

THE YLPR INTERVIEW:

Marian Wright Edelman

Marian Wright Edelman is the country's leading advocate for children. A native of South Carolina, Ms. Edelman graduated from Spelman College in 1960 and from Yale Law School in 1963. After law school she worked as an NAACP lawyer in Mississippi and then helped implement the state's first Head Start program.

Five years later she founded the Children's Defense Fund (CDF). As CDF President, she has built the organization into one of the most respected and effective advocacy groups in Washington.

In February—on a visit to Yale Law School—Edelman talked with the Yale Law & Policy Review's Dana Gardner, Jessica Levin, Dan Pink, and Lisa Weil. What follows are excerpts from that conversation.

YLPR: The focus of this issue of the *Yale Law & Policy Review* is children's health. How healthy are America's children? And what does that tell us about the broader status of children in America?

Edelman: America's children are not as healthy as they ought to be in the wealthiest nation on earth. Obviously, we have made much progress over the decades in improving health, but I think the health status of our children commensurate with our capacity to produce healthy kids is a disgrace. We have thirty-seven million uninsured Americans. Our infant mortality rates are unworthy of us. We rank nineteenth in the world. After World War II, we were at the top and Japan was at the bottom. We are now nineteenth and Japan is at the top. That is sad. When you look at our non-white infant mortality rates, they are those of an underdeveloped nation. A black baby born in some inner-city neighborhoods in Boston, Chicago or Washington, D.C. has less of a chance of living through the first year of life than a baby born in Costa Rica or Trinidad and Tobago. That is just unacceptable.

YLPR: How much of a change is that from ten or twenty years ago?

Edelman: I think we have had a stagnation of our progress in reducing the overall rates of infant mortality. And among certain groups of

children, those who are poor and minority in certain inner city and rural areas, we have actually seen an increase in infant mortality. A lot of that comes from the erosion in access to prenatal care. A third of all American mothers do not get prenatal care. That is really quite disturbing. In some states and in some areas that problem has been growing. That has a strong relationship to low birth weight babies, and again, we have one of the highest low birth weight rates in the industrialized world, which is one of the reasons we have such high infant mortality. Still, we have made some hard-earned progress.

YLPR: Like what?

Edelman: Expanding public systems and Medicaid. More mothers and children are eligible for Medicaid services. We've now got a mandate, a much too slow mandate, to phase in children below the poverty line with certain basic health services.

YLPR: Are you talking about EPSDT [Early and Periodic Screening, Diagnosis & Treatment Services program]?

Edelman: EPSDT, but also just basic health coverage for prenatal care and postnatal care. In addition, there have been more options to cover mothers and children above the poverty level, up to 133%, but states are now already saying, "Let's cut back because we don't have the money and we can't stand any more of these mandates." It becomes a terrible dilemma if we don't invest preventively in prenatal care for mothers, or in preventive health care for children, like EPSDT. We were able to strengthen the EPSDT program, which we'd been trying to enforce for twenty years. I can't figure out why it still reaches so few eligible children and why states and others go out of their way to make sure that the kids who are eligible for these services don't get them. That means it shows up in increased health costs and emergency room care and more serious illnesses. We have had an enormously difficult time, in enforcing it and getting states to implement it. That is one of the major sets of priorities for us in this decade.

On basic things like immunizations, which the American public thought we had solved, we have a measles epidemic. We have had a sixteen-fold increase of measles over the last years. We have this year 25,000 cases of measles. That is disgraceful. Every dollar you invest in immunization saves ten dollars on the other

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end. Our polio vaccination rates among non-white children—non-white infants—is unbelievable. We rank fifty-sixth in the world in immunizing our non-white infants against polio. That's behind Botswana and Albania. When we reported four or five years ago in our immunization reports that we were seeing an erosion in basic immunization, the response of the Reagan administration to our reports was to stop keeping an immunization survey so we couldn't document the status of immunization.

YLPR: Is immunization a question of money or is it a question of administrative enforcement?

Edelman: It's a number of things. First, it's a question of access. If you don't have health coverage or you don't have a private pediatrician, this is not something you take for granted. Second, it's about money. You've got to get transportation. You have to pay if you don't have a doctor, and fifteen or twenty dollars for a visit to a doctor is something that many poor parents cannot afford.

There is an educational issue here because if you don't know that you're supposed to get your kids immunized on schedule, then it doesn't happen. Among certain kinds of parents, if they're poor or drug addicted or alcohol addicted or teen parents, again, in the absence of health education and access to health care, children tend to fall through the cracks. When we can't immunize our kids or give them basic prenatal care, something's fundamentally wrong.

HEARING THE GRASS GROW

YLPR: Let's talk about national health insurance. First, do you think it's politically possible, and second can national health insurance solve all the problems with children's health?

Edelman: No single issue is going to solve all the problems of children's health because health is related to the status of parents' well-being. If you don't have a house, if you don't have a job, if there's not adequate food in the house, who's giving a kid immunization? That's why you've got to look at a range of things that children need.

But the basic underlying problem for many millions of Americans is income and jobs. If you don't have a job or your employer

does not provide health coverage—which is true for many many low-income working families and for those single parents or those in the service sector—you have to have some kind of public safety net that will deal with that. But I think the health insurance debate is rising because the crisis is rising. The costs are rising, and we seem to be getting less or more. And thirty-seven million uninsured Americans? No other industrialized country comes close in not providing this very basic survival protection for every one of its citizens. It's absolutely unacceptable that we've got twelve million poor children who are without basic access to the means they need to develop and to survive. We're one of the few nations, other than South Africa, that does not provide basic survival coverage.

But I think the problems are beginning to hit home to everybody. The growth in poverty in the Eighties occurred among a number of two-parent, working, white families. Young families of all classes are having a heck of a hard time getting off the ground and are juggling a lot of competing needs—including health costs, housing costs, and child care costs. So a lot of people who thought it couldn't happen to them are finding that it is happening to them.

Finally, with the dramatic growth in family and child poverty and with the changes in family form, there is a pervasive concern about family insecurity in the country. And when you combine that with AIDS and drugs and alcohol that, again, cut across race and class, I think this country is coming to a crisis point. So you do now hear a debate about the need for health insurance because it has affected so many Americans.

But I think the politicians are way behind the people. I can't see the grass growing but I sure can hear it. There is something going on around this country that says we have gone a very long way in the wrong direction—that community is coming apart, that family is coming apart. So we are looking at who we are in a very fundamental way now that we can no longer get by by just not being Russia. People have begun to say, "Who are we? What is this country about?"

YLPR: What do you think the prospects are of this country seeing some form of universal health insurance before the end of the century?

Edelman: My staff, in preliminary discussions, thinks that there's a very high likelihood—higher than they have seen in previous years. This is going to be an important political issue in the 1992 campaign and beyond. There are a number of new commissions and people are

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putting in so many health insurance proposals, we can hardly keep up with them. There's a liveliness, an urgency, and a reality to the debate that we have not felt for a very long time. So we are reasonably optimistic that something is going to happen.

I think there's a new debate. There are a number of national health insurance proposals. We have been able to make progress in the Congress on children's health because they finally bought—at least in their theoretical heads—the prevention notion. They know that \$600 for prenatal care is a better bargain than \$1000 or \$1200 a day on the average to keep these extraordinary numbers of low birth weight babies alive. But people still don't get it in their gut, so one of the things we've been trying to do is to figure out how you personalize child suffering. We've been taking congressional leaders, business leaders, and others through neonatal intensive care nurseries, and letting them see that one and a half pound baby lying there.

YLPR: What effect have these visits had?

Edelman: Well, we took the Kiwanis International Board through neonatal intensive care nurseries in Indianapolis, and we made sure that a lot of the babies were white and not black. You cannot not be moved when you look at the American future, lying there as big as your hand, struggling for life, hooked up to these tubes. You have the doctors talk to them, you tell them how much it costs, you tell them how long they're going to keep those babies there, sixty to ninety days, and then you tell them that many times we spend hundreds of thousands of dollars to keep these little babies alive, and we send them back out to a homeless shelter, or send them back out to a neighborhood where they're not going to thrive in the first year of life. And you make the cost connection.

But then we take them to a positive model. In Washington, we take them to Southeast Community Hospital, which has one of the best outreach programs in the country. It's really getting mothers in for prenatal care before the babies are born. That costs \$600 or \$700 a day. So they're finally beginning to make the connection between that little baby and cost. And the Kiwanis were really impressed about the \$600 a day for prenatal care—compared to \$1200 a day over sixty or ninety days and the long term special education costs to take care of the tiny babies.

YLPR: So you've got the Kiwanis on your side.

Edelman: They're now into children under three. We'll get the Rotarians next. But the point is, people have got to *see*. They're just beginning to get it.

YLPR: Are you trying to make the connection between "It's a better bargain" and "We have to end suffering?"

Edelman: We do it on multiple grounds, like all good lawyers do. My first line of defense is that it's just plain wrong. It's immoral for the wealthiest nation on earth to have an infant mortality rate that's nineteenth or for non-whites to have an infant mortality rate that's behind a lot of third world countries. That's embarrassing to me as an American. Second, I argue that it just doesn't comport with our professed ideals of fairness and justice. And third, I argue that it is crazy and not cost-effective. It's bad health policy. It's cheaper to prevent the problem, it's better to prevent the problem. You're more likely to get through the results if you invest up front than if you pay on the other end.

We've got a shrinking pool of children. More and more of those children are poor and minority. The point is that those children now are going to be children we need to pay for *our* Social Security. Those are the children who are going to have to be our competitive workers against the Japanese and a unified European community. And if you're serious about having an educated population with a shrinking pool of kids—especially when your new workers not going to be white males born in America—you'd better make the connection between that and your education goals. But high school graduation rates for competitive workers do not start when children walk into the school house door in the first grade. They start before birth with good prenatal care. At the moment, education has been the new hook. We're trying to get the business community and others to say, "You're not going to have educated kids if they're born drug-addicted and unable to learn and developmentally delayed." We can't get them lobbying yet, but making them see the connection between that one-and-a-half pound baby and their worker in eighteen years is a part of what one's got to do.

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A LOCAL OR NATIONAL PROBLEM?

YLPR: How do you see the different roles of Congress and the states, especially given the budget crisis and the political climate?

Edelman: I think that's going to be an issue for a great debate. There has, as you know, been a great devolution of power and responsibility back to the states. During the Eighties, the states had the illusion that they were getting more discretion and at least had a little money. Now the states are beginning to feel, "My God, they're going to give us all the responsibility but not the money." So this issue is going to be lively. I feel very strongly about certain problems being national problems. Children are not Mississippi citizens alone.

YLPR: What aspects do you think are national?

Edelman: I think that every child should be guaranteed a right to basic survival. And that right should not depend on the wealth of the state where they happened to be born, on whether they've got a bad governor or a good governor. We have a national security interest in seeing that every child is born healthy. There should be a floor of decency under every child. The federal government can provide certain expectations, certain incentives, certain defined standards for all kids in certain critical areas. And I think that health is one of those. I think that we have had an erosion in the commitment of the traditional role of the federal government in making sure that the needs of minorities, the poor, or those who do not have other means of being protected at a state and local level, are going to be ensured.

If you look at opinion polls, more and more Americans, both at the state level and at the national level, feel there should be more national investment, as well as more state and local investment in preventive services. They will raise their taxes to immunize a kid. They think immunizations work, and they want to help these kids.

YLPR: Is that because their own kids are immunized?

Edelman: I've seen a number of opinion polls, and when it comes to kids, people want to do it because it's the right thing to do, which surprised me. I mean, they really don't want to help the poor. We judge mothers and we judge fathers. We do not like poor, depen-

dent adults. And particularly, I think, if they are minority or not doing what they ought to be doing. But the politics of kids and the recognition that something has suddenly gone wrong is becoming reflected in polls at both the state and local level. Kids have got to be born healthy. Kids have got to be immunized. So that I think that again the pressures to serve, combined with the budget pressure, is going to force somebody to do something, which is why I think that the national health insurance debate is more real now than it has been for a number of years.

YLPR: You talked a little bit about states—and we don't want to put you up against the wall and make you recite more statistics—but is there a huge disparity in the health of children from state to state, or is the disparity more across broader class and race lines?

Edelman: There are some states that you'd think would be terrific that are not so terrific. New York State, for example, has had one of the largest erosions in prenatal care over the last few years. When you look at the rankings on prenatal care, on low birth weight, on infant mortality, on a lot of things, you will find surprises. The southern states have been struggling. They've traditionally been at the bottom on everything. But some of them are beginning to make progress. That is not to say that they don't still have enormous problems.

YLPR: What we were trying to probe was whether race and class are more effective predictors of health—or more important determinants of health—than geography or, say, urban or rural location.

Edelman: Well, obviously, poor folk are less likely to be in good health anywhere. Non-whites tend to be disproportionately poor so they are disproportionately affected. We're finding the problems of health cutting across class and race now, because we do tend to have an overall crisis. So, yes, the poor are always at the bottom. And non-whites are always at the bottom. But the crisis is much more pervasive than that now.

YLPR: While communities wait for the federal government to act and for the states to supply more money, what are some of the most prominent current initiatives in this area?

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Edelman: One of the messages we have been trying send the states and localities is that you just can't wait around for the feds to do everything. If you know Head Start works, if you know WIC [the Women, Infants, and Children program] works, if you know prenatal care works, if you know immunizations make sense, put in your state and local money and go ahead and get it done.

One of the big problems is providers in medically underserved areas. There's only one OB/GYN in my home county who will take a Medicaid patient. We've been going off to a lot of churches and saying, "Listen, all you doctors in these middle class churches who don't take Medicaid patients, come on. This is the problem that all of us have to begin addressing." This is an enormous public education job because people just are not aware about how bad it is. They see Medicaid as just this big bureaucratic problem, all these forms.

I think that the mayors and the governors have become a new voice and a new constituency, because they're the ones who are seeing the front lines. But even with the best of intentions, the day-to-day crunch means that these things often get pushed by the wayside. That's why I want to change the politics of the country in terms of where the priorities of investments are.

THE OLD AND THE YOUNG

YLPR: How do you go about teaching political priorities when our system is so heavily geared to the elderly right now?

Edelman: I guess I wanted to say one more thing. There are a number of wonderful health models out there that are working all over the country. There are some wonderful comprehensive care programs, some wonderful models.

It takes a very long time to get people to hear. Everywhere, they've got to hear kids, see kids, see the crisis, see the connection to that crisis in their own standard of living, their own safety, their own well-being, their own taxpayer dollar.

And we're learning. Just as we learned how to analyze the budget in the eighties, we're now learning how to use the media and how to communicate in the nineties. I don't like it a whole lot, but, you know, it's not going to be law journals that are going to change public opinion.

It's always been my sense that you've got to get the little Lutheran woman or man out in the middle of Indiana who understands that something is wrong in their community—that this is not fair and something is wrong. We're tying that to the voting records of their congressperson.

We're sitting down now with AARP [American Association of Retired Persons]. The elderly have to understand that their grandchildren are at risk if they keep voting down school bond issues or voting against preventive health care for kids. It's a contribution to their social security. And so a lot of time is spent now with powerful, voting, non-traditional constituents. We're trying to make clear to them what their self-interest is in investing in healthy children.

YLPR: How has that message been received—especially since one of the legacies of the Eighties was a shift from who was in poverty to who wasn't in poverty? The elderly got wealthier, the kids got poorer. Now that the elderly are in better shape, how does this message play when many of the elderly's own situation is fairly precarious?

Edelman: They're hearing it and we're talking very honestly. And what we're talking about is parity. We are for the poor elderly, the poor disabled, the poor everybody, including poor kids. That is the common stream. And we work with elderly groups on common issues affecting the poor in all of our groups.

Nevertheless, I think that it is very clear that every group is going to have to look at their self interest in investing in kids, and we're being very blunt and very hard-nosed about the need for parity. I think that the progress of the elderly is terrific. I think that their grandchildren are entitled to exactly the same treatment.

The point is that people are beginning to hear they have been ignorant. And everybody in this country in the nineties is going to have to be less selfish. I think that the era of greed and "just me and mine" and not caring about anybody else is over. There's a reckoning day. There really is no free lunch.

We're going to have to confront whether we have held this country in trust for the next generation. The answer is no. In fact, the redistribution of income has been away from young people under thirty and to those who are older. We've got to share. We've got to talk about fairness and there's got to be a concept of a net, both for those at the bottom and at the top, for the elderly as well as for the young. If we do not make sure that the foundation of our

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house is strong, which is our children, then none of us is going to have a future worth a tinker's damn.

And a lot of that has happened because of the change in family form, but also because of the shifts in the economy and the struggle that young parents and young families are having. The elderly—all of us over fifty—have gotten better off and all those under thirty have gotten worse off. This is a reversal of the American dream. And so we're just beginning to say: Who are we? What is fair? What is our obligation to the future? What kind of community are we going to have if we continue to write off hundreds of thousands of kids? How many prisons can we build?

REDEFINING SUCCESS

YLPR: Can you start addressing who we are as a nation without some effective, affirmative political leadership that's asking those same questions?

Edelman: We're at a point where fundamentally we're going to have to redefine what we mean by success in America. I don't think this change is going to come from the inside because of the campaign financing system and because most politicians seem to be sheep rather than shepherds. This is a time when fundamental change is going to have to come from the outside. When enough citizens are aware that the country is going to pot, and saying "enough already," the politicians will then begin to change their tune.

I think that change is going to have to come from citizens' movements out there. I sense it growing. It's not yet galvanized. It's not yet focused. Everybody's kind of looking for the theme. Everybody's looking for the person who might personify that. But America is not going to be found in a Bob Kerrey or a Ted Kennedy. It's going to be found in us. We've got to really struggle to rediscover it within ourselves and to take responsibility for who we are as a people. Democracy is not a spectator sport.

Neither war nor recession can be an excuse to not invest in kids. There are some things that a civilized nation has to do, regardless of recession or war. Look at how quickly we mobilized hundreds of thousands of people and sent them over to the Gulf, but we can't mobilize hundreds of doctors and teachers and send them into the inner cities and to the rural areas. Nobody is saying

we can't afford a billion dollars a day for the profligate savings and loans, and they're going to tell me they don't have money for the immunization of poor kids?

I think we just have to confront the hypocrisy of what we value. We *mouth* family values in this country. We *mouth* fairness, but we really do not honor it. And I think, therefore, we're smack up against whether we're going to be a country that's going to lead morally and economically in the new century. And we cannot do that without confronting what's happened to our young people and our kids. But the answer is not in just *a* political leader.

YLPR: Speaking of greed and self-interest, the legal profession showed a great deal of both in the Eighties. What role can lawyers play in the nineties to try and reverse that?

Edelman: I think that everybody in every professional capacity has got to act. Lawyers have disproportionate power in this country. There must be ways of trying to consider the public good at the same time as one is considering one's client's narrow good. So I hope that we will take a broader sense of lawyering.

Second, I hope that many lawyers will choose to do things that are not just about money. How much money can you use? How many cars can you drive? So I would hope that more and more young people will choose to tithe a portion of their time—that more will go into the public interest. I hope more will go into the government. And one needs to understand that government is *us*. We keep talking about *the* government as if it's some disembodied group over there.

Justice really does have something to do with our profession, so I do hope that in the kinds of choices that we make professionally—how we spend our time and our money—that justice will at least be a ten percent portion of that consideration.

YLPR: When people think of children's health, they generally think of sick kids, but apparently one large element of the problem is violence, especially in urban areas. Is that a new phenomenon and what can be done about it?

Edelman: We have a war going on in our cities. Death stalks our playgrounds. I've tried to stay away from gun control, but I'm finding it harder and harder to do that. Homicide is a major cause of death of young children in this country. If you look at death rates for

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young black men, it's safer to be in Beirut than it is to be in Washington, D.C. in terms of your chances of not being mowed down on the street. One hundred and thirty-five thousand kids bring a gun to school every day. Last year there were over 400,000 violent incidents at schools. The point is: Where is the outrage? When children can be mowed down in their homes, on their doorsteps, in their streets, in movie theaters, at McDonald's—who is out here saying let's disarm those who are killing our kids? There is something fundamentally wrong in that. But who's declaring war on *that*? Where is the President's outrage? Where is the Congressional declaration of war?

Violence is a major health problem and it's a major security problem. It is one of those things that we have got to confront. You've got ten and eleven year olds coming to school with guns. Fist fights of the past have now become a shoot-out at O.K. Corral over the smallest things. But again, that is a part of what has come loose in this culture. We have glamorized violence in our media symbols and our cultural symbols. We have glamorized sex without consequence, the notion of what being a man or a woman is, what being strong is, what success is. That's why we really have got to come to grips with who are we.

Fundamentally, we're going to have to redefine what we mean by success in America in the 1990s. I hope to do it in the context of family and community because we really are coming apart at the seams. Violence—like drugs, like alcohol—is just one more reflection of our loss of community and our loss of moral bearings.