PERMISSION TO FILE CONFERENCE REPORT ON H.R. 3603, AGRICULTURE, RURAL DEVELOPMENT, FOOD AND DRUG ADMINISTRATION, AND RELATED AGENCIES APPROPRIATIONS ACT, 1997

Mr. SKEEN. Mr. Speaker, I ask unanimous consent that the managers on the part of the House may have until midnight tonight to file a conference report on the bill (H.R. 3603) making appropriations for Agriculture, Rural Development, Food and Drug Administration, and Related Agencies programs for the fiscal year ending September 30, 1997, and for other purposes.

The SPEAKER pro tempore (Mr. LATOURETTE). Is there objection to the request of the gentleman from New Mexico?

There was no objection.

PERMISSION TO FILE CONFERENCE REPORT ON H.R. 3517, MILITARY CONSTRUCTION APPROPRIATIONS ACT, 1997

Mr. SKEEN. I ask unanimous consent that the managers on the part of the House may have until midnight tonight to file the conference report on the bill (H.R. 3517) making appropriations for military construction, family housing, and base realignment and closure for the Department of Defense for the fiscal year ending September 30, 1997, and for other purposes.

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

There was no objectin.

FURTHER MESSAGE FROM THE SENATE

A further message from the Senate by Mr. Lundregan, one of its clerks, announced that the Senate had passed with amendments in which the concurrence of the House is requested, a bill of the House of the following title:

H.R. 3754. An act making appropriations for the Legislative Branch for the fiscal year ending September 30, 1997, and for other purposes.

The message also announced that the Senate insists upon its amendments to the bill (H.R. 3754) ''An Act making appropriations for the Legislative Branch for the fiscal year ending September 30, 1997, and for other purposes,'' requests a conference with the House on the disagreeing votes of the two Houses thereon, and appoints Mr. MACK, Mr. BENNETT, Mr. CAMPBELL, Mr. HATFIELD, Mrs. MURRAY, Ms. MIKULSKI, and Mr. BYRD to be the conferees on the part of the Senate.

APPOINTMENT OF CONFEREES ON H.R. 3754, LEGISLATIVE BRANCH APPROPRIATIONS ACT, 1997

Mr. PACKARD. Mr. Speaker, I ask unanimous consent to take from the Speaker's table the bill (H.R. 3754) making appropriations for the legislative branch for the fiscal year ending September 30, 1997, and for other purposes, with Senate amendments thereto, disagree to the Senate amendments and agree to the conference asked by the Senate.

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

There was no objection.

MOTION TO INSTRUCT OFFERED BY MR. THORNTON.

Mr. THORNTON. Mr. Speaker, I offer a motion to instruct.

The Clerk read as follows:

Mr. THORNTON moves that the managers on the part of the House at the conference on the disagreeing votes of the two Houses on the bill, H.R. 3754, be instructed to concur in the Senate amendments authorizing continuation of and making funds available for the American Folklife Center at the Library of Congress.

The SPEAKER pro tempore. Pursuant to clause 1(b), rule XXVIII, the gentleman from Arkansas [Mr. THORNTON] will be recognized for 30 minutes, and the gentleman from California [Mr. PACKARD] will be recognized for 30 minutes.

The Chair recognizes the gentleman from Arkansas [Mr. THORNTON].

Mr. THORNTON. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I will not take the time. This is a motion to instruct conferees to carry out the purposes of continuing the American Folklife Center in operation at the Library of Congress as proposed in the Senate legislation.

This is a good motion to instruct.

Mr. Speaker, I yield to the gentleman from California [Mr. PACKARD].

Mr. PACKARD. Mr. Speaker, I thank the gentleman for yielding to me. I appreciate the motion to instruct and accept the motion to instruct and hope that the gentleman will pursue it in conference.

Mr. THORNTON. Mr. Speaker, I yield back the balance of my time.

Mr. PACKARD. Mr. Speaker, I yield back the balance of my time.

The SPEAKER pro tempore. Without objection, the previous question is ordered on the motion to instruct.

There was no objection.

The SPEAKER pro tempore. The question is on the motion to instruct offered by the gentleman from Arkansas [Mr. THORNTON].

The motion to instruct was agreed to.

The SPEAKER pro tempore. Without objection, the Chair appoints the following conferees: Messrs: PACKARD, YOUNG of Florida, TAYLOR of North Carolina, MILLER of Florida, WICKER, LIVINGSTON, THORNTON, SERRANO, FAZIO of California, and OBEY.

There was no objection.

COMMUNICATION FROM THE HON. BARBARA-ROSE COLLINS, MEMBER OF CONGRESS

The SPEAKER pro tempore laid before the House the following communication from the Hon. BARBARA-ROSE COLLINS, Member of Congress:

CONGRESS OF THE UNITED STATES,
HOUSE OF REPRESENTATIVES,
Washington, DC, July 25, 1996.

Hon. NEWT GINGRICH,
Speaker, House of Representatives,
Washington, DC.

DEAR MR. SPEAKER: This is to formally notify you, pursuant to Rule L (50) of the Rules of the House of Representatives, that the custodian of records in my Washington office has been served with a grand jury subpoena duces tecum issued by the U.S. District Court for the Eastern District of Michigan.

After consultation with the Office of General Counsel, I have determined that compliance with the subpoena may be consistent with the precedents and privileges of the House with respect to some documents sought by the subpoena, but that the subpoena may seek other documents that are privileged from production by the Speech or Debate Clause of the Constitution.

Sincerely,

BARBARA-ROSE COLLINS,
Member of Congress.

THE SAFE MOTHERHOOD REPORT

(Mrs. SCHROEDER asked and was given permission to address the House for 1 minute and to revise and extend her remarks and include extraneous material.)

Mrs. SCHROEDER. Mr. Speaker, today is my 56th birthday. I am very, very happy to be here because on my 30th birthday, 26 years ago, I spent it in intensive care, getting last rites, suffering from complications due to childbirth. Obviously, safe motherhood has always been a great concern of mine.

I am putting today in the RECORD the report that I asked for from the Department of Health and Human Services on the status of safe motherhood in America. This report goes right at the myths, and it is time we put those myths aside.

I was startled by the findings that almost 25 percent of the deliveries in America, both vaginal and caesarean, have serious maternal complications. I was startled to read that probably maternal deaths are underreported by at least half. It is time we start dealing with this health risk to women very seriously, put the myths aside, and I hope everyone reads this report.

Mr. Speaker, early this century when women were fighting for the right to vote, safe motherhood was a rallying cry for them. In 1913, more women between the age of 15 and 44 died in childbirth than from any other cause except for tuberculosis.

With all the advances in medical treatment and technology, we have moved a long way toward making the goal of safe motherhood a reality. But we are not there yet. Young, healthy women still die in this country because of complications due to pregnancy and childbirth.

I have been amazed at how little American, including Members of Congress, know about what can go wrong during pregnancy. As a woman who almost died in childbirth, I can assure you it can happen. For this reason, earlier this year, I asked the Department of Health and Human Services for a report on

the current trends and status of safe motherhood in the United States. Today I am releasing that report.

I was startled by the findings:

More than half of pregnancy-related deaths are probably still unreported. If the U.S. were to improve its surveillance, these deaths, pregnancy mortality ration would more than double.

A quarter of all deliveries—both vaginal and caesarian—are associated with serious maternal complications.

Risks of pregnancy-related deaths vary according to age and race. Women older than 40 have nine times the risk of dying compared with women ages 20–24. African American women are three to four times more likely to die due to pregnancy complications than are white women.

It's time to cut through all the cultural mystique surrounding pregnancy and childbirth and treat it as a serious women's health issue. Pregnancy is not a 9-month cruise. I hope my colleagues will read this report and then join me in introducing the safe motherhood initiative so that we can make every childbirth, a safe one.

Mr. Speaker, I include the report previously referenced. The material referred to as follows:

INFORMATION ON HEALTH ISSUES INVOLVED IN SAFE MOTHERHOOD AND IMPROVING PREGNANCY OUTCOMES

UNINTENDED PREGNANCY

More than one-half of all pregnancies in the United States are unintended. Unintended pregnancy is defined, by the National Survey of Family Growth (NSFG), as a pregnancy which, at the time of conception, was either mistimed (desired at a later time) or unwanted (not desired at any time). The proportion of unintended pregnancies, by age of mother, ranges from 21 percent for women aged 25 to 34 years to 77 percent for women over 40 years of age. It is not really surprising that 82 percent of adolescent (aged 15–19 years) pregnancies—where the young mother is probably unmarried, has not completed her education, and is not able to adequately support her child—are unintended.

The most recent information on unintended pregnancy comes from the 1995 Institute of Medicine (IOM) report The Best Intentions. This report notes that when a pregnancy is unintended, women are more likely to seek prenatal care after the first trimester or not at all.

They are also more likely to use harmful substances, such as tobacco or alcohol, during pregnancy; the newborn is more likely to be of low birth weight. A disproportionate number of women who experience an unintended pregnancy have never been married, are over 40 or under 20 years of age. An unintended pregnancy can also lead to abortion. There are an estimated 1.5 million abortions each year in the United States. If all pregnancies were intended, however, there would be a 45 percent reduction in births to unmarried women and a 90 percent reduction in births to teenagers. The IOM report states: All pregnancies should be intended—that is, they should be consciously and clearly desired at the time of conception.

MATERNAL MORTALITY

Although deaths related to pregnancy have declined dramatically in this century, our ability to fully describe the magnitude of maternal mortality in the United States is still less than optimal. Indeed, there is strong evidence that maternal mortality is underestimated in developed countries, including the United States. Not all developed countries use the same methods for identifying pregnancy-associated deaths. In the United States, although at least six different sources are used to count such deaths, the actual number and rates of maternal death are unknown. It is also difficult to discern which of these deaths are casually related to pregnancy. An understanding of the characteristics of maternal deaths is the first step toward developing appropriate prevention strategies.

The Centers for Disease Control and Prevention (CDC), in collaboration with the American College of Obstetricians and Gynecologists (ACOG), has expanded the definition of maternal mortality to pregnancy-related mortality, which includes any death caused by pregnancy or its complications during or within one year of pregnancy. Pregnancy-associated deaths, on the other hand, are those that occur during or within one year of pregnancy, regardless of the cause.

The pregnancy-related mortality ratio in the United States increased from 7.2 per 100,000 live births in 1987 to 10.0 per 100,000 live births in 1990, probably as a result of improved surveillance (Berg et al., in press). Although relatively rare, a higher risk of pregnancy-related death is observed with increasing maternal age, increasing live birth order, no prenatal care, and among unmarried women. Black women continue to have mortality ratios three to four times that of white women. The major causes of pregnancy-related deaths are hemorrhage, embolism (blood clots or amniotic fluid), pregnancy-included hypertension, and infection. The leading causes of death, however, vary by the outcome of the pregnancy.

For women who die after a spontaneous or induced abortion (6% of all pregnancy-related deaths), the leading causes of death are infection (50%), hemorrhage (19%), and embolism (11%). For women who die of ectopic pregnancy (11% of all pregnancy-related deaths), 95 percent die of hemorrhage. For women who die prior to delivery (8% of all pregnancy-related deaths), the leading causes of death are embolism (34%), hemorrhage (15%), and infection 12%). Most pregnancy-related deaths follow a live birth (55%); of these deaths, the leading causes are pregnancy-induced hypertension and embolism (23%) and hemorrhage (21%).

INTERNATIONAL COMPARISONS

Several special studies done by states using linkage of live birth vital records with deaths of women of reproductive age, as well as studies in Europe, indicate that current methods of counting pregnancy-related deaths only capture one-half to one-third of all such deaths. For example, Berg et al. (in press) describe the results from a study of all deaths to women of reproductive age in France, which found that 1.3 percent of deaths to women in this age group occurred during or within 42 days of pregnancy and were casually related to pregnancy. Assuming that the underlying risk and distribution of death among U.S. women in this same age group is comparable to that in France, Berg et al. observed that if the 1.3 percent mortality estimate is applied to the 70,130 deaths to reproductive age women in the United States, one would expect a pregnancy-related mortality ratio of roughly 23.5 per 100,000 live births. Thus, the magnitude of the problem is several times greater than generally reported.

MATERNAL MORBIDITY

Pregnancy-related morbidity is more difficult to define and is not as well studied as mortality. Pregnancy-related morbidity may occur before, during, or after delivery. Problems which occur may be untreated, treated in some type of ambulatory setting or, less frequently, may lead to hospitalization. Because of these problems, an overall picture of pregnancy-related morbidity has been difficult to assemble. With the current drive in the health care system to avoid hospitalizations, evaluating this issue presents special challenges.

Using hospitalization for pregnancy complications as a measure of serious morbidity, in 1986 and 1987, it was estimated that for every 100 deliveries, there were hospitalizations for pregnancy loss (spontaneous abortions and ectopic pregnancies), and 15 antenatal hospitalizations, mainly for preterm labor, genitourinary tract infection, diabetes mellitus, excessive vomiting, pregnancy-induced hypertension, and early pregnancy hemorrhage. Among pregnant women in the military in 1987 to 1990, complications of pregnancy resulted in about 27 percent of the women being hospitalized antenatally. The leading causes of hospitalization before delivery in this population were preterm labor, pregnancy-induced hypertension, excessive vomiting, genitourinary tract infection, vaginal bleeding, and diabetes mellitus). (See enclosed articles Hospitalization for Pregnancy Complications, United States, 1986 and 1987 and Antenatal Hospitalization Among Enlisted Servicewomen, 1987–1990)

National data on complications during labor and delivery have not yet been published. Based on a preliminary analysis using data from the 1993 National Hospital Discharge Survey, it is estimated that 24.5 percent of all deliveries (both vaginal and caesarean) are associated with a serious maternal complication. These include obstructed labor in 4.7 percent, third or fourth degree perineal lacerations in 4.8 percent, other obstetric trauma in 3.1 percent. diabetes in 2.9 percent, and pregnancy-induced hypertension in 2.6 percent.

IMPROVING SURVEILLANCE

Continuing enhancement of surveillance activities in this area will provide a more complete picture of the factors associated with pregnancy-related deaths. CDC has advocated surveillance of adverse pregnancy outcomes and pregnancy-related mortality to assess the incidence or magnitude of the problem, monitor trends, and identify risk factors and clusters. During the past 10 years, CDC staff have been working with representatives of state and local health departments as well as national organizations in charge of providing care to pregnant women, including American College of Obstetricians and Gynecologists, American College of Nurse Midwives, Association of Maternal and Child Health Programs, CityMatCH and other Federal agencies to develop surveillance activities for pregnancy-related mortality and morbidity. As a result of these collaborations, CDC collected information on over 5,000 maternal deaths for the years 1979 to 1990. CDC also funded research projects to examine issues of maternal mortality and morbidity at several universities and State health departments. Data provided by CDC can be used by other agencies, professional groups, advocacy groups, and practitioners to identify problems, plan clinical studies, and alter practices and develop appropriate interventions.

OPPORTUNITIES FOR INTERVENTION AND PREVENTION

Opportunities for preventing or reducing adverse pregnancy outcomes health status, ensuring access to and use of appropriate care, and improving the content and quality of the care provided. As noted earlier, preconception and prenatal care are important elements in promoting healthy pregnancies and optimal birth outcomes. Preconception are includes risk assessment, diagnosis, and

treatment, as well as health promotion activities such as counseling about contraception, pregnancy spacing, early entry into prenatal care, and other health practices and behaviors that should lead to optimal pregnancy outcome. It also provides an opportunity to identify psychosocial and medical risks or conditions before a pregnancy occurs, which facilitates early and appropriate intervention and treatment to address any problems that may complicate pregnancy. Such care initiated prior to pregnancy should continue during prenatal visits and subsequent educational sessions with prenatal care providers. (See attached chapter form Maternal and Child Health Practices, 4th edition, 1994)

EXPERIENCES IN OTHER INDUSTRIALIZED COUNTRIES

In essentially all countries in Europe, pregnancy services are a part of the larger, organized health care delivery system. In almost all of these countries, prenatal and delivery care are provided without any out-of-pocket expense to the woman. Some countries even pay women to attend prenatal care. All of these countries provide paid prenatal and postnatal leave for women, with job reinstatement guaranteed. Other types of financial grants and social benefits are given to pregnant women, including paid leave from work for prenatal care visits, family allowances, transportation and housing benefits, and assured day care. Extra support for single women may also be provided.

The prenatal care systems in almost all European counties include prenatal home visiting, if needed, as well as postnatal home visits. Pre- and post-natal care are viewed not just as medical check-ups but also as social and educational opportunities. Benefits are available to all women and their families in these countries.

Given the challenges of assessing maternal morbidity and mortality in these countries, as outlined above, it would be difficult to determine the impact of these social policies on maternal health.

SPECIAL ORDERS

The SPEAKER pro tempore. Under the Speaker's announced policy of May 12, 1995, and under a previous order of the House, the following Members will be recognized for 5 minutes each.

The SPEAKER pro tempore. Under a previous order of the House, the gentlewoman from Illinois [Mrs. COLLINS] is recognized for 5 minutes.

[Mrs. COLLINS of Illinois addressed the House. Her remarks will appear hereafter in the Extensions of Remarks.]

NATIONAL PARKS

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Ohio [Mr. REGULA] is recognized for 5 minutes.

Mr. REGULA. Mr. Speaker, a special issue of the Wilderness Society's magazine is devoted to Problems and Prospects in the National Parks. The cover of Newsweek reads: ''Can We Save Our Parks?'' A report to the director of the National Park Service, National Parks for the 21st Century: The Vail Agenda, concludes that the agency is ''beset by controversy, concern, weakened morale, and declining effectiveness.''

The national and local media have been replete with these horror stories in recent months, but these particular stories were written in 1983, 1986 and 1991 respectively. In short, the problems currently facing the National Park System did not begin the day a Republican majority took over Congress, as some would like to believe. Unfortunately as the election grows closer, the rhetoric surrounding the national parks intensifies.

This campaign of misinformation is not only counterproductive but unfair to the potential visiting public, our constituents, who in effect own these national treasures. The facts do not support the fear mongering. The National Parks need not close their doors this summer because of a lack of funds. In fact, this year's operating budget for the National Park Service increased and Congress initiated a new 3-year fee demonstration program which took effect earlier this year and allows participating parks to keep 80 percent of new fees collected. Why then is the Park Service crying wolf?

For the second year in a row the National Park Service's operating budget will increase. In fiscal year 1997 under both the House and Senate passed budgets every National Park System unit will get an increase in their operating budget. Additional increases have also been recommended to address a critical and growing maintenance backlog in the system. These increases have been offset in part by slowing the growth in new facilities and acreage to help get the Park Service back on their feet and on a path to live within their means.

Operational shortfalls and a backlog of unmet maintenance needs have been perennial problems for the parks. This situation has been exacerbated by the failure of previous Congresses to institute fee and concession reform and by the addition of new units and the expansion of existing sites. In the last decade alone, 36 units and 3.7 million acres were added to the National Park System by previous Congresses.

In 1912 the fee for Yosemite National Park was $5 per vehicle. That same bargain rate is available at Yosemite today and at other crown jewels as well. Currently fees collected in the parks do not stay with the park, but rather they are returned to the Treasury. While permanent, comprehensive fee reform is still needed, this Congress has taken one important step by initiating a pilot program to expand and reform the fee collection program and allow the parks, not the Treasury, to be the beneficiary. We have given the Park Service a potentially invaluable tool to help themselves. It is now up to them to reap the full benefits.

The problems of the National Park Service are complex and longstanding. As these problems did not develop over night, neither will the solutions be immediate. Politicizing the parks, however, only serves to heighten tensions and does nothing to solve the real problems. For those of us who truly care about the health and well-being of our National Park System our mission should not be about placing blame for the situation facing the National Parks, but about working together to find creative solutions to the problems.

We have provided short-term funds and outlined a long-term strategy to accomplish the goals we all share, a National Park System which is truly the crown jewel of our Nation. While the Park Service faces challenges it also has many opportunities and tools at its disposal to meet them. Those of us who share the responsibility for shaping the future of the National Park Service—Congress, the administration, employees of the Park Service, and the parks' many outside partners—must work together to ensure that its future is as distinguished as its past.

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Mr. Speaker, I yield to the gentleman from Ohio [Mr. KASICH].

Mr. KASICH. Mr. Speaker, I just wanted to take a second to compliment the gentleman from Ohio [Mr. REGULA], who is the chairman of the subcommittee, the Appropriations Subcommittee; that is, the committee that provides the money to run these parks, and I think we need to make it clear, as the gentleman has, and I want to compliment him on his statement, that Republicans consider the national parks to be one of the real jewels of our Federal Government, that we not only want to maintain the parks as we know them, but we also want to begin to solve the problem of the backlogged maintenance, the fact that a lot of things have not been done over the years because there has not been adequate funding.

At the same time, of course, I think it is landmarked; they were able to let the parks keep more of what they collect, and I think the news to Americans is bipartisan support for our national parks. We believe they are a jewel. We believe we are improving them, and we believe that we are not only improving them, but we are taking care of some of the maintenance that should have been done that has not been done. So I think the word to the American citizens, the American people, are if you are looking for an incredible experience, if you are looking for an opportunity to really enrich your soul and the souls of your children, you got to head out to the national parks because there is not a better investment you can make in America, and I appreciate the gentleman's work.

Mr. REGULA. I thank the gentleman for his comments. He is absolutely right. The parks belong to all the people to be enjoyed by all of the people. We are taking care of them. There is no excuse for them not to be open

I might mention that we put additional funding in on the maintenance. We recognize, as the gentleman pointed out, that we have neglected maintenance in the parks, and we have beefed