

Shalala: New child care proposal benefits working families

Special to Sentinel-Voice

President Clinton recently proposed a new program to improve child care for America's working families. As a public service, Secretary Donna E. Shalala and the U.S. Department of Health and Human Services are providing readers these "Frequently Asked Questions" about the new child care proposal to help give you some insight about what it could mean for you and your family.

What does the child care proposal entail?

President Clinton proposes to spend \$20 billion over five years for a variety of enhancements to child care. This would help pay for child care services, create more after-school programs, improve safety and quality and promote early learning. This would be the single largest investment ever in child care in the country's history.

The president has four goals with this initiative. He wants to make child care more affordable for working families; to promote early learning and healthy child care development; to improve the quality of child care; and to expand and streamline after-school

care programs.

Why is the proposal important to African-American families?

The president's proposal will help millions of African-American families, whether they are low-income, single-parent households or two-income professional families. This will be especially good for those families who are struggling at the lower end of the socio-economic scale. This is also important to African-American families because of the rapidly expanding black middle class where, in most cases, both parents work outside the home. Like other middle class Americans, a lot of African-American parents are looking for help with child care needs.

How does the president propose to make these enhancements?

The president is recommending four specific actions: 1) doubling the number of children receiving child care subsidies to more than two million by the year 2003 through increasing Child Care Development and Block Grant funding; 2) increasing the child care tax credits for working families as well as offering a new tax credit for businesses that offers employee

child care services; 3) providing after-school care for more children by expanding funding for school-community partnerships; and 4) improving safety and quality and enhancing early childhood development through a variety of measures, such as establishing an Early Learning Fund and offering scholarships to child care providers.

Why the need for improving child care?

The president proposed this initiative because of numbers like these: of the 10 million children eligible for federal aid, only one million receive support.

When would these new child care strategies go into effect?

The president is requesting funding for these initiatives starting in the fiscal 1999 Budget, which was formally submitted to Congress on Feb. 2 along with other U.S. Department of Health and Human Services priorities. Congress must approve these proposals in order for them to go into effect at the beginning of the fiscal year, Oct. 1, 1998.

How much more would the average family get in tax credits?

The president's plan would increase the tax credit for families earning under \$60,000 a year. That would amount to an annual tax cut of an additional \$358 for families in this income range. The expanded tax credit would, in fact, wipe out tax liability for most families whose incomes are under 200 percent of poverty (for example, \$35,000 a year for a family of four). About three million working families would benefit from the tax credit expansion.

What must an employer do to get the child care tax break?

Businesses would earn these tax breaks by providing child care services to their workers. This would include building or expanding child care facilities, operating existing facilities, training child care workers, or providing child care resources and referral services to workers. These credits cannot exceed \$150,000 per year.

What about promoting early learning?

The president proposes to start an Early Learning Fund to provide grants distributed by states to local communities to support a variety of programs for children. Those include such

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Pennsylvania group wages anti-Ritalin campaign

By Sonya M. Toler

Special to Sentinel-Voice

Although the medical community is divided over the use of Ritalin to treat children diagnosed with Attention Deficit Disorder, one Pennsylvania group is certain the drug should not be used to treat children.

The group, Concerned Black Citizens, is waging its own anti-drug campaign to raise awareness among Black parents about what its members believe are the drug's dangerous side effects.

Recent statistics show that between 2.5 and three million children in the United States take Ritalin, the brand name for the brain stimulant methylphenidate.

Government studies recently found proof that the drug might cause cancer in mice, but doctors say parents should not stop giving their children the drug based on their findings.

"We felt physicians and parents should know this and have a right to know this. But it's not enough of a signal that we think kids should be taken off the drug," said Dr. Murray Lumpkin, the Food and Drug Administration's (FDA) deputy drug director.

Ritalin has been sold for 40 years, but it came on the market before drug makers were required to test for the presence of cancer-causing agents. Today, hundreds of doctors have expressed concern about the drug.

While CBC spokesperson Ed Steave was not sure how many Black students are prescribed the medication, he said, "Far too many African-American children are on it. Instead of the school district finding ways to effectively deal

with, and educate our children, the jails are waiting for them."

He said 600 Ritalin tablets are administered to students in the Pittsburgh Public School district on a daily basis.

"I can't tell (parents) what to do, but if they have the facts, they can make an informed decision," Steave said.

The CBC launched an education campaign to inform parents about the drug's side effects. The group's steering committee contacted William L. Tutman, Ph.D., a pediatric psychologist at Johns Hopkins Hospital's Child Growth and Development Center in Baltimore and an instructor of applied psychology at neighboring Morgan State College, to help in their effort.

Tutman spoke on a Pittsburgh talk show and addressed the Concerned Black Citizens' weekly meeting. He said the drug should not be used on children because, "First of all, they become addicted to it and it makes it very difficult for them to get off of it. As a result, the trend is to move on to other addictive drugs."

Tutman is part of a growing group of doctors who believe Ritalin must never be viewed as the first treatment for students who exhibit symptoms that might indicate the presence of ADD. He said the truth is hyperactivity and ADD are often given as reasons a child is not learning in the classroom.

"That is not the fact," he said. "But if it were, prescribing Ritalin absolutely is not the answer. All it does is quiet them down. The child can not learn if he or she is in a daze."

Agitation, anxiety and tension are all side effects that result from the use of Ritalin.

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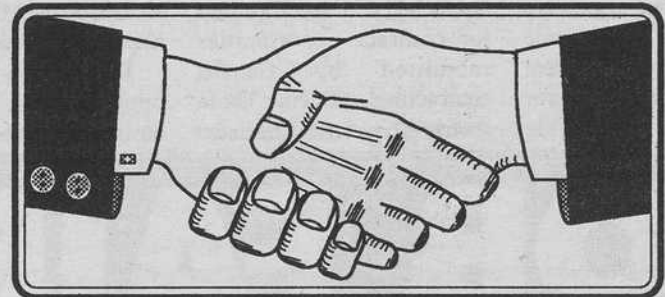


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