## What Are the Watchdogs for Children Planning for 2007?

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Here it is a new year and the people who advocate for children, their health, and mental health are still at it. Interesting and important initiatives are underway. It will actually take two Eye on Washington columns to describe them for you. This is part I. Globally, there is the Global Woman's Action Network for Children's Initiative. At home we have the plan for legislation to cover health care for 9 million uninsured American children and an update on Child Watch for Katrina's Children just to name a few.

Launch of Global Women's Action Network for Children: Powerful Women Standing Up for Powerless Women and Children

The Woman's Learning Partnership (WLP) was created as a network of nongovernmental organization (NGO) leaders and grassroots activists in the Middle East-North Africa region in the aftermath of the 1995 Beijing Fourth World Conference for Women. On their recommendation, WLP organized a dialogue in June 2000 for 15 women NGO leaders. The participants concluded that it was of utmost importance to redefine concepts of leadership and power to conform to women's values; develop culture-specific curriculum that could be adapted to varied societies; and train and help women achieve positions of leadership and decisionmaking in the public sphere for the powerless.

June 2006, women leaders from around the world met by the Dead Sea in Jordan to launch the Global Women's Action Network for Children (GWANC), a new alliance of high-profile women leaders committed to supporting programs for women and girls and to building a powerful global voice for women and children that will impact national and international policy arenas. The GWANC convened Mobilizing for Action led by five women: former Secretary of State Madeleine Albright; former President of Ireland and UN Human Rights Commissioner Mary Robinson; CEO of Vital Voices Melanne Verveer; President of the Children's Defense Fund Marian Wright Edelman; and founder and President of Women's Learning Partnership Mahnaz Afkhami. Other participants included the First Ladies of Bahrain, Egypt, Mauritania, Rwanda, Ukraine, and Zambia; and a group of Nobel Peace Laureates, including Shirin Ebadi, Betty Williams, and Jody Williams.

The lives of women and children are inextricably intertwined. A mother dies from childbirth every minute and millions more mothers suffer lifelong disabilities each year; 450 newborn babies die every hour (4 million a year); 11 million mothers and children under 5 years die each year mostly from preventable causes; and 100 million school-age children do not go to school, 55% of them girls who need to be empowered through education. Something is out of balance in a world in which the 691 richest people's total wealth of over 2.2 trillion dollars exceeds the gross national product (GNP) of the 88 poorest nations on earth with a combined population of 2.9 billion, and Wall Street year-end bonuses totaled more than the GNP of 91 countries. Something is out of balance when, according to Save the Children's "Mother's Index," a mother in the bottom 10 countries was found to be more than 750 times more likely to die in pregnancy or childbirth than mothers in the top 10 industrialized countries (www.childrensdefense.org/ site/PageServer?pagename=conference\_gwanc, January 17, 2007).

The morally intolerable, relentless, and largely preventable loss is an affront to humankind and human progress. Both are disproportionately victimized by the violence of war and abuse at home, by poverty, disease, poor health care, education, and inadequate shelter and food. Vast numbers of female-headed households, female illiteracy, lack of legal protections, and other deprivations are all directly related to the status and empowerment of girls and women. There has not been sustained action between advocates for children, advocates for women, and advocates for youths; between women leaders inside government; and leaders for women, youth, and children in the media and corporate sectors outside government. The potential joint contribution of powerful organized women leaders across sectors is enormous and long overdue (www.learningpartnership.org, January 11,

2007). The GWANC seeks to be a key catalyst and vehicle for realizing that potential by adding new advocacy voices to important ongoing efforts.

Current discussions addressed strategies for meeting the Millennium Development Goals on maternal mortality and girls' education. With more than 115 million children around the world out of school, the majority of them girls, and more than half a million women dying during pregnancy or childbirth, the GWANC tackles a critical and timely challenge.

GWANC representatives state "that standing on the rim of a new century and millennium, we have been given an incredible moral moment of opportunity and responsibility to think differently, even radically, about the kind of world we want to build for our children and their children. Everyone is safe if children are safe." The leaders question how to change direction and the tragic statistics of maternal and child mortality, illiteracy, violence, and poverty. How to spark a greater sense of urgency about saving our babies and begin to redefine progress in our world and nations in terms of conscience rather than consumption. Morality common sense, and justice must supersede greed and rampant individualism and materialism. Strong linkages exist between female education, fertility, and women's and children's health status. This beautifully written and informative plea can be found in full on (www.childrensdefense.org/site/PageServer?pagename= conference\_gwanc).

The children's campaign builds on a series of quiet planning meetings over the past 5 years convened by the Children's Defense Fund with a grant from the Rockefeller for children within the United States and globally. The social, economic, political, and cultural barriers must be overcome to better protect women and children. This is a goal all nurses can identify as close to their own. New advocacy voices from powerful women leaders across sectors, faith, and age, united with advocates for children and youths, are being heard urging greater support for accelerating the investments in maternal and child health and girls' education nationally and globally. Proposed actions are found on the GWANC Web site. The group states, "We welcome your ideas and look forward to a robust discussion and commitment to specific actions. Think hard about how your talent, resources, and networks can add to a bigger voice for the voiceless in our world" (www.childrensdefense.org/site/PageServer? pagename=conference\_gwanc).

Healthcare Coverage for All Children in 2007

As part of the Balanced Budget Act of 1997, Congress created title XXI of the Social Security Act, the State Children's Health Insurance Program (SCRIP), to address the growing problem of children without health insurance. SCHIP was designed as a federal/state partnership, similar to Medicaid, with the goal of expanding health insurance to children whose families earn too much money to be eligible for Medicaid, but not enough money to purchase private insurance.

The SCHIP was allocated about \$20 billion over 5 years to help states insure more children and currently covers 30 million children. SCHIP plans have been approved in all 50 states, the District of Columbia, and five territories. It is now time for reauthorization and allocation of funding. Currently, more than 9 million children in America, almost 90% living in working households and a majority in two-parent families, are still uninsured. As Congress prepares to consider reauthorization of SCHIP in 2007, there is a special opportunity for our nation and leaders in all parties to take the next logical, incremental, smart and just steps to ensure health and mental health coverage for all children in America as a significant down payment on health coverage for all.

The Children's Defense Fund (CDF) announced a legislative plan that would streamline federal programs and provide all children in the United States with health care, including the more than 9 million children who are currently uninsured. A summary of this proposal can be accessed at www.childrensdefense.org/ healthychild. To ensure affordable access to comprehensive health and mental health care for all children in America, it would simplify and consolidate children's health coverage under Medicaid and SCHIP into a single program that guarantees children in all 50 states and the District of Columbia all medically necessary services. A child's chance to survive and thrive should not depend on the lottery of geography.

According to Marian Edelman Wright, "This new (2007) Congress has a wonderful opportunity to do something real for our children. It is a shame that more than 9 million children in America-the richest nation in the world-still do not have healthcare coverage. As Congress considers reauthorizing children's health programs this year, it has a special opportunity to take the next logical, moral, and achievable steps to ensure health and mental health coverage for all children in America as a significant down payment on health coverage for all" (CDF, January 11, 2007).

There is a sample "Call to Action" letter below to send a message to your elected officials that you will hold them accountable for enacting comprehensive health insurance for all children. Your email will reach the President, your representatives, and your senators. You can also complete this online at www.childrensdefense.org/site/PageServer?pagename=healthy\_child and click on "Take Action."

Comprehensive National Health Insurance Coverage for All Children

Dear [Decision Maker],

I'm writing to you today to tell you that I will hold you accountable with my voice and my vote for enacting urgently needed comprehensive health and mental health coverage for all children now.

It is unjust, morally intolerable, and economically costly that more than 9 million children lack health coverage and a baby is born without health insurance every 46 seconds in our rich nation.

\* Almost 90% of uninsured children live in a home where at least one parent works.

\* The majority of uninsured children live in two-parent households.

\* Reading scores and school attendance of uninsured children improve dramatically after they become insured.

\* The tax cuts Congress and the President enacted for the top 1% of all taxpayers will cost \$61 billion this year, enough to provide health coverage to all the 9 million uninsured children.

We can and must do better in protecting the health and well-being of all our children. Enact urgently needed comprehensive highquality health coverage for all children now!

Sincerely,

[Your name]

[Your address]

[City, State ZIP]

Returning to Katrina's Children

December 2006, as we were busy with holiday things, a special group of women took a very different kind of trip. They joined the CDF to participate in a Katrina Child Watch® Visit in New Orleans. There were prominent actresses, philanthropists, the spouses and partners of well-known entertainers and athletes and businesswomen, who toured the still-devastated Lower Ninth Ward, the St. Roch Trailer Village, and visited the year-round CDF Freedom Schools site in the city. On this, the delegation's second visit, they saw the continued suffering of Katrina survivors a year-and-a-quarter after their monstrous trauma. This visit was a repeat of one in May 2006 and the goal was to measure progress for the unmet mental health, health, and education needs of children traumatized by the storm.

The visit began at St. Roch, which was once an active park adjacent to the Lower Ninth Ward that children used every day. After Katrina hit, the baseball games and other play stopped, and the Federal Emergency Management Agency (FEMA) filled the park with white gravel-like stones and moved in trailers to house displaced New Orleans citizens. The 92-unit trailer park now holds approximately 400 residents, a third of them children-many the same ones who used to play there. But there are few places for children to play in St. Roch now. FEMA has gradually taken away resources that initially were located in the trailer park. Without resources available on the grounds and very little in the city, families are left to get things the best way they know how. CDF, the Red Cross, and a few other organizations have stepped in to help, holding resource fairs and food drives and finding other ways to serve the families who live here. The delegation then toured other sections of the Lower Ninth Ward, where there were 14,100 residents in the Ninth Ward before Katrina, and 60% of them were homeowners. Now it is just a ghost town and many doubt whether the community will ever be redeveloped. Although less than 2 miles away from the famous French Quarter, the Lower Ninth Ward is far removed from the money and clout moving into downtown.

These women also leveraged money for a mobile health and mental health van and helped make this site and 13 additional summer CDF Freedom Schools. Only 19 of the 90 prehurricane safety-net clinics have reopened. It was clear how services like the mobile van meet a key need by helping get care to people who lack convenient access to a doctor or clinic. The following quote is from Marian Wright Edelman, president and founder of the CDF, who sums up this effort. "I am so grateful to all the busy and caring women who took time to visit Katrina's children and families. At a time when many people have already forgotten about Katrina's children and moved on to new stories, these women are helping to remind others about just how much unfinished business is still left after the storm. I thank them for using their talent, commitment, and resources to make a much-needed difference. Katrina's children and families still desperately need help, and we must not let them down (www.childrensdefense.org/ site/News2?page+NewsArticle&id+8338, January 17, 2007).

This column has offered a menu of advocacy initiatives to let you know who, where, and when advocacy efforts are happening for children and their families. There is much more information available from the sources I included. The intention is to give you a variety of ways you can focus your actions for our youth. Actions, one step at a time, are the only answer to the daily overwhelming needs of children and effective nursing efforts.

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