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22ND NATIONAL COUNCIL FOR INTERNATIONAL HEALTH
ANNUAL CONFERENCE
VIOLENCE AS A GLOBAL HEALTH ISSUE:
RESPONDING TO THE CRISIS

Hyatt Regency Hotel
Crystal City, Virginia

Wednesday, June 28, 1995

12:45 p.m.

P R O C E E D I N G S

STATEMENT OF HON. JANET RENO,
ATTORNEY GENERAL OF THE UNITED STATES

MS. NIGHTINGALE: My name is Ellen
Nightingale. I am co-chair of this conference.
Mark Rosenberg, who you will hear from later, is
the other co-chair. He's sitting right here.
I'd like to welcome you to the closing ceremony
of the 22nd National Council for International
Health Annual Conference, titled "Violence as a
Global Health Issue: Responding to the Crisis."

We will begin with the keynote address
by Attorney General Janet Reno. She is on an
extremely tight schedule and understandably will
have to leave right after her presentation. We
are deeply grateful that she made the time to
address our conference on a topic of national and
global urgency, responding to the crisis of
violence.

It is most fitting that she speak to us
on this topic because, though coming from
criminal justice, I know from previous work, from
her previous work and her support and receptivity
to our work at Carnegie Corporation of New York
on meeting children's needs and particularly on

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1 engaging community organizations to provide you
2 with alternatives to violence, that she has
3 already acted on the broad public health
4 preventative approaches to violence.

5 Ms. Reno was born and raised in Miami,
6 Florida where she attended Dade County public
7 schools. She received an AB in chemistry from
8 Cornell University in 1960 and her LLB from
9 Harvard Law school in 1963. Her legal career
10 started with private practice. Ms. Reno was a
11 partner in the Miami-based law firm of Steel,
12 Hector and Davis from '76 to '78, having
13 previously served as Assistant State's Attorney
14 and Staff Director of the Florida House of
15 Representatives' judiciary committee.

16 From 1978 to 1983, Ms. Reno served as
17 State's Attorney for Dade County, Florida,
18 appointed to that position by the governor of
19 Florida but subsequently elected to that office
20 five times. Janet Reno was sworn in as the
21 nation's 78th Attorney General by President
22 Clinton on March 12th, 1993.

23 It is a deep, personal honor to
24 introduce to you Janet Reno, Attorney General of
25 the United States of America.

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1 (Applause.)

2 MS. RENO: Thank you very much. It is
3 a wonderful opportunity for me to be here today
4 and to say an indirect thank you to the people in
5 the field of health that have done so much to
6 educate me over the last 17 years.

7 Why do I as Attorney General of the
8 United States come to speak with you? It's
9 because in 1978, as I assumed the role of
10 prosecutor, the chief prosecutor in Dade County,
11 Florida, our medical examiner, a wonderful
12 doctor, called me and said, why don't you come
13 look at our records and see who has been killed
14 in Dade County in the last 25 years and let's
15 formulate a strategy to do something about it.

16 With interns we looked at those records
17 and found that 40 percent of the homicides over
18 that time period were related to domestic
19 violence; husband/wife, boyfriend/girlfriend,
20 ex-spouse. We developed a domestic intervention
21 program at that time. Other physicians were not
22 as enlightened as our medical examiner and it was
23 sometimes slow in bringing the medical community
24 with us as we tried to, in the criminal justice
25 arena, address the problem.

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1 We were slow in bringing judges along
2 and police officers, but it was so rewarding to
3 come to Washington as Attorney General and find
4 the American Medical Association and so many
5 people in the health area reaching out to the
6 criminal justice system, recognizing that
7 domestic violence and family violence were a
8 problem not just for the criminal justice system,
9 but for the health -- public health community as
10 well.

11 I had always been concerned about
12 juveniles, but quickly after I took office, I
13 looked at our present investigations of juveniles
14 which we were prosecuting and saw so many steps
15 along the way where we could have intervened to
16 have made a difference in that child's life, save
17 the community from the crime, and save the child
18 from the trauma of arrest and incarceration.

19 I looked for causal effects and there
20 was a clear correlation between dropouts and
21 delinquents, realizing that I would never be able
22 to build enough facilities in the juvenile
23 justice system if I waited until the child was
24 adjudicated delinquent.

25 We started looking at dropouts and we

1 started working with the educational community,
2 but it was clear that if we waited until the
3 child was nine and 10 and 11, that was going to
4 be too late, for the child had already fallen a
5 grade or two behind and was beginning to act out
6 for other reasons. We needed to intervene
7 early.

8 And so, we started an early
9 neighborhood intervention program trying to look
10 at the problem as a whole. But at that point,
11 the crack epidemic hit Miami in 1985 and the
12 doctors took me to Jackson Memorial Hospital, our
13 large public hospital, to try to figure out what
14 to do about crack-involved infants and their
15 mothers.

16 Child development experts,
17 neonatologists started telling me about how
18 precious that time of zero to three was, how the
19 child developed the concept of reward and
20 punishment during that period of time. How 50
21 percent of all learned human response was learned
22 in that first year of life. And it certainly
23 clicked in me that all the prisons or detention
24 facilities that would be built 18 years from now
25 weren't going to make any difference if we didn't

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1 start early because we couldn't build enough.

2 So, I have a great debt of gratitude to
3 physicians, to health care professionals who have
4 taught me so much along the way. But there is
5 one area where I think both the legal community,
6 the criminal justice community and the medical
7 community have both lagged, and that is in how we
8 deal with the problem of drugs, trying to get
9 people focused on drug treatment early on as we
10 prosecuted people who were abusers and who needed
11 help was one of the most difficult tasks I dealt
12 with.

13 Too many people would tell me,
14 treatment doesn't work. I chaired a task force
15 for the Governor of Florida and was told there
16 was no addiction course work in any major medical
17 school in this country as late as 1987. It is so
18 important for doctors, for lawyers, for
19 prosecutors, for police officers to come together
20 and to talk about it. And now we see so much
21 collaboration in drug courts, in other
22 initiatives, and a clearer recognition on the
23 part of so many Americans that treatment can
24 work.

25 One of the most profound opportunities

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1 for me to learn from a public health specialist
2 was about four years ago when the Governor of
3 Florida asked me to review the delivery of social
4 services in Florida. A lady who had been a
5 public health nurse for 20 years looked at me and
6 she said, when I first started, we'd go into
7 somebody's home, sit down and have a cup of
8 coffee at the breakfast table and talk to them
9 about infant formula and nurturing and bonding
10 and give them ideas about how to be a better
11 mother. But you know what? I'm scared now. I
12 don't feel like I can go into people's homes.

13 That gave me the idea of forming a team
14 of a public health nurse, a social worker and a
15 community police officer to work in one
16 neighborhood so that that nurse could feel like
17 she could go into a home and could feel welcome.
18 It begun to work as I was leaving Dade County.
19 But that public health nurse charted new courses
20 for me in terms of recognizing what primary care
21 was all about, whether it be in prevention
22 efforts in the criminal justice system or whether
23 it be in medical prevention efforts.

24 About that time, I came to Washington
25 and one of the first people I met was Dr. Mark

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1 Rosenberg, who focused with me on the issues of
2 youth violence. I knew as I was leaving Dade
3 County that youth violence was one of the single
4 greatest crime problems that I faced, but I
5 hadn't looked at it in terms of who and what and
6 why and how.

7 I had tried to look at it in terms of
8 problem solving within the criminal justice
9 system, but for the first time I had the
10 opportunity to talk with people in public health,
11 the Centers for Disease Control, and others
12 concerned to see how we could solve the problem
13 working together.

14 So I stand here as a confirmed believer
15 that the criminal justice system and the public
16 health system must be partners. I stand here
17 amazed that the American Medical Association and
18 the American Bar Association who fuss so often
19 about who's suing who are now working together in
20 so many wonderful areas such as domestic
21 violence, and I stand here committed to what
22 public health is all about.

23 I think both medicine and the law have
24 suffered too long in this country from people who
25 are willing to wait for the crisis to occur, for

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1 the specialist to be needed, for the lawyer to
2 try the case, for the public defender to protect
3 the child. Public health speaks volumes about
4 the need and the soundness and the great value of
5 prevention, and I think we must learn from that
6 experience.

7 But it's not just a matter of public
8 health. It's not just a matter of the criminal
9 justice system and lawyers. It's a matter of all
10 disciplines working together. The teachers, the
11 park and recreation specialists, the job
12 specialists, the preacher, the businessman, all
13 of us coming together.

14 We formed a number of valuable
15 partnerships in the Department of Justice,
16 primarily with the CDC and we're already taking
17 advantage of the expertise that public health
18 professionals have to offer. Our National
19 Institute of Justice is working with CDC to
20 support a national survey of violence against
21 women. On a related vein, the Department's
22 agencies are working with CDC to support a
23 National Academy of Sciences project to develop a
24 research agenda for domestic violence. This
25 research is required under the Violence Against

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1 Women Act, an Act we fought so hard for.

2 We're also working, as I've indicated,
3 with CDC on new and prospective studies of youth
4 violence. I think we all have to look for
5 opportunities to collaborate with others for
6 doing work related to these issues. For too
7 long, each of us has gone down our own little
8 professional trail. I sometimes think back to my
9 farm in Dade County, a farm that existed long
10 ago. It had little pig trails and then you'd
11 have little horse trails and then you'd have
12 little cow trails, and they didn't walk down the
13 same trails, and the time has come for us to walk
14 down the same trail of human life.

15 I think it's important that we look
16 beyond just public health. About a year ago, I
17 met with the American Society of Criminologists
18 and issued a challenge to them to establish a
19 dialogue with me about the information and
20 knowledge research is producing. They've taken
21 me up on that challenge. They've presented me
22 some wonderful issue papers and I'm looking
23 forward to meeting with them.

24 But as we meet and as we talk and as
25 practitioners come together with research

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1 specialists, what should we be looking for? We
2 should be looking for that one trail of how you
3 raise a child in this complex society of today,
4 wherever that child may be in this world, and
5 give him the fabric, the structure, the love, the
6 supervision that can enable him or her to grow as
7 a strong, constructive human being.

8 And in that vein, I think it is
9 imperative that we make sure that we bring the
10 disciplines together, that we bring the
11 practitioners and researchers together to
12 understand what works and what doesn't work,
13 focusing first on that child zero to five, trying
14 to find out how we can enable parents to be
15 better parents.

16 We teach so much in our schools. We
17 teach algebra and language, but we teach very
18 little on how to be a parent. Most of that has
19 been taught in your history handed down from one
20 generation to the next, but too many generations
21 are not in the process of handing it down and
22 we've got to figure out how to teach them.

23 We've got to make sure that everybody
24 understands the importance of providing prenatal
25 care and health care to our very youngest. Too

1 many physicians in this country have taught me
2 over these last two years what health care
3 neglect in the early years can do in terms of the
4 emotional disturbance, violence and abuse that
5 follows.

6 Let us start investing before it is too
7 late. Let us look at nutritional issues and
8 external issues of toxicity that may influence
9 the violence of the future. Let us bring it
10 together so that the prosecutor and police
11 officers and public health specialist can look at
12 a neighborhood and see what are the risk factors
13 that those children in that neighborhood face and
14 let us take steps up front to stop it before we
15 start prosecuting somebody for killing that child
16 five years from now.

17 Let us look and understand, as you all
18 have understood in this conference, what domestic
19 violence means. It has taken me too long now to
20 try to convince police officers and others of the
21 importance of focusing on this, but you know and
22 let us carry out the message beyond this room
23 that the child who watches his father beat his
24 mother comes to accept violence as a way of life,
25 and that if we are ever going to end violence on

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1 our streets, we've got to start with violence in
2 our homes.

3 It is important to recognize and we
4 must stand up against attempts to cut the
5 marvelous progress made in the past year with the
6 passage of the Violence Against Women Act which
7 will provide \$1.3 million over the next six years
8 for programs that prevent and support programs
9 for violence against woman efforts and for
10 domestic violence.

11 Already the Department of Justice has
12 distributed at least \$426,000 to each state in
13 the nation as a down payment on this effort for
14 new initiatives, for shelters, for other programs
15 that can provide a means of intervening and
16 breaking that cycle of violence.

17 Let us not as lawyers or health
18 specialists forget the teacher. I think it is
19 important, it was so important for me as the
20 child development experts taught me that zero to
21 three was such a critical time in a child's
22 life. If 50 percent of all learned human
23 responses are learned in the first year, what
24 happens if that first year falls in shambles
25 around that child? We spend more dollars down

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1 the road, we spend more time down the road in
2 remedial programs that can better be placed in
3 early initiatives up front and then in enhanced
4 opportunities down the road.

5 Let us figure out how we get parents
6 involved. Let us understand, okay, if schools
7 are doing a good job in certain situations, what
8 is happening to that child's afternoons and in
9 the evening and in the summertime. Do we start
10 thinking of schools around the year? Is that in
11 the best interest of the child? How can we work
12 with educators and health care specialists to
13 figure out what combination of recreation and
14 class work and other work is in the best interest
15 of a child who is unsupervised in the afternoon
16 hours or summer hours because both parents or a
17 single parent is working, or they're neglected
18 and the parent is indifferent.

19 Let us talk about conflict resolution.
20 One of the most impressive efforts that I have
21 seen was developed in a hospital setting. A
22 hospital here in Washington was concerned because
23 it was receiving in its emergency room a drastic
24 number of victims, young victims of violence, and
25 on their heels oftentimes came the perpetrators,

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1 or a friend of the perpetrators because too
2 many -- too much of the time they were friends.
3 And too often they were seeing the victim become
4 the perpetrator three weeks later when they got
5 out of the hospital.

6 And they reached out to the local
7 schools for the area that that hospital served
8 and started developing a conflict resolution
9 program. But they did it in a sound, solid way
10 because the person leading the effort had a law
11 degree and a master's in public health, which is
12 one of the most interesting combinations that
13 I've seen.

14 And together, they started working on
15 how you evaluate what's working and what's not
16 working and conflict resolution programs and then
17 started developing a program for the school. A
18 classic example of how the criminal justice
19 system, the legal system, and the public health
20 system can come together.

21 Let us look at what we can do in
22 truancy prevention. A police officer will pick a
23 kids who is nine years old from the street at
24 10:00 in the morning on a school day. He'll take
25 him to school. The school will call home. The

1 child will already be on the verge of being
2 abused and neglected. .The mother won't respond
3 and the school too often will send that child
4 home on the bus without having done anything to
5 see why he was truant in the first place.
6 Whereas if a community-friendly, highly-respected
7 police officer and a public health nurse knocked
8 on the door, they might find a mother who is
9 reaching out, begging for help, begging for
10 support, faced with a crisis, helpless and
11 alone.

12 Let us start trying to come together as
13 teams to break that cycle of violence through
14 using all the skills at our respective command.
15 Let us look at the external tax factors of guns,
16 of alcohol, of drugs. How do we prevent? We've
17 done some good work in prevention programs.
18 Let's build on it. Let's get the research out.
19 Let's be able to convince Congress and others of
20 just what this work has done in terms of
21 prevention. Let's be able to quantify it so that
22 when we talk about dollars, we have the facts at
23 our disposal that can persuade people to
24 appropriate monies for these programs.

25 How do we intervene and treat? We've

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1 got to do so much more in understanding how we
2 treat drug and alcohol abuse. Ladies and
3 gentleman, if we can send a man to the moon, we
4 can do a lot better in intervening and treating
5 alcohol and drug abuse in this country.

6 (Applause.)

7 But we have got to develop a community
8 capacity to go with it, because the best lawyers,
9 the best doctors or health care specialists in
10 the world won't make any difference if we treat
11 and begin to cure and then that child goes home
12 to an apartment over the open-air drug market
13 where he got in trouble in the first place, we're
14 not going to be able to pull him back and save
15 him. We've got to work with community leaders,
16 neighborhood leaders to rebuild the fabric of
17 society.

18 And where I need the help of health
19 care specialists more than any place else is, how
20 do we hold people accountable? First, and
21 primarily, how do we hold young people
22 accountable? There is a reaction in this land as
23 we face the prospects of youth violence; let's
24 build some prisons and let's transfer those kids
25 to adult court and let's put them away and keep

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1 them away. The sad truth is that they like to
2 talk, but they don't even build the prisons to go
3 with it, so nothing really happens to the child
4 and the child begins to think he can get away
5 with anything.

6 There is money in our crime bill for
7 prisons, but how do we design those prisons for
8 that 17-year old armed robber? Do we design
9 programs for serious youthful offenders? The
10 public health arena has taught me so much and it
11 would be invaluable for us to be able to talk
12 more about how we design programs for serious
13 young offenders who are dangerous, who cannot be
14 returned to the streets immediately. How do we
15 design programs that provide after care and
16 follow up? How do we design programs that can
17 build their self-esteem and give them the tools
18 to think that they can do the job?

19 One of the areas that I think has real
20 hope is starting before they get to the state in
21 prison. The crime bill provides monies for
22 100,000 community police officers. Almost 17,000
23 officers are on the streets now. They're on the
24 streets working in communities, working with the
25 residents of the communities, reaching out to the

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1 young people, developing a relationship with the
2 entire neighborhood that they serve, using the
3 people to identify the problems and the
4 priorities.

5 It is so exciting to go to a community
6 and have a young person stand up and say, I never
7 trusted cops before but this guy's my mentor,
8 this guy's kept me out of trouble, this guy is
9 making a difference in my life. It is wonderful
10 to see a community police officer go with a young
11 man whom he has arrested to the court and tell
12 the court just what is involved and what his
13 recommendations are that can get this kid off to
14 a fresh start and a new life.

15 We need your assistance in figuring out
16 not only how we prevent crime, but what we do
17 when it happens. How we hold people accountable,
18 how we say you're going to be responsible for
19 your actions, you're going to accept both the
20 moral and legal responsibility, but that we're
21 going to give you a new start and a fresh start.

22 I think much of that comes again from
23 giving young people hope. It was remarkable
24 experience for me to meet with the Youth
25 Prevention Counsel in Canada with Canada's

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1 Minister of Justice and hear people talk about
2 let's stop talking about children at risk.
3 They're going to be, start getting a negative
4 image of themselves. Let's start talking about
5 what positive factors we can provide in a child's
6 life that can make a difference. Let's start
7 talking about how children and young people can
8 contribute to their community because so many of
9 them want to reach out and to make a difference.
10 We can do so much.

11 But I think as we deal with the problem
12 of youth violence, we must not neglect what I
13 think is emerging as one of the more serious
14 problems of our time, and that is the issue of
15 elderly abuse. In Thomas Jefferson's age the
16 average life expectancy was 37 years of age. You
17 know better than I do that it now exceeds 70
18 years of age in this country. And as people live
19 longer, they become more frail and they become
20 more susceptible to abuse.

21 This is our new and emerging
22 challenge. We must work together, as we have on
23 issues of youth violence, on issues of domestic
24 violence to prevent and to avoid and to care and
25 to make an investment up front.

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1 You have showed me the way. Let us now
2 come together and convince this nation and this
3 world that we can have an impact on violence.
4 Some people think that the problem is too big,
5 but public health nurses taught me differently.
6 They taught me that you take the problem child by
7 child, family by family, school by school, block
8 by block, community by community and we will,
9 working together in that way, make a difference.

10 Thank you for all that you do for this
11 world.

12 (Applause.)

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