

and who pursue advanced teaching credentials, and establish local community partnerships to help to schools to recruit and retain qualified teachers.

TWO MILLION TEACHERS NEEDED OVER NEXT NINE YEARS

The number of elementary and secondary school students is expected to increase each successive year between now and the year 2006, from the current level of 51.7 million to an all time high of 54.6 million.

The need for qualified teachers will increase accordingly. Between now and 2006, enrollment and teacher retirement together will create demand for an additional 2 million teachers.

The shortage right now of qualified teachers to fill this demand is a significant barrier to students receiving an appropriate education.

TOO MANY TEACHERS ARE NOT FULLY QUALIFIED TO TEACH IN THEIR SUBJECT AREAS

Last September, the National Commission on Teaching and America's Future found that one-quarter of classroom teachers were already not fully qualified to teach in their subject areas. An even newer report—forthcoming from the Department of Education—indicates that 36% of teachers have neither a major nor minor in their main teaching field. Both reports show that the problem is even more serious in academic subjects such as math and science and in schools with high numbers of low-income and minority children.

Research evidence suggests that teacher quality is probably the single most important factor influencing student achievement. Now is the time to redouble efforts to ensure that all teachers in our Nation's public schools are properly prepared and qualified and that they also receive the ongoing support and professional development they need to be effective educators.

A FAIR DEAL FOR TEACHERS

Teachers are among the hardest working people in our country and they certainly have one of the most important jobs in our country. The vast majority of teachers deserve our wholehearted admiration, respect, and gratitude.

Unfortunately, our public polices have not always reflected this attitude. As the Association for Supervision and Curriculum Development recently pointed out, "teacher education, which encompasses preservice preparation as well as ongoing professional development, has suffered a chronic lack of funding resources, and status in the United States, particularly as compared to education in other professional fields."

In addition, the Teaching for America's Future report pointed out that: "Not only do U.S. teachers teach more hours per day but they also take more work home to complete at night, on the weekends and holidays." At the same time, the report goes on to say that "Other industrialized countries fund their schools equally and make sure there are qualified teachers for all of them by underwriting teacher preparation and salaries. However, teachers in the United States must go into substantial debt to become prepared for a field that in most states pays less than any other occupation requiring a college degree."

I think the public is willing to address these issues. Education tops the list of concerns in most public opinion polls. But at the same time, parents and taxpayers want greater accountability to ensure that any additional re-

sources directed at improving teacher quality have a maximal impact on student achievement.

By coupling support for teachers with enhanced accountability, this bill is a win-win for all those involved—educators, parents, taxpayers and, above all, our Nation's school-children.

125TH ANNIVERSARY CELEBRATION OF PEARL RIVER, NEW YORK

HON. BENJAMIN A. GILMAN

OF NEW YORK

IN THE HOUSE OF REPRESENTATIVES

Wednesday, July 23, 1997

Mr. GILMAN. Mr. Speaker, I rise today in recognition of the 125th anniversary of Pearl River, NY, this year. This is indeed a great moment for the people of this Rockland County, NY community, and I invite my colleagues to join with me in extending our congratulations to the Pearl River community on this momentous occasion.

It was on the 11th day of January, 1872, that a post office was founded in Pearl River, signaling the emergence of a community in that area. Since then it has steadily grown to become the second largest hamlet in the State of New York. Pearl River might well have remained a small, sleepy back-woods locality, had it not been for the coming of the railroad, which literally opened Pearl River to the outside world, allowing the place, and with it the people, to grow and diversify. However, although many things have changed in Pearl River over the last 125 years, one thing still remains the same: Pearl River's pride in its merchants and community. In 1997, a person can walk down the streets of Pearl River and still feel the sense of self-respect and security that was felt all those years ago. Indeed, Mr. Speaker, every year I look forward to the parade held in Pearl River on St. Patrick's day, which according to "The Almanac of American Politics" is the third largest St. Patrick's day parade in the world.

A committee has been set up to oversee Pearl River's anniversary celebrations, in what promises to be an action-packed, fun-filled week of excitement and jubilation. Festivities will begin on Sunday, July 27, 1997, with events for all age groups and interests. The calendar of events is filled with such diverse activities as a bicycle race, musical performances, slide shows, and the cutting of the 125th birthday cake. Celebrations will end with a parade, to be held on Sunday, August 3.

Mr. Speaker, in joining the celebration on this auspicious occasion, I once again invite our colleagues to join with me in extending our greetings and congratulations, and wishing the people of Pearl River continued progress, growth and happiness for the next 125 years.

STAMP OUT BREAST CANCER ACT

SPEECH OF

HON. ROBERT A. UNDERWOOD

OF GUAM

IN THE HOUSE OF REPRESENTATIVES

Tuesday, July 22, 1997

Mr. UNDERWOOD. Mr. Speaker, I rise today to express my strong support for H.R.

1585, the Stamp Out Breast Cancer Act. The bill would authorize the Postal Service to establish a special postage stamp, priced one cent above the price of ordinary first class postage, the revenues from which would go toward the research of breast cancer. Seventy percent of the profits would go to the breast cancer research at the National Institutes of Health, and the remaining 30 percent would go to the Defense Department where breast cancer research is also conducted.

The importance of breast cancer research cannot be over-emphasized. More than 1.8 million women in America have been diagnosed with cancer. Each year, nearly 50,000 die. Although medical research and greater public awareness have gone a long way toward improving these statistics, through early detection and more effective treatment, the challenge still remains. As you may know, I have long been a strong supporter of legislation that helped promote breast cancer research and treatment. In the 104th Congress I cosponsored a bill that provided Medicare coverage for annual screening of cancer for women over the age of 65. I also supported H.R. 418, the Breast Cancer Early Detection Act, which required Medicare to cover annual mammograms for women over the age of 65.

Now, in the 105th Congress, I rise in support of the Stamp Out Breast Cancer Act, an innovative and effective weapon in the battle against breast cancer. The act deserves special praise in two particular aspects. First, the act insures that Federal support for breast cancer research is not decreased, offsetting the increased funds raised through the special postage rate. Second, the act helps increase public awareness and involvement in this worthy cause by allowing them to make voluntary contributions to breast cancer research through their purchase of the stamp. Once again, I state my unwavering support of the Stamp Out Breast Cancer Act and urge my fellow Members of Congress to do likewise.

DENYING LEGAL IMMIGRANTS VALUABLE PRENATAL CARE SERVICES ISN'T EVEN PENNY WISE—IT'S JUST POUND FOOLISH

HON. FORTNEY PETE STARK

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Wednesday, July 23, 1997

Mr. STARK. Mr. Speaker, today I rise to defend the rights of legal immigrants in our country. In particular, I would like to address the potential health care crisis that is threatening the well-being of our legal immigrants and our health care system.

In the quest to shrink the Federal budget deficit, many government programs have been threatened. Many of my Republican colleagues would lead you to believe that eliminating funding for legal immigrant health care is a fiscally and morally responsible way of attacking the deficit. In the new welfare law, my colleagues have done just that, by leaving many health care funding decisions to state governors. As a result, health insurance programs that currently benefit legal immigrants, such as California's Medi-Cal Program, stand to lose funding when money-strapped states refuse to appropriate sufficient funds. Legal immigrant prenatal care is an example of an

essential government funded health care program that stands to suffer. Cutting spending by ignoring the health care of those folks is a perverse approach to reforming our Government.

While the benefits of regular prenatal care are widely known, I would like to refresh the memories of some of my colleagues. Regular prenatal care helps to prevent birth outcomes that can be both physically and financially disastrous and distressing. Reductions in infant mortality, long-term disability, and infant and maternal illnesses have been demonstrated in numerous studies documenting the importance of prenatal care. Healthier mothers and babies lead happier lives, resulting in smaller health care costs in the long run.

Legal immigrants deserve the same access to these essential prenatal care services as full citizens. We owe much of our country's development and success to legal immigrants. My ancestors and most of the ancestors of my colleagues and fellow citizens entered the country as immigrants. We need to acknowledge not only the contributions of past immigrants, but of current legal immigrants. Many legal immigrants today serve in our military and are hard-working taxpayers. They deserve basic health services in return for their contribution to society.

If legal immigrants are denied access to such effective prenatal care, both the government and these immigrants rely on Medi-Cal for their medical coverage, many of which receive prenatal care. If California gains more independent leverage in funding Medi-Cal, as is proposed in the welfare law, innocent mothers and babies stand to be denied preventive care. Instead, they will crowd our hospitals and emergency rooms for avoidable crisis care as well as routine matters. The costs that our state will have to absorb will well offset any savings incurred through the welfare law. This process will be repeated throughout the country, leaving millions of legal immigrants and their states, in dire financial, not to mention public health, straits.

I am baffled by why my Republican colleagues would want to encourage the demise of prenatal care programs for legal immigrants

just as programs such as Medi-Cal have proven to work so well. According to the California Policy Seminar, Medi-Cal expansions during the 1990's have increased the percentage of pregnant women who received adequate care once they began prenatal care from 72 percent in 1990 to 85 percent in 1995. Willfully halting the progress that has been made in prenatal care availability is irresponsible, immoral, and illogical. Instead of dismantling prenatal care programs for legal immigrants we should be focusing on improving the timeliness of care received by legal immigrant mothers. I appeal to my colleagues to consider these realities as we continue to debate budget expenditures.

The attached summary of a California Policy Seminar study on prenatal care documents the need to maintain coverage for legal immigrant prenatal care services. An investment in important preventive health programs secures a healthy future for our country and the legal immigrants who will continue to be integral to our progress as a nation.

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ACCESS TO MATERNITY CARE IN CALIFORNIA

(By Paula Braveman, Kristen Marchi, Susan Egarter, Michelle Pearl, Lisa Nelson, Michelle McDermid)

IMPLICATIONS FOR FUTURE POLICY

This report presents findings from a study of 10,132 women who gave birth in California during 1994-95, based on previously unavailable data concerning characteristics of the women delivering in the state, their income and insurance status, their use of prenatal care, and barriers to care remaining after Medi-Cal eligibility expansions. These findings suggest several important considerations for policy making and for the design of health care services to improve birth outcomes in California.

- The majority of women who deliver in California are low-income—a finding that needs to be reflected in the design of perinatal health care delivery.

- The expanded prenatal coverage needs to be maintained, not reduced. The expansions of Medi-Cal income eligibility for pregnant women have been successful in ensuring that

virtually all (98%) pregnant women in California during 1994-95 had health insurance coverage at some time during their pregnancies. This represents considerable progress since 1990, when only 89% of pregnant women in California had prenatal insurance.² Because uninsured women are currently almost all income-eligible for Medi-Cal, there does not appear to be a need to expand income eligibility beyond 200% of the poverty level. However, legislative efforts to eliminate Medi-Cal eligibility for immigrants threaten to increase the number of low-income women without coverage for prenatal care. While this study did not obtain information on immigration status, it did find that 28% of women with Medi-Cal coverage during pregnancy had lived in the United States for five years or less. Thus, the number of women who could remain uninsured during pregnancy, either because they no longer qualify for Medi-Cal or because they fear deportation if they enroll, is potentially high.

- The success of Medi-Cal income eligibility expansions has been demonstrated by improvements both in the provision of coverage to low-income women at some time during their pregnancies, and in the proportion of women who receive an adequate number of visits once they begin care. The greatest remaining challenges are ensuring that low-income women receive timely coverage and timely prenatal care.

- Timing of prenatal care initiation was related to whether the pregnancy was planned or wanted. Continued support for programs such as the State-only Medi-Cal family planning program may help reduce unplanned or unwanted pregnancies as well as contribute to timely prenatal care for women who choose to become pregnant.

- The importance of pre-pregnancy care for improved birth outcomes has been described by others.⁶ In current study nearly half (49%) of women with Medi-Cal coverage reported having no regular source of care before pregnancy, and these women were 40% more likely to have had untimely care than were women with a regular source of care, controlling for other risk factors. Improvement in the number of women with a pre-pregnancy source of health care could be expected by providing all women with continuous insurance coverage.