

REMARKS OF SENATOR HUBERT H. HUMPHREY  
DEDICATION OF NORTHSIDE CHILD DEVELOPMENT CENTER

Minneapolis, Minnesota

March 27, 1977

It is very gratifying to celebrate with you this important achievement by Northside Child Development Center, a truly unusual and exceptional facility.

This cheerful, comfortable building that we dedicate today to the welfare of children is a significant success. It is an impressive demonstration of your ability to respond as an institution to community needs within a challenging climate of change, including a shift in federal funding and a mandatory move.

I am confident that the Center, which has won a great deal of merited attention and praise for its leadership in mobilizing community support and resources in an innovative, high-quality program serving children from infancy to adolescence, will continue to provide progressive leadership in the field of child development.

It might be of interest to discuss briefly the distinction between child development and day care, and to trace some of the social and economic factors that make such programs a legitimate national concern as they critically affect the income and welfare of millions of American families.

The need for day care is an important and growing stimulus to child development programs. Although Title 20 of the Social Security Act responds to this need to some degree, it is only a limited beginning in terms of the population to be served.

In 1975, 27 million children in the United States under the age of 18 had mothers in the labor force. Of those 27 million, 12 million were in households headed by a woman. Six million were preschool children whose mothers worked.

Yet only one million spaces were available in licensed day care programs. Too many other children were in unsafe or substandard environments; too many children were unsupervised; too many were deprived of the stimulation and activities that are part of a happy and growth-oriented childhood.

Increasingly, women are entering the labor force. In 1976, 47.3 percent of all women worked. More than 54 percent of women who headed families worked.

This trend has a number of roots. It is a positive development when it reflects a changing life style in which women wish to make a productive contribution to society through the use of their professional and technical skills.

In perhaps the majority of cases, women work because they must. In the growing number of single parent families, mothers are the sole support of their children.

In other families, buffeted by inflation and unemployment, the contribution of the wife and mother raises the family income above the poverty level.

In a great many instances, the availability of day care determines whether or not a woman can work.

It determines whether she does so at the expense of her children's welfare and her own peace of mind.

The availability of day care determines whether she can assume career responsibilities, confident that her children will be safe and well-cared for during a full working day and even when overtime may be required. Without day care, she can be condemned to dead-end, low-pay jobs because only fragmented, unreliable and unsatisfactory care arrangements are possible. This places the family with a woman as head of household at an obvious and unjust economic disadvantage.

Day care determines whether her family will be self-sustaining or dependent on welfare.

Parents want and need to be able to work without suffering anxiety about their children, or guilt because improvised care is inadequate.

Ironically, those who most need this service can least afford it. The median yearly salary for full-time employment for women is \$6,772, compared to a median income of \$11,835 for men. Yet the female head of household has an additional burden of child care costs if and when satisfactory care is available.

Too frequently, there is no margin of income to provide preventive health care and sound nutrition.

It should be a principle of our public policy that those who wish to support themselves and their families be permitted to do so.

It should be an unequivocal principle of our public policy that all children, whatever the income, location, or marital status of their parents, have good nutrition, timely health care and the opportunity for a stimulating environment and quality education.

The relationship between nutrition, health and optimum development are well known. What is required are the commitment and the investment to act on the knowledge.

Improved nutrition helps learning and brain development. It increases resistance to disease. Among poor children, improved nutrition can increase mental achievement from 10 to 30 percent. It has been estimated that eliminating malnutrition among 3.3 million poor children alone could produce a \$6.3 to \$18.8 billion increase in Gross National Product over the lifetime of these children.

I have worked for a long time to expand child nutrition programs to improve the quality of food, widen participation, and educate parents and teachers in nutrition principles.

Health care is equally essential. Too many persons with limited resources cannot afford preventive health care, and society pays later for their sick care.

I repeatedly have proposed and worked for a broad program to provide access for all children and pregnant women to medical screening, diagnosis and comprehensive care. I consider child and maternal health a priority goal of national policy.

Every year, 200,000 children are victims of handicaps that could have been prevented by early health care.

The American Academy of Pediatrics has estimated that 10 to 20 percent of all children in the U.S. suffer from chronic, handicapping conditions, and at least one-third could be corrected or prevented by appropriate care during the preschool years. Continuing, comprehensive care up to age 18 would correct or prevent up to 60 percent of these conditions.

Medical care for children costs proportionately less than for any other age group. Yet the return on the investment is enormous in its implications for the general health and productivity of our nation as well as the reduction of the social costs of developmental disabilities.

I know that your program includes health supervision and screening for speech, hearing, vision and dental problems. How wonderful if all children, especially those of low-income families who otherwise would be denied these services, could have similar access to prompt, professional identification and corrective action for any problems which impair the development of their children's learning abilities, health or their ultimate success as a productive member of society.

I applaud the emphasis your Center has given to every aspect of child development, including sound nutrition, medical attention, on-going evaluation of each child's progress, and a curriculum designed for growth.

I commend the coalition of concern that links public and private funds, a skilled and dedicated staff, generous sponsors, and concerned parents in this worthwhile enterprise.

This program can be a model and forerunner for an expanded effort to provide excellent care and development enrichment to the children of working and needy parents.

Investment in our children serves a true social purpose. Each generation reflects the quality of its early childhood experience.

With day care available, parents are allowed to earn a better life for their families while they contribute their productive skills to society.

The family is strengthened, and encouraged to contribute to the decision-making, values and operation of child development centers.

I congratulate the Northside Child Development Center. I hope it will prosper and set an example for many, many more centers which draw people together in a common effort to conserve and develop this nation's priceless resource -- its children.

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