

Comments Submitted Regarding the Joint Family Engagement Policy Framework of the US Departments of Health and Human Services and Education on January 4th 2016

To Whom It May Concern,

As president and executive director respectively of two large parent organizations, I respectfully but firmly submit that this framework should be rejected for the following reasons:

- 1) Parents are not just “equal partners,” they “own the store” when it comes to raising their children** – Although the document says on page one that “Families are children’s first and most important teachers, advocates, and nurturers” on page 1, it does not clearly set forth the preeminent role of parents in the education and upbringing of their children. Based on *Pierce vs. Society of Sisters*, *Troxel vs Granville*, and *Meyers vs. Nebraska* to name a few seminal Supreme Court decisions that have affirmed the constitutional right of parents to direct the education and upbringing of their children, the pervasive language in this document that parents are mere partners with government or that government programs are to perform “parenting interventions” is extremely disturbing and unacceptable. Nor does the document even acknowledge the language of the Every Student Succeeds Act regarding parental rights in the Family Engagement Section, Part E of Title IV, Section 4504 that says:

“(c) Parental Rights.—Notwithstanding any other provision of this section—

“(1) no person (including a parent who educates a child at home, a public school parent, or a private school parent) shall be required to participate in any program of parent education or developmental screening under this section; and

“(2) no program or center assisted under this section shall take any action that infringes in any manner on the right of parents to direct the education of their children.

- 2) Promotion of government home visiting programs** – Based on this [agency’s own research](#), these programs are extraordinarily ineffective in two of the major areas that they are alleged to help:

Prevention of Child Maltreatment: For primary measures in the studies reviewed where there was data listed, only 15/75 parameters (20%) showed a positive effect while 60/75 parameters (80%) showed no effect and there were many programs not studied.

Child Development and School Readiness: For primary measures in the studies reviewed where there was data listed, only 77/448 parameters (17%) showed a positive effect while 362/448 parameters (82%) showed no effect, 3/448 parameters (1%) showed a negative or ambiguous effect, and there were many programs not studied.

Other problems with home visiting include:

- Medical record review without consent
- Massive, invasive data collection of very personal and private child and family information
- Consent may not be voluntary for participation
- Visitors may only have as little as 5 days of training
- Information presented may be unscientific or biased
- Families may unknowingly give up 4th amendment rights

3) **Focus on social emotional parameters and data for young children** – It is the epitome of destruction of parental autonomy to have the federal government via any agency tamper with, manipulate, set norms for, or otherwise deal with anything in this realm. Psychiatric diagnosis and social emotional parameters are extremely subjective to begin with and are especially difficult to use for young children in particular. Having data and evaluations of these subjective and inaccurate parameters in children’s records that follow them for life is extraordinarily problematic. Here are some of many quotes from expert sources confirming those facts:

- “At present, most psychiatric disorders lack validated diagnostic biomarkers, and although considerable advances are being made in the arena of neurobiology, psychiatric diagnoses are still mostly based on clinician assessment.” (Jeste, D (President of the American Psychiatric Association) – The New DSM Reaches the Finish Line – Huffington Post 12/11/12 http://www.huffingtonpost.com/dilip-v-jeste-md/dsm-5_b_2280155.html)
- Challenges Involved in Infant and Early Childhood Diagnosis
 - “Diagnostic classifications for infancy are still being developed and validated...”
 - “Lack of longitudinal outcome studies”
 - “Broad parameters for determining socioemotional outcomes are not clearly defined” (National Center for Infant and Early Childhood Health Policy – Addressing Social-Emotional Development and Infant Mental Health in Early Childhood Systems – 2005 <http://files.eric.ed.gov/fulltext/ED496853.pdf>)
- Dr. Benedetto Vitiello, chief of child and adolescent psychiatry at the National Institutes of Health acknowledged the "diagnostic uncertainty surrounding most manifestations of psychopathology in young children." ([PEDIATRICS](#) (Impact Factor: 5.47). 11/2001; 108(4):983-9. DOI: 10.1542/peds.108.4.983)
- "Five years ago, pinning down bipolar disorder in children was like nailing Jello to the wall. Today, we've seen significant advances—we are now nailing cheesecake to the wall...so far [genetic] research has not consistently shown increased occurrence of the disorder in children who are supposed to be at high risk." (Gabrielle Carlson, M.D. Psych News, 12-2-2005)

- “Childhood and adolescence being developmental phases, it is difficult to draw clear boundaries between phenomena that are part of normal development and others that are abnormal.” (World Health Organization (2001) World Health Report)

Young children are being screened, labeled and medicated with extraordinarily dangerous psychotropic medications that have horrific side effects including brain atrophy and death all based on these very subjective criteria.

- “Greater intensity of antipsychotic treatment was associated with indicators of generalized and specific brain tissue reduction after controlling for effects of the other 3 predictors. More antipsychotic treatment was associated with smaller gray matter volumes. Progressive decrement in white matter volume was most evident among patients who received more antipsychotic treatment.” - (Ho and Andreasen, *Long-term Antipsychotic Treatment and Brain Volumes*, Archives of General Psychiatry, VOL 68 (NO. 2), FEB 2011)
- However, with time and experience the second generation antipsychotic medications have become more highly associated with weight gain, diabetes, dyslipidemia, insulin resistance and the metabolic syndrome and the superiority of clinical response (except for clozapine) has been questioned. Other psychotropic medications that are associated with weight gain may also be of concern.” (Parks, J. et al, (2006) Morbidity and Mortality in People with Serious Mental Illness, National Association of State Mental Health Program Directors
http://www.nasmhpd.org/general_files/publications/med_directors_pubs/Technical%20Report%20on%20Morbidity%20and%20Mortality%20-%20Final%2011-06.pdf , p. 5-6)
- However, in children and adolescents (aged 6-18 years), antidepressant drug treatment was significantly associated with suicide attempts (OR, 1.52; 95% CI, 1.12-2.07 [263 cases and 1241 controls]) and suicide deaths (OR, 15.62; 95% CI, 1.65-infinity [8 cases and 39 controls]).” (Olfson, et al, Antidepressant Drug Therapy and Suicide in Severely Depressed Children and Adults, Arch Gen Psychiatry. 2006; 63:865-872)
- A 2005 Oregon State University review of 2,287 studies involving ADHD drugs found no long-term safety or effectiveness of those drugs in children. (<http://www.ahrp.org/infomail/05/09/13a.php>)

The reason that children are having behavior problems in preschool programs is not due to some mental illness epidemic, but rather because poor children, who often have only one parent to begin with are then deprived of the time and nurture of their remaining parent creating stressful reactions. Children from two parent families have similar problems, though less pronounced, because there is more parental support at home. There is significant evidence that pre-K programs actually exacerbate the social emotional issues that they purport to improve. Here are some of many quotes (More available at [Compilation & Analysis of Early Childhood Research Regarding Effect, Fade Out, Academic & Emotional Harm](#)):

Tennessee (2015) – “First grade teachers rated the TN- VPK children as less well prepared for school, having poorer work skills in the classrooms, and feeling more negative about school.” (Lipsey, M. W., Farran, D.C., & Hofer, K. G., (2015). A Randomized Control Trial of the Effects of a Statewide Voluntary Prekindergarten Program on Children’s Skills and Behaviors through Third Grade ([Research Report](#)). Nashville, TN: Vanderbilt University, Peabody Research Institute. Emphasis added.)

Head Start (2014) – The study concluded “that there is no indication that either high quality Head Start or low quality Head Start . . . leads to program impacts lasting into third grade.” It also found that less academic teaching for three-year-olds resulted in improved behavior in the near term, supporting the idea that it’s [not developmentally appropriate](#) to begin academic teaching to children that young. ([The Role of Program Quality in Determining Head Start’s Impact on Child Development: Third Grade Follow-Up to the Head Start Impact Study](#))

MIT and University of California at Berkley (2011) – “[Two forthcoming studies](#) in the journal Cognition show the extent to which direct, teacher-initiated learning can limit and dampen children’s creativity and curiosity.” (Tang, [The Daily Beast](#))

National Institutes of Child Health and Human Development (NICHD – 2007) – A 2007 study funded by the NICHD tracked 1,364 children who had participated in early childhood education. Preschool participants were more likely to score higher on factors of aggression and disobedience as reported by their teachers. This finding was true even for children who attended high quality center-based care. The more time a child spent in center-based care the more likely he or she was to be described by sixth grade teachers as one who “gets in many fights,” is “disobedient at school,” and “argues a lot.”

University of Quebec (2006) – “Several measures we looked at suggest that children were worse off in the years following the introduction of the universal childcare program. We studied a wide range of measures of child well-being from anxiety and hyperactivity to social and motor skills. For almost every measure, we find that the increased use of childcare was associated with a decrease in their well-being relative to other children. For example, reported fighting and aggressive behavior increased substantially.” (Michael Baker, Jonathan Gruber, and Kevin Milligan, [What Can We Learn from Quebec’s Universal Childcare Program?](#), (C.D. Howe Institute).

From the privacy, freedom of conscience, and constitutionality standpoints, it is even more disturbing that government agencies are setting norms for and collecting data on these issues that include controversial social issues that regardless of one’s views, are still the parents’ right and prerogative to determine how they are taught. The US Department of Education (USED) is already in flagrant violation of the Tenth Amendment just by its very existence. The amount of data collected on individual children, families, and teachers via USED through this ESRA and the proposed SETRA and the weakening of the Family Educational Rights and Privacy Act (FERPA) and the Protection of Pupil Rights Amendment (PPRA) is appalling and violates the Fourth Amendment as well. To then give the federal government more power to manipulate, research and data mine the thoughts, feelings, attitudes, and behaviors of free American citizens, especially innocent young children, is completely unacceptable.

- 4) **Data Privacy** – The draft document is replete with references to expand data collection such as this recommendation on page 9: “Develop and integrate family engagement indicators into existing data systems.” Students, families, and teachers whose sensitive personal and family data about everything from “social and emotional” issues to [genetic data in newborn screening](#) is collected and shared between many federal agencies and private entities. According to an investigation by [Politico](#), education technology companies are “scooping up as many as 10 million unique data points on each child, each day.” FERPA has been severely weakened via regulatory fiat to gut consent requirements and broaden access to data by federal agencies and private entities. Given both the extent and sensitivity of the data that would need to be collected, the spectacular failure of the federal government to protect citizen data (Healthcare.gov, OPM and NSA data breaches), and the complete absence of the word “consent” in this document, this kind of data collection should be eliminated, not expanded.

There are far better solutions than government intervention in the lives of children and their families. HHS and USED should listen to researchers such as [Dr. William Jeynes](#) of UC-Santa Barbara, who identified three of several important factors that significantly improve the performance of minority students relative to white students (closing the “achievement gap”): intact families and religious faith, phonics instruction, and real parental involvement. Having government go even further to replace parents doesn’t work and will never work.

It is not the role of the federal government to “intervene” and tell families how to raise and educate their children. Unless and until the focus of this of this plan is completely revamped to make the role of government wholly and properly subservient to parents; stop the psychological manipulation, profiling and data mining of innocent children and their families; and properly protect the minimal amounts of academic data that should only be collected in the course of a child’s elementary education; then this whole plan should be withdrawn and defunded.

Thank you for your attention to these urgent concerns.

Sincerely,

Karen R. Effrem, MD

President – Education Liberty Watch

Executive Director of the Florida Stop Common Core Coalition, Inc.

www.FLStopCCCoalition.org

www.EdLibertyWatch.org

888-376-5550 (office)