

cut by 25 percent. What that means is that you have these environmental laws on the books but you do not have any way of enforcing them. The polluters know if no one is out there watching them and they continue to pollute, discharging materials, violating their water discharge permits, discharging into waters and harbors, they do what they think they can get away with.

I would venture one other thing we found in our report and found in the forum, the cuts in environmental enforcement do not save money. In other words, the Republican leadership argues if we cut back on this environmental enforcement, somehow we are going to save money.

Nothing could be further from the truth. I mean, essentially what happens is that the environmental cop on the beat, if you will, those who go out there to find the polluters, they do not find them, they do not issue them summonses and, as a result, no fine is incurred and the Treasury actually loses money because they are not penalizing the polluters.

In addition, a lot of times, when pollution takes effect, it costs even more money in the long run to clean it up, whether it is the water, whether hazardous waste, whatever it happens to be, so the bottom line is it costs the Federal Government more money in the long run.

Some of the previous speakers on the Republican side also made the argument we do not need the Federal Government involved in all of this enforcement activity because the States can do it. I think the gentleman from Florida mentioned that almost every State or every State now has an environmental protection agency or something like it. But the reality is that the Federal Government sets preliminary standards, whether it is clean water, clean air, hazardous waste cleanup, whatever it happens to be. Without those Federal standards in place, many States simply have not historically established standards similar to the Federal ones. So I just wanted to point out we could talk all night. Of course, my time is up now. I just wanted to point out this fact. This Republican leadership is turning the clock back on the environment. I am glad the President came to New Jersey to point that out today.

PREVENTING TEENAGE PREGNANCY

The SPEAKER pro tempore. Under the Speaker's announced policy of May 12, 1995, the gentlewoman from North Carolina [Mrs. CLAYTON] is recognized for 60 minutes as the designee of the minority leader.

Mrs. CLAYTON. I have several of my colleagues who will participate with me on this special order as we are talking about the special order on preventing teenage pregnancy.

Mr. Speaker, 30 percent of all out-of-wedlock births are to teenagers below

the age of 20. That astonishing reality should be alarming to all Members of Congress and to all citizens of our country. More importantly, the current debate on welfare reform is accelerating the need to address the issue of out-of-wedlock teen births. We want to end welfare as we know it, all of us say, but we do not want to replace it with welfare as we do not want to know it. We do not want to enact legislation that leaves a policy of national abandonment.

As we consider solutions to this issue, we must keep in mind no other industrialized nations with the standard of living comparable to the United States has a problem of this dimension. On the problem of teenage pregnancy, we have the dubious distinction of leading the world.

In January, the national campaign to prevent teen pregnancy began. This campaign is a privately funded non-partisan effort. The goal of the campaign is to reduce teenage pregnancy rate by one-third by the year 2005. The mission of the campaign is to reduce teenage pregnancy by supporting values and stimulating actions that are consistent with a pregnancy-free adolescence. In order to accomplish this mission and reach the goal, the campaign will first work to raise the awareness level concerning this crisis. The campaign will reach out to national media to help raise awareness and to attract the interest of national leaders and organizations. It is critical that our Nation take a clear stand against teenage pregnancy and that the position be widely publicized.

Enlisting the support of the State and local media will be a vital part of this outreach to strengthen the knowledge base and to educate the public on this issue. These actions will force a national discussion about how religious, cultural and public values influence both teenage pregnancy and the way our society responds to the dilemma.

The campaign's second focus is to encourage and to stimulate innovative solutions through local schools, churches, civic groups, as well as local and State officials. The campaign does not advocate any plan other than community involvement. Each community would determine what would be appropriate and acceptable based on a community's standards and values. Let me again emphasize the national campaign encourages community involvement, but it does not recommend any plan of action. Again, each community would determine the action appropriate for their community plan. The parents, families, churches, teachers, Scout leaders, community members who know these teenagers best would determine what kind of program their communities could use to help their young people avoid teenage pregnancy and becoming teenage parents too early.

I think you will agree these decisions should be made by the community and at the community level by individuals

and families who care the most about the greatest need to influence these young people.

I am delighted to have several people to join me today, and Congresswoman MEEK of Florida is going to share some of her remarks with us.

Mrs. MEEK of Florida. Mr. Speaker, I am very pleased to bring the subject of teenage pregnancy to the consciousness of everyone in this Nation, and I think this special order you have tonight will take us a long way to doing that and having people aware of what is going on to some of our best and most valuable resources, and that is our teenagers.

We all know that statistics show us that the baby boomers now have produced a new crop of teenagers, much larger than the baby boomers' population itself, so we are beginning to have more and more of the problems which you have described here.

Tonight I am going to take a few minutes and just talk about what is happening in the State of Florida. Most people know about Florida as a beautiful tourist State. They know about it as the State where the Sun shines all the time. They know about it as being a very warm climate.

The one thing people do not talk about a lot in the State of Florida is that our rate of teenage pregnancy is growing. Our rate of AIDS is growing. As a matter of fact, we are in the top five in this country as far as AIDS and teenage pregnancies. It is something that many of us as policymakers have been afraid or maybe a little reluctant to address as being a problem. But until we change some of the policies, and I think that is where you are on your way to changing some of the policies which underwrite what we do with our wonderful teenage children, certainly we will keep going the helter-skelter way as we are doing now; that is, one State may have a very strong policy, another one may have very little, and another one may have sort of a lukewarm policy.

I guess what we would like to see is that this country would face this as a problem, not to sweep it under the rug. Policymakers would no longer be afraid or a little concerned about the political incorrectness of addressing this problem.

□ 2115

Just to look at the social significance of teenage pregnancies in Florida, and I am talking about births by teenagers who are 18 years or younger in the State of Florida, if you will notice, this particular, I call it an epidemic, is almost a pandemic. But it is an epidemic in that some groups of teenagers, who once did not even have this problem, are now beginning to show an advancement in their teens whether they are white or black or any other ethnic group.

However, because of the policy related circumstances with minorities, teenage pregnancy incidence is much

higher than it is among some other ethnic groups, particularly with nonwhite teenagers. The growth in Florida since 1991, there were 8,274 teenage pregnancies. But now it is reduced a little bit because of some of the many things we are trying to do in Florida to sort of alleviate this problem.

But I do not think we are doing enough teaching and education and teaching youngsters that abstinence is the best policy. I go to the age-old dictum that we were taught, that that was the only way to prevent teenage pregnancy. Now we say safe sex, we say a lot of things. But I think perhaps we may have to go back to some of the age-old policies of combating this, that being not forced, but supported by a State policy.

It costs a lot. Teenage pregnancies cost Florida a lot of money. In doing so, it takes away some other programs that need the same kind of financial assistance.

The regular prenatal care and delivery of teenage babies costs the State of Florida \$15.3 million. Now, think in terms of the health care delivery system in Florida. If this money could be placed toward fighting some of the many other health problems in Florida, then certainly we would have had that money to put in that pot.

Also in Florida, teenagers who have babies usually are at-risk babies. The prenatal care is much higher than a regular adult having a baby. So these teenagers bring with them certain deficiencies. One is that, with many of them, the babies have to be treated through neonatal care. That has a very high price tag on it. No matter what you say, these things cost money, and we must do our best to prevent them.

Just take the at-risk prenatal care that Florida spent in 1994 for teenage pregnancies; \$16.4 million was spent just for the prenatal care. This has nothing to do with those who repeat and have a second pregnancy after the first one.

The emergency room and hospitalization is \$1.7 million, prenatal intensive care, \$10.8 million. My hospital in Miami, the public hospital, has a very high cost of parental intensive care.

Also, there is neonatal intensive care. Per client it costs more than any other care. In addition to that, many of them during the first year of life must be rehospitalized, because you remember the teenager's body is not as strong and not built for pregnancy as the adult's body. So that is a problem.

Then what happens when a lot of teenagers have a lot of youngsters? Then there is the cost of special education. Up until the time they are 14 years of age, that carries with it a great cost. I do not think I am trying to say that this is cost prohibitive. I am saying the money the State of Florida spends with teenage pregnancies, which are usually low birth weight babies which need neonatal care, which need very strong prenatal care, that it costs a lot of money.

Then the developmental kinds of services that are needed for the babies which are already born with a strike against them, and that is like the special education, costs \$939 million. That is a lot more money, because these children who were born into the bodies of young teenage mothers that are not physiologically prepared costs this special social significance.

Then there are the developmental services, \$6.8 million. That is why it is so very important, when you look at AFDC, at least 8 percent of the 8 years of age spends 14 percent in food stamps. If you take 2.5 years, 14.9 percent, and 8 years for 14 percent, the food stamps for 10 years would cost \$129.8 million. These figures are statistically correct, but many times a lot of these figures do not include all the youngsters that go through the teenage pregnancy syndrome.

Medicaid in Florida ran up \$40.8 million because of the teenage pregnancy problem. The crime, not including the cost, that is \$2.6 million.

So I think that education is a key to our problems with teenage pregnancies. I do not think that it can be done altogether in the school. It is a problem in the home, the school, and the community. There is a lot to be done, a lot can be done, because right now many of the teenagers do not understand what makes them pregnant as well as how to take care of a baby born to a teenage mother. There are a large percentage of them born in Florida to teenage mothers. In 1994 it is 13 percent of the babies were born to teenage mothers, and the teenage birth rate was very high as well. Repeat births was like 23 percent in Florida. I can go on and on.

I guess the point I am making here is that teenage pregnancies have a high cost attached to them, not only in the problems to the teenage mother herself, but to the baby.

Regarding the impact of the teenage mother's baby, as it brings forth many things which, I think, if properly educated soon enough and the intervention is made soon enough, something can be done.

Florida has a lot of good programs and is fighting this problem. But we have not come to the point yet that we are able to stop that first child. Usually through education and through programs, we are able to slow down the rate of the second baby. But we still have problems with the first.

I think it is important that you brought this to our attention tonight, and I think we have to really put more focus on it. We need to look at it because it is interlinked very closely with Medicaid, and it is going to cause a problem which many of my colleagues have talked about. I want to thank you for bringing this to our attention.

Mrs. CLAYTON. I want to thank the gentlewoman from Florida for bringing up the Florida experience. Just to emphasize, the gentlewoman shared that indeed there are a myriad of solutions,

but basically she felt education was one of them.

In addition to the educational part of abstinence, other educational programs of conception are also needed in that area. They have been successful in maintaining or reducing the second birth, but not as successful in intervening early on.

So I think there is much we can learn from the Florida experience. I certainly want to express sincere appreciation for the gentlewoman sharing that with us this evening.

The gentlewoman from Texas [Ms. JACKSON-LEE] is with us, and I appreciate her joining us.

Ms. JACKSON-LEE of Texas. Mr. Speaker, I thank the gentlewoman for yielding. Let me thank the gentlewoman for her leadership on this issue and bringing to the focus of America the importance of supporting the National Campaign to Reduce Teenage Pregnancy. I join the gentlewoman in the support.

I support the National Campaign to Reduce Teenage Pregnancy, especially enlisting the aid or help of the media, because teen pregnancy and too early teen births impact the teenager's health, education, and long-term self-sufficiency.

Educational attainment and poverty are related to adolescent child bearing. One million teenagers become pregnant every year, and most of these pregnancies are unintended. A lot of it comes from the lack of information about one's body, a lack of sex education information, and the youngster is simply a child guided by the words of her peers, or maybe the individual that has enticed her into a sexual act that results in the pregnancy.

We have heard much about the social cost of teenage pregnancy in terms of welfare and Medicaid. One-quarter of teen mothers live below the poverty level. But there is also a psychological cost. There is a cost in the future of that young mother and the future of that child.

Advocates for Youth have estimated the annual public cost in 1992 for AFDC, Medicaid and food stamps attributable to families begun when the parents are teens are \$34 billion. I imagine that also includes the cost of the prenatal care that they do not get really and the neonatal costs that they have when the babies are low birth rate babies.

However, if we want to address the issue of teen pregnancy, then we must assist teens with a multidimensional program that provides reproductive health information and access, as well as teaching teens to communicate with their partners and their parents. And, yes, I wholeheartedly support the teaching and communication of abstinence and the ability to build one's self-esteem around the ideas of waiting and looking forward to a future and the availability and ability to raise one's child with the best resources possible.

Prevention of at-risk teen behavior should include attention to educational

and employment opportunities. All of us should be concerned when intergenerational teen motherhood affects the long-term chances of teenagers and their families.

I believe that teenage pregnancy prevention must be targeted at both boys and girls. That is a very important point. I have found times when we have spent time with young men, it is very valuable time, to inform them that it is their responsibility too; that their manhood is not intertwined with the creating of a life, and that that life then becomes dependent on them, and their future opportunities may be shortchanged because of the responsibility to this wonderful new life.

Treating teen pregnancy as if it is an issue that affects only young girls is shortsighted and is unlikely to be effective. Adult men are frequently the fathers of children born to teenage mothers. I hope that the link between sexual abuse and teen child bearing are also examined by the National Campaign to Reduce Teen Pregnancy. That is certainly an issue that I am hoping to address in my district.

I urge the media, parents, educators, and all those who care about children to talk with our young people about abstinence and postponement of sexual activity. Teen mothers have approximately a 60-percent chance of graduating from high school by the age of 25. Remember now, a 60-percent chance of graduating, way beyond the normal graduation time, but maybe by the age of 25, and only 60 percent, compared to 90 percent of those who postpone child bearing.

African-American and Hispanic teens who delay child bearing to age 20 are 3 to 5 times more likely to attend college as their counterparts who do not delay childbirth. Again that goes back to the quality of life of that new life that this young parent would bring into the world, the ability of taking care of that child, and warding that child away from the ills of life, the social ills, the lack of getting an education, drugs, the lack of self-esteem because they have not had the nurturing and care that would come about from a more mature parent.

For an African-American family in which the mother began child bearing before the age of 16, the average income is only 96 percent of the poverty level, not even the poverty level, but only 96 percent. The average income rises to 236 percent of the poverty level if she is between 26 to 27 years of age when her first child is born, and 275 percent if she postpones child bearing past the age of 27.

I am concerned about teen pregnancy because too-early births impact the teens and families in my State. In Texas there were 52,859 births to those age 12, underlined, age 12 to 19, in 1994 alone. The combined cost of maternity care and newborn care for these teen births in Texas was \$339,407,639.

I have visited the Lyndon Baines Johnson Public Hospital in my commu-

nity and have seen the neonatal unit with these very low birth weight babies. Loving as they are, and your great desire to love them and care for them and cry for them, we also recognize that we are in some way diminishing their quality of life by their low birth rate. Because of the lack of prenatal care, many of them are born to our teen mothers.

This is something that, if for nothing else, for that child that we want to bring into this world, giving he or she the most that we can give them, that we should emphasize this effort with respect to teen pregnancy. The combined costs of maternity care and newborn care for these teen births in Texas, as I said, some \$330 million-plus.

In my district in Harris County, TX, in 1994, there were 3,598 births to teen aged 11 to 17. The estimated cost of maternity and newborn care for these teen births in Harris County alone was \$23,102,758. Just a couple of weeks ago we saw the emphasis on teen pregnancy in Texas take national status when it was thought that a 10 year old was on the run who was about to give birth to a child out of wedlock. We now find out it was a youngster of 14. But just the horror of it and the thoughts of youngsters having children, and that does occur in my community.

□ 2130

Let me applaud, however, the school districts, particularly HISD, who have several schools that deal with pregnant teens and teens that have had children, and in particular, they provide child care for those teens. But they also expressed to me the difficulty of keeping those teens in school and again ensuring that those children are getting the best protection and help that they possibly can, both the child that has had the newborn and the newborn, of course.

It is encouraging that the pregnancy rate among sexually experienced teens has declined 19 percent in the last two decades, but there remains much that we as parents and friends of teens must do if we truly care about our young people.

I would also like to applaud the teen clinic in the hospital district supported by Baylor College of Medicine. That has been an outstanding light, Congresswoman CLAYTON, in prevention measures, in encouraging young teens to look differently or in another direction, and certainly after the first child, to discourage them from a future birth until they get their education and secure a marriage partner and have the opportunity to provide for that young child or that newborn.

There is no one program, however, that will work for all teenagers. When we look at the teen programs which have been effective, the teen pregnancy prevention programs have approached this social and personal issue holistically and comprehensively. That is the key. Adolescent pregnancy prevention must include reproductive health,

education and access to contraception, along with the emphasis of education and prevention and certainly abstinence.

The media must take responsibility for the explicit images of sexual activity that our children see on a daily basis. Might I add, even the media that shows television programs during the hours that you think young children are safe, during the 6 to 8 hours, maybe 6 to 9, the media has to take responsibility without enforcement and without regulation to do that. I am very glad that we have at least passed legislation that will give parents the V-chip to ward off violence, but it will also allow them to ward off unnecessary sexual activities.

The Internet, we must be concerned about that, as we saw sexual connotations and messages coming across the Internet. We must be diligent as parents and guardians of our children to ensure that they are viewing the right messages, and the media must help us do that.

A discussion of the postponement of sexual activity should be coupled with developing teens' communication skills and partners and parents. Finally, teen pregnancy must focus beyond the sexual activity of adolescence. When we talk about at-risk teens, we need to confront the environment which our young people are growing up with. When we see how early teen pregnancy can impact our children's educational attainment and long-term self-sufficiency, we need to confront this national issue of adolescent pregnancy and help our children flourish and develop their full potential.

It is key that we support this national campaign. It has to be combined with schools and churches, religious institutions, parents and nonparents, volunteers and community-based groups and youth support groups, so that we can in fact make sure that this is an effective effort, Congresswoman CLAYTON, and it is one that I accept the challenge of your leadership, but as well as this national campaign, one that I know that we will be working with our community leadership in the 18th district in Texas and Harris County to make sure we continuously work to put our young people first, but to ensure that they provide a good quality of life for the newborn child.

Mrs. CLAYTON. Well, I want to thank the gentlewoman from Texas for that very substantial statement, and also for her sharing what she understands to be a very interrelated problem that is not purely one approach. It is a holistic approach. We have to be engaged from various sectors, and to recognize the value of having good programs in the high school and good programs to encourage people, the young people, not only in terms of sex education but their self-esteem.

You know as I know, young people who feel that they have a future are going to not risk being an early parent. So we have to give hope, we have to

give that, and I am delighted that you are going to do your part in raising the awareness and giving that positive message to young people in your district. I applaud you for what you have done already, hope that you will continue that effort. Thank you for participating.

Ms. JACKSON-LEE of Texas. Well, I thank you very much, and I think that as I close on one point, you raised a very valuable point. I will close on this. When that teen has that first child, we should not abandon them, because we can still work with them to stem the tide or stop any additional births.

Mrs. CLAYTON. Absolutely.

Ms. JACKSON-LEE of Texas. We should continue to keep them in the system, as well.

Mrs. CLAYTON. We should stop a national policy of abandoning children simply because of the mistakes of their parents, but we should not give up on that parent themselves.

Ms. JACKSON-LEE of Texas. That is right.

Mrs. CLAYTON. Because they made the first error. We can still have them turn their lives around.

Ms. JACKSON-LEE of Texas. I think we must do that. Thank you.

Mrs. CLAYTON. This is not just a debate with women and by women. It is a debate that all people are joining, and I am pleased to have the gentleman join this debate. We have the distinguished gentleman from Virginia [Mr. SCOTT].

Mr. SCOTT. Mr. Speaker, I would like to first thank Mrs. CLAYTON for organizing this special order in support of the goals of the national campaign to reduce teen pregnancy. Representative CLAYTON's efforts to highlight this issue of teen pregnancy prevention are certainly timely as Congress continues to debate welfare reform and children and youth issues.

Mr. Speaker, last month I sponsored a public policy forum on health care issues confronting adolescents in the 1990's. That forum was sponsored with the Advocates of Youth, a national organization committed to public outreach and education on adolescent health issues.

The four panelists that were involved in that forum covered issues ranging from the increase in HIV/AIDS in the youth population to the current battles surrounding family life education in school districts. Everyone who attended that policy forum agreed that today's youth face greater challenges than ever before.

The challenges presented by teen pregnancy can seem insurmountable in light of the correlation between adolescent childbearing and education and economic attainment. According to research compiled by the Advocates for Youth, the chance of graduation from high school increases by 30 percent for teenagers who postpone childbearing, and among dropouts, teen mothers are less likely to return to school than others.

The organization goes on to report that early childbearing has an impact on the economic status of teens by not only affecting job opportunities and marital options and family structure, but particularly because of the effect it has on education. In fact, across all ethnic groups, delaying childbirth by just 1 year leads to significant improvement in subsequent economic vitality.

Not only does teen pregnancy affect the teen, but it also affects the entire community. Teen pregnancy prevention has been a priority in my State of Virginia because we have long recognized the devastating effects that early childbearing has on teens and their children and also on the community.

Representative JACKSON-LEE and Representative MEEK both indicated that teenage pregnancy caused expenses in their States. The statement is true in Virginia. One study found that one-half of all of our AFDC case loads, one-half of the people receiving AFDC, began their families with a teen pregnancy. You not only have AFDC, you also have the related expenses like Medicaid and other social services, so we see that it is a very expensive proposition for the community.

As a result, in response to this we have developed several programs to educate adolescents on the issue of teen pregnancy prevention. These programs function at the local level and place their emphasis on mentoring, parental involvement, postponing sexual activity, and the promotion of abstinence.

In addition, Virginia has a mandatory family life education curriculum in its elementary and secondary schools. We have found that these programs have been very instrumental in reducing teen pregnancy, particularly the programs that focus on education, increasing opportunity for our young people, giving them something constructive to do with their time, and giving them adult guidance. As Representative JACKSON-LEE indicated, those who feel that they have a future are not the ones getting pregnant.

We have found that these programs have been instrumental in reducing teen pregnancy and, thus, we have provided Virginia's youth with an opportunity to grow into adulthood without the burdens of early childbearing. These programs share the goals of the National Campaign on Teen Pregnancy, and I enthusiastically support both efforts.

Mr. Speaker, I would be remiss if I did not mention that there are programs in place right now that have been integral in reducing teen pregnancy by offering teens the opportunity for success. These programs involve job training, summer jobs and other activities, other activities to help them stay in school.

Unfortunately, Mr. Speaker, the Summer Jobs Youth Program, job training, Head Start and other dropout prevention initiatives are now at risk

because of the misguided priorities in some of our budget initiatives. The recently passed omnibus appropriations bill targeted the Summer Jobs Youth Program for elimination, and drastically reduced Head Start youth training and school-to-work activities. If our goal is to eliminate the obstacles that young people face and instead provide them with opportunity, these programs must be fully funded.

Again, I would like to thank Representative CLAYTON for inviting me to participate in this special order, and I look forward to working with the national campaign on the important issue of teenage pregnancy prevention.

Mrs. CLAYTON. I want to thank the gentleman from Virginia, to say apparently Virginia may be leading the way, and hopefully we can share some of your positive and effective programs that you have. We, too, in North Carolina are beginning that. There are many programs like the Coalition to Prevent Teenage Pregnancy, which indeed has helped that.

I also want to just reemphasize something the gentleman said, and I understood you to say that there are special developmental programs that we need to have in place, too, if we expect young people to be able to have positive opportunity, and those are after-school programs. There is a summer training program, and these programs need to be in place because there indeed is evidence and research that when young people have idle time, and we feel for them because there is a lot of idle time is going to come in the summer, even when young people have idle time between 3 and 6, between the time they get out of school and when they go home, we know also that young people need supervision.

So we need to interject programs where young people can get engaged in that, and I think it is very helpful.

Mr. SCOTT. You mentioned the time between 3 and 6, between the time they leave school. It is also the time, 6 is the time the parents finally come home from work.

Mrs. CLAYTON. Right.

Mr. SCOTT. It is a time they are unsupervised.

Mrs. CLAYTON. Right.

Mr. SCOTT. Studies have shown that during that time, a significant number of pregnancies occur. We also found that those who think they have a future are less likely to get pregnant. Therefore, college scholarships and other activities designed to make sure those opportunities are available must be fully funded, and cutting back in that area will increase teen pregnancies.

Mrs. CLAYTON. My point is to suggest that young people, we want to instill responsibility in them and positive behavior, but also there is a reciprocal responsibility for society to make sure there are opportunities for work and career and positive development there, and we in Congress can play a part. Others also must play a part.

Again, I want to thank you for participating with that. I also know that this is not just one-sided, it is not a partisan view. Republicans and Democrats have an interest in this, to prevent teenage pregnancy, and I am delighted that my colleague CHRIS SHAYS, the gentleman from Connecticut, is joining me, and welcome your participation.

Mr. SHAYS. I am grateful to have this opportunity, Congresswoman CLAYTON, to participate in this very important dialog, and to salute you for your taking the leadership and making sure that we as a Congress begin to confront what is an extraordinarily serious problem for our country.

I am here to salute you, to participate in this issue, and also to compliment and to praise the President for establishing the National Campaign to Reduce Teen Pregnancy. I know that you circulated a letter, which I would like to read later in this special order. But first to tell you that as someone who is chairing the Committee on Human Resources and Intergovernmental Relations, we are going to be having a hearing on this issue and will obviously be inviting you to help lead that off.

It is incredible, the more I get into it, and candidly, I have not spent the kind of time that I should have, but to think that up to 1 million teenagers become pregnant in the United States, and that 85 percent of those pregnancies are unplanned and that the vast majority of mothers are simply unmarried, to think that teenage mothers are more likely to be impoverished, go on welfare and never finish school, to think what kind of future they have for themselves and the promise that they have for their children who they grow to love dearly.

I think probably more than anything else in my own childhood, what I value the most was that my parents taught me to dream, but my dreams were realistic. I mean, I really felt I could meet those dreams. It is hard for me to understand how a pregnant teenager, a young 15-year-old or 14-year-old who is giving birth is able to think of dreams that get that individual, get her out of the welfare cycle and get her the opportunity to think of being able to live what the American dream is, to think of what it must be like for her children.

□ 2145

I am stunned by the statistics that say that adult males are the fathers of approximately 66 percent of babies born to teenage girls. I am talking about adults impregnating young kids, the thought that, according to the U.S. New and World Report, that 65 percent of teenage mothers are unmarried, up from 48 percent in 1980 and that, most importantly, that 39 percent of 15-year-old mothers say the father of their babies are 20 years or older. Fifteen-year-old kids.

I have a 16-year-old daughter, and it is hard for me to comprehend a 15-year-

old daughter, and it is hard for me to comprehend a 15-year-old young girl describing the fact that nearly 40 percent of these young girls are saying that they were impregnated by 20-year-olds or older, and for 17-year-old mothers, 55 percent of the fathers are adults, and for 19-year-olds, 78 percent are the fathers, are adults who have been involved in this relationship.

You sent a letter that you circulated, and hundreds of Members of Congress signed this letter, and I would love to read this letter for the RECORD. You drafted this letter to President Clinton. You said:

"Dear President Clinton, we write to applaud your efforts and those who have agreed to serve in the bipartisan National Campaign to Reduce Teenage Pregnancy. The mission of the National Campaign," quote, 'to reduce teenage pregnancy by supporting values and stimulating actions that are consistent with a pregnancy-free adolescence is,' end of quote, 'one that each of us supports, and the goal to,' quote, 'reduce the teenage pregnancy rate by one-third by the year 2005' is one that each of us endorses."

We are trying to reduce the pregnancy rate in the next 10 years by one-third. It seems to me obviously like a goal that all Americans could unite behind.

You go on in your letter to say: "The increase in out-of-wedlock childbearing is alarming. Even more alarming is the vicious cycle into which pregnant teenagers are thrust. The young women, as well as the young men, who become teen parents have few expectations, few ties to community institutions, few adult mentors and role models, and little hope. Many live in communities where crime and drug use are common and where dropping out of school and chronic unemployment are even more common. This is a very costly human burden for our society."

You then go on to say: "In addition, teenage pregnancies cause a heavy burden on the federal budget, especially Medicaid funds, one of the elements of the budget that is spiraling. Food stamps and AFDC funds are also taxed by these young people is the dawn of their lives. Indeed, teen pregnancy is a strong predictor of a new generation of disadvantaged. As poverty is the most accurate predictor of teen pregnancy, teen pregnancy is a near certain predictor of poverty."

Your letter then goes on in three more paragraphs:

"We believe the approach to this problem that will be undertaken by the National Campaign is correct. It is critical that this Nation first take a clear stand against teen pregnancy and, in doing so, attract the interest of more national leaders and organizations. Enlisting the support of the national media in supporting and stimulating State and local action are necessary steps in the effort to reduce teen pregnancy. These and other activities will help to foster a national discussion

about how religion, culture, and public values influence both teen pregnancy and the responses to this dilemma. But most importantly we believe the intent of the National Campaign to strengthen the knowledge base, to educate, will be invaluable."

And your last paragraph: "The National Campaign to Reduce Teenage Pregnancy should not be bound by politics, party or philosophy. The situation is urgent. By our endorsement of this letter, please note that we stand behind you in the National Campaign. The goal is ambitious, but it is within our reach."

And I would just salute the President for his establishment of this committee, the appointment of Dr. Henry W. Foster, Jr., as the senior adviser. He will be coming before our committee to begin that hearing, and we are grateful for his participation and for the non-partisan approach which the President took in naming former Senator Warren Rudman, a Republican from New Hampshire, the former New Jersey Governor, Thomas Kean, a Republican from New Jersey, obviously, and the former Surgeon General, Everett Koop, actress Whoopi Goldberg, MTV President Judy McGrath, chairman of the executive committee of the Washington Post, Katherine Graham. I mean this is a distinguished committee and one which I salute the President for forming.

And again, I thank you for giving me the opportunity to, one, take a stand on this issue, to announce that our committee, because of your work and the work of others, will be holding hearings to alert the Nation of this nearly desperate problem and to hope that we, as American citizens, can do a better job of helping to have our young kids, our young kids, have dreams and hopes and to let them know that they can always be parents, they can always have a child. They just do not need to have a child when they are in school. They can grow to lead blessed lives, and they can grow to mature as individuals before they then try to help a young person grow as well.

Kids raising kids is kind of insane, and it is, I think, that history will look back on our generation, look back on Congress, look back on the White House, not just this White House and this Congress, but for the last few years and the last few presidencies, and say we were really asleep when we should have been awake. I thank you for this opportunity.

Mrs. CLAYTON. I want to thank the gentleman for his very important remarks, but also for his important announcement that his committee is going to have hearings on this subject which I think is going to be substantial, adding to the debate in that you will bring out a myriad of problems. One of the problems you identified indeed is adult males having some liability and responsibility for this whole problem, and we have not been focusing on that. So I am looking forward for the deliberation and thoughtfulness.

Mr. SHAYS. I look forward to working with you and other Members of Congress.

Mrs. CLAYTON. And we are joined by the gentlewoman from California. I am delighted to have Ms. MAXINE WATERS.

Ms. WATERS. Thank you very much, Congresswoman EVA CLAYTON, for your leadership on this issue. I join with you and others in congratulating the President for placing this very, very important issue high on his agenda. I think whether you are a Democrat or a Republican, you cannot help but be concerned about the rate of teenage pregnancy. I understand over 1 million teenagers are getting pregnant each year here in this country and that this rate of teenage pregnancy far outdistances what is happening in other advanced nations in this world.

Mr. Speaker, I have tried to pay some attention to this issue, and when I came to Congress a few years ago, I called Health and Human Services and asked them what could they do, using some discretionary money, to come into an area in my district where this is a problem and help us to create a program to deal with teenage pregnancy, at least find out what is going on. And so Health and Human Services, along with Family Planning, did come into one of the housing projects in my district known as Avalon Gardens Housing Project, and we were very fortunate that we were able to hire a young woman who is greatly interested in working with teen mothers, a young woman who has a background in working with troubled youngsters, and she has been doing an interesting job.

We worked with males and females between the ages of 12 and 25 years old, and in the first year, after the first year, we are very pleased to report that no pregnancies or repeat pregnancies have occurred. Some of the young ladies that we worked with had already borne a child, others had not, and we hoped to prevent them from doing so. And in the first year we have had no pregnancies or repeat pregnancies. But it is very, very work-intensive. We find that the young people in the program, both male and female, are looking for attention. Many have very low self-esteem. Many or all of them are poor. They have very few activities. They travel not far from their home in the housing project. They do not interact in programs and projects outside of the immediate community. They have very little information available to them. When we started to work with them, we found that very few knew much of anything about contraception.

And so the 15 to 20 people per day that she is working with are now involved in various kinds of activities. Some are athletic activities. We have formed a men's club, and we have been able to create opportunities to take them out of the community on some trips. I am pleased to say that some of them were with us last week when we took a group of boys and girls, young men and women, from Los Angeles, so-

called south central Los Angeles, to Selma, AL, the commemorate the march from Selma to Montgomery. We did that because we found that most of them did not know very much about their history, surprisingly, not a lot about Martin Luther King, nothing about the marchers, the work that had been done. And in building this self-esteem, we think that that is very important, that they understand who they are, the kinds of sacrifices that have been made for them so that they could be successful in a democratic society, and we think unless there is self-esteem, people do not take responsibility, they do not feel comfortable, they do not have the confidence, and therefore many of their actions are irresponsible until you are able to build self-esteem.

So we are working very hard. This is but a drop in the bucket to what is needed in this Nation to deal with this problem.

Mrs. CLAYTON. It is a good example that you are sharing with us that others can do as well.

Ms. WATERS. It is, and we are very pleased because we really are hopeful. We are very, very optimistic about the possibilities for stemming the tide of teenage pregnancies. We believe that you can create real prevention. It does cost money, and some of the work that is being done that has helped in this area under the title XX is now threatened, and we believe that it is important for us to say to everybody that, if you really care about this issue, if you want to do something to stop babies from having babies, if you really want to get a hold of poverty in America, then we will invest some dollars to create opportunities for these young people and recognize that many of them are from so-called dysfunctional families, families where they, they come from one-parent families, where fathers are missing, and the cycle, this vicious cycle, continues because we have done nothing really to break the cycle.

We know everything we need to know about poverty, and one thing we know for sure is that when poor children bear children, that those children are going to be poor, and most likely those children are going to be the school drop-outs. These are going to be the children with health problems. These will be the children who will be caught up in poverty and will not be successful. They will drop out of school because they are being born into the same conditions that their parents were born into when we do not break this cycle.

And so, EVA, I thank you for creating this opportunity for more discussion on this issue. I think we must urge our colleagues to get involved in this in a real way. This cannot be just a political issue used during the campaign. We have got to commit ourselves to embracing our young people, to providing for them opportunities that have not been available, to provide resources to get them out of these situations. And if

we do this, I think we can do something about this problem.

Mrs. CLAYTON. I want to thank the gentlewoman from California in not only participating, but also sharing examples of her initiatives and what they do in Los Angeles to bring so much hope.

But she demonstrates one point. As we try to counsel young people, we should not think that this is easy, or not intensive, and is costly because we are dealing with troubled young people. We are not dealing with adults. So you cannot use the same formula that you have in counseling adults in family planning. You have to raise the esteem, you have to do development, you have to have a myriad of opportunity.

And I think she raised another point, is that as we are beginning to use the whole teenage pregnancy issue in pursuing the debate of welfare reform, we should not just do it as a political scapegoating of finding opportunity to hit at vulnerable children, we should not have a national policy of abandoning our children.

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Certainly as we move toward welfare reform, both sides say we want to reform welfare as we know it, but we should not move to welfare reform as we do not want it. We do not want a welfare system that, whether by accident or on purpose, we have a national abandonment of children by saying we will not support children if they are born while the parent is on welfare.

This is not to suggest we are condoning it. We do not want it any more than anyone else. But we understand that you cannot punish young people by punishing their parents to make them do the behavior you want them to do. You have to give them a reason, counsel them, and discipline them, and that discipline has to be with having them be responsible.

I again thank all those who have participated. I look forward to continuing this debate, that our colleagues would understand that everybody here has something at stake. If we do not think we do, I think we are missing the opportunity to be responsible as Members of Congress, and we are missing the responsibility of being adults if we do not raise this issue to see our role or our way of participating in bringing the awareness out.

This is not an issue that Congress can do alone. This is an issue, obviously, where we can make a difference. But this is an issue where we have to encourage, as many of you have indicated in your community, where we get many sectors of our community, whether it is the church, the home, Boy Scouts, PTA, a variety.

Also, we have to understand that abstinence is one of those things we teach, but we also have to understand we have to teach contraceptives and family planning. The reality of where our young people are is that. When I was growing up, it was implicit that it

was abstinence. Now we have to make it explicit, to make sure that is one of the things young people know that they have that option.

But we reinforce that when we have opportunity that expands their future, expands their horizon of dreaming. You can dream dreams when people make that opportunity, the connection between work, the connection between education as a future for them.

As Members of Congress, we ought to consider in the whole budget debate, what things are we doing that are disincentives for young people to stay in school. I would submit that our education budget is not one that encourages, that we are investing in education. Certainly taking away the summer program is the wrong way to go if we are talking about making sure that young people are fully engaged during the time of the summer, but there are other programs that we can also do.

Mr. Speaker, I thank all my colleagues who have participated in this special order.

As we consider how and where to reduce spending, we must also not forget that teenage pregnancies cause a heavy burden on the Federal budget.

Medicaid funds, food stamps, and AFDC funds are especially hard hit by the teenage pregnancy problem.

If we want to balance the budget, let us begin by working to bring some balance to the lives of thousands and thousands of our teenagers, involved in premature childbearing.

A recent report to Congress on out-of-wedlock childbearing indicates that 35 percent of all out-of-wedlock births are to women over age 25; 35 percent are to women 20 to 24 years of age, and 30 percent are to teenagers.

One objective of welfare reform, shared by both political parties, is to reduce teenage childbearing. Pending legislation on welfare reform, however, embraces an unreasoned approach to reduce the number of out-of-wedlock births, by denying cash benefits to unwed teenage mothers.

This unreasoned approach is based on the perception that the system has failed and contends that any proposed change, no matter how austere, must be a good change.

Thus, those who propose eliminating welfare benefits to young unwed mothers argue that their approach can't make matters any worse than they already are.

Such proposals appear premised on the belief that if Government ignores teen parents, they will go away or get married. There is little or no research to support such contentions.

Reason, on the other hand, suggests that even if the belief held true for some, there would be many young children and mothers left destitute.

To have true welfare reform we must eliminate the need to pay these monetary benefits rather than just eliminating the funding.

As I stated earlier, we want to "end welfare as we know it." But we do not want to replace it with welfare as we do not want to know it. We do not want to enact legislation that leads to a policy of national child abandonment.

An effort to reduce teenage childbearing is likely to require more than eliminating or manipulating welfare programs.

In fact 76 of the top researchers in this field signed a statement saying, "welfare programs

are not among the primary reasons for the rising number of out-of-wedlock births."

My opinion on the issue revolves around three unanswered questions. First, if welfare is fueling the growth in out-of-wedlock births, why do many of the States with the lowest AFDC payment levels have some of the highest out-of-wedlock birth rates? Second, why have out-of-wedlock births increased as the relative value of welfare benefits have gone down over the last 20 years? And third, why do other nations with more generous welfare benefits have lower teenage birth rates?

Teenage pregnancy is just one marker of disadvantaged—one result of growing up poor and poorly nurtured.

But, teen pregnancy is also a strong predictor of a new generation of disadvantaged.

The equation is as simple as this: As poverty is the most accurate predictor of teen pregnancy, teen pregnancy is a near-certain predictor of poverty.

While one in four American children now live in poverty, a 1991 report from the Casey Foundation compares the children of two groups of Americans: those who finished high school, got married, and reached age 20 before having a child and those who did not.

Of children in the first group, the poverty rate was 8 percent; in the second group the poverty rate was 79 percent.

Among teens, more births occur out-of-wedlock today than occurred 35 years ago.

This increase in out-of-wedlock births can be attributed to the certain changes in marriage patterns, sexual behavior, contraceptive practices, abortion, and the composition of the teenage population.

Young men and women are increasingly delaying marriage but not sexual activity. Teens make three sets of choices about sexual behavior and its consequences.

The first is whether and when to start having sex.

The second is whether to use contraceptives.

According to studies, in making the third choice—whether to become pregnant—the distinctions by income are dramatic.

In 1994, of all women age 15 to 19, 38 percent are defined as "poor" or "low-income"; of these same women, 73 percent were projected to become pregnant. Of the 1 million teens who become pregnant each year, about half give birth, about 40 percent choose abortion, and the remaining 10 percent miscarry.

Once a teenager becomes pregnant there is no good solution. There is pain in adoption, there is pain in abortion, there is pain and suffering in giving birth and parenting a child. The best solution is to prevent the pregnancy.

Young people who believe that they have real futures to risk have real incentives to delay parenting. That is why when we demand responsible behavior, we have a reciprocal obligation to offer a real future beyond early parenting and poverty.

Reducing teenage childbearing is likely to require more than eliminating or manipulating welfare programs. Experience tells us that threats and punishment are not the best way to get teens to behave in a way that is good for them.

The most successful approach to reducing teenage childbearing is to design policies and procedures that are targeted to encourage positive developmental behavior through beneficial adult role models and job connections.

We must implement pregnancy prevention programs that educate and support school-age youths—10 to 21—in high-risk situations and their family members through comprehensive social and health services, with an emphasis on pregnancy prevention.

On average, it takes teens 1 year after becoming sexually active to receive family planning services.

The pregnancy rate among sexually experienced teens actually fell 19 percent from 1972–90, suggesting that teenagers who have access to birth control and are motivated have been successful at preventing pregnancies.

A recent study conducted by the Johns Hopkins School of Hygiene and Public Health analyzed the value reproductive clinics and other health care providers had when given an opportunity to intervene and provide contraceptive counseling to a group of sexually active teenage girls before they became pregnant.

The study shows that spending money on counseling these teenagers could help reduce future pregnancies.

Teenage girls seeking pregnancy tests are already sexually active, so even the most determined fundamentalist cannot claim that the clinics are telling these teens to have sex.

Unfortunately, clinics struggling for funds have a disincentive to serve teenagers who, by and large, cannot pay.

In addition, counseling teenagers is quite expensive because they need more attention than older women.

In the study, most girls who came for a test had reason to believe they might be pregnant: a late or a missed period.

But, a significant number—almost 14 percent—believed there was little chance they were pregnant.

One has to wonder why they came to the clinic. Perhaps it was a way to get someone that they could trust to talk to them.

Devoting more resources to preventing teen pregnancy will not only save us money in the long run, but it will improve the health, education, economic opportunities, and well-being of these young women and their families.

Supporting the National Campaign to Prevent Teen Pregnancy is an ideal way to acknowledge the problem of out-of-wedlock teen births. I urge all of my colleagues, Democrats, Republicans, and Independents to join in the campaign's effort.

THE 100TH ANNIVERSARY OF SPARROW HOSPITAL, LANSING, MI

The SPEAKER pro tempore (Mr. METCALF). Under a previous order of the House, the gentleman from Michigan [Mr. CHRYSLER] is recognized for 5 minutes.

Mr. CHRYSLER. Mr. Speaker, I rise today to recognize the proud history and accomplishments of Sparrow Hospital of Lansing, MI, which celebrates its 100th anniversary on March 18, 1996.

In the spring of 1896, a group of young women met at Lansing's Downey Hotel to discuss the growing need for a community hospital in the developing capital city. Armed with sheer determination, the 114 charter members of the Women's Hospital Association set about to raise funds to buy the local DeViney House, located on West Ottawa Street. Having just \$400, they were forced to rent instead.