

to make America a better place. When everyone begins doing their part, a magnificent nation will emerge.

TRIBUTE TO BERNADETTE F.  
BAYNE, ESQ.

HON. EDOLPHUS TOWNS

OF NEW YORK

IN THE HOUSE OF REPRESENTATIVES

*Thursday, August 1, 1996*

Mr. TOWNS. Mr. Speaker, as a jurist and practicing attorney in Brooklyn for over 25 years, Bernadette F. Bayne has epitomized hardwork and dedication. A graduate of Pace University and New York University School of Law, Ms. Bayne served as a criminal court judge for the city of New York from 1991 to 1994. Prior to this distinguished honor, Ms. Bayne used her legal expertise to improve the quality of life for New York City by serving as an administrative law judge for the New York State Workers' Compensation Board, as a former commissioner of the New York City Civil Service Commission, and as staff attorney for the criminal defense division of the Brooklyn Legal Aid Society.

Currently, in private practice, Ms. Bayne is admitted to practice in New York State, the Federal courts for the Southern and Eastern Districts of New York, and the Court of Appeals. Her various professional affiliations include the Metropolitan Black Bar Association, Kings County Criminal Bar Association, Brooklyn Women's Bar Association, Bedford Stuyvesant Lawyers Association, and the Association of the Bar of the City of New York.

Ms. Bayne and her husband, Bernard, are the proud parents of two children, Tracy and Michael. I am pleased to introduce Ms. Bayne to my colleagues.

TEENAGE PREGNANCY REDUCTION  
ACT OF 1996

HON. NITA M. LOWEY

OF NEW YORK

IN THE HOUSE OF REPRESENTATIVES

*Thursday, August 1, 1996*

Mrs. LOWEY. Mr. Speaker, I am pleased to introduce the Teenage Pregnancy Reduction Act of 1996, a bill that has bi-partisan support. This bill will provide for in-depth evaluation of teen pregnancy prevention programs nationwide.

This bill is one of the first initiatives of the Congressional Advisory Panel to the National Campaign to Prevent Teenage Pregnancy—a bi-partisan panel that was announced earlier today. I am very proud that I am introducing this bill with my co-chair of the Advisory Panel, Rep. MIKE CASTLE, and the vice-chairs of the Advisory Panel, Reps. NANCY JOHNSON and EVA CLAYTON. Several other members of the Advisory Panel join us as original co-sponsors.

This bill provides for very needed in-depth evaluation of promising teen pregnancy prevention programs. At a time when we are discussing making serious investments in teen pregnancy prevention programs, it is critical that we understand which programs are truly effective, why they are effective, and whether they can be replicated in other communities.

Teen pregnancy is one of the most critical issues facing America today. The explosion of

out-of-wedlock teen births in the United States is a moral crisis that threatens to undermine our Nation.

Each year, 1 million American teenagers become pregnant and approximately 175,000 teens give birth to their first child. The number of teen mothers in the United States has risen by 21 percent in the last decade. As a result, the United States now has the highest teen pregnancy rate in the Western World.

The odds are stacked against the children of teen mothers from the minute they are born. These children are more likely to be born prematurely and have lower birth weights than other children. As they grow older, the children of teen mothers are more likely to drop out of high school, wind up in jail, or end up on welfare.

Teen mothers also face serious problems. They are more likely to drop out of high school and end up on welfare. In fact, a new report just released by the non-partisan Robin Hood foundation revealed that the teen pregnancy crisis costs our Nation an estimated \$29 billion a year in increased education, welfare and prison expenses.

As a nation, we can no longer afford the consequences of teen pregnancy.

We must provide teens with positive options to pregnancy. We must expand employment and educational opportunities for teens so that they have realistic alternatives to pregnancy. Public policy must help our children learn and help them to get jobs.

Community leaders must also speak out and use their influence. Our Nation's culture must change. We must encourage America's teens to remain abstinent and responsible before marriage. We must restore the stigma that used to accompany teen pregnancy and make it very clear to America's teens that pregnancy is just not an option.

Teen pregnancy robs teens of both their childhood and their futures. It also robs their children, and their children's children. As leaders in our communities, we must speak out on this issue. This bill is one of the first steps we need to take in order to break this tragic cycle.

INTRODUCTION OF THE HIV  
PREVENTION ACT OF 1996

HON. TOM A. COBURN

OF OKLAHOMA

IN THE HOUSE OF REPRESENTATIVES

*Thursday, August 1, 1996*

Mr. COBURN. Mr. Speaker, it has been just 15 years since the first cases of AIDS were recognized. The first thousand cases had been reported to the CDC by February 1983. The cumulative incidence of reported AIDS reached 10,000 in the spring of 1985, only 2 years later. The cumulative number of cases reached a total of 513,486 by the end of 1995. Of these, 319,849 were known to have died. Clearly, this is an epidemic of historic proportion that is continuing to grow.

While no cure exists for AIDS, we know enough about the disease to prevent its spread completely. For instance, we now know that AIDS is caused by the human immunodeficiency virus [HIV] and is actually the end stage of HIV infection. We also know that the disease is transmitted through the exchange of body fluids and it attacks the body's immune system, eventually leaving the body unable to fend off disease.

What we do not know is the extent of the disease. We have failed to employ the public health procedures which have been successful in curtailing other epidemics in our efforts against HIV. These include confidential HIV reporting and partner notification.

We have made an effort to report cases of AIDS on a State and National level but not cases of HIV. We do not make it a priority to notify those who may have been exposed that their lives may be endangered.

Put simply, the Federal Government and the public health community have been AWOL in the battle against HIV. Sound medical practices have been abandoned and replaced with political correctness. HIV has been treated as a civil rights' issue instead of the public health crisis that it is.

Today, I am happy to introduce the HIV Prevention Act of 1996 in an attempt to return sound medical practices to our Nation's public health policy and curtail the spread of the deadly HIV epidemic.

Recent scientific breakthroughs make prompt passage of this bill extremely important.

Many of the world's top HIV scientists have suggested that it may be possible to eradicate the virus from the body and completely suppress it by using a combination of new HIV drugs. Some believe that these drugs may transform HIV from a terminal disease into a chronic disease like diabetes or heart disease. However, researchers agree that the success of these drugs depends upon getting treatment early.

This bill aims at protecting the uninfected and at helping those who are infected to discover their status as early as possible to maximize the opportunities now available.

The following is a section-by-section summary of the proposal.

IMPROVED HIV EPIDEMIC MEASUREMENT

The HIV Prevention Act establishes a confidential national HIV reporting effort.

Currently every State reports AIDS cases, which is merely the end stage HIV infection. By confidentially reporting new cases of HIV, those responsible for control of the disease can more accurately determine the current extent of the epidemic as well as future trends, rates of progression, direction of spread, possible changes in transmissibility and other critical factors of disease control. Such information will allow for the development of long-term strategies based on reliable data.

PARTNER NOTIFICATION

The HIV Prevention Act would require States to inform individuals if they may have been exposed to HIV by a current or past partner.

Partner notification is the only timely way to alert those in danger of infection and is the standard public health procedure for curtailing the spread of virtually all other sexually transmitted diseases.

Partner notification essentially requires two steps. The first is counsel all infected individuals about the importance of notifying their partner or partners that they may have been exposed. The second is for their doctor to forward the names of any partners named by the infected person to the Department of Health where specially trained public health professionals complete the notification. In all cases, the privacy of the infected person is, and must be, protected by withholding the name of the infected person from the partner being notified.

Notification allows for early medical treatment which can prolong and improve lives. It also curtails the spread of HIV, and therefore, saves lives.

Studies confirm that only 10 percent or less of people who have recently tested HIV-positive manage, by themselves, to notify their partners.

Between 50 percent and 90 percent of those who tested positive cooperate voluntarily with notification. Further, even higher proportions of those partners contacted—usually 90 percent or more—voluntarily obtain an HIV test.

An overwhelming number of Americans believe that the rights of partners of those infected with HIV should be balanced against medical privacy rights held by the infected partners according to a poll published in the New York Post.

Legislation requiring spousal notification has already been signed into law (Public Law 104-146). It makes perfect sense to expand notification to all of those who may have been exposed to HIV.

The Centers for Disease Control and Prevention has concluded that even if only one in 80 notifications results in preventing a new case of HIV-infection, given the huge medical and social costs of every case, notification pays for itself.

The American Medical Association (AMA) has endorsed non-consensual partner notification for HIV infection and CDC has required states to establish procedures for partner notification for AIDS.

More than 30 states have enacted specific HIV partner notification provisions as of July 1994 and several others have passed laws allowing for the disclosure of HIV information in response to a court order.

It is estimated that between 630,000 to 900,000 Americans are living with HIV infection and about 50,000 people became infected with HIV each year. Sadly, most of those infected do not know it and do not get tested until they are already sick with AIDS-related disease. By this point, they have been denied the medical care that can prolong their lives and stave off illness and may have infected others unknowingly.

Aggressive partner notification will also bring greater safety to our nation's blood supply.

#### HIV TESTING FOR SEXUAL OFFENSES

The HIV Prevention Act requires that those accused of sexual offenses be tested for HIV.

Many times the victims of rape and other sexual assaults also become victims of HIV.

Because HIV is incurable, rape and molestation victims must have the right to know if they have been exposed to HIV as soon after exposure as possible so they can immediately begin medical treatment if necessary.

Victims can not rely solely on testing themselves for the disease because there is often a lag time that can last for several months between HIV exposure and infection. Therefore, the only timely, logical and practical way for a victim to know if they may be at risk of HIV is to learn the status of their attacker.

Most states allow for victims to find out whether their attackers have HIV, but only after convicted of an assault, which may take many months or even years.

Even if the victim tests negative, knowing the status of their assailant provides many victims with a sense of relief and allows them to seek further medical advice and take precautions if positive.

#### HIV AND MEDICAL PROCEDURES

The HIV Prevention Act protects both health care patients and professionals from inadvertent exposure to HIV. It would do

this by encouraging medical associations to establish guidelines for providers with HIV to follow in the performance of any risk prone invasive medical procedure on a patient and by allowing providers to test a patient for HIV before performing such a procedure if the provider considers such a test necessary.

Both health care professionals and patients should be given the ability to protect themselves from unwarranted HIV exposure.

A recent study of hospital nurses concluded that workplace stress due to the fear of HIV contagion is high and the most effective way to reduce fear is to inform staff of the HIV status of patients.

Similar proposals regarding patients and health care providers passed the Senate overwhelming in 1991, but were later dropped in conference.

The public would like doctors and dentists with AIDS or HIV to be legally required to inform their patients of their health status according to 93% of those polled in a New York Post survey.

#### IRRESPONSIBLE BEHAVIORS INVOLVING HIV

The HIV Prevention Act expresses the sense of the Congress that States should criminalize irresponsible behaviors by those who are infected.

Those who are infected with any disease have a responsibility to prevent transmitting the disease to others. Because no cure exists for HIV, those who knowingly place others at risk of infection are endangering innocent lives.

79% of Americans believe that those who knowingly infect another person with HIV should face criminal charges. Half of those surveyed said that people who knowingly transmit the virus should be charged with murder.

#### CONFIDENTIALITY AND HIV

The HIV Prevention Act expresses the sense of Congress that strict confidentiality must be observed at all times in carrying out the provisions of this Act.

### INTERNATIONAL DOLPHIN CONSERVATION PROGRAM ACT

#### SPEECH OF

HON. CARDISS COLLINS

OF ILLINOIS

IN THE HOUSE OF REPRESENTATIVES

Wednesday, July 31, 1996

The House in Committee of the Whole House on the State of the Union had under consideration the bill (H.R. 2823) to amend the Marine Mammal Protection Act of 1972 to support the International Dolphin Conservation Program in the eastern tropical Pacific Ocean, and for other purposes:

Mrs. COLLINS of Illinois. Mr. Chairman, H.R. 2823, the International Dolphin Act, lowers tough U.S. standards, governing the use of the "dolphin safe" label on tuna sold in our country, to accommodate foreign fishermen and foreign governments.

In its present form, this bill should be opposed. Not only will it lead to the killing of more dolphins, but it will also break a promise that the House of Representatives made to the American public 4 years ago concerning the North American Free Trade Agreement and other trade agreements with which we comply.

At that time, I brought to the floor a resolution which promised the American public that the United States would not weaken any of its domestic environmental laws, laws protecting

public health and safety, or consumer protection laws in order to meet our international trade obligations. That resolution passed the House unanimously.

The bill we are considering breaks that promise we made to the American people. This legislation weakens standards that have been in effect for 6 years governing use of the "dolphin safe" label on tuna sold in the United States.

Current U.S. standards prohibit the chasing, harassing, or injuring of dolphin, in order for tuna to be labeled "dolphin safe." These prohibitions have been in the Marine Mammal Protection Act since 1972.

However, H.R. 2823 says the "dolphin safe" label could be used as long as no dolphins are killed during the setting of a tuna net. As a result, this bill would let tuna be labeled as "dolphin safe", even though the fishermen who catch it may be in violation of the Marine Mammal Protection Act.

Why are we making these changes in longstanding U.S. policy? It is simply because Mexico and other South American governments are pushing for it.

Our first priority should be our promises to American consumers, not the concerns of foreign governments and foreign fishermen.

Proponents of this legislation say we need to change our standards to bring the United States into compliance with our trade obligations. That simply is not true.

This bill goes far beyond what is needed to comply with trade agreements to which we are a party. Mexico and other governments are simply using our trade agreements as an excuse to force other changes in U.S. law that are not justified and should not be made.

Mr. Chairman, an amendment will be offered later by the gentleman from Massachusetts [Mr. STUDDS] which reiterates current U.S. policy on the use of the "dolphin safe" label. The amendment would not change, however, those provisions of the bill designed to bring the U.S. into compliance with trade agreements.

Mr. Chairman, I urge my colleagues to vote for the amendment of the gentleman from Massachusetts. Unless the gentleman's amendment is adopted, the bill should be defeated.

### CONGRATULATIONS TO NEW HOPE BAPTIST CHURCH OF NEWARK, NEW JERSEY

HON. DONALD M. PAYNE

OF NEW JERSEY

IN THE HOUSE OF REPRESENTATIVES

Thursday, August 1, 1996

Mr. PAYNE of New Jersey. Mr. Speaker, I would like to take this opportunity to congratulate the New Hope Baptist Church of Newark, NJ. On Sunday, September 15, 1996, they will celebrate the 93rd Founder's Day and Mortgage Burning Service. I ask my colleagues to join with me in praising their diligence and applaud them on a job well done. Their level of community service is phenomenal and the 10th District of New Jersey is fortunate to have this church as one of our own.

New Hope Baptist Church was organized in 1903 by two sisters, Addie and Maggie Divine. Their first pastor was Reverend Jesse Williams. The current pastor, Rev. Charles Everett Thomas, began his tenure position at New