sexual harassment.

e) eliminate time-limitations on aid to families with a history of domestic violence, addiction, and/or mental health problems, e.g. depression.

3. Initiate appropriate legislation that would mandate the use of any “budget-surplus” monies only for the health benefits of the children and families of this nation.

C. Establish an “Economic Human Development Council” that would:

1. Quantify the human costs to families and children associated with the increasing disparity of wealth in our society and provide economic legislative alternatives for a more equitable distribution of this nation’s capital wealth among investors, corporate producers and workers where comparable and proportionate economic gains and benefits would be experienced by all in the economic growth of this nation.

2. Establish a study to identify those historical factors that led to the change of social-economic conditions where the income of a single adult is now no longer capable of supporting a family of four.

Without an affectionate and nurturing family, it will not be possible to reverse or eliminate the escalating domestic and social violence that is destroying the very fabric of our democratic society.

Given the above, it seems timely to organize a series of national one-day conferences to publicize the history and importance of on-going developmental brain-behavioral research on the significance of the mother-infant/child relationship and its societal implications; and the social-economic reforms necessary that would give equal value to the American Family with the American Corporation.

The human development conferences would focus on the damage from mother-infant/child deprivation to the emotional-social brain and associated behaviors in contrast to the cognitive brain and mental behaviors which have been the traditional focus of previous conferences of this kind. Such a conference would provide a scientific foundation for mother/infant centered child care with an emphases on nurturing-care rather than custodial-care and relationships.

A parallel program of national conferences and “Town Forums” would also be held on the social-economic reforms necessary to restore economic balance to this nation and which would permit the income of a single adult to support a family of four. If America can put a man on the moon, it can surely construct an economic system where the income of a single adult can support a family of four with all the benefits that this would have for helping to transform the American Family from one of conflict and violence to one of harmony and happiness.

Hopefully, this review and suggestions for a national health policy and economic reforms to restore integrity and stability to the American Family and its children will provide a basis to move this nation toward excellence in the next “Millennium”.

Touch the Future  
Transforming the American Family  
A Call for Radical Social Political Action  
By James W. Prescott, Ph.D.  
Introduction by Michael Mendizza

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