

The CHAIRMAN. Is there objection to the request by the gentleman from Louisiana?

There was no objection.

DEPARTMENTS OF LABOR, HEALTH AND HUMAN SERVICES, AND EDUCATION, AND RELATED AGENCIES APPROPRIATIONS ACT, 1999

The CHAIRMAN. Pursuant to House Resolution 564 and rule XXIII, the Chair declares the House in the Committee of the Whole House on the State of the Union for the consideration of the bill, H.R. 4274.

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IN THE COMMITTEE OF THE WHOLE

Accordingly, the House resolved itself into the Committee of the Whole House on the State of the Union for the consideration of the bill (H.R. 4274) making appropriations for the Departments of Labor, Health and Human Services, and Education, and related agencies, for the fiscal year ending September 30, 1999, and for other purposes, with Mr. BEREUTER in the chair.

The Clerk read the title of the bill.

The CHAIRMAN. Pursuant to House Resolution 564, the bill is considered as having been read the first time.

Pursuant to House Resolution 584, the gentleman from Illinois (Mr. PORTER) and the gentleman from Wisconsin (Mr. OBEY) each will control 30 minutes.

Mr. ENGEL. Mr. Chairman, today we take a vote on the future of our children. Day in and day out the Members of the 105th Congress come to the floor and express their concerns for ensuring opportunities for the next generation. H.R. 4274, "the Labor-HHS-Education Appropriations bill," is one piece of legislation that goes to the heart of our collective concerns. However, despite our desire to assist our children we instead embark on a bill that politicizes their future. Instead of providing opportunities, this bill guts national education funding for short term political gain. This bill eliminates funding for technology in the classroom in low-income school districts, it eliminates funding for teacher training, and it even eliminates funding to ensure that our children can read before the end of the third grade.

However, to just discuss the inadequacies of this bill on our elementary school aged children would not be a fair summarization of the destructive nature of this piece of legislation. This appropriations bill attempts at its very essence, to provide budget cuts off the backs of the poor, the immigrant and the laborer. H.R. 4274 if passed would eliminate federal subsidized funding for 4.4 million of the poorest households to pay for their heat during the winter months; this bill if passed would cut federal funding for bilingual education by \$25 million which would reduce funding for adequate teacher training; this bill if passed would even cut OSHA workplace safety enforcement by \$12 million which would result in 4,000 fewer workplace safety inspections in 1999.

The role of government is debated each day on the floor of this House, in our committee rooms, and in our districts but we all can agree that our mandate is to serve the people.

It is paramount that as a national body we focus not on partisan political goals but rather on what is in the best interest of our constituents. Members would then understand that this appropriation bill is too unfair, too detrimental to our national educational policy and too damaging to the poor. I urge my colleagues on both sides of the aisle to join me in opposing H.R. 4274 and vote no on this bill.

Mr. PORTER. Mr. Chairman, Mr. GREENWOOD's amendment protects a good program, a program that Members should support.

One of our priorities in this bill is public health programs that help expand access to care for the underserved. Title X—as George Bush and Richard Nixon recognized—is such a program.

1. It supports a broad range of reproductive services to women—including assistance for women who are having trouble conceiving children—as well as screening for breast and cervical cancer, sexually transmitted infections and hypertension. These are life saving, life giving, life enhancing services.

2. In 1996, 4.3 million clients were served—83 percent with incomes below 150 percent of the federal poverty level. Everyone above the poverty line pays something for their care on a sliding scale. For many working poor, Title X provides their only access to the health care system.

3. The law has always barred Title X from paying for any abortion under any circumstances. This is not an abortion issue.

Title X is really an anti-abortion program: roughly half of all unintended pregnancies end in abortion. It is estimated that, in 1994, one million unintended pregnancies were averted as a result of services received at Title X projects. Title X prevents the unintended pregnancies that lead to abortions and that lead to low-birthweight babies.

Title X improves maternal and child health, it lowers the incidence of unintended pregnancy and abortion and it lowers rates of STDs.

It is a good program, it is a wise investment, and we should be very careful about adopting amendments that undermine the program's effectiveness.

I urge all Members to support Mr. GREENWOOD's amendment and oppose Mr. ISTOOK's substitute.

Mr. STARK. Mr. Chairman, I oppose the Labor, Health and Human Services and Education Appropriations (Labor—HHS) Bill considered in the House today.

EDUCATION SUFFERS UNDER THIS BILL

This bill would have devastating effects on students and our education system and I strongly urge my colleagues to reject this bill.

My colleagues on the other side of the aisle have been busy with their education agenda this year. We've debated a Constitutional Amendment to allow for prayer in schools and we've tried to eliminate affirmative action programs for minority students. We've also tried to provide public dollars for private schools—not once, but twice, and to eliminate public dollars to be used for the purposes of educating our bilingual students. Lucky for our students, parents and teachers, Democrats have an education agenda, too.

The Democratic plan will improve public education. We want to reduce the average class size in the early grades by helping local school districts hire 100,000 new qualified teachers. We want to provide federal tax cred-

its to pay the interest on \$22 billion in bonds for the modernization and construction of more than 5,000 schools. We want to make sure that schoolchildren have somewhere to go after school instead of hanging out on the streets. We are promoting after school learning opportunities for students. We support expanding resources for educational technology in order to ensure that every classroom and school library is connected to the Internet by 2001.

The Democratic ideas will work; they will provide more opportunities for our kids. Nobody denies that public education is in bad shape. But the majority's solution is to cut funding and eliminate programs and to determine what choices are made available to school districts and teachers. This does not make good sense or good policy.

This Education Appropriations bill fails to fund a single one of the Administration's initiatives to modernize schools and build new schools. It is no secret that schools are overcrowded. Schoolteachers in my district are conducting classes in portables, school lunchrooms and even in hallways. The majority, by not addressing this problem in their bill, are putting a bag over their head and hoping the problem goes away.

This Education Appropriations bill does not fund the President's Literacy Initiatives and eliminates funding for the America Reads Challenge. Furthermore, the bill cuts funding for the Safe and Drug Free Schools initiative, and does not fund the President's plan to target funds to districts and schools with the largest drug and violence programs.

This bill also incorporates the text of a bill that was defeated by the House earlier this year and with regard to bilingual education. This bill would limit the amount of bilingual education a student could receive to a maximum of two years. Reputable research proves that children take between four to seven years to master academic English necessary for higher education success. This bill provides no academic safety net for students who fail to master English in two years. It does not make sense to shove children arbitrarily from an environment where they are learning to one where they are predetermined to fail.

The House has already soundly defeated this idea. Why does this bill pander to an extreme minority who has already lost this fight?

This bill also prevents students from achieving success in the new millennium by cutting funds for GOALS 2000 by 50%. How does cutting funding for this program help students? I would ask the majority leadership to answer this question.

This bill also prevents any funds from being spent to adopt a national testing standard for our kids. These tests have nothing to do with content and would test fourth graders for reading comprehension and eighth graders for math ability. I support national testing standards. These voluntary tests will have no effect on home schooling or parochial education interests. Testing gives states, local communities and parents one more tool to measure how well their curriculum prepares students in basic reading and math skills. If we are to spend taxpayer money on public schools, we must know that we are getting measurable results.

It is clear that my colleagues on the other side of the aisle do not think the same way about education as we do. Their attacks on our basic fundamental obligation to provide a

public education for every child in America will have a devastating effect on schoolchildren and our Country's future.

A real stand for education is a vote against this terrible bill.

#### CUTS HURT THE MOST VULNERABLE

H.R. 4274 is a confrontational bill—the product of a majority leadership decision to cave to demands from the right wing of its own conference. It does nothing to heal the economic and social divisions within our society. Instead it resembles a blueprint for the reelection of the House Republican leadership.

H.R. 4274 is the direct result of the majority's decision to kill tobacco legislation. Instead of using tobacco company revenues to fund a set of fairly balanced domestic priorities, the majority has decided to offset their spending priorities by cutting the programs that benefit the most vulnerable members of our society.

H.R. 4274 eliminates funding for LIHEAP. I oppose this provision. There is no programmatic or economic rationale to justify eliminating a program that helps 4.4 million low-income households pay their heating and cooling bills. About 1.5 million of these households have elderly members, 1.3 million have disabled members, and 2.1 million have children in poverty. Two-thirds of LIHEAP recipients earn less than \$8,000 per year. Energy prices constitute a significant expense for poorer households whose incomes have not kept up with inflation.

I also strongly oppose the bill's prohibitions on Title X funding. Title X family planning clinics offer a wide range of critical services including contraception, screening and treatment for sexually transmitted diseases, HIV screening, routine gynecological exams, and breast and cervical cancer screening. If minors are required to comply with parental consent or notification laws for contraceptive services, not only will they avoid seeking family planning services, they will avoid seeking any of the services at a Title X clinic. Without these services, the authors of this bill can soon take credit for an increase in abortions and sexually transmitted diseases. I oppose this bill for its blatant disregard for the reproductive health, safety, and constitutional rights of America's women.

Supporters argue that H.R. 4274 eliminates excessive and burdensome federal regulation and provide enhanced discretion to state and local officials. Yet, the bill prohibits the use of Title X funds by any entity unless it certifies that it encourages family participation in the decision of minors to seek family planning services. It also prohibits a state or locality's contribution of Medicaid matching funds to pay for any abortion or to pay for health benefits coverage offered by a managed care provider that includes coverage of abortion.

#### THIS BILL PLAYS POLITICS WITH ORGAN DONATIONS

Every day 10 people die in this country waiting for an organ transplant. There is no disagreement about the problem—there aren't enough organs to meet the needs of patients.

In March, the Department of Health and Human Services issued proposed regulations to equalize large discrepancies in waiting times for transplant patients around the country and help guide the transplant community to create a fairer transplant system.

Now the House Labor-HHS bill includes two riders, which would prohibit the implementation of these regulations and prevent the HHS Secretary from working to increase the number of available organs.

The first rider would prevent the Secretary from requiring hospitals to report patient deaths to regional Organ Procurement Organizations. This simple requirement is in effect in Maryland and Pennsylvania and both states report additional organ donations as a direct result. Preventing this regulation from going forward will make more patients die waiting for other organs. This is a matter of life and death and this rider should be removed from the bill.

The second rider puts a moratorium on the Secretary's organ allocation plan to make the distribution of organs more fair for patients. The Secretary's organ allocation plan is urgently needed by patients across the country. Patients in the Bay Area wait an average of over 300 days for a transplant, while patients in Tennessee wait 21 days. This isn't fair.

The Secretary has proposed to let medical people make medical decisions about the best way to allocate the limited number of donated organs. The Appropriations Committee should allow these regulations to be implemented without further delay.

This rider is being pushed by a group of Louisiana transplant surgeons who believe that organs should be hoarded for their own state use. Over 30% of Louisianans needing a transplant leave the state to find better care in other hospitals or because they have been turned down for transplants in Louisiana. The state has recently passed an "organ hoarding" law to prevent organs that are made available for transplant in Louisiana from leaving the state. The state has also filed a lawsuit against the Secretary for issuing national regulations, despite the fact that the National Organ Transplant Act specifically requires that the Secretary do so.

Fairness is half of this fight; Quality is the other part. There is a lot of money to be made in organ transplants. Too many centers have been opened to increase the prestige and the profits of a local hospital—and not because they do a good job. In fact, in general the lower volume small transplant centers have poorer outcomes than the high volume transplant centers. The fact is that having a transplant center has become the equivalent of health pork. Many of these centers are like the excess projects in the recently-passed highway bill: centers without a justification. But unlike highway pork, these centers sometimes end up killing patients because they do not do as good a job as the high volume centers. I really think it is immoral for centers that have a lower success rate than the high volume centers to be fighting the Department's regulation. Their actions are a disgrace to the Hippocratic Oath.

The proliferation of poor quality transplant centers not only wastes lives, it wastes money. The United States has 289 hospitals doing transplants—and that is an enormous commitment of capital. I have read that a hospital has to invest about \$10 million to be able to do heart transplants.

These proliferating costs are part of what drives health inflation in the United States and part of what places such huge budget pressures on Medicare. Concentrating transplants in fewer, high-quality, life-saving centers would allow us to save hundreds of millions of dollars in the years to come. The Department's regulation gives us the potential to focus on Centers of Excellence where we not only save lives, but can obtain economies of scale necessary to preserve the Medicare program.

If my colleagues are serious about putting patients first, what is so onerous about a system that proposes to base transplant decisions on common medical criteria on a medical need list—not geography, not income, not even levels of insurance coverage—just pure professional medical opinion and medical need.

This issue is about putting patients first—not putting transplant bureaucracies first. I can think of no better way to put patients first than to make the system fair for all. I urge my colleagues to support the Department's regulations and to vote against the Labor-HHS bill.

#### THE BILL IS BAD FOR WORKING FAMILIES

This bill would have devastating effects on working families and I strongly urge my colleagues to reject this bill.

America's working families deserve a break. After a few years of record profits for Wall Street and the Fortune 500 companies, it is time to help out the working men and women responsible for this productivity. Instead, some of my colleagues, in their quest to please corporate shareholders, have launched an assault upon the basic protections that working families count on and enjoy.

I've heard from numerous young people in my district about the importance of the Summer Youth Employment Training Program (SYETP). They tell me that they have learned the value of a dollar and the importance of being accountable and responsible because of their summer jobs. I've heard from Mayors and School Districts about the need for this program. The Castro Valley Unified School District wrote to me to tell me that "SYETP is one of those programs that addresses the needs of a segment of our student population and does so with a high degree of success." I've included this letter for the CONGRESSIONAL RECORD to accompany my statement.

What has the Majority done in response to this support for the Summer Youth Employment Training Program? They have eliminated all of the funding for it.

The Summer Youth Employment Training Program works. It gives young people the tools, skills and experience they need to succeed in the workplace after they are finished with school. Eliminating this program is not an investment in our future.

This Labor-HHS bill cuts funding for Job Training Partnership Act by \$1.5 billion from the President's request. The bill also cuts School-to-work programs by 62 percent from last year's appropriation. The message to young workers is clear: if you stuck in a low paying job or lack a graduate degree, the government will not help you obtain the skills you need to provide for your family. This is the wrong direction for our country to be going.

One of the largest roles for government to protect working families is through the Occupational Safety and Health Administration (OSHA). OSHA offers guidelines for employers to provide employees with safe workplaces and enforces safety standards to ensure that the likelihood of injury or death on the job is reduced. OSHA is the safety cop on the beat for working families, and deserves our support.

This Labor-HHS bill cuts OSHA funding by \$18 million from the Administration's request. Furthermore, the bill includes provisions to require peer-review of the scientific data on which OSHA standards are based. The bill specifically permits a person with a financial interest in the outcome of the standard to set on the peer review panel. I question how many true labor protection standards will make it out of the regulatory process with employers and financial backers making the final decisions about what workers safety standards are really needed.

The majority's labor record is clear. Working families should take a back seat to corporate interests and employer decisions. I don't share this view.

I believe that working families deserve strong protections at the workplace, should be able to organize and advocate for their common interests and should not have to work in an environment of indentured servitude to guarantee a paycheck.

If my colleagues were serious about help out working men and women, they would work to pass a real minimum wage increase and link it to a cost of living adjustment to provide a real working wage for working families. Making investments in people is the highest priority for me. Cutting funding out of programs to provide job skills and job security does not lead to an economically stable society.

I urge my colleagues to vote for working families and for worker protections and to vote against this bill.

BOARD OF EDUCATION, CASTRO VALLEY UNIFIED SCHOOL DISTRICT

Castro Valley, CA, September 14, 1998.

Hon. FORTNEY "PETE" STARK,

Fremont, CA.

DEAR REPRESENTATIVE STARK: The purpose of this letter is to urge you to support the continuation of the Summer Youth Employment Training Program (SYETP). This program has been a valuable one over the years over the Castro Valley Unified School District as it has provided opportunities for students from low income families to be successful in a work experience environment.

Our responsibility as educators is to provide programs and strategies that are diverse in nature in order to address the diversity within our student population. SYETP is one of those programs that addresses the needs of a segment of our student population and does so with a high degree of success.

There is no doubt that the elimination of this program will be a major loss for us in the district and the Regional Occupational Program in general. Judging by the information that I have received, the elimination of SYETP nationally would result in approximately 400,000 young people not having an opportunity for work and educational assistance in 1999. This is staggering and unacceptable! We cannot afford to ignore the needs of any of our students and specifically with regard to SYETP, the needs of students who have potential to be productive members of our society when they reach adulthood.

Thank you in advance for your support and assistance.

Sincerely,

GEORGE GRANGER,

President

Ms. JACKSON-LEE of Texas. Mr. Chairman, thank you for the opportunity to speak on this bill tonight, and this amendment, the Istook/Barcia/Manzullo Amendment to the Labor HHS bill. Mr. Chairman, for the first time EVER, the House Appropriations Committee voted to impose a restrictive provision in this bill which will require that minors require five business days' parental notice or parental consent before a minor can obtain contraceptive services at a Title X clinic.

I have consistently opposed mandatory parental consent requirements for young people

seeking family planning services, and I am not alone. The American Medical Association, the American Academy of Pediatrics, the American Academy of Physicians, and the American Medical Women's Association are just a number of the organizations that also oppose this restriction. The reason is because such restrictions are dangerous to our country's young people.

There is no question that recent declines in the teen pregnancy and teen abortion rates have been attributed to increased use of birth control. The vast majority of young people who seek contraceptive and family planning services are already sexually active. In one recent study of over 1,200 teenagers in 31 family planning clinics, only 14 percent of the teens came in for family planning services prior to initiating sexual activity. In fact, over 1/3 of these teens (36 percent) sought services ONLY because they suspected they were pregnant. This legislation will only make it worse. In general, teens are sexually active for 11.5 months prior to seeking clinic services! This provision will not persuade our young people to have sex, it will ensure that the rates of unintended pregnancies, abortion and STDs including HIV increase! Currently 78 percent of teen pregnancies are unintended, half of which end in abortion. Approximately 3 million teenagers acquire an STD each year! I am sure that no Member of Congress wants these numbers to increase, yet making it more difficult for teenagers to seek reproductive health services will do just this.

Title X counselors are already required to encourage family participation for teen clients. However, Congress, despite its wishes cannot mandate open family communication. Title X clinics encourage their teenage clients to discuss their needs with parents or family members they can trust. Confidential access to family planning is crucial in helping teenagers obtain timely medical advice and appropriate medical care.

Our children are our most important resource. We must do whatever we can to make sure that our children remain safe and healthy. I am voting against this amendment because I want our children to have a childhood and to keep our teenagers from becoming parents.

Mr. CASTLE. Mr. Speaker, as you know, Title X of the Public Health Service Act, the National Family Planning Program, sponsored by then-Congressman George Bush, was enacted in 1970. It was signed into law by President Nixon. The program provides grants to public and private non-profit agencies to support projects which provide a broad range of family planning and reproductive services, as well as screening for breast and cervical cancer, sexually-transmitted infections and high blood pressure. Title X also supports training providers, an information and education program, and a research program that focuses on family planning service delivery improvements. The Title X program has provided services to millions of American women, many of whom have no other access to health care services. By law, none of the funds provided may be used for abortions.

Today, we are considering a bill that includes a provision requiring parental consent or advanced notification in order for a minor to receive contraceptive drugs or devices. Ideally, we would like all teens to abstain from premature sexual relationships. Ideally, we would like to think that all teenagers have a wonderful relationship with a loving parent. Unfortunately, the reality is that for many, many teens neither is the case. There are young people who are scared to death of their parents.

There are young people who do not have parents. And, the unfortunate reality is that there are young people who would rush out and have unprotected sex if they knew practicing safe sex would come at the price of having their parents find out. This is what the mandatory parental consent and advanced parental notification provision does.

In many cases such a provision would actually increase the chances of teenagers engaging in unprotected, nondiscriminatory or unsafe sex, thereby increasing the rates of pregnancy, sexually-transmitted diseases, and abortions. 56% of women and 73% of men are sexually active before the age of 18. 86% of teenagers using or seeking Title X services for the first time were already sexually active for nearly a year. In addition, studies show that about 55% of adolescents already inform parents of their use of reproductive health services. For those who do not or cannot discuss family planning with their parents, mandatory parental consent and advanced parental notification are not likely to convince them otherwise. In fact, an overwhelming number of teens who do not involve their parents in such decisions reported that they would not seek clinic care if their parents had to be notified. Let me repeat—they would not seek clinic care. This means that they are left to make decisions on their own, and those decisions will most likely lead to unprotected sex, higher rates of pregnancy and higher rates of abortion.

Let me give you an example. In my home state, as scary as this is, there are kids who have reported that they cannot tell their parents about the use of family planning services because they are afraid they will be hurt physically. We also had a case where parents of a 15 year old girl refused to bring her to get family planning services until she was 16 years old and had her drivers license. Well, she turned 16, she got her drivers license and she was already pregnant. If she had the services a year before, she wouldn't be in this predicament. Now, I'm not saying this is the norm. What I am saying is that we need to take situations like this into consideration before we start mandating policies as far reaching as this one. If parents and guardians are unable to help these teenagers, for whatever reason. I believe health professionals should help.

I also want to note that the Greenwood/Castle amendment does not in anyway discourage parental involvement. It simply strikes the mandatory parental notification clause and inserts strong language requiring Title X providers to take a strong stand on abstinence, by expressly informing all minors that abstinence is the only certain way to avoid pregnancy, sexually transmitted diseases, and HIV. Our language ensures that all Title X counselors receive training on how to help minors abstain from sexual activity, avoid coercive relationships, and involve their parents in the decision to receive family planning services.

We support family involvement, and if we believe that mandating parental consent or notification was in the best interest of teens, than we would support that as well. But, we do not. There are too many facts that demonstrate that mandating parental consent will hurt teens considerably more than it could ever help them.

Congressmen ISTOOK and MANZULLO will offer a second degree amendment to our amendment inserting the parental consent or notification language back into the bill. I urge my colleagues to vote against their amendment and for the Greenwood/Castle amendment. Mandated parental consent or notification would scare teens into doing something

stupid—like having unprotected sex in secret rather than having their parents find out that they wanted to be safe and responsible.

Mr. PAUL. Mr. Chairman, I am sorry that under the rule my amendment to the Labor-HHS-Education Appropriations bill is not permitted. This simple amendment forbids the Department of Health and Human Services from spending any funds to implement those sections of the Health Insurance Portability and Accountability Act of 1996 authorizing the establishment of a “standard unique health care identifier” for all Americans. This identifier would then be used to create a national database containing the medical history of all Americans. Establishment of such an identifier would allow federal bureaucrats to track every citizen’s medical history from cradle to grave. Furthermore, it is possible that every medical professional, hospital, and Health Maintenance Organization (HMO) in the country would be able to access an individual citizen’s record simply by entering the patient’s identifier into the national database.

My amendment was drafted to ensure that the administration cannot take any steps toward developing or implementing a medical ID. This approach is necessary because if the administration is allowed to work on developing a medical ID it is likely to attempt to implement the ID on at least a “trial” basis. I would remind my colleagues of our experience with national testing. In 1997 Congress forbade the Department of Education from implementing a national test, however it allowed work toward developing national tests. The administration has used this “development loophole” to defy congressional intent by taking steps toward implementation of a national test. It seems clear that only a complete ban forbidding any work on health identifiers will stop all work toward implementation.

Allowing the federal government to establish a National Health ID not only threatens privacy but also will undermine effective health care. As an OB/GYN with more than 30 years experience in private practice, I know better than most the importance of preserving the sanctity of the physician-patient relationship. Often-times, effective treatment depends on a patient’s ability to place absolute trust in his or her doctor. What will happen to that trust when patients know that any and all information given their doctor will be placed in a data base accessible by anyone who knows the patient’s “unique personal identifier?”

I ask my colleagues, how comfortable would you be confiding any emotional problem, or even an embarrassing physical problem like impotence, to your doctor if you knew that this information could be easily accessed by friend, foe, possible employers, coworkers, HMOs, and government agents?

Mr. Chairman, the Clinton administration has even come out in favor of allowing law enforcement officials access to health care information, in complete disregard of the fifth amendment. It is bitterly ironic that the same administration that has proven so inventive at protecting its privacy has so little respect for physician-patient confidentiality.

My amendment forbids the federal government from creating federal IDs for doctors and employers as well as for individuals. Contrary to the claims of some, federal-ID numbers for doctors and employers threaten American liberty every bit as much as individual medical IDs.

The National Provider ID will force physicians who use technologies such as e-mail in their practices to record all health care transactions with the government. This will allow the government to track and monitor the treatment of all patients under that doctor’s care. Government agents may pull up the medical records of a patient with no more justification than a suspicion the provider is involved in fraudulent activity unrelated to that patient’s care!

The National Standard Employer Identifier will require employers to record employees’ private health transactions in a database. This will allow coworkers, hackers, government agents and other unscrupulous persons to access the health transactions of every employee in a company simply by typing the company’s identifier into their PC!

Many of my colleagues admit that the American people have good reason to fear a government-mandated health ID card, but they will claim such problems can be “fixed” by additional legislation restricting the use of the identifier and forbidding all but certain designated persons to access those records.

This argument has two flaws. First of all, history has shown that attempts to protect the privacy of information collected by, or at the command, of the government are ineffective at protecting citizens from the prying eyes of government officials. I ask my colleagues to think of the numerous cases of IRS abuses that were brought to our attention in the past few months, the history of abuse of FBI files, and the case of a Medicaid clerk in Maryland who accessed a computerized database and sold patient names to an HMO. These are just some of many examples that show that the only effective way to protect privacy is to forbid the government from assigning a unique number to any citizen.

Even the process by which the National Identifier is being developed shows disdain for the rights of the American people. The National Committee on Vital and Health Statistics, which is developing the national identifier, attempted to keep important documents hidden from the public in violation of federal law. In fact, one of the members of the NCVHS panel working on the medical ID chastised his colleagues for developing the medical ID “in an aura of secrecy.”

Last September, NCVHS proposed guidelines for the development of the medical ID. Those guidelines required that all pre-decisional documents “should be kept in strict confidence and not be shared or discussed.” This is a direct violation of the Federal Advisory Committee Act, which requires all working documents to be made public. Although NCVHS, succumbing to public pressure and possible legal action against it, recently indicated it will make its pre-decisional documents available in compliance with federal law, I hope my colleagues on the Rules Committee agree that the NCVHS attempt to evade the will of Congress and keep its work secret does not bode well for any future attempts to protect the medical ID from abuse by government officials.

The most important reason, legislation “protecting” the unique health identifier is insufficient is that the federal government lacks any constitutional authority to force citizens to adopt a universal health identifier, regardless of any attached “privacy protections.” Any federal action that oversteps constitutional limita-

tions violates liberty for it ratifies the principle that the federal government, not the Constitution, is the ultimate arbitrator of its own jurisdiction over the people. The only effective protection of the rights of citizens is for Congress and the American people to follow Thomas Jefferson’s advice and “bind (the federal government) down with the chains of the Constitution.”

For those who claim that this amendment would interfere with the plans to “simplify” and “streamline” the health care system, under the Constitution, the rights of people should never take a backseat to the convenience of the government or politically powerful industries like HMOs.

Mr. Chairman, all I ask is that Congress by given the chance to correct the mistake made in 1996 when they authorized the National Health ID as part of the Kennedy-Kassebaum bill. The federal government has no authority to endanger the privacy of personal medical information by forcing all citizens to adopt a uniform health identifier for use in a national data base. A uniform health ID endangers the constitutional liberties, threatens the doctor-patient relationships, and could allow federal officials access to deeply personal medical information. There can be no justification for risking the rights of private citizens. I therefore urge the Rules Committee to take the first step toward protecting Americans from a medical ID by ruling my amendment to the Labor-HHS-Education Appropriations bill in order.

Mrs. CLAYTON. The Labor-HHS-Education Appropriations Bill is one about priorities. Cutting successful and extremely important education and labor programs is not a priority for me.

Mr. Chairman, I am very disturbed about the number of programs that have been left out of this bill.

Strong employment and training programs for youth and adults would help mitigate problems arising from people who do not have the skills or the intent to be good employees. Yet, this Labor HHS and Education Appropriations bill decimates funding for these very programs. This bill eliminates funding for effective programs such as School-to-Work, Summer Jobs, and Job Corps.

By eliminating the Summer Jobs program, the bill denies jobs to a half-million of our most disadvantaged youth. Without these funds,  $\frac{3}{4}$  of the young people currently participating in this program would be without a job next year. Are these not the same youth who concern us because of their potential for gang affiliation, violence and crime?

The bill, in its original form, eliminated the Low-Income Home Energy Assistance Program (LIHEAP)—a program that helps 4.4 million low-income households pay their heating and cooling bills. However, the manager’s amendment may appropriate money for LIHEAP, but it will only be a fraction of the 1.1 billion appropriated in advance last year for use in FY 1999. 1.5 million of the 4.4 million households have elderly members. 1.3 million have disabled members. And 2.1 million have children in poverty. Who, out of the 4.4 million households, will receive the benefit of this insufficient amount of money?

This bill also cuts funding for the Goals 2000 education reform program by 50% below current levels. And, it cuts OSHA workplace safety enforcement by 9% below the administration’s request. It’s ironic. How can you eliminate so many programs and claim to improve

and support opportunities for employment, and the good health and education of the people of our country?

We must restore these programs and remain committed to initiatives that allow the disadvantaged to survive. We must remain devoted to programs that educate our youth and dedicated to providing our youth with opportunities that prepare them for the world of work.

Mr. Speaker, this is a bill about priorities. This is a bill about values. It is not my priority to eliminate necessary programs. And it definitely is not a priority for the disadvantaged individuals in our society.

However, it is my priority to ensure that our youth and those who are disadvantaged are treated fairly and are given the opportunity to be productive citizens. So I ask you . . . honestly is this your priority? If it is, then vote no to the Labor-HHS-Education Appropriations Bill.

Mr. PORTER. Mr. Chairman, I rise in opposition to the Istook substitute.

The Istook amendment is unwise and should be opposed.

A. First, because it overturns the considered judgment of many states.

1. Virtually all states have laws providing for some degree of confidentiality in the provision of such services to minors.

2. In Illinois, statute provides that physicians may give birth control services and information to minors under a number of circumstances—including when the minor is already married, is already a parent, or when failure to do so would create a serious health hazard.

3. This amendment would overturn the considered judgment of the state of Illinois in enacting these provisions—and you might find that it poses similar problems in your state. And I do not recommend abrogating a law that empowers physicians to act to address serious health hazards.

4. In fact, there are presently twenty-three states that explicitly ensure minors' access to confidential family planning services. The amendment directly contravenes these state's judgments.

5. If we are going to set up this Congress as a super State Legislature, it seems to me that, at a bare minimum, we should look at these state laws carefully and incorporate the learning of the states on this subject?

B. Second, the Istook amendment is premised on the false logic that, if minors had to tell their parents they were getting contraceptive services, they would abstain from sexual activity. That sounds good, but unfortunately it's wrong.

1. The truth is that most minors who go to Title X projects have already been sexually active for about a year. They go to a Title X project when they fear they have contracted a disease, become pregnant, or they decide they need contraceptives.

2. When they enter the door, they receive counseling by professionals who attempt to ascertain the nature of the relationship, including potential sexual abuse, encourage the minor to consider abstinence and to involve their parents in their decision making, and educate them on how to resist coercive sexual activity.

3. If these minors who are already sexually active know that they will not be able to receive contraceptives, they will not go to the project. They will not receive abstinence counseling or other protective assistance. They will

continue to have sex, contract STDs, become pregnant and, statistics tell us, over half will have abortions.

4. And minors from dysfunctional families who may suffer abuse at home and be surrounded by drug and alcohol abuse and crime may have many valid reasons for wishing to not involve their parents. Categorically mandating that involvement, in the absence of a court order is neither wise nor realistic.

5. This is why so many states expressly protect confidential services for minors.

6. And this is why medical organizations—the provider organizations that know the realities better than anyone in this room—support confidential services.

a. As the American Medical Association has told us, AMA policy opposes mandatory parental notification when prescription contraceptives are provided to minors through federally funded programs since it creates a breach of confidentiality in the physician-patient relationship.

b. The American Public Health Association and American Nurses Association are similarly opposed.

We should heed this judgment and support the substitute.

Mr. CLAY. Mr. Chairman, I rise in opposition to the H.R. 4274, the Labor/HHS Appropriations bill, because through it the House Republicans propose to make drastic cuts in many programs that are vitally important to all Americans, but especially to those most in need whose very survival and growth depends upon the assistance they receive from their government. Fortunately, however, this destructive bill is going nowhere and every Member of this body knows it for the sham that it is. The Republican leadership recognizes they don't have the votes to pass it and are negotiating to include another version of this measure in the Omnibus spending bill.

The funding levels in the bill, as reported, fall \$2 billion short of what democrats believe is needed to improve our schools and prepare our children for the 21st Century. There are no funds for America Reads, which helps ensure that all children can read well when they complete the third grade. There are no funds to help communities hire 100,000 new teachers and reduce class size so that students can have a better chance to learn. There are no funds to help communities modernize and build schools that provide safe and appropriate learning environments. Clearly, there is nothing in this bill that reflects any investment in the future of public education. In fact, this bill grossly underfunds existing and proven educational programs upon which we have long relied.

Later today, this body will consider a bipartisan conference report reauthorizing the Head Start program, yet this appropriations bill would provide \$160 million less than what the President has requested to run Head Start next year. A second bipartisan conference report to be taken up today extending child nutrition programs, would authorize new funds for meal supplements to induce greater participation in after-school programs. This appropriations bill, however, would provide \$140 million less than what the President requested to operate these very same after-school programs. I can't imagine how any Member who would vote today to reauthorize our Head Start and nutrition programs could, in good conscience, support these devastating cuts.

Regrettably, Mr. Speaker, the cuts don't stop here, there are many many more. For example, funding for Title I, bilingual education, Safe and Drug Free Schools, Work-Study, and School to Work are all cut. Without the assistance there programs provide, thousands of disadvantaged students will be deprived of both the educational and career opportunities they need to succeed in life.

Our nation's labor force also suffers under this appropriations bill. It cuts funding for critical worker protection programs run by the Occupational Safety and Health Administration, and the Mine Safety and Health Administration. Several regulatory riders are attached that compromise these agencies' effectiveness. In addition, the bill undermines efforts to help our youth enter the workforce by completely defunding the Summer Jobs Program and the President's Youth Opportunity Areas Initiative.

Finally, Mr. Chairman, this bill eliminates funding for the Low Income Energy Assistance Program which provides heating and cooling assistance for over 5.5 million low and fixed-income households. With winter approaching, many of those who have relied on this program may soon be forced to choose between heating their homes and feeding their families. That should be totally unacceptable in a nation as prosperous as ours. But rather than meet this urgent need, Republicans would rather squander available dollars on tax cuts for the wealthy.

Mr. Chairman, this is a bad bill that hurts students, working families, and our most neediest families. I strongly urge Members to oppose it.

Thank you Mr. Chairman.

The Chair recognizes the gentleman from Illinois (Mr. PORTER).

Mr. PORTER. Mr. Chairman, I yield back the balance of my time.

Mr. OBEY. Mr. Chairman, because I think this is a colossal waste of time, I, too, yield back the balance of my time.

The CHAIRMAN. All time for general debate has expired.

Pursuant to the House Resolution 564, the bill shall be considered for amendment under the 5-minute rule.

Pursuant to that resolution, Amendment No. 1 printed in House Report 105-762 may be offered only at the appropriate point in the reading of the bill. Pursuant to House Resolution 584, Amendments No. 2 and 3 shall be in order before the consideration of any other amendment.

The Amendments No. 2 and 3 printed in the report may be offered only by a Member designated in the report, shall be considered read, shall be debatable for the time specified in the order of the House today, equally divided and controlled by the gentleman from Pennsylvania (Mr. GREENWOOD) for 8 minutes, the gentleman from Oklahoma (Mr. COBURN) for 8 minutes, the gentleman from Oklahoma (Mr. ISTOOK) for 8 minutes, and the gentleman from Ohio (Mr. STOKES) for 8 minutes, shall not be subject to amendment except as specified in the report, and shall not be subject to a demand for division of the question.

The Clerk will read.

The Clerk read as follows:

*Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled, That the following sums are appropriated, out of any money in the Treasury not otherwise appropriated, for the Departments of Labor, Health and Human Services, and Education, and related agencies for the fiscal year ending September 30, 1999, and for other purposes, namely:*

AMENDMENT NO. 2 OFFERED BY MR. GREENWOOD

Mr. GREENWOOD. Mr. Chairman, I offer an amendment.

(The portion of the bill to which the amendment relates is as follows:)

SEC. 220. (a) Notwithstanding any other provision of law, no provider of services under title X of the Public Health Service Act shall be exempt from any State law requiring notification or the reporting of child abuse, child molestation, sexual abuse, rape, or incest.

(b) None of the funds appropriated in this or any other Act for any fiscal year for carrying out title X of the Public Health Service Act may be made available to any family planning project under section 1001 of such title if any provider of services in the project knowingly provides contraceptive drugs or devices to a minor, unless—

(1) the minor is emancipated under applicable State law;

(2) the minor has the written consent of a custodial parent or custodial legal guardian to receive the drugs or devices;

(3) a court of competent jurisdiction has directed that the minor may receive the drugs or devices; or

(4) such provider of services has given actual written notice to a custodial parent or custodial legal guardian of the minor, notifying the parent or legal guardian of the intent to provide the drugs or devices, at least five business days before providing the drugs or devices.

(c) Each provider of services under title X of the Public Health Service Act shall each year certify to the Secretary of Health and Human Services compliance with this section. Such Secretary shall prescribe such regulations as may be necessary to effectuate this section.

This title may be cited as the "Department of Health and Human Services Appropriations Act, 1999".

The CHAIRMAN. The Clerk will designate the amendment.

The text of the amendment is as follows:

Amendment No. 2 printed in the House Report Number 105-762 offered by Mr. GREENWOOD:

Page 52, strike line 8 and all that follows through page 53, line 8, and insert the following:

(b)(1) The Secretary of Health and Human Services (in this section referred to as the "Secretary") shall require that each family planning project under section 1001 of title X of the Public Health Service Act—

(A) expressly inform all minors who seek the services of the project that abstinence is the only certain way to avoid pregnancy, sexually transmitted diseases, and infection with the human immunodeficiency virus; and

(B) ensure that all individuals who provide counseling services to minors through the project are trained to provide to minors counseling that encourages the minors—

(i) to abstain from sexual activity;

(ii) to avoid being coerced into engaging in sexual activities; and

(iii) to involve their parents in the decision to seek family planning services.

(2) The Secretary, acting through the Deputy Assistant Secretary for Population Affairs, shall carry out the following with respect to family planning projects referred to in paragraph (1):

(A) The Secretary shall develop and disseminate to the projects protocols for providing the counseling described in paragraph (1)(B), including protocols for training individuals to provide the counseling.

(B) The Secretary shall ensure that such protocols include protocols specific to younger adolescents.

(C) In developing protocols under subparagraphs (A) and (B), the Secretary shall con-

spect to family planning projects referred to in paragraph (1):

(A) The Secretary shall develop and disseminate to the projects protocols for providing the counseling described in paragraph (1)(B), including protocols for training individuals to provide the counseling.

(B) The Secretary shall ensure that such protocols include protocols specific to younger adolescents.

(C) In developing protocols under subparagraphs (A) and (B), the Secretary shall consider the results of research under title XX of the Public Health Service Act.

sider the results of research under title XX of the Public Health Service Act.

The CHAIRMAN. Pursuant to the order of the House today, the gentleman from Pennsylvania (Mr. GREENWOOD) and a Member opposed, the gentleman from Oklahoma (Mr. COBURN) each will control 8 minutes.

AMENDMENT NO. 3 OFFERED BY MR. ISTOOK AS A SUBSTITUTE FOR THE AMENDMENT OFFERED BY MR. GREENWOOD

Mr. ISTOOK. Mr. Chairman, I offer an amendment as a substitute for the amendment.

The CHAIRMAN. The Clerk will designate the amendment offered as a substitute for the amendment.

The text of the amendment offered as a substitute for the amendment is as follows:

Amendment No. 3 printed in House Report 105-762 offered by Mr. ISTOOK as a substitute for the Amendment No. 2 offered by Mr. GREENWOOD:

Strike section 220 (page 52, line 3, and all that follows through page 53, line 8) and insert the following:

SEC. 220. (a) Notwithstanding any other provision of law, no provider of services under title X of the Public Health Service Act shall be exempt from any State law requiring notification or the reporting of child abuse, child molestation, sexual abuse, rape, or incest.

(b) None of the funds appropriated in this or any other Act for any fiscal year for carrying out title X of the Public Health Service Act may be made available to any family planning project under section 1001 of such title if any provider of services in the project knowingly provides contraceptive drugs or devices to a minor, unless—

(1) such provider of services has given actual written notice to a custodial parent or custodial legal guardian of the minor, notifying the parent or legal guardian of the intent to provide the drugs or devices, at least five business days before providing the drugs or devices; or

(2) the minor has the written consent of a custodial parent or custodial legal guardian to receive the drugs or devices; or

(3) the minor is emancipated under applicable State law; or

(4) a court of competent jurisdiction has directed that the minor may receive the drugs or devices.

(c)(1) The Secretary of Health and Human Services (in this section referred to as the "Secretary") shall require that each family planning project under section 1001 of title X of the Public Health Service Act—

(A) expressly inform all minors who seek the services of the project that abstinence is the only certain way to avoid pregnancy, sexually transmitted diseases, and infection with the human immunodeficiency virus; and

(B) ensure that all individuals who provide counseling services to minors through the project are trained to provide to minors counseling that encourages the minors—

(i) to abstain from sexual activity;

(ii) to avoid being coerced into engaging in sexual activities; and

(iii) to involve their parents in the decision to seek family planning services.

(2) The Secretary, acting through the Deputy Assistant Secretary for Population Affairs, shall carry out the following with respect to family planning projects referred to in paragraph (1):

(A) The Secretary shall develop and disseminate to the projects protocols for providing the counseling described in paragraph (1)(B), including protocols for training individuals to provide the counseling.

(B) The Secretary shall ensure that such protocols include protocols specific to younger adolescents.

(C) In developing protocols under subparagraphs (A) and (B), the Secretary shall con-

(1)(B), including protocols for training individuals to provide the counseling.

(B) The Secretary shall ensure that such protocols include protocols specific to younger adolescents.

(C) In developing protocols under subparagraphs (A) and (B), the Secretary shall consider the results of research under title XX of the Public Health Service Act.

(d) Each provider of services under section 1001 of title X of the Public Health Service Act shall each year certify to the Secretary of Health and Human Services compliance with this section. Such Secretary shall prescribe such regulations as may be necessary to effectuate this section.

The CHAIRMAN. Pursuant to the order of the House today, the gentleman from Oklahoma (Mr. ISTOOK) and a Member opposed, the gentleman from Ohio (Mr. STOKES) each will control 8 minutes.

The Chair recognizes the gentleman from Pennsylvania (Mr. GREENWOOD).

Mr. GREENWOOD. Mr. Chairman, I yield myself 2 minutes.

Mr. Chairman, this is a virtual reality debate as we know. This bill is not going to go anywhere. This is a debate that should have occurred months ago, and the opponents of free debate on the floor held us up for months, but now we will have the debate. I think we can and should do it in a civilized way.

This is the issue. The gentleman from Oklahoma (Mr. ISTOOK) in the Committee on Appropriations inserted language into the title 10 program, the program that provides family planning services to Americans, to lower income Americans, so that they can avoid pregnancy and provide services so that they can avoid sexually transmitted diseases.

The language of the gentleman from Oklahoma (Mr. ISTOOK) says that, when a minor, a 17-year-old teenager who has been sexually active for a long time, as is usually the case, comes into a clinic. The clinic counselor must send a letter to the parents and the child. The minor cannot receive services for 5 additional days.

I understand the gentleman's intent. I am a parent. But it is wrong-headed. The result of that language, the result of that policy is that if young people do not go into centers and clinics, they do not get the services they need, they become pregnant, and they get diseases.

Our language makes it clear that every family counselor, every family planning counselor has to encourage family involvement in the decision of minors to seek family planning services and provide counseling to minors on how to resist coercive sexual relations.

It requires them to expressly inform all minors that abstinence is the only certain way to avoid pregnancy, sexually transmitted diseases, including HIV.

It requires further that every counselor have state of the art training to encourage, to learn how, and teach kids to involve their parents with these decisions and to abstain from sexual activity.

I urge a "no" vote on the Istook amendment and a "yes" vote on the underlying Greenwood amendment.

Mr. ISTOOK. Mr. Chairman, I yield myself 1 minute and 15 seconds.

Mr. Chairman, the Committee on Appropriations has sought to reform a Federal program that has not been revised or reviewed by the Congress in a great number of years, that being Federal Family Planning.

It is not a matter of 17 years olds, it is a matter of children of any age whatsoever, Mr. Chairman. It is not a matter of just low income persons because the effect of not having parental notice is to say that any child is considered to be a child of poverty and, therefore, at taxpayers' expense, can receive, among other things, taxpayer financed contraceptives, condoms, birth control pills, IUDs, diaphragms, with neither the knowledge or consent of their parents.

Now, Mr. Chairman, if the government were enabling children to be involved with drugs or alcohol or were aware that they were involved, parents would be notified. There is no other circumstance like this where parents are cut out.

The issue is to vote that parents have a right to know, to be involved with the morals and the life and the activities of their children. That is simply why we encourage a vote for the Istook substitute to provide for parental notice, which is sadly lacking today.

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Mr. GREENWOOD. Mr. Chairman, I yield 4 minutes to the gentleman from Ohio (Mr. STOKES) for purposes of control.

The CHAIRMAN. Without objection, the gentleman from Ohio (Mr. STOKES) will control 4 minutes.

There was no objection.

Mr. STOKES. Mr. Chairman, I thank the gentleman for yielding to me. Mr. Chairman, I yield the 4 minutes to the distinguished gentlewoman from New York (Mrs. LOWEY).

Mrs. LOWEY. Mr. Chairman, I thank my distinguished good friend and ranking minority member, the gentleman from Ohio, (Mr. STOKES).

My colleagues, the Istook provision represents the latest attack by family planning opponents against our Nation's flagship program. Three years ago, family planning opponents tried to zero out funds for the Title X program. They failed. Two years ago, family planning opponents led by the gentleman from Oklahoma (Mr. ISTOOK) offered a parental consent amendment, and it failed. Last year the gentleman from Oklahoma (Mr. ISTOOK) offered language nearly identical to that which he is offering today. That amendment also failed.

These attacks on the Title X program have failed because a majority of Members in this body, pro-life and pro-choice, understand that denying teens access to family planning does not promote abstinence. I only wish it were that simple.

Contrary to what we will hear today, the Istook language does not promote family values or protect the authority of parents over their teenagers. As a mother of 3 and a grandmother of 2, I can vouch for that. And instead, cutting off family planning services to teens simply increases STDs and HIV infections, unintended pregnancies and abortions.

The Istook provision would deny contraception to minors unless they have the consent of their parents or waited 5 days after their parents were notified before obtaining contraception. Some of my colleagues are making a distinction between notification and consent, but who is kidding who? The 5-day waiting period before contraception can be obtained is no different than parental consent. The AMA, the American Academy of Pediatricians, Child Welfare League, Public Health Association, Social Workers and Nurses Association all oppose the mandatory parental notification restrictions in the Istook amendment.

Of course, we would prefer that all teens consult with their parents about important life decisions such as using contraception. We would prefer that teens abstain from having sex altogether. But unfortunately, we know that teens will not change their behavior just because Congress passes a law. Instead, teens will forego contraception rather than facing their parents.

In fact, studies show that over 80 percent of teens seeking family planning services have already been sexually active for nearly a year. By denying contraceptive services to tens of thousands of teens, the Istook language will simply result in higher rates of STDs, more unintended pregnancies and more abortions. If teens are required to obtain parental consent for contraceptive services, they will also avoid STD and HIV screening and routine gynecological exams.

Our Nation already leads the western world in teen pregnancies. Millions of teens have some kind of STD, and the incident of AIDS among teens is, frankly, alarming.

Mr. Chairman, we need to address these problems, but not by making Title X services more difficult to obtain. My colleagues, we have a teen pregnancy crisis in the country, and the Istook provision, in my judgment, will only make it worse. By contrast, the Greenwood-Castle substitute before us today promotes sensible policies for teens. It promotes the values we all share: abstinence for teens and parental involvement. However, it does not threaten the health of teens by withdrawing contraceptive services from our most vulnerable teens who simply have nowhere else to turn.

Please, I say to my colleagues, think carefully. Let us protect the health and well-being of our teenagers, reduce the teen pregnancies which lead to abortion, support the Greenwood-Castle substitute, and oppose the Istook second degree amendment.

Mr. ISTOOK. Mr. Chairman, we have 3 cosponsors of the amendment: myself, the gentleman from Michigan (Mr. BARCIA), and the gentleman from Illinois (Mr. MANZULLO).

Mr. Chairman, I yield 2 minutes to the gentleman from Illinois (Mr. MANZULLO).

Mr. MANZULLO. Mr. Chairman, the reason for the Istook-Barcia-Manzullo amendment is simple. In McHenry County, Illinois, which I represent, a 37-year-old teacher was raping a 13-year-old student of his over and over and over again. He took her to the Title X-funded McHenry Tri-County Health Clinic. She was injected on 3 different occasions with Depo-Provera, which is a harsh chemical. In fact, the chemical of choice for chemical castration by convicts.

Her parents had no idea that she was getting these shots. In America today, children as young as 12 years old are being injected, implanted, and given prescriptive medication without their parents even knowing.

Our bill does something very simple. It adopts the language of the gentleman from Oklahoma (Mr. ISTOOK) that Title X health care providers are required to counsel all minors regarding abstinence. It adopts the gentlewoman from New York (Mrs. LOWEY'S) problem with this bill that says that children are getting STDs because our bill still allows them to get STDs. In fact, the clinic is still open. Kids can get all the information they want.

What we are simply saying here is this: Allow the parents in this Nation to be put in charge of the sexuality of their children. It is just that simple. We talk about 17 year olds, the gentleman from Pennsylvania (Mr. GREENWOOD) talks about. I wonder at what age he would allow young women to get these injections. In Winnebago County, we understand it is 12 years old. Winnebago County, Illinois.

So vote for the Istook-Barcia amendment that does 3 things. Parents are given actual notice that their children are about to receive prescriptive drugs. It provides for judicial bypass. The amendment does not require parental notification for a minor to receive information, counseling and treatment of STDs. A very modest request.

JAMA, Journal of American Medical Association, in a study done in September of 1997 would agree with this position.

Mr. GREENWOOD. Mr. Chairman, I yield myself 15 seconds.

In response to the previous speaker, one cannot conduct this debate by using the most exaggerated, extreme cases. In the real world, it is 16- and 17-year-old kids who have no parent at home to talk to, who will have no counseling unless the Greenwood amendment is adopted.

Mr. Chairman, I yield 1 minute to the gentleman from Delaware (Mr. CASTLE).

Mr. CASTLE. Mr. Chairman, I rise in support of the Greenwood amendment

and in opposition to the Istook amendment.

I would like to explain to everybody, this is not pro-life and pro-choice. We need to understand what is going on. Mr. Chairman, 55 percent of all teenagers consult with their parents before they do anything. Eighty-six percent of the teenagers that go into these clinics looking for contraceptive devices or other help are already sexually active.

In a perfect world we would have no sexual activity among teenagers, but we do. And when they come in there, they are looking for help, and the help they are getting hopefully will help them prevent STD or pregnancy and abortion. It is my personal view that if we are able to give them the help, even though we may not prefer that they be involved with a sexual activity, but if we give them that help that they are going to in that way be able to prevent getting sexual diseases, prevent pregnancy, and therefore, prevent the abortion.

I love the idea of mandatory parental notification. That is the difference between our bills, because everything else is provided for in the Greenwood-Castle bill, except for the mandatory parental notification, but if we do that, we are not going to have these kids go in and get the help they need. Please support the Greenwood bill.

Mr. ISTOOK. Mr. Chairman, I yield myself 15 seconds.

Mr. Chairman, I think it is crucial to understand that we are not talking about the past when a child goes into a Title X clinic, we are talking about the future. We are talking about enabling the future conduct with a program that spends \$200 million of taxpayers' money a year and gives these to 1½ million teenagers without the knowledge of their parents.

Mr. COBURN. Mr. Chairman, I yield 1 minute and 15 seconds to the gentlewoman from Idaho (Mrs. CHENOWETH).

Mrs. CHENOWETH. Mr. Chairman, I thank the gentleman for yielding me this time.

I just simply wanted to say that I rise in great support of the Istook amendment.

Mr. Chairman, the tendency in these days is to interfere with that very precious relationship between parents and children, and yes, children are going to do what young people do. But nevertheless, the parents are still primarily responsible for their children, and we as lawmakers must do all that we can to make sure that relationship stays strong and the parents remain responsible.

In a recent Gallup poll of over 500 teenagers between the ages of 15 and 17, fully 66 percent of those polled said that they believed that parental consent, which is a stronger standard than we are asking for in the Istook amendment, parental consent should be required. This is what teenagers said.

Also, in another recent poll it also said that 47 percent of all unintended pregnancies in the U.S. occur when

women are on contraceptives. We need more than just contraceptives. We need good parental relationships, and we need to encourage that.

Mr. GREENWOOD. Mr. Chairman, I yield myself 15 seconds.

Mr. Chairman, the gentlewoman who just spoke said that we need more than contraceptives. That is why the Greenwood language is so focused on abstinence, abstinence counseling. That is why we are so focused on getting the families in. The problem is that not every kid has the right parent to do that.

Mr. Chairman, I yield 2 minutes to the gentlewoman from Maryland (Mrs. MORELLA).

Mrs. MORELLA. Mr. Chairman, I rise in very strong support of the Greenwood-Castle amendment and in opposition to the Istook amendment.

This current language in the bill requiring parental consent or notification would really do great harm to our efforts to lower the number of unintended pregnancies and abortions, and to our efforts to reduce the incidence of sexually transmitted diseases, including HIV and AIDS.

On the face of it it sounds very reasonable, but it really ignores the realities of the young people who seek care at these clinics. The vast majority of them are already sexually active, have been for almost a year or more, and many of them seek these services because they are afraid they may be pregnant or they have a sexually transmitted disease.

Mr. Chairman, if teens are required to obtain parental consent for any of the Title X services, many of them will avoid the program entirely. It is important to remember that some contraceptives provide protection from STDs. And the opportunity to provide accurate, potentially life-saving education on the transmission of HIV and other STDs could also be lost if teens avoid these services because of parental consent requirements.

I think the Greenwood-Castle amendment offers all kinds of counseling that would be necessary.

I just want to point out the medical community is overwhelmingly opposed to parental consent notification requirements for minors, and I hope that this Congress will support the Greenwood-Castle amendment and oppose the Istook amendment.

The CHAIRMAN. The Chair will seek a clarification of the gentleman from Pennsylvania. Did the gentleman yield 4 of his 8 minutes to the gentleman from Ohio (Mr. STOKES)?

Mr. GREENWOOD. Mr. Chairman, I believe I yielded 4 minutes, and I would be delighted to yield another 4 minutes.

The CHAIRMAN. The gentleman has exhausted the balance of his time through yielding it to the gentlewoman from New York (Mrs. LOWEY).

Mr. GREENWOOD. Mr. Chairman, is it the case then that the time is not entirely fungible, but that there will be

another 8 minutes yielded on the Greenwood underlying amendment? Is that correct?

The CHAIRMAN. The time was allocated at the outset for both propositions.

Mr. ISTOOK. Mr. Chairman, if I may inquire as to the time remaining and the different allocations.

The CHAIRMAN. The Chair asks indulgence for 1 minute. The Chair understands the time as fungible.

Under the unanimous consent, each of the following Members were recognized for 8 minutes:

The gentleman from Oklahoma (Mr. ISTOOK); the gentleman from Oklahoma (Mr. COBURN); the gentleman from Ohio (Mr. STOKES); the gentleman from Pennsylvania (Mr. GREENWOOD), and that is on both amendments, in combination, total time.

So the gentleman from Pennsylvania (Mr. GREENWOOD), perhaps under a misunderstanding, has yielded 4 of his 8 minutes to the gentleman from Ohio (Mr. STOKES), who used that time. The gentleman from Ohio (Mr. STOKES) may, in turn, choose to yield 4 minutes of his time back to the gentleman from Pennsylvania.

Mr. STOKES. Mr. Chairman, I am pleased to yield 4 minutes to the gentleman from Pennsylvania (Mr. GREENWOOD)

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The CHAIRMAN. The gentleman from Ohio (Mr. STOKES) yields to the gentleman from Pennsylvania (Mr. GREENWOOD) for his management of 4 minutes of time.

Mr. COBURN. Mr. Chairman, I yield 1 minute to the gentleman from Michigan (Mr. BARCIA).

Mr. BARCIA. Mr. Chairman, I rise in support of the Istook amendment to allow parental notification of minors seeking contraceptives in Title X clinics.

In a recent Gallop survey of 500 teens age 13 through 17, 66 percent indicated that they believed that parental consent should be required before minors received birth control, and believed in fact that parental support and involvement would be beneficial to them.

I would like to also point out, current law requires minors to receive parental consent to have their ears pierced, or even, in cases of an allergy sufferer, to receive an allergy shot. Yet these children can gain access to hormones or other contraceptive drugs that can in fact pose a serious danger to the health of that child. In effect, this issue begs the question of what role should parents have in helping to determine their children's health care needs.

I want to say that while I respectfully disagree with my distinguished colleagues, I commend them for their concern and their focus on abstinence, also, as a key method of preventing unwanted pregnancies.

The CHAIRMAN. The Chair will advise the four Members controlling

time, for purposes of the debate that the decision is that the gentleman from Oklahoma (Mr. ISTOOK) as a member of the committee will have the right to close, and the gentleman from Ohio (Mr. STOKES) as a member of the committee will be next to last in closing.

In order to balance the other two, the gentleman from Oklahoma (Mr. COBURN) and the gentleman from Pennsylvania (Mr. GREENWOOD), it is in the Chair's discretion to decide. In order to alternate pro and con on this issue overall, the gentleman from Pennsylvania (Mr. GREENWOOD) will go first in the final use of time, the gentleman from Oklahoma (Mr. COBURN) will go second, the gentleman from Ohio (Mr. STOKES) third, and the gentleman from Oklahoma (Mr. ISTOOK) fourth.

Mr. COBURN. Mr. Chairman, I yield 2 minutes to the gentleman from Florida (Mr. WELDON).

Mr. WELDON of Florida. Mr. Chairman, I thank the gentleman for yielding time to me.

Mr. Chairman, I rise in strong support of the Istook-Barcia-Manzullo amendment. I encourage all of my colleagues to vote for it, and vote against the Greenwood amendment.

As many know, I practiced medicine prior to coming to the Congress, including working in emergency rooms. When I work in the emergency room, one of the things we always fear is the possibility that a minor child can come in with a serious illness and the parents will not be with them, and we will not be able to get parental consent.

The reason why that is a very, very serious concern is if we stitch up a wound or give a drug and that child has a reaction to that drug, we can actually be prosecuted for assault. Indeed, a minor child cannot get an aspirin from a school nurse, nor, as was stated previously on the other side of the aisle, their ears pierced without parental consent in the United States. But there is one place in the United States today where a minor child can get medical care without parental consent, and that is in the Title X family planning clinics.

It has been proposed or expounded that these clinics are somehow cutting down on the incidence of AIDS, unwanted pregnancies, or HIV. I would assert that all the research data indicates that since this program began that the incidence of all of those things has gotten consistently worse, not better.

Indeed, I would assert that this policy established by this Congress has been a tremendous assault on the integrity of the family, and has played a role in the explosion of sexual activity.

In closing, I would just like to say one additional thing. The data that has actually come out of the Alan Guttmacher Institute indicates that up to as many as 50 percent of these kids under the age of 18 are having sexual relations with a man over the age of 18, and in the vast majority of the States

that is statutory rape. Indeed, in the case cited by the gentleman from Illinois (Mr. MANZULLO), it involved a teacher of 37 years having relations with a 13-year-old child.

So I would encourage all of my colleagues to vote with the gentleman from Oklahoma (Mr. ISTOOK) on his amendment. It is the right thing to do for the family, it is morally right, and the arguments being put forward by the opponents of the gentleman from Oklahoma (Mr. ISTOOK) are incorrect.

Mr. GREENWOOD. Mr. Chairman, I yield 2 minutes to the gentlewoman from Connecticut (Mrs. JOHNSON).

Mrs. JOHNSON of Connecticut. Mr. Chairman, in the real world it is not hard for kids to get condoms. We may not like it, but it is true. Would Members not rather that they got the advice that came from someone who said to them, you ought to talk to your mom and dad about that; that it was someone skilled enough that they would know how to tell that kid how to talk to their mom and dad? A lot of kids do not talk to their mom and dad about this stuff because they actually do not know how to approach it.

They would sit them down and say, look, this is how you do it, then back them up, and say, come back to me and talk to me about it. A lot of kids need to be coached to talk to their parents, because their parents do not talk to them, not just about sex, but also not about school, not about friendships, not about intimacy, not about love.

If Members want to mandate, mandate that everyone has to get anything they want to use from a Title X clinic or any health clinic that meets these standards. Then every kid, including the kid that the gentleman from Illinois (Mr. MANZULLO) was so concerned about, she would have come someplace that was skilled in explaining to her, you do not have to participate in coercive sexual relationships.

My point is that we do not tell kids this is coercive sex, we do not tell them they do not have to do this. We do not get them someplace where there are skilled people who can help them build their relationships with their family, help them resist the kind of pressures that are on them, help them understand that abstinence is the only real protection. Furthermore, it gives them a chance to develop their personal power as a young woman.

If Members want to mandate, mandate that they get whatever it is that they want to get from skilled counselors, from a facility that can give them the advice and guidance they need to go to the right people, their families. Remember, States are a lot closer to these problems. Connecticut has a very good law. I ask Members, please do not override our good law with their mandate.

Mr. COBURN. Mr. Chairman, I yield 15 seconds to the gentleman from Illinois (Mr. MANZULLO).

Mr. MANZULLO. Mr. Chairman, in the case in Illinois, under Illinois law,

the 13-year-old did receive abstinence counseling.

Mr. COBURN. Mr. Chairman, I am happy to yield 45 seconds to the gentleman from North Carolina (Mrs. MYRICK).

Mrs. MYRICK. Mr. Chairman, the Istook amendment does protect our children, and it does provide counseling for children during the time that they are going through emotional problems in their lives. But it does protect a parent's right to know. It simply requires that a parent be notified before their child is given contraception. As parents, we do want to know that. We want to know if they smoke, drink, or do drugs. I do not really see why this is any different.

One thing we have not talked about is that all birth control is not safe, because it has been documented that birth control can be very damaging to young girls going through puberty. It can cause blood clotting, bone deterioration, blindness, among a long list of possible side effects, and even death in girls with heart conditions. It has been a cause of brainstem stroke in teenagers. So I urge Members to support the Istook amendment.

Mr. STOKES. Mr. Chairman, I yield 1½ minutes to the gentlewoman from Texas (Ms. SHEILA JACKSON-LEE).

(Ms. JACKSON-LEE of Texas asked and was given permission to revise and extend her remarks.)

Ms. JACKSON-LEE of Texas. Mr. Chairman, I thank the gentleman from Ohio for yielding time to me.

Mr. Chairman, this is a difficult time. Let me share a fact in our community. A young woman living with a stepfather and her mother, a young woman having her future before her, her stepfather sexually abused her. There obviously was not enough communication in that home. The child wound up pregnant.

I support the Greenwood-Castle substitute, for any other approach to that would go against what 23 States have done. This now will require Title X counselors to expressly inform all minors that abstinence is the only certain way to avoid pregnancy, sexually transmitted infections, and HIV, but it adds counseling to this process. It makes clear that Title X providers must abide by State laws in the reporting of contribution, child molestation, sexual abuse, rape, and incest.

Now we are talking more to these young women who may come for these kinds of prescriptions, but then also share and burden those who are counseling them, what is going on in their home, and maybe this tragedy in Houston would not have occurred.

The Greenwood-Castle substitute ensures that all Title X counselors receive state-of-the-art training on how to help minors abstain from sexual activity, avoid coercive sexual relationships, and involve their parents in the decision to receive family planning.

Mr. Chairman, if the Istook amendment is passed, we will see more of

those victims, impregnated young girls, losing the future of their lives. I would ask that we vote for the Greenwood-Castle substitute only.

Mr. COBURN. Mr. Chairman, I yield 2 minutes to the gentleman from Pennsylvania (Mr. PITTS).

Mr. PITTS. Mr. Chairman, I rise in strong support of the Istook-Barcia-Manzullo parental notification amendment. Parents should have the right to know what the Federal Government is doing to their children. It absolutely amazes me that the opponents of this provision do not have a problem with having to write a note for their daughters to receive an aspirin at school or permission to have their ears pierced. Yet, when it comes to young girls being given serious birth control prescription by strangers, opponents do not believe that parents should even be told, that they even have the right to know.

President Clinton has said, parents quite simply have a right to know. Unfortunately, he was not referring to parents having the right to know about their children being given DepoProvera, he was referring to the importance of parents knowing which companies are most responsible for the problem of teen smoking.

If parents quite simply have the right to know about teen smoking, then surely they have the right to know if their minor daughter is receiving potentially dangerous contraceptive prescriptions. The Istook amendment is the only amendment that requires parental notification for prescription contraceptives. The Greenwood amendment would gut this provision.

I urge Members to vote for the Istook-Barcia-Manzullo amendment, to give parents the right to protect their minor daughters.

Mr. STOKES. Mr. Chairman, I yield 1 minute to the gentlewoman from New York (Mrs. MALONEY).

Mrs. MALONEY of New York. Mr. Chairman, in my State alone over 300,000 women and teens rely on Title X for their only reproductive health care. Studies show that 80 percent of teens who currently seek family planning advice at clinics would stop going if they had to tell their parents. The Istook language will cause many teens to delay or, even worse, avoid seeking essential health care services, placing their health at risk.

How can we claim to be protecting the health of our young women if we pass legislation that damages their health by restricting access to the care they need? I agree that ideally teens should be encouraged to talk to their parents about their health care decisions, but we do not live in an ideal world, and millions of teens do not live in ideal families.

□ 1930

The Greenwood-Castle substitute is the correct approach. It provides teens with the message that abstinence is the only way to avoid pregnancy, STDs

and HIV infection without restricting their access to needed health care.

Mr. COBURN. Mr. Chairman, I reserve the balance of my time.

The CHAIRMAN. The Chair would inquire of the gentleman from Oklahoma (Mr. COBURN) how many speakers he has remaining for his 1½ minutes.

Mr. COBURN. Just one, Mr. Chairman.

The CHAIRMAN. And how many speakers does the gentleman from Pennsylvania (Mr. GREENWOOD) have remaining for his 2 minutes?

Mr. GREENWOOD. One, Mr. Chairman.

The CHAIRMAN. The gentleman from Ohio (Mr. STOKES) has 30 seconds remaining. In that case, I think it would be appropriate that all the rest of the time be used for closing statements.

So then it is appropriate under the previous direction of the Chair that the gentleman from Pennsylvania (Mr. GREENWOOD) is recognized to close with 2 minutes.

Mr. GREENWOOD. Mr. Chairman, I yield myself the balance of my time.

Mr. Chairman, this is one of those debates where real good friends look at each other and say, "How can you think this way? How can we come to such different conclusions?"

Mr. Chairman, these are my two pretty little girls and I love them and I want to make sure that nothing ever happens to them. And they are so lucky. They are so lucky because their mother and I talk to them, and we are going to talk to them about their health and their sexuality and their personalities and the strength of their character. And when they come to this decision, they will have us.

But walk out the door of this building. Walk out the door of this building and tell me how many minutes it takes to find the first teenage girl whose parents could care less about her; if they knew where she was, if she knew where they were. Tell us what value it is that we are accomplishing when we send a letter into that home, we send a letter into that home from an agency.

Do my colleagues know what happens? The girl says, Do not send that letter there. I do not want this service, if that is what it means. And so where does she live? She lives in a world in which she has predators. She could be 15 or 16, and there are guys in those neighborhoods all over America, all kinds of neighborhoods, preying on her, putting her at risk of pregnancy, putting her at risk of abortion, putting her at risk of HIV.

She has got nobody. She does not have a parent. She does not have, if the Istook language prevails, a counselor. She has got nobody to teach her what is right. And if we want these values taught to these poor kids, just like we want them taught to our kids, vote for the Greenwood amendment and please vote "no" on the Istook amendment.

Mr. COBURN. Mr. Chairman, I yield 1½ minutes to the gentleman from Oklahoma (Mr. ISTOOK).

Mr. ISTOOK. Mr. Chairman, this program provides birth control pills and other contraceptives to kids. Not just those who are 17, but it freely gives them to those who are 15, to those who are 13, to those who are 12, to those who are 11, to those who are 11, 10, with no limit, totally ignoring the State laws on the books about age of consent.

Without the language, the Istook language in the bill, we do not even have a requirement to turn in people who are taking advantage of kids, and then taking them to these clinics for birth control, who are breaking the law that is designed to protect minors and our kids.

The issue is should \$200 million a year of taxpayers' money go to provide contraceptives to 1.5 million kids each year without their parents knowing it? This is not emergency care. We do not say they have to have notice if they need treatment, if they have already contracted some disease. It is only if they are giving out contraceptives for future sexual activity.

And birth control pills, yes, they have side effects. They have interactions. Parents need to know about their children's health, as well as about their children's morals, if they are going to be involved in being able to give parental guidance.

The Istook language has counseling on abstinence. It has a requirement that State laws are to be followed in reporting sexual predators. For goodness sakes, Mr. Chairman, let the parents know.

Mr. STOKES. Mr. Chairman, I yield 1½ minutes to the gentleman from Texas (Mr. EDWARDS) for the purpose of closing.

Mr. EDWARDS. Mr. Chairman, this debate is certainly not about statutory rape, nor is it about taking aspirin. What this debate is about is the real world consequences of the Istook amendment, regardless of the intentions.

I often hear my Republican friends and colleagues talking about taking responsibility for one's actions. They are right, and I agree. And what taking responsibility means on the Istook amendment is that the supporters of this amendment must honestly face the real world consequences of the actions of this amendment and the result of this amendment, if it were to pass into law.

According to the expert opinion of the American Medical Association, the American College of Obstetricians and Gynecologists, and even the American Family Physicians, is that this type of amendment could cause several things to happen. First, more unplanned pregnancies. Because of that, more abortions.

It could also cause in the real world a lot of young teenagers to have serious health problems that otherwise could have been prevented, including lifelong infertility for young women who would love to some day have a family of their own, like many of us are blessed to have our own family.

I do not question the intentions of the gentleman from Oklahoma (Mr. ISTOOK) or his supporters but I do ask them to face not the ideal world in which we would like to live but the real world and the real world consequences that we actually do live in.

I will finish. To suggest that there is anything in the Greenwood language that would come between families and teenagers and parents is absolutely simply not true.

Mr. ISTOOK. Mr. Chairman, I yield the balance of the time to the gentleman from Oklahoma (Mr. COBURN), a family doctor who practices in this area, to close the debate.

The CHAIRMAN. The gentleman from Oklahoma (Mr. COBURN) is yielded the remaining 4 minutes.

Mr. COBURN. Mr. Chairman, first of all, let me thank the gentleman from Illinois (Mr. PORTER) for the way he worked with us this year. He has my utmost respect. I also want to say that the gentleman from Pennsylvania (Mr. GREENWOOD) and I have become good friends through this because we have both learned something from one another.

I do not doubt anybody's motives here, but I definitely doubt the gentleman's knowledge of the facts. I am in the real world every day dealing with teenagers who are pregnant and have a sexually transmitted disease. Do you know what? Two-thirds of them have already been to the Title X clinic. We enabled them to fail.

At the time we have this debate today, 32,000 Americans will get a new sexually transmitted disease, and of that, 17,000 have already been to a Title X clinic.

So the question is, what are the real facts? I agree, if we put in the Istook language, some additional young women will get pregnant; some will get a sexually transmitted disease. But what about all those children now who are going to a Title X clinic or using birth control pills and do not use them right because it is not talked to by their parents? They do not even brush their teeth at night, let alone remember to take a pill.

Here is the science on oral contraceptives. This is married couples taking the pill, here is what we can expect: 12 to 16 percent of them get pregnant in the first year. Why would we think a 12 or a 16 or 18 year old would not? That does not have anything to do with sexually transmitted diseases, of which human papilloma virus is growing like gangbusters, and herpes, now 40 percent of our population has herpes.

Oral contraceptives do not protect; a condom does not protect. What are we going to give our children for the two greatest sexually transmitted diseases that we have today? The only thing that we can give them is the knowledge of involving their parents back with them in this decision.

I agree, there will be young women who will choose not to go but there will be hundreds of thousands of young

women who do have an opportunity to have a relationship with their parents renewed and discuss this issue. If they choose to continue to take oral contraceptives, they will have a parent there saying be sure and take your pill; be sure and do not be indiscriminate; let us teach you how to do it.

The idea of the gentleman from Pennsylvania (Mr. GREENWOOD) on counseling, I agree.

Title X, for those under 18 years of age, in my opinion, is one of the biggest causes of failure of our children. It is not a help. The facts do not show that it is a help. We like to say it is a help because of all of the problems we see.

I give teenage girls oral contraceptives. I practice in this area. But before they walk out of my office, after I have tried to talk them out of it, I make sure they know everything about it, everything about it. The real world is, is there are some wonderful Planned Parenthood clinics that do a good job but the real world on Title X clinics is they do not. They hand them a book of pills and a piece of paper and say, go. They never say the first thing about they are not going to be protected against a sexually transmitted disease.

Finally, my colleagues need to know about the NIH study. Ninety thousand teenagers, 1993, we sponsored the study, here is what it says: The number one way to keep teenagers from getting pregnant or getting a sexually transmitted disease is to connect the parent to the teenager. It is called parental connectedness.

Why would we not want to have a government policy that follows the largest study ever done in our country on this issue?

It is an easy, simple thing. We all want the same thing. We do not want our kids to get pregnant. We do not want them to get a sexually transmitted disease. The difference is, there is a base of knowledge and if we will really look at it we will all go to the same point. We are not 100 percent right or 100 percent wrong.

The CHAIRMAN. The question is on the amendment offered by the gentleman from Oklahoma (Mr. ISTOOK), as a substitute for the amendment offered by the gentleman from Pennsylvania (Mr. GREENWOOD).

The question was taken; and the Chairman announced that the ayes appeared to have it.

#### RECORDED VOTE

Mr. STOKES. Mr. Chairman, I demand a recorded vote.

A recorded vote was ordered.

The CHAIRMAN. Pursuant to clause 2(c) of rule XXIII, the Chair announces that he may reduce to not less than 5 minutes any recorded vote on the underlying Greenwood amendment.

The vote was taken by electronic device, and there were—ayes 224, noes 200, not voting 10, as follows:

[Roll No. 504]

AYES—224

Aderholt	Graham	Petri
Archer	Granger	Pickering
Armey	Gutknecht	Pitts
Bachus	Hall (OH)	Pombo
Baker	Hall (TX)	Portman
Ballenger	Hamilton	Quinn
Barcia	Hansen	Radanovich
Barr	Hastert	Rahall
Barrett (NE)	Hastings (WA)	Redmond
Bartlett	Hayworth	Regula
Barton	Hefley	Riggs
Bateman	Herger	Riley
Bereuter	Hill	Roemer
Bilirakis	Hildeary	Rogan
Bishop	Hoekstra	Rogers
Bliley	Holden	Rohrabacher
Blunt	Hostettler	Ros-Lehtinen
Boehner	Hulshof	Roukema
Bonilla	Hunter	Royce
Bono	Hutchinson	Ryun
Brady (TX)	Hyde	Salmon
Bryant	Inglis	Sandlin
Bunning	Istook	Sanford
Burr	Jenkins	Saxton
Burton	John	Scarborough
Callahan	Johnson, Sam	Schaefer, Bol
Calvert	Jones	Schaffer, Bol
Camp	Kanjorski	Sensenbrenn
Canady	Kasich	Sessions
Cannon	Kildee	Shadegg
Chabot	Kim	Shaw
Chambliss	King (NY)	Shimkus
Chenoweth	Kingston	Shuster
Christensen	Knollenberg	Skeen
Coble	LaFalce	Skelton
Coburn	LaHood	Smith (MI)
Collins	Largent	Smith (NJ)
Combest	Latham	Smith (OR)
Cooksey	Lewis (CA)	Smith (TX)
Costello	Lewis (KY)	Smith, Linda
Cox	Linder	Snowbarger
Cramer	Lipinski	Solomon
Crane	Livingston	Souder
Crapo	LoBiondo	Spence
Cubin	Lucas	Stearns
Cunningham	Manzullo	Stenholm
Danner	Mascara	Stump
Deal	McCollum	Stupak
DeLay	McCrary	Sununu
Diaz-Balart	McHugh	Talent
Dickey	McIntosh	Tanner
Doolittle	McIntyre	Tauzin
Doyle	McKeon	Taylor (MS)
Dreier	Metcalf	Taylor (NC)
Duncan	Mica	Thornberry
Dunn	Miller (FL)	Thune
Ehlers	Mollohan	Tiabrt
Emerson	Moran (KS)	Traficant
English	Murtha	Turner
Ensign	Myrick	Visclosky
Everett	Nethercutt	Walsh
Ewing	Neumann	Wamp
Forbes	Ney	Watkins
Fossella	Northup	Watts (OK)
Fowler	Norwood	Weldon (FL)
Fox	Nussle	Weldon (PA)
Gallegly	Ortiz	Weller
Gekas	Oxley	White
Gibbons	Packard	Whitfield
Gillmor	Pappas	Wicker
Goode	Parker	Wilson
Goodlatte	Paul	Wolf
Goodling	Paxon	Young (AK)
Gordon	Pease	Young (FL)
Goss	Peterson (MN)	

## NOES—200

Abercrombie	Boucher	Cummings
Ackerman	Boyd	Davis (FL)
Allen	Brady (PA)	Davis (IL)
Andrews	Brown (CA)	Davis (VA)
Baesler	Brown (FL)	DeFazio
Baldacci	Brown (OH)	DeGette
Barrett (WI)	Campbell	Delahunt
Bass	Capps	DeLauro
Becerra	Cardin	Deutsch
Bentsen	Carson	Dicks
Berman	Castle	Dingell
Berry	Clay	Dixon
Bilbray	Clayton	Doggett
Blagojevich	Clement	Dooley
Blumenauer	Clyburn	Edwards
Boehlert	Condit	Ehrlich
Bonior	Conyers	Engel
Borski	Cook	Eshoo
Boswell	Coyne	Etheridge

Evans	Kucinich	Porter
Farr	Lampson	Price (NC)
Fattah	Lantos	Ramstad
Fawell	LaTourette	Rangel
Filner	Lazio	Reyes
Foley	Leach	Rivers
Ford	Lee	Rodriguez
Frank (MA)	Levin	Rothman
Franks (NJ)	Lewis (GA)	Royal-Allard
Frelinghuysen	Lofgren	Rush
Frost	Lowey	Sabo
Furse	Luther	Sanchez
Ganske	Maloney (CT)	Sanders
Gejdenson	Maloney (NY)	Sawyer
Gephardt	Manton	Schumer
Gilchrest	Markey	Scott
Gilman	Matsui	Serrano
Gonzalez	McCarthy (MO)	Shays
Green	McCarthy (NY)	Sherman
Greenwood	McDermott	Sisisky
Gutierrez	McGovern	Skaggs
Harman	McHale	Slaughter
Hastings (FL)	McInnis	Smith, Adam
Hefner	McKinney	Snyder
Hilliard	McNulty	Spratt
Hinchey	Meehan	Stabenow
Hinojosa	Meek (FL)	Stark
Hobson	Meeks (NY)	Stokes
Hooley	Menendez	Strickland
Horn	Millender-	Tauscher
Houghton	McDonald	Thomas
Hoyer	Miller (CA)	Thompson
Jackson (IL)	Minge	Thurman
Jackson-Lee (TX)	Mink	Tierney
Jefferson	Moran (VA)	Torres
Johnson (CT)	Morella	Towns
Johnson (WI)	Nadler	Upton
Johnson, E. B.	Neal	Velazquez
Kaptur	Oberstar	Vento
Kelly	Obeiy	Waters
Kennedy (MA)	Olver	Watt (NC)
Kennedy (RI)	Owens	Waxman
Kilpatrick	Pallone	Wexler
Kind (WI)	Pascrell	Weygand
Kleczka	Pastor	Wise
Klink	Payne	Woolsey
Klug	Pelosi	Wynn
Kolbe	Pickett	
	Pomeroy	

NOT VOTING—10

Ms. HOOLEY of Oregon changed her vote from "aye" to "no."

Mr. STUPÁK and Mr. NEY changed their vote from "no" to "aye."

So the amendment offered as a substitute for the amendment was agreed to.

The result of the vote was announced as above recorded.

The CHAIRMAN. The question is on the amendment offered by the gentleman from Pennsylvania (Mr. GREENWOOD), as amended.

The amendment, as amended, was agreed to.

Mr. PORTER. Mr. Chairman, I move that the Committee do now rise.

The motion was agreed to.

Accordingly, the Committee rose; and the Speaker pro tempore (Mr. SHIMKUS) having assumed the chair, Mr. BEREUTER, Chairman of the Committee of the Whole House on the State of the Union, reported that that Committee, having had under consideration the bill (H.R. 4274) making appropriations for the Departments of Labor, Health and Human Services, and Education, and related agencies, for the fiscal year ending September 30, 1999, and for other purposes, had come to no resolution thereon.

## GENERAL LEAVE

Mr. PORTER. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks on the consideration of H.R. 4274, and that I may include tabular and extraneous material.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Illinois?

There was no objection.

AGRICULTURE, RURAL DEVELOPMENT, FOOD AND DRUG ADMINISTRATION, AND RELATED AGENCIES APPROPRIATIONS ACT, 1999—VETO MESSAGE FROM THE PRESIDENT OF THE UNITED STATES (H. DOC. NO. 105-321)

The SPEAKER pro tempore laid before the House the following veto message from the President of the United States:

*To the House of Representatives:*

I am returning herewith without my approval, H.R. 4101, the "Agriculture, Rural Development, Food and Drug Administration, and Related Agencies Appropriations Act, 1999." I am vetoing this bill because it fails to address adequately the crisis now gripping our Nation's farm community.

I firmly believe and have stated often that the Federal Government must play an important role in strengthening the farm safety net. This appropriations bill provides an opportunity each year for the Government to take steps to help hardworking farmers achieve a decent living, despite the misfortune of bad weather, crop disease, collapsing markets, or other forces that affect their livelihoods. It is especially necessary for the Government to act this year, with prices dropping precipitously, crops destroyed by flood, drought, and disease, and where many farmers will see their net income drop by as much as 40 percent below a 5-year average.

Two years ago, when I signed the "Freedom to Farm Bill," I made clear that it did not provide an adequate safety net for our Nation's farmers. There is no better proof of that bill's shortcomings than the hardship in America's farm country this year. Our farm families are facing their worst crisis in a decade.

My Administration has already taken steps to address this crisis. In July, we announced the purchase of \$250 million of wheat to export to hungry people around the world. In August, I signed legislation to speed up farm program payments. But in the face of a growing emergency for our Nation's farmers, we must do more to ensure that American farmers can continue to provide, for years to come, the safest and least expensive food in the world. Last month, I sent to the Congress a request for \$2.3 billion in emergency aid for our farmers, and I supported Senator Daschle's and Harkin's proposal to boost farm income by lifting the cap on marketing loan rates.