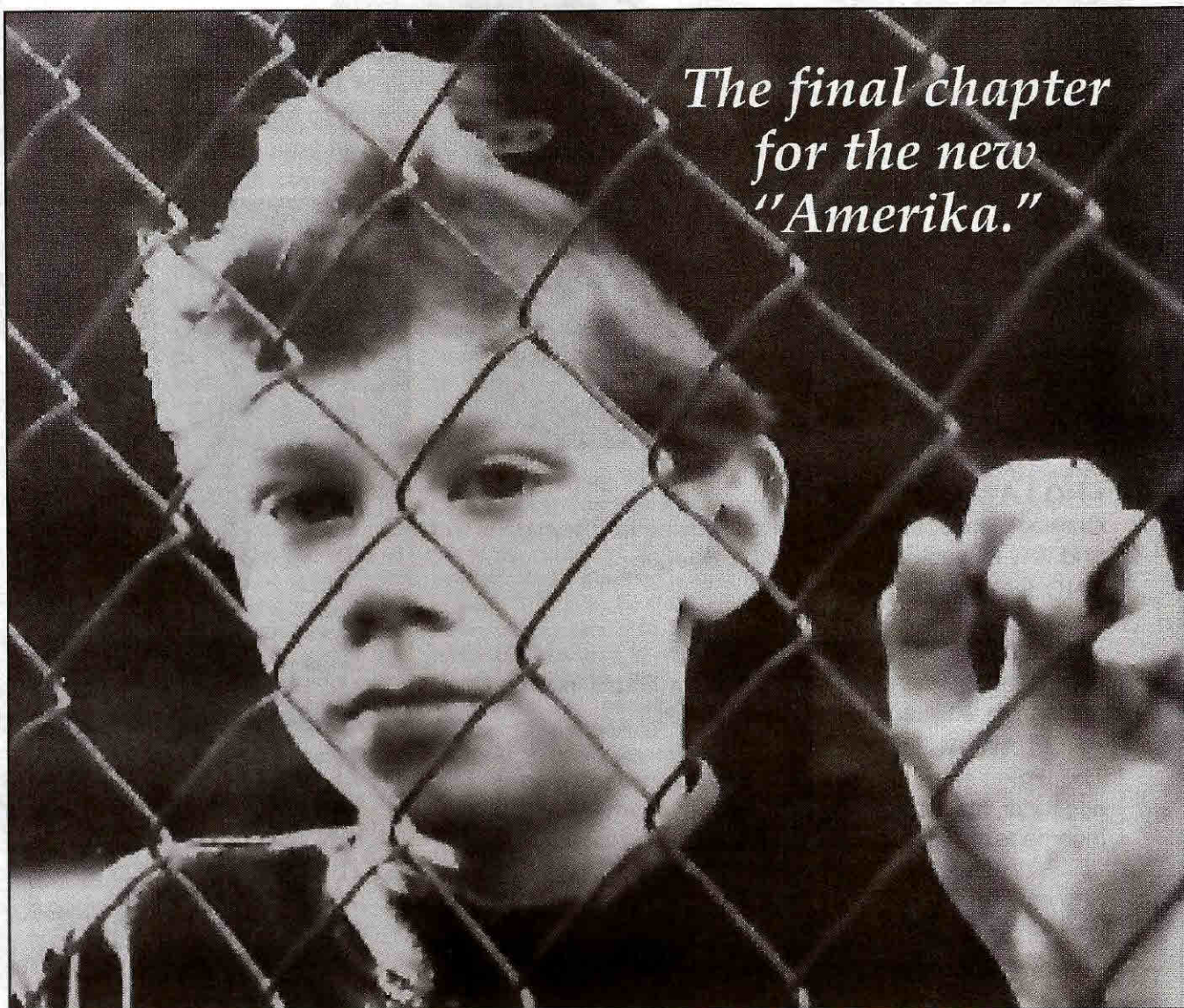


by Anita Hoge

Womb To Tomb

Children will be held captive until they meet federal outcomes. No child will escape.

*The final chapter
for the new
"Amerika."*



Editor's note:

Anita Hoge, known for her accurate research and comprehensive knowledge of the trappings of the education and health-care systems, names people and programs and points to specific legislation to document how a national data bank is keeping individual electronic portfolios on file to merge records from government sources - including individual medical, education and employment records - for computer retrieval. This elaborate scheme, that's already well underway, includes each individual. The information includes personality type, psychological profile-attitudes, values and beliefs - for everyone. While each state may not call its programs by the exact name that Pennsylvania uses, each state will use the same programs.

On December 8, 1994, Hoge appeared before the Department of Interior's NII (National Information Infrastructure*) Health & Education Data Security Hearing and, at their request, presented the following testimony. *NII is Vice President Gore's Information Super Highway.

The vision of transforming the nation and reinventing government through a "Community Learning Information Network" cannot be accomplished by technology alone. Information technology is powerful, computers are programmed to do their job and it is very expensive. The problem is... What does government want technology to do for them? What information does the government want? Why do they want it? How will data sharing be done? and... Why Americans will not be willing to give government what they want?

Technology has the capabilities through standardized coding to monitor who you are, what you are, where you are going, and when you will be doing it. Your behavior, your personality, and your mental health will determine your worth as human capital. This selection process will be according to government genetic social engineering, which will code you through Medicaid. Each person's assessment through the government lottery will decide who is expendable. It's not whether your social security number will be flagged by this technological marvel, it's when your "number's up", that will impact your life. Time is not on your side. It will be as instant as phoning your friend across town.

The technology questions that must be addressed in health and education records are: What will be the contents of a child's permanent record or micro record? Will it be an education record, a health record, or a mental health record? How will decisions be made about your child based on meeting accountability standards? Who are the data

sharers who have access to all the personal and sensitive information that will be logged in?

The Process of Linking Educational Restructuring to Medicaid and National Health Care Reform. How is it Working?

PHASE I

The Department of Education and the Department of Welfare have been aggressively working with school districts to access Title XIX Medical Assistance Funds available for health services. Children are now eligible for Medical Assistance through "new" requirements found under Special Education (Individuals with Disabilities Education Act, IDEA). Income will no longer be an eligibility requirement to qualify for Medical Assistance/Medicaid. This has changed Medicaid from a "poverty" program to a program for anyone who is labeled disabled or medically needy because of special education. A school can now access Medicaid funds by obtaining a partial hospitalization provider license or contract with other service providers as a partnership. This sets the stage for school based health clinics. The school nurse practitioner will be able to provide EPSDT (EARLY PERIODIC SCREENING & DIAGNOSTIC TREATMENT) screening,¹ physicals, immunizations, pregnancy testing, intervention strategies for "at risk" or Student Assistance Program (SAP) children, etc. Schools are now providers to Medicaid eligible "clients" through the Department of Public Welfare.

PHASE II.

Medicaid has now been expanded to include "Mental health wrap around services" which extend the definition of related services beyond medical care to include emotional disturbances. Any emotional disturbance could identify a child on a psychosocial stressors scale or a global functioning assessment scale. An example is, "breaking up with your boyfriend or girlfriend or having a fight with your parents." Disagreeing to this assessment could label you with a 313.81 DSM IV (DIAGNOSTIC AND STATISTICAL MANUAL OF MENTAL DISORDERS) code for "oppositional deficit disorder" which includes: arguing with adults, acting angry, refusing to obey, annoying other people, or blaming others for misbehavior. A "bad hair day" will qualify a child for an emotional disturbance paid for by Medical Assistance. The new bible that will be used to identify emotionally disturbed people is the *Diagnostic and Statistical Manual of Mental Disorders* that will be found in therapists offices, hospitals, social agencies, courts, schools, prisons, and classrooms.

The education link is clarified when Outcome Based Education mandates "mental health outcomes" while Medicaid sup-

plies the vehicle to produce the outcomes. All states have examples of mental health outcomes required for graduation correlating to the Secretary's Commission on Achieving Necessary Skills (SCANS) from the U.S. Department of Labor.

How will the child be identified for a mental health disability? The rationale is that when a child does not meet an outcome, they may have a developmental delay or have a problem at home. This will begin the process of screening or identifying a family as dysfunctional. Depending on the definition of what a dysfunctional family may be, this will trigger case management to access the home to develop an Individual Family Service Plan (IFSP) and begin "parents as teachers" training.

The child will need instructional support services to meet mental health outcomes. Immediately all the community partnership driven activities begin. Special education teams will screen "All Children" in a "seamless" system of the least restrictive environment. Teams will observe, identify, assess, diagnose, and implement interventions written in an Individual Service Plan (ISP for regular classroom children) or an Individual Education Plan (IEP, for the child who is truly special-ed).

The "mental health outcomes" are enveloped into this individual plan which contains educational restructuring outcomes like; self-esteem, adapting to change, interpersonal skills, decision making, honesty, integrity, etc... All children are at risk. Political correctness replaces instructional content. Acknowledging that "All Children" will meet outcomes or not graduate, brings home Governor Casey's comment for increasing the referrals and assessments of children in the new community welfare/health reform package formulated by the Children's Cabinet objectives. "No child will be left behind."

National Education Goal #1 - All children in America Will Start School Ready to Learn!

Head Start, preschool, and early intervention will target children not yet in school. The Child Health Tracking program will be the important tool to identify birth to school-age children under EPSDT screening (billed by Medicaid for immunizations, physicals, blood tests for lead poisoning and check-ups, etc...).

Community Service Systems continue to expand, not only to healthcare, but to transportation, housing, nutrition (free lunch programs), cash assistance, etc. until the system encompasses the entire psychosocial structure of the new "global village".

Mental health wrap around services are funded through 50/50 matching federal/state funds. Increases in screening and

