

# EMPTYING THE NEST: THE CLINTON CHILD CARE AGENDA

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*I spent eight years in getting the child-care bill passed in Congress,  
and at its zenith, there was never a child-care movement in the country.*

*There was a coalition of child-advocacy groups, and a few large  
international unions that put up hundreds of thousands of dollars,  
and we created in the mind of the leadership of Congress*

*that there was a child-care movement -- but there was **nobody** riding me.*

*And not one of my colleagues believed that their election turned on it for a moment.*

*There **wasn't** a parents' movement.*

Congressman George Miller (D-CA) • *Mother Jones* • May/June 1991

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## I. THE CHILD CARE "CRISIS"

To kick off the sixth year, and home stretch, of the Clinton Administration, in January 1998, the President and First Lady Hillary Rodham Clinton, a long-time children's issues activist, announced an historic initiative: \$20 billion in increased federal spending for child care over the next five years. This, they said, would address a silent child care crisis afflicting the nation.

Given the size of this initiative, we might do well to examine the underlying assumptions and common perceptions used to buttress such an expansion of federal involvement in day care. Is there a crisis in America today over child care? If so, is day care the answer? To answer those questions adequately, the issue must be framed appropriately. Accepted as true is the modern myth that most families have two parents working today and are desperately struggling with day care. *This, it turns out, is not true.*

Is there a child care crisis in this country? To answer, we need to know what parents really want, and most essentially, we must know what children *need*.

## II. WHAT DO PARENTS WANT?

To help determine what parents want in care for their children, Wirthlin Worldwide conducted a nationwide poll during December 1997 on behalf of the Family Research Council. Surveying 1,004 adults in the United States, the poll asked respondents to rate the desirability of various child care options.

**Across the board, regardless of race, age, partisanship or income level, Americans rated care by a child's own mother as the single most desirable kind of care for children.**

This decided preference for mother-care of children was underscored by a secondary preference for care by a child's grandmother, aunt, or other family member, followed by split shifts for mother and father. Overall, when given a choice of nine different forms of care, Americans chose differing forms of family care as the top three most desirable choices. Moreover, in light of the Clinton child care proposal, it is imperative to note that, of all the options presented to the respondents, *commercial and government centers were rated the least desirable.*

These responses underscore what common sense tells us about what people prefer in care for children. The results become even more significant when viewed as the latest entry in a growing body of polling data that expresses this same desire for parental care of children.

In May 1997, the Pew Research Center conducted a poll of 1,101 women and found that 25 percent of the women employed full time preferred to stay home with their children. Another 44 percent of women with children under 18 wanted to work part time rather than full time. A startlingly mere 41 percent of the respondents felt that their work and child care arrangements were good for their children.

In 1996, the Independent Women's Forum commissioned a poll that included the question: If you had enough money to live as comfortably as you'd like, would you prefer to work full time, work part time, do volunteer work, or work at home caring for your family? Of the women responding, 31 percent replied that they wanted to be at home with their children if they could; and another 33 percent replied that they were interested in working part time. A full 20 percent of the respondents expressed an interest in doing volunteer work. **Only 15 percent replied that they wanted to work full-time.**

This same preference for a combination of mother-care and flexibility in work arrangements showed up in a very large reader's survey done by Parents magazine in May 1996. After conducting a poll in which 18,000 women responded, the editors of Parents concluded, "[E]motional conflict for mothers is epidemic." They had discovered a startling fact: *Only 4 percent of the women who responded would choose full-time employment if they could do "whatever they wished."* The majority of the respondents, 61 percent, wanted work flexibility in order to work part time and have more time for their children. An additional 29 percent wanted to be at home with their children full time.

Similarly, in 1995, a Louis Harris poll found that only 15 percent of the women respondents would work full time if they "had enough money to live as comfortably as they would like." An additional 33 percent of the women wanted to work only part time, while, again, a full 20 percent wanted to do volunteer work.

## **The Silent Majority: Parents themselves don't choose day care**

What do parents want? This body of polling data about what parents say they want to do is remarkably consistent with what the Census Bureau tells us that American parents actually do choose.

Contrary to the media-driven perception that most children today are in some sort of day care, the majority of American children are actually cared for by their own parents. Furthermore, the vast majority of children are cared for by family members. Of the 19.7 million children under the age of five in America today, nearly half, 47.8 percent are cared for by their own mother at home. An additional 3 percent of children are cared for by their mothers at work. Another 9.6 percent are cared for by their fathers.<sup>1</sup>

**This means that 60.3 percent of American children — 11.9 million kids — are cared for by their moms and dads.** For babies under a year old, this percentage rises to 67.4 percent.

One reason this is possible is that, contrary to popular belief, **the overwhelming majority of preschool children do not have mothers who work full-time.** Of children under five, 66 percent have mothers who are either employed part time or not at all. This means that only 34 percent of all preschoolers, or 6.7 million children, have mothers who are employed full time.

When both parents do work, in keeping with the results from the Wirthlin poll, most Americans turn to family members to help care for their children. Of the 10.2 million preschoolers whose mothers are employed, 16 percent are cared for by their grandparents and 8.9 percent are cared for by other relatives. This means that almost half, 49.1 percent of preschoolers with employed moms, are cared for by relatives. For babies, this total rises to 56 percent.

*When all the family care is added up — moms, dads, grandparents, and other relatives — the true story about American child care emerges: **The vast majority of our preschoolers, 73.5 percent, are cared for by members of their families.***

Commercial day care centers are chosen for only 21.6 percent of preschoolers with employed moms — this amounts to only 2.2 million children, 11.2 percent of *all* preschoolers in the nation. The number of children in day care centers is just barely more than the number of children cared for by their fathers: 1.9 million children cared for by their dads is a statistical dead heat with day care centers. (Grandparents are close behind, watching 1.7 million kids.)

While parents today are working hard to care for their children personally, often at great sacrifice and without much societal support, the media repeat over and over again that the two-income family is today's norm, leaving these parents to feel they are alone. They are not alone. They are instead, the silent, unrecognized, majority.

## **Low-income parents**

But what about the families who cannot afford to have one parent forgo employment income and stay home? The common perception is that the decision to have one parent at home increasingly has become the province of the rich. Quite the converse is true: The family income bracket with the largest number of at-home mothers is \$20,000 to \$24,999.<sup>2</sup> Currently, the median income of dual-income families is \$57,637. This compares to a median income of \$38,835 for families with mothers at home.<sup>3</sup>

Furthermore, the number of children targeted by the Clinton child care plan, preschoolers whose families are below the poverty line, is quite small. Of the preschoolers whose mothers are employed, only 1.1 million are in poverty. Among these children, more are cared for by their fathers than are put in day care centers. Of preschoolers whose mothers are employed and below the poverty level, 17.6 percent are cared for by their fathers. Another 34.7 percent are cared for by relatives. *This means that more than half, 52.3 percent, of these children below poverty level are being cared for by family.* Only 17.3 percent of these preschoolers are utilizing commercial day care. While they may indeed have difficulties with employment-related expenses, child care help may not be one of them. *The majority of low-income families do not purchase child care.* This makes them beyond the reach of the federal subsidies in the Clinton plan.

**This is clear evidence that such a narrowly targeted, but well-funded, federal benefit not only discriminates against low- to middle-income American families who are struggling to keep one parent at home with their children, but also reaches only the tiniest fraction of families with children below the poverty line who need assistance.**

### III. THE IRREDUCIBLE NEEDS OF CHILDREN

The issue of child care in our country ostensibly reflects a growing concern over the needs of children. Indeed, imagery revolving around children figures prominently in discussions about and proposals for child care. Nevertheless, the bottom-line question “What do children need?” is rarely asked, let alone answered. Instead, the issue of child care is usually framed by assumptions about *parental* needs and desires.

What do children actually need for healthy development? The best summary answer may have been given by psychologist Urie Bronfenbrenner, who says that what a child needs for healthy development is “a strong, mutual, irrational, emotional attachment [with someone] who is committed to the child’s well-being and development, preferably for life.”<sup>4</sup> Someone once commented that what that means is that someone must be “crazy about the kid.”

As it turns out, the love and devotion given children do not merely guide and train them, but our earliest interactions with them even become part of their hard-wiring. The long-standing debate over nature vs. nurture took an amazing turn this last year when researchers discovered new information about how a child’s brain develops. When devotion to a child is teamed up with positive interaction, the actual physical structure of the brain changes. As an infant’s brain is stimulated by interaction with a loving, attentive caregiver, the synapses that fire as a result form the neuronal pathways that the child will use for thinking, feeling and acting the rest of his life. Sadly, this process also works in the negative; continuously stressful interactions with a caregiver can be harmful in the process of brain development.

In April 1997, the White House convened a Conference on the Brain and Early Development to review and discuss these new findings. Dr. Stanley Greenspan, clinical professor of psychiatry and pediatrics at George Washington University Medical School, has written that researchers have identified six stages of interaction that are the “essential building blocks for a child’s healthy mind and brain.” These six building blocks are: 1) an ongoing, loving intimate relationship; 2) interactions tailored specifically to a baby’s unique nervous system; 3) “emotional dialogue” involving smiles and sounds;

- 4) wordless discussions and negotiations with gestures; 5) creative, pretend play; and
- 6) interactions to develop logic.<sup>5</sup>

Greenspan, who has won the American Psychiatric Association's highest award for child psychiatry research, concludes, "[M]ost out-of-home child care cannot provide a number of [these] essential building blocks. ..."<sup>6</sup> This is because, even though many day care providers are well-intentioned, most caregivers in day care centers aren't able to form long-term or in-depth relationships with the children in their care. As Greenspan points out, this is a result of high staff turnover, the multiple children in their care, and the fact that children change "classes" and "teachers" each year in day care centers.

In assessing a child's needs, Greenspan has formulated a framework of "critical experiences" that he believes form the foundational requirements of healthy child development. These are, he says, "the irreducible needs of infants and children." What do children need? In short, they need: safety, security and protection; ongoing, intimate relationships; emotional interactions geared to their developmental needs and levels; gearing experiences to their nervous systems; limits and expectations; and neighborhood and cultural continuity.<sup>7</sup>

In each of these categories, there are serious questions about the ability of center-based care to meet the needs of children. Greenspan believes that ignoring those questions has brought us to "an evolutionary crossroads":

[F]or the first time in history, there is a growing trend for more and more middle- and upper-middle class parents to farm out the care of their babies to others, often in settings not conducive to meeting children's irreducible needs. Impersonal child care may be only the most obvious symptom of a society that is moving toward impersonal modes of communication, education and health and mental health care. Major societal changes are clearly necessary. Unfortunately, the consequences of not making changes may not be immediately obvious. The impact will likely be slow and insidious. People may gradually become more self-centered and less concerned with others. Thinking may become more polarized, all or nothing, rather than subtle and reflective. Impulsive behavior, helplessness, and depression may increase. The ability for self-awareness and problem-solving may decrease, as will our capacity to live together and govern ourselves in cohesive communities.<sup>8</sup>

### **Infant-Mother Attachment**

Greenspan concludes, in a rather stunning departure from the party-line in his field, "[W]e need to gradually bring about social arrangements which maximize at home care of young infants by their parents."<sup>9</sup> This is the enduring gold standard against which all other child care arrangements are measured: care by a child's own parents, usually his mother.

When a baby is born, the mother-child relationship begins with a process researchers have labeled "bonding." This is such a special and unique relationship that studies have found that mothers can pick out their own babies by smell within their first day of life; after six days, a baby is able to pick out the smell of his own mother's breast-milk.<sup>10</sup> This special relationship begins even before birth, as illustrated by an anecdote from

Argentina, recounted by Drs. Marshall Klaus and John Kennell, authors of renowned works on parent-infant bonding. Two babies were mistakenly given to the wrong mothers. The mistake was discovered while they were still in the hospital, but neither of the angry mothers wanted to give up the babies they had been caring for and with whom they had begun bonding. However, the neonatologist suggested that the two mothers and two babies spend the night together in the same hospital room. Some time during the night, the mothers noticed that each time one of them spoke, their biological baby responded and turned toward her voice. It was clear that even while being held by the other mother, each baby knew his own mother. The women quickly took back their own babies.<sup>11</sup>

The bonding between mother and child in normal situations develops into a relationship that researchers call “attachment.” It is the quality of this first relationship in a baby’s life that researchers now believe forms the foundation for healthy emotional development. It is as if in this first intimate relationship we develop the template for all relationships to follow.

But, like all relationships, healthy attachment takes effort and time to develop. And, of course, not all mothers are good mothers. Child development researchers have developed a system of four categories to describe the spectrum of mother-child attachment relationships: secure attachment, anxious-avoidant, ambivalent or disorganized. Children who are securely attached to their mothers rate more highly across the board on behavioral measurements. These children display “more peer leadership, less social withdrawal and hesitation, greater self-confidence and curiosity about new things, and more sympathy to the distress of others ...”<sup>12</sup> On the other end of the scale, children who are not securely attached to their mothers are more aggressive, more impulsive, less confident, more dependent, have more behavior problems, and exhibit more antisocial behavior.<sup>13</sup>

Attachment theory itself has become largely accepted among child development experts. Its implications, however, remain very controversial. In particular, the strength of the connection between insecure attachment and maternal employment is a matter of serious debate.

The flash point of this debate was a review of the attachment research published in 1988 by Dr. Jay Belsky of Pennsylvania State University which found:

[C]hildren in any of a variety of child care arrangements, including center care, family day care, and nanny care, for 20 or more hours per week beginning in the first year of life, are at elevated risk of being classified as insecure in their attachments to their mothers at 12 or 18 months of age and of being more disobedient and aggressive when they are from 3 to 8 years of age.<sup>14</sup>

This conclusion outraged many in the child development community. They responded to Belsky’s analysis by arguing that quality of care is the essential variable, regardless of who gives it. Hence the increasing usage in the ensuing decade of the word “caregiver” in the American vernacular.

Belsky published another review of the literature in 1990 in which he clarified his concern with day care: “[E]xtensive infant day care as we know it and have it in this country is a ‘risk factor,’” he explained. Later, in 1995, he explained that this does not

mean that “day care is inherently bad,” and he, too, calls for better “quality-care standards.”<sup>15</sup>

Nevertheless, the risk factor concept is a helpful framework from which to analyze day care, on both a personal and a political level. With a process as multi-faceted as child rearing, it is difficult to ascribe praise or blame to any one factor involved. Not all children who are cared for in day care centers turn out poorly, and not all children cared for by their mothers turn out well, so there should be a modulated approach to this issue that takes these disparate results into account.

Having made that caveat, the question remains: Just how much of a risk factor is day care to a child’s development? This is a question that is never quantified directly in the child development literature. Nevertheless, there are data from which an answer can be constructed.

In a review of the attachment literature done for the U.S. Department of Health and Human Services, the author states categorically, “[M]ost babies with employed mothers are securely attached to them.” As it turns out, “most” is quantified as 55 percent.<sup>16</sup> This is an abysmally low percentage to use as a positive defense of day care. Still, the real question should be how does this compare to mother-care? Of children whose mothers are not employed full-time, 71 percent are classified as securely attached.<sup>17</sup> **This means that infants whose mothers are employed full time during the baby’s first year have a 55 percent higher risk of being insecurely attached.**

The attachment researchers, however, studiously avoid these kind of comparisons and conclusions and currently are focusing instead on an “ecological” approach, looking for how all the factors that influence a child’s development and attachment relationships interrelate. Yes, the argument goes, the risk may be higher, but most children do fine in day care. What is the difference between the secure and insecure ones? Belsky, in his 1990 review, writes that the research shows some evidence of a commonsense answer that might prove troubling even for parents of children in day care with secure attachments:

[O]ne consequence of extensive non-parental care initiated in the first year is that the influence parents would otherwise exert on their children is “lost” to, or at least assumed by, nonparental caregivers.<sup>18</sup>

Belsky adds that, in addition, other research suggests that, when infants begin full-time nonparental care in the first year of life, “their later development is predicted by the quality of their day care, but *not* by family factors and processes.” This conclusion may need modification in light of the most recent research coming from the National Institute of Child Health and Human Development, which found that a mother’s relationship with her baby is unparalleled in its effect on the child’s well-being.

### **The NICHD Longitudinal Child Care Study**

Largely in response to the controversy surrounding the Belsky review and the issues of maternal employment and infant attachment, the National Institute of Child Health and Human Development (NICHD) commissioned a study of early nonmaternal care and its effects on infants. The national study of 1,153 infants, followed from birth through age

seven, is the largest, most multi-faceted, longitudinal study done on infant attachment and has generated considerable attention.

In April 1996, the researchers released their interim results to headlines around the world: *Mother-Child Bond Not Hurt by Day Care, Study Concludes!*<sup>20</sup> Indeed, the report released at an International Conference on Infant Studies stated categorically: “Results were clear and consistent: There were no significant differences in attachment classifications related to child-care participation.”<sup>21</sup>

Unfortunately, the details included in the report showed a much murkier conclusion. Their data delivered solid support to Belsky’s risk factor model. Child care in and of itself was not an independent predictor of insecurity, but when combined with a mother who was judged to be more insensitive to her child, problems arose. Specifically, when an infant of an insensitive mother was in alternative care for more than 10 hours a week, or in unstable, low-quality care, rates of insecure attachment increased significantly.<sup>22</sup>

Perhaps the most important, and most overlooked, finding from the study for public policy analysis was the negation of the “compensatory” hypothesis. Child development researchers have advanced the theory that children of insensitive mothers are better off in day care where they can receive “well-trained, high-quality” care. The NICHD research showed the opposite. *Children of insensitive mothers were more likely to be securely attached the less time they spent in nonmaternal care.*<sup>23</sup>

**This is the finding that should have been in the headlines — mothers, whether good or bad, are the standard in care for children.**

The study is not yet complete and so the jury is still out. However, in media interviews, Belsky, who helped direct the study, commented that so far the findings do not contradict his earlier research. “These new data don’t lead me to be sanguine, but they don’t lead me to be alarmed either,” he told *The Washington Post*. However, in another interview with Dr. Brenda Hunter, author and developmental psychologist, he commented, “The study shows it’s drizzling now. It could be cloud cover or it could be the leading edge of a storm. We just don’t know.”<sup>24</sup>

#### IV. DAY CARE CONCERNS

It is clear from the discussion surrounding the NICHD study and the White House Conference on Child Care in 1997 that “quality” will be a major focal point of the coming child care debate. Day care advocates believe that more federal subsidies will help ensure quality care for children in child care centers. However, some of the concerns over quality in day care are challenges that may be resistant to monetary solutions.

##### **Quality concerns**

There is no doubt, and no disagreement, over the current level of quality among day care centers. It is abysmal.

In 1995, a study from the University of Colorado reported that six out of seven day care centers in America are “dismal.” The researchers wrote, “The level of quality at most U.S. child care centers, especially in infant-toddler rooms, does not meet children’s needs for health, safety, warm relationships, and learning.” Even worse, the study con-



cluded that most child care is “sufficiently poor to interfere with children’s emotional and intellectual development.”<sup>25</sup>

There is also consensus that high turnover is a huge challenge for the child care industry. A study done in 1990 found that average teacher turnover in child care centers nationwide was 50 percent. In for-profit chain day care centers, this average shot up to 77 percent.<sup>26</sup>

Day care advocates insist that these are precisely the issues that provide the rationale for governmental subsidies. More funding, they believe, will solve the quality problem.

Is quality of care a function of money? To a degree. But consider for a moment the issue of staff-to-child ratios. In order to be accredited by the National Association for the Education of Young Children (NAEYC), a center must have one caregiver for *four* babies. For two-year-olds it’s one to six; for three-year-olds one to seven. *Four* babies. *Six* two-year-olds. *Seven* three-year-olds. Anyone who has ever cared for children will understand immediately why, with these ratios as the definition for high-quality care, there is such a staff turnover problem in the industry.

Even that’s merely a description of what NAEYC believes *should* be happening. Reality is something different. One study found that nationwide only 58 percent of centers met these criteria for babies under 5 months old. Compliance for babies under 12 months old went up to only 65 percent. This rate went as low as 41 percent for 18-month-olds.<sup>27</sup> In fact, the report states that, **when centers fail to meet the standards, they have, on average, twice as many children as the required ratios.**<sup>28</sup>

These staffing issues are especially troubling given the development factors enumerated by Greenspan. It would be an unusual person who was able to provide that kind of critical interaction for an infant when single-handedly responsible for four or more babies, all day, every day. The same is true of two- and three-year-olds, perhaps even more so.

## Health concerns

With large numbers of children being cared for together, day care brings with it another inherent problem — exposure to infections and disease. This is a particularly difficult problem for the industry to address for two reasons. First, a child’s immune system is not fully developed until he is at least five or six. A child of this age is more susceptible to infections, making it more difficult to control the spread of illness once any child in the center becomes sick. In addition to some of the more obvious reasons why children more easily spread germs, research shows that some highly infectious children may be asymptomatic, other infections are transmitted before the onset of symptoms, and small children put their hands in their mouths every one to three minutes!<sup>29</sup>

Second, a child’s environment is an efficient transmitter of germs. The Centers for Disease Control has recently issued a report titled the “ABC’s of Safe and Healthy Child Care: A Handbook for Child Care Providers,” which addresses this issue. Their recommendation is that infants and toddlers not be allowed to share toys unless they are washed and disinfected between uses.<sup>30</sup> The American Academy of Pediatrics recommends washing and disinfecting toys handled by children on a *daily basis*.<sup>31</sup>

This, of course, is a pretty tall order to fill. Not surprisingly, then, children in day care get sick. A lot. In fact, *children in day care are 18 times more likely to become ill,*

*and, at any one time, 16 percent of children attending a day care center are sick. Of these sick children, 82 percent still attend their day care.*<sup>32</sup> Additionally, according to an article published by the American Academy of Family Physicians, these illnesses soon spread outside day care centers to the communities. “Children in day care ... are responsible for many community disease outbreaks,” writes a group of family physicians.<sup>33</sup> For example, 40 percent of community outbreaks of the serious infection hepatitis A can be traced to day care centers. Among child care centers who admit children under the age of two, 50 percent experience outbreaks of hepatitis A. This infection has a 28-day incubation period and is often asymptomatic in young children.<sup>34</sup>

## **Ear infections**

The health concern that is most prevalent in day care centers is otitis media, or ear infections. This is one common problem that the medical literature clearly and convincingly associates with increased day care attendance. One study of 244 children found that 21 percent of the children in day care had to be hospitalized for myringotomy and tube placement as a result of ear infections compared to only 3 percent of the children cared for at home.<sup>35</sup> Another study analyzed the tympanograms of three-year-olds and found that only 52 percent of children attending day care had normal tympanograms compared to 74 percent of those cared for at home.

Although some dismiss ear infections as garden-variety childhood illnesses that are to be expected, the increase in their occurrence associated with child care should not be viewed too sanguinely. In keeping with a risk factor conception of day care, it appears that repeated ear infections may be another factor that is detrimental to a child’s healthy emotional development. A recent study of young children who suffered chronic ear infections in the first year of life found that these youngsters “play more often alone and have fewer positive and fewer negative verbal interactions with peers than nonchronic children in day care.” Their nonverbal skills were not affected at all. The researchers hypothesize that this effect comes from the moderate hearing loss associated with otitis media.<sup>37</sup>

Additionally, researchers have become concerned with the apparent connection between routine use of antibiotics to clear up ear infections and the rise of antibiotic-resistant organisms. Use of antibiotics for ear infections has become routine: Physicians prescribe antibiotics for 98 percent of children with acute ear infections. Epidemiologists say this is a large and growing problem:

[E]scalated use of child-care facilities has had a marked effect on the epidemiology of infectious diseases in young children. Children attending child care are at high risk for respiratory and gastrointestinal tract illnesses. The high prevalence of infectious diseases in the child-care setting is accompanied by high usage of antibiotics, which in turn has resulted in spread of antibiotic-resistant organisms.<sup>38</sup>

## **CMV**

On the opposite end of the spectrum from the relatively benign otitis media is the cytomegalovirus (CMV) infection, which is also closely, and dangerously, associated with day care. Children attending day care are infected with CMV two to three times

more often than children at home. In fact, one study reported in *Pediatrics* found that half of the children in large day care centers have active CMV infections.<sup>40</sup>

Many adults have already developed immunity to CMV. But not everyone is resistant. This is a serious problem because CMV is the leading cause of congenital infection worldwide; approximately 10 percent of infants infected prenatally have significant complications. Unfortunately, controlling the spread of the infection is very difficult because children who contract the virus are asymptomatic 95 percent of the time. As a result, in addition to the threat posed to child care workers, children can unwittingly carry the virus home and spread it to their unborn siblings through their mothers.<sup>41</sup>

## **Asthma**

There is also some concern among researchers that increased usage of day care may be contributing to the alarming rise in asthma cases in the last decade. According to the National Institutes of Health, the number of American asthma sufferers grew 74 percent between 1984 and 1994. So far, researchers do not know why. One particularly puzzling fact is that the increase in the number of cases and the increase in the number of deaths (which rose 59 percent) are disproportionately occurring among children, according to the Centers for Disease Control.

Why the link with day care? Viral infections, to which children in day care have greater exposure, are linked to 80 percent of hospitalizations among children with asthma. There is also a correlation between high use of antibiotics and asthma among children.<sup>42</sup>

For most children in day care and their families, the seemingly ever-present case of the sniffles that inevitably goes with group care is a minor annoyance and a part of childhood. Some researchers argue that children must eventually develop immunities and resistance to disease and that day care merely accelerates that natural process. And, of course, siblings cared for at home spread germs among themselves. However, the literature is clear that there is an elevated health risk for children associated with day care attendance that also has implications for the larger community as children move between group care and home. Additionally, as parents make risk management decisions for their children, the increased risk must be viewed in the context of the infant or child's higher level of vulnerability. Children must be exposed to many germs eventually, but their susceptibility to serious illness decreases with age. Pneumonia in a five-year-old is an entirely different proposition from pneumonia in an infant. As a result, the health literature does document some sad and troubling cases of transmission of tuberculosis, and fatal cases of pneumonia and invasive group A streptococcus among infants directly attributable to day care attendance.<sup>43</sup>

## **V. LEGISLATIVE HISTORY AND FEDERAL CHILD CARE INVOLVEMENT**

One of the main reasons for the controversy surrounding child care is the heavy federal involvement in the issue. Because of large federal subsidies, child care is no longer a private, family matter. Child care has not been a neglected issue at the federal level, contrary to the Clintons' implication. In fact, the federal Department of Health and Human Services issued a press release in October 1997, in which it stated that child care

had been a top priority for the Clinton Administration. “As a result of the President’s efforts,” they stated, “federal child care funding has increased by 68 percent since 1993.”

In fact, federal subsidies of the child care market have increased, in constant 1990 dollars, from two million dollars in 1965 to roughly 11.7 **billion** dollars in 1995.<sup>44</sup> The first federal involvement in day care was “day nurseries” funded through the Works Progress Administration (WPA) in 1933 during the Depression. By 1943, the WPA funds came to an end. But by then Rosie the Riveter was headed into the work force to support the war effort and the centers continued on under the auspices of the Lanham Act. In 1945, the U.S. Children’s Bureau recorded that 1.6 million children were being cared for in these federally-funded day care centers.<sup>45</sup>

The 1960s brought the Great Society and the inauguration of a federal preschool program for low-income families, Head Start, in 1965. Then in 1969, President Nixon brought bipartisan sanction to federal involvement in day care by calling for “a national commitment” to give “all American children an opportunity for healthful and stimulating development during the first five years of life.” This was followed by the 1970 White House Conference on Children, which called for extensive federal involvement in child care. Nixon did veto child care legislation passed in 1972, but then signed into law an expansion of the dependent care deduction, which was later replaced by the child care credit in 1976. Then, in 1975 Title XX of the Social Security Act was inaugurated, funds from which now subsidize day care in 45 states.<sup>46</sup>

It was a decade later, in the mid-1980s, that a coalition came together to make a major push for expanded federal involvement in child care. The result was the introduction of H.R. 3, the Act for Better Child Care, or “ABC” bill. Although a four-year battle ended in defeat on that specific bill for the child care advocates, federal spending on child care continued to increase. In particular, the Family Support Act of 1988 specifically provided funds for child care for welfare recipients and low-income families.

In 1990, the battle was rejoined. This time, the child care establishment won the day. As part of the budget bill that year, the Child Care and Development Block Grant and the At-Risk Child Care program were inaugurated, significantly expanding the federal involvement in child care support.

The other major federal expenditures on child care are: The Child Care and Development Block Grant, which spent \$933 million in 1995; the Title XX social services block grant for \$448 million; child care for AFDC recipients, \$633 million; at-risk child care, \$279 million; and transitional child care assistance, \$192 million. Head Start, which is a quasi-child care program, was funded at \$3.4 billion in 1995 and another \$1.5 billion was spent on subsidizing food for child care centers through the school lunch program. This last program is the single largest source of direct financial assistance for child care.<sup>47</sup>

These are the largest federal programs that involve child care. Compiling an authoritative list of federal projects in child care is more difficult because so many programs in so many different federal departments and agencies have child care components. For example, the General Accounting Office has identified 90 federal programs that are involved in some way with early childhood, 34 of which are focused on child care. Similarly, the Congressional Research Service has identified 46 federal child care programs, although 32 of these are funded at less than \$50 million annually.<sup>48</sup>

The largest elements of the Clinton child care proposal currently before Congress would, over five years, expand the Child Care Block grant by \$7.5 billion; expand the child care tax credit by \$5.2 billion; expand Head Start by \$3.8 billion and establish an entirely new program called the Early Learning Fund at \$3 billion.

## VI. CONCLUSION

Having just embarked on the deconstruction of a welfare system that fostered a culture of dependency and helped create a demoralized underclass, despite initial good intentions, we would do well to approach the issue of child care with an eye to the Law of Unintended Consequences. As the federal government continues increasing its subsidy of nonparental care of infants and toddlers, what will happen? The data on day care usage are already providing evidence that the child care market is responding predictably with a shift toward the subsidized product. William Prosser, an analyst with the federal Department of Health and Human Services, writes:

[I]f subsidies have increased over the years, then one could hypothesize that the kinds of care more often subsidized -- and thus, cheaper to parents -- would increase in prevalence. Since center care has traditionally and increasingly been subsidized by both government and perhaps by providers themselves, one would expect an increase in the use of center care compared to the use of relative care. In fact, we do see an increase in the use of center care and a decline in the use of relative care. ...<sup>49</sup>

Federal intervention in child care for American children should be guided by what parents want and what children need. At the very least, the government should be neutral and avoid social engineering that skews the child care market by emphasizing and underwriting commercial, institutional and bureaucratized solutions.

Parents all across this country have spoken both literally and figuratively by making the sacrifices necessary to care for their own children by themselves or within their families. What do parents want? They want to care for their own children. Yet our federal policy underwrites only paid child care. What do children need? Children cannot speak for themselves, but we know what they need. They need enduring relationships with people who are crazy about them. Yet our federal policy prefers the care of hired strangers.

The Clinton federal child care initiative may be propelled by good intentions. But what will be the unintended consequences? No one yet really knows. But common sense, current research, and recent history indicate it won't be good for our kids, or for the future of the nation. The old welfare system is being dismantled largely because we found that it was displacing the father from the family. Building a national child care system on the foundations may end up doing the same thing to mothers.

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## ENDNOTES

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