

TESTIMONY



**Testimony of
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Before the
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Chairman Lieberman, members of the Governmental Affairs Committee, thank you for the opportunity to testify before you today as a pediatrician, as a child health researcher, as a filmmaker, and as a parent. My name is Dr. Michael Rich. I practice pediatrics and adolescent medicine at Children's Hospital Boston and I teach at Harvard Medical School and Harvard School of Public Health. In my research, I study the effects of various entertainment media on the physical and mental health of children and adolescents. I began my professional career as a filmmaker, working for 12 years as a writer, producer and assistant director, including 2 years in Japan as assistant director to the great director Akira Kurosawa on *Kagemusha*. I love audiovisual media and continue to work in video and radio production, developing pro-child and health-positive media as tools for health research, education, and advocacy. Finally, and most importantly, I am the father of a 14-year-old daughter and a 12-year-old son.

Media and Child Development

Our entertainment media, motion pictures, television, music and video games, represent not only a successful industry, but important cultural documentation of us, the United States, as an idea and as a people. Our First Amendment-guaranteed free expression has allowed the creation of the most influential entertainment industry in the world, a wide variety of products that excite, inspire, and move us. Media images, stories, melodies, and lyrics engage us, grip our emotions, and provide powerful messages about life and how we live it. By allowing us to experience issues and events that otherwise may not touch our lives, media serve as potent teachers. Until recently, we have drawn an artificial distinction between education, which occurs in formal settings such as schools, religious institutions,

maybe even the doctor's office, and entertainment, which is fun, diverting "down time" for our minds. What any child development expert will tell you is that there is no "down time" for a child's developing brain. Children learn the ways of the world by observing and imitating -- they cannot help but be influenced by media. They are always curious, always learning. In 1999, a national survey determined that the average American child between the ages of 8 and 18 spent 6 hours and 43 minutes each day using one or more forms of entertainment media, more time than they spent at school, with parents, or in any other activity except for sleep. Media are teaching our children and they are incorporating the attitudes and behaviors that they learn into their lives. The question that many parents, pediatricians, and child advocates are now asking is, what are they learning?

The Impact of Media on Children's Health

The medical community first voiced concern about the effects of media on child health in the early 1950s. Since that time, thousands of research studies have been conducted by scientists of public health, psychology, sociology, and communications using a variety of research methods to investigate whether there is evidence of media use having an effect on health outcomes. Without reiterating and belaboring oft-cited research data, among thousands of studies, all but eighteen have shown a positive association between viewing media violence and subsequent violent behavior. The findings of hundreds of studies, analyzed as a whole, showed that the strength of the relationship between television exposure and aggressive behavior is greater than that of calcium intake and bone mass, lead ingestion and lower IQ, condom nonuse and sexually acquired HIV, or environmental tobacco smoke and lung cancer, all associations that clinicians accept and on which preventive medicine is based without question. Research into relationships between media exposure and substance abuse, obesity, sexual activity, poor school function, eating disorders, and other health risk behaviors, while smaller in numbers, shows a similar trend, that media use is associated with greater risk to the physical and mental health of children and young people. While there has been and always will be debate over technical aspects of individual studies, the preponderance of evidence is undeniable. One leading communications researcher has stated that "the scientific debate is over" and urged the research community to focus on interventions rather

than continuing to examine causality. Since 1972, comprehensive reports from the Surgeon General of the United States and the National Institute of Mental Health have indicated widespread concern among the public health community. Last year, the major health organizations of the United States, the American Medical Association, the American Academy of Pediatrics, the American Psychological Association, and the American Academy of Child and Adolescent Psychiatry, issued a consensus statement indicating that the research evidence pointed "overwhelmingly to a causal connection between media violence and aggressive behavior in some children." It was not so long ago that while the tobacco industry argued over scientific minutiae of various research, the medical community and society at large recognized the serious health risks associated with smoking and began to intervene. Look at how our personal attitudes and behaviors, our social environments and public health awareness have changed for the better. We are at a similar crossroads in relation to media effects on health. It is time to be honest with ourselves, acknowledge the risks, and address them in a serious and responsible manner.

Ratings Systems

Media ratings systems are not new or controversial. Child health professionals, parents, and the entertainment industry have all voiced their support for a system whereby parents can determine how best to guide their children's media consumption so that it is consistent with their values. The question and the current debate is how best to design and implement such a system. In response to public concern, the Motion Picture Association of America instituted the familiar age-based movie rating system in 1968. They are proud of this rating system and often cite the statistic generated by their own survey that indicates over 70% of parents are happy with their system. Unfortunately, their survey question is phrased in such a way that it is asking parents whether they are happy with the existing system as opposed to no system at all. The gaming industry has had several ratings systems in place since 1994. The music industry has a parental advisory label that it affixes to some of its products at the discretion of the producer or artist. In 1997, the television industry introduced the most detailed of the entertainment ratings systems, which has six levels of age-based ratings, supplemented by six content descriptors for fantasy violence, violence, language, sexual

situations and sexual dialogue. Further, these ratings can trigger a v-chip, built into all new televisions, to screen out material that exceeds a pre-programmed rating beyond which parents do not wish their children to view. In response to public concern and legislative pressure, the entertainment industry deserves credit for making efforts to rate its products.

Problems With Current Systems

Validity and Reliability

To function effectively as a tool that parents can use to protect their children, a rating system must be trusted, consistent, and usable. From both the scientific perspective of a child health professional and from the practical perspective of a parent attempting to use these systems, I find several problems with the current media ratings systems. In assessing a health-related situation, the health professional seeks out information about the situation that is both valid and reliable. Validity is the proximity of the assessment to that which is assessed; reliability is the consistency with which the assessment tool measures it. None of the current media ratings systems have been tested for either validity or reliability, a basic first step in the assessment of any instrument used in public health or social science research. A study published in *Pediatrics* this June compared the movie, television and game ratings systems to a media evaluation instrument designed for parents that was tested and refined over two years. This instrument was found to be valid and reliable with all three types of media. 276 films, 253 television programs, and 166 computer games were evaluated by 55 adults, mostly parents, grandparents, or child development professionals. When the current ratings systems for each of these three media indicated that a product was unsuitable for children, parents universally agreed. However, there were significant discrepancies between what parents and the ratings systems found suitable for various age groups. Like bank errors, all of the mismatches were in one direction -- the current ratings systems were more lenient than parents, with as much as 50% disagreement. If up to half of parents disagree with the media rating systems, there is significant concern that these systems may not be valid with the population for which they were designed. Reliability was also called into question by an assessment of television ratings done by my fellow panelist Dale Kunkel, which found that 8 out of 10 shows with sex or violence did not carry the appropriate content descriptors.

Objectivity

This gives rise to a second concern about the current ratings systems – objectivity. The entities which assign current media ratings range from the artists and producers in the television and music industries to industry-appointed ratings boards in the motion picture and gaming industries. These memberships of these boards are industry secrets, which is cause for concern about accountability. A recent Washington Post story interviewed a terminated member of the motion picture ratings board who violated his secrecy agreement to report an idiosyncratic, inconsistent, and ultimately autocratic rating assignment process. Only the television ratings system has an oversight board for their ratings system, but, by report, this board does not review all ratings and, indeed, has not met often. When the entertainment industry rates their own creations, there are powerful incentives to down-rate product in order to make it accessible to a larger market share. There is a strong tendency to create for the top end of a rating, competing in an ever-tougher market to "push the envelope" with violence, sex and other rating-critical content. The "ratings creep" indicated by large discrepancies between industry and parent assessment of media appropriateness for 13- to 17-year-olds may be the result of these pressures. Finally, there is public concern that industry-applied ratings are used as a tool for marketing to children rather than protecting them. The discovery by the Federal Trade Commission of plans and procedures to market R-rated movies to children as young as 8 did little to allay this concern.

Complexity

The current ratings systems are complex, confusing, and difficult for parents to use. They vary in structure, detail, and even approach, from the strictly age-based rating of motion pictures to the dichotomous parental warning on music to the complicated age- and content-based television rating system. After more than 30 years, parents feel that they understand the motion picture rating system, but few understand and fewer still use the television and game ratings. In my own practice, 0 out of ten parents could tell me the meaning of the content descriptor FV, and six of them told me it stood for Family Viewing, when, in fact, it indicates Fantasy Violence. Several apparently similar ratings, such as PG-13 and TV-14, often represent very different content. The ultimate result of this

unnecessarily complex system is that parents' eyes glaze over, they throw up their hands, and they give up their control over their children's media consumption.

Age-based

A final concern to me as both a parent and a child development professional is the concept of age-based ratings. Essentially, what an age-based system does is ask parents to accept the opinion of a group of strangers regarding what is appropriate material for their children based solely on their dates of birth. It does not account for variations in the rates of child development, socialization, or in values of individuals and families. It also gives rise to the concept of ratings enforcement, the prohibition of young people from media that others have determined inappropriate, a concept that verges on censorship.

Possible Solutions

What are the possible solutions for these concerns? What can the entertainment industry, consumers, and society as a whole do to make media ratings more effective in protecting the health of young people? First, we can attempt to generate media ratings that are more valid and reliable than the current systems have proven. When parents and child development experts disagree by as much as 50% with ratings, those ratings do not function as they were designed because parents do not trust that the ratings are an adequate proxy for their judgement and will not use them. Second, ratings must be more objective. If they could pass the same rigorous tests of validity and reliability as other social science measurement tools, they would function more effectively as a child protection tool. An independent oversight committee, consisting of members of the entertainment industry, child development and public health professionals, social scientists and parents, could ensure more democratic, representative, and consistent applications of media ratings across media types and ensure regular evaluations of the ratings' validity and reliability. Finally, the ratings need to be simplified and streamlined, so that they are understandable and user-friendly to parents. A single universal media rating system might be a solution. However, given the inherent differences between motion pictures and music, between television programs and video games, such a system would be difficult to design so that it would be simple, appropriately descriptive and protective, yet responsive to the

differences between media and the way they work in the developing young person.

Simplifying the ratings system will not be simple. Any solution will be imperfect. However, from my perspective as both a pediatrician and a parent, a content-based rating system, similar to the content descriptors of the television ratings, would be the most useful, valid, and parent-friendly solution to rating our wide variety of entertainment media. Just as we want to look at the label on a can of food and read what we are feeding our children's bodies, we should be able to determine with equal ease what we are serving our children's minds. Content-explicit ratings would not supercede parents' assessment of what their children of certain ages are capable of handling and would be responsive to variations in values that families may hold in relation to content such as nudity, language, or violence. If parents know the media menu, they can choose thoughtfully and knowledgeably what they are feeding their children's heads.

Media ratings are important to us as individuals and as a society. Designed and used properly, they allow us to create and consume a variety of media while protecting both child health and creative freedom. Censorship is anathema to our free society. It suppresses the free expression of ideas, and stifles both science and culture, the mind and soul of our society. I know and love the possibilities of media, and I respect them. Entertainment media are not inherently dangerous. They are a powerful tool that must be used thoughtfully and wisely. Just as the same shovel can be used to hit someone over the head or to prepare a field for planting, so, too, media can harm or help. What we teach our children today will determine the world they create for all of us tomorrow. It is our task, as parents, as citizens, and as compassionate people, to do what we can to teach our children the lessons that will help them make their world safe, healthy, and free.

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