on this issue, I do not think we would be here today talking about this.

Mr. FLETCHER. Mr. Speaker, I thank the gentleman from Arkansas (Mr. HUTCHINSON) for yielding me this time, and I certainly thank the gentleman from Virginia (Mr. SCOTT) for his support of this. I also want to thank the gentleman from Florida (Mr. MCCOLLUM) for all the work that he has done on this and the Subcommittee on Crime and the staff there that has done a lot of work on this.

As it stands right now, we have had a program similar to this instituted; it has been through the appropriations. We have never had it fully authorized. We passed a bill similar to this or it was passed in Congress before I was here, at least on the House but never on the Senate side. So we are hoping very much that we can get this bill fully authorized, fully passed to authorize this program with the appropriate changes that have been made here.

First of all, it allocates $2 billion a year for the fiscal years 2001 through 2005. We also understand as far as the improvements, they have already been mentioned, these as far as providing block grants back to local law enforcement agencies, it ensures that those communities, those poor communities that are not able to meet that match requirement previously will not be precluded from getting these block grants because of a waiver that we have instituted. I know this is going to be particularly helpful for our State of Kentucky. We have several communities that may need certain items for safety or police officers or other crime prevention programs, and yet they may not be able to meet that 10 percent match sometimes. So in those hardship cases, they are able to receive this grant which previously was unavailable to them. We are glad that that change was able to be instituted.

Why have we had so much emphasis on crime? I am glad to say that over the last 8 years we have seen a decrease in crime in this country, but if we look back as early as 1960, from 1960 or 1964 up to 1991, 1992, we had a 600 percent increase in crime in this country, a tremendous increase in crime. Seventy to 80 percent of all families were affected by crime, many types of crimes. Certainly it has affected our region.

I reference an article we had recently in Lexington, Kentucky, where we have particular needs. I think it points out the diversity of communities and the diverse needs communities have where it says the crime in Lexington increased in 1999 and that probably happened in other communities around the country. We can see from the diversity of problems that we have across the Nation that a plan that implements just a one-size-fits-all is not best for particular communities.

I think, clearly, the Federal Government certainly has a role; but the best crime prevention needs to come locally where they understand the particular problems that they have. That is what makes this program so effective and really so popular among law enforcement agencies and other institutions that work to prevent and reduce crime.

In Kentucky, we have already received $4.2 million in grants from this program. Almost $1 million has gone to our State police in Kentucky. Over half a million has gone to my district alone. In these we have used funds to hire police and to pay overtime. We have used the funds to purchase other law enforcement equipment and increased the technology that allows them to more effectively prevent and detect crimes. And we have used it to establish crime prevention programs that otherwise would not be able to be afforded or be available for the communities. So it is very important.

I am certainly pleased that we have a tremendous amount of bipartisan support on this bill, the approach to reduce crime by ensuring that we provide flexibility to local law enforcement agencies and organizations and that we understand that we can bring certainly the priority of crime prevention from the Federal level but many of the decisions need to be made at the local level to ensure that we do effectively fight crime, reduce crime in this country, and make this a safer Nation for all people. I encourage everyone to vote for this bill.

Mr. HUTCHINSON. Mr. Speaker, I have no further requests for time, and I yield back the balance of my time.

The SPEAKER pro tempore (Mr. SHIMKUS). The question is on the motion offered by the gentleman from Arkansas (Mr. HUTCHINSON) that the House suspend the rules and pass the bill, H.R. 4999, as amended.

The question was taken; and (two-thirds having voted in favor thereof) the rules were suspended and the bill, as amended, was passed.

A motion to reconsider was laid on the table.

PERIODIC REPORT ON TELECOMMUNICATIONS PAYMENTS MADE TO CUBA PURSUANT TO TREASURY DEPARTMENT SPECIFIC LICENSES—MESSAGE FROM THE PRESIDENT OF THE UNITED STATES

The SPEAKER pro tempore (Mr. PEASE) laid before the House the following message from the President of the United States; which was read and, together with the accompanying papers, without objection, referred to the Committee on International Relations:

To the Congress of the United States:

As required by section 1705(e)(6) of the Cuban Democracy Act of 1992, 22 U.S.C. 6004(e)(6), as amended by section 102(g) of the Cuban Liberty and Democratic Solidarity (LIBERTAD) Act of 1996, Public Law 104–114, 110 Stat. 785, I transmit herewith a semiannual report detailing payments made to Cuba as a result of the provision of telecommunications services pursuant to Department of the Treasury specific licenses.

WILLIAM J. CLINTON.

THE WHITE HOUSE, *September 19, 2000.*

□ 1700

MOTION TO INSTRUCT CONFEREES ON H.R. 4577, DEPARTMENTS OF LABOR, HEALTH AND HUMAN SERVICES, AND EDUCATION, AND RELATED AGENCIES APPROPRIATIONS ACT, 2001

Mr. COBURN. Mr. Speaker, I offer a motion to instruct conferees on the bill (H.R. 4577) making appropriations for the Departments of Labor, Health and Human Services, and Education, and related agencies for the fiscal year ending September 30, 2001, and for other purposes.

The SPEAKER pro tempore (Mr. PEASE). The Clerk will report the motion.

The Clerk read as follows:

Mr. COBURN moves that the managers on the part of the House on the disagreeing votes of the two Houses on the bill, H.R. 4577, be instructed to recede to Section 517 of the Senate Amendment to the House bill, prohibiting the use of funds to distribute postcoital emergency contraception (the morning-after pill) to minors on the premises or in the facilities of any elementary or secondary school.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Oklahoma (Mr. COBURN) will be recognized for 30 minutes, and the gentleman from Massachusetts (Mr. FRANK) will be recognized for 30 minutes.

The Chair recognizes the gentleman from Oklahoma (Mr. COBURN).

Mr. COBURN. Mr. Speaker, may I inquire of the Chair, who has the right to close on this debate?

The SPEAKER pro tempore. The gentleman from Oklahoma has the right to close.

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

Mr. Speaker, the purpose of this motion to instruct is to bring the House in line with the Senate's vote on this very issue, and we are going to hear a broad debate this evening about the pros and cons of postcontraception, but that is not what I think this debate is. I think the debate is whether or not parents ought to be made or allowed to be involved in significant decisions of their children, and what we are doing now in 180 schools in this country is excepting out parents from a decision that they need to know about, excepting out parents and the child's physician from a medical decision that is being made for that individual.

Mr. Speaker, I reserve the balance of my time.

Mr. FRANK of Massachusetts. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I ask, as we await some other Members who are a little better informed on this than I, I did have some questions for the gentleman from

Oklahoma (Mr. COBURN). As I read the instruction, and I am not totally familiar with the Senate language, he said this was to protect the rights of parents. As written, the instruction would say that that was a prohibition, even if the parents consented. Is that the gentleman's intent that even if the parents consented this would not be allowed?

Mr. COBURN. Mr. Speaker, will the gentleman yield?

Mr. FRANK of Massachusetts. I yield to the gentleman from Oklahoma.

Mr. COBURN. Mr. Speaker, I would not have any problem; that is their individual choice. I have a problem in destroying the life of an unborn baby; that is a different topic. But if, in fact, a parent is involved, but under the auspices of the HCSC planning guidelines and under the auspices of title 10, there is no obligation to inform the parents whatsoever.

Mr. FRANK of Massachusetts. Reclaiming my time, Mr. Speaker, I thank the gentleman for that, but the point is, as I read the instruction, if that is an accurate repeat of the language in the Senate bill, it does not allow for an exception where the parents want to. So it goes from saying the parents are not involved at all on both sides.

I would say one other thing, and I see the gentleman from Illinois (Mr. PORTER) is coming, and I am prepared to yield the time to him, but I am struck, when we discuss the question of abortion and those who make it illegal talk about an unborn child, I think we ought to be clear when we are talking now about a morning after bill, because we are often told there is a heartbeat, there are feet, there are various representations of that unborn child.

We are clearly here talking about a situation where there is no physical manifestation of the unborn child of the sort we have seen, there are no feet, there is no heartbeat. This is a philosophical objection. This is an effort to make illegal something which is philosophically expressed opposition to a form of birth control. It is very different than the kinds of representations we get.

Mr. Speaker, I ask unanimous consent to yield the remainder of the time that was allocated to me to the gentleman from Wisconsin, the ranking member of the Committee on Appropriations, for purposes of control.

The SPEAKER pro tempore. Without objection, the gentleman from Wisconsin (Mr. OBEY) will control the remaining time allotted to the gentleman from Massachusetts (Mr. FRANK).

There was no objection.

Mr. OBEY. Mr. Speaker, could I inquire, how much time is remaining?

The SPEAKER pro tempore. The gentleman from Wisconsin has 28 minutes remaining.

Mr. OBEY. Mr. Speaker, I ask unanimous consent that 14 minutes of my time be allocated to the distinguished gentleman from Illinois (Mr. PORTER) for purposes of control.

The SPEAKER pro tempore. Without objection, the gentleman from Illinois (Mr. PORTER) will control 14 minutes of the 28 minutes allotted to the gentleman from Wisconsin (Mr. OBEY).

There was no objection.

Mr. OBEY. Mr. Speaker, I yield myself 3 minutes.

Mr. Speaker, I frankly am of a split mind on this issue. I am fairly old fashioned, and I come from a part of the country where these kinds of subjects are not discussed much in public, and I frankly get uneasy when I walk into a lot of places and see condoms and other devices being made available on a wholesale basis. I am very uncomfortable about that. But I think it is also a complicated question.

I have concerns about the motion of the gentleman from Oklahoma and actually there are a number of reasons. First of all, because I am not necessarily convinced that the best approach in my city, my hometown would be the best approach in New York or San Francisco or Lexington, Kentucky or other communities or vice versa. And I think one of the problems with the Coburn motion is that it gets in the way of local people being able to decide how they want to handle a very sensitive problem.

Secondly, I think you do have conflicting views about which approach actually saves the most lives and prevents the most abortions. And I suspect that what the answer is to that question again depends on the community morals and practices and culture. And so while I understand those who say that they find issues like this distasteful and sometimes they get, in fact, angry.

Mr. Speaker, I really wonder whether it is wise for the Congress to tell local school districts that one approach is better than another.

The other thing I would simply say is that we are trying to close up this session, and that means we are trying to resolve differences; that means we are trying to keep as much language off appropriation bills as possible, and it seems to me that to the extent that these riders are attached, which are legislative in nature, they get in the way of our ability to finish our work before the end of the fiscal year, and that causes all kinds of turmoil.

And also, frankly, if we are going to start making motions to instruct on this bill, then a number of us are going to have motions to instruct to try to accomplish policy ends that we think are important also. So if we are about to get into that business, then I guess we are going to have to get into it all the way.

Mr. Speaker, I reserve the balance of my time.

Mr. COBURN. Mr. Speaker, I yield myself 30 seconds.

Mr. Speaker, I just say in response to the gentleman from Wisconsin (Mr. OBEY), there are 4,000 clinics, outside of school clinics, where you can get this done with Federal funds, what we are saying is, is this should not be happening in a middle school. There is plenty of places that if you want this service, you can get it, but it should not be occurring in the seventh and eighth grades in this country without a parent involved.

Mr. Speaker, I reserve the balance of my time.

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

Mr. Speaker, the motion of the gentleman from Oklahoma (Mr. COBURN) is certainly a proper motion and appropriate, but it is a very unfortunate motion for us.

It contravenes instructions given to us by our own leadership, it attempts to circumvent the House rules and procedures, and it makes the completion of our conference more difficult at a time when we are trying to finish our work. In meetings in mid-July, I should tell the gentleman from Oklahoma, the bicameral majority party leadership decided that we should drop all controversial riders to the Labor, HHS and Education bill. The senior senator from Pennsylvania, the chairman of the Senate subcommittee, Mr. SPECTER, and I were instructed to do exactly that to move this process forward.

Mr. Speaker, based on these instructions, the Senate receded from its position on this amendment; and all other similar riders were dropped in the conference.

Mr. Speaker, the motion if offered by the gentleman from Oklahoma as an amendment to the bill would not be in order in the House. Thus the import of this action is to attempt to do by motion what the rules would have prevented him from doing by amendment on the House floor.

Finally, Mr. Speaker, this motion will only serve to sharpen differences within this bill and delay the completion of the final conference report.

Mr. Speaker, of the funds made available in the bill, Elementary and Secondary Education Act funds are prohibited, by law, from being used for health clinics of any sort. Only Public Health Service funds provide a substantial source for the activities that the gentleman is alluding to.

I note that the gentleman is a member, and a valued member, of the Committee on Commerce; he is, in fact, vice chair of the Subcommittee on Health. I also note that recently coming across my desk he wrote with others a dear colleague relating to the Ryan White AIDS program.

Now, we support very strongly the Ryan White AIDS program; and we, in fact, have very substantially increased it over the President's budget request. I certainly applaud the bipartisanship on that matter. While amending the Public Health Services Act to reauthorize Ryan White, why could not the provisions included in the motion be included there? Why did not the gentleman simply add the provisions that

he is attempting now to attach to an appropriation bill, where it is not appropriate, to the authorizing bill that he had before him at that time?

Mr. Speaker, I would ask the gentleman if he would respond to that. It seems to me that the Commerce Committee is where it ought to be taken up. Over and over, authorizers tell appropriators to stay off of their turf, to not do what they are authorized to do in their jurisdiction. I agree with that. We include no authorizing provisions in the House bill without the express approval of the authorizers. But the gentleman from Oklahoma telling let us get into their jurisdiction and put this Provision on the appropriations bill.

It does not belong in this bill. It should not be discussed here. The motion simply attempts to put legislative language into an appropriation bill, we do not want to do that. We wanted the authorizers to do their work.

Mr. Speaker, I reserve the balance of my time.

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

Mr. Speaker, number one, I would thank the gentleman from Illinois (Mr. PORTER), I wished the gentleman would have given me the idea 2 months ago or 3 months ago, and I would have been happy to put that in the bill.

Number two, I find it somewhat ironic. I want to stay on the issue. I find it somewhat ironic that we cannot use direction in terms of spending with the motion to commit, but yet we are funding hundreds and hundreds and hundreds of millions of dollars of programs that never have been authorized by any of the authorizing committees.

What I would ask the gentleman is, does he believe it is right that a 12-year old should get a morning after pill in a school clinic and a parent never know anything about it. I mean, that is what this issue is about. Whether or not we are going to give a prescription drug to a young adolescent female without her parents ever knowing in school; that is what the objection is. That is why this rider is there.

The Senate passed this 54–41. This is not a pro-life, pro-abortion debate. This is a debate about parents being involved. As we look at the young people in our country today, the one problem we are seeing and we are trying to solve in many of the programs that the gentleman has graciously funded through his appropriation to re-empower parents.

□ 1715

This bill tears them down. This bill separates by not having this. So the Senate did want this. They voted it. All we are asking is for the committee, should the House accept this motion to instruct, to follow that and give parents back some of their power.

Mr. Speaker, I reserve the balance of my time.

Mr. OBEY. Mr. Speaker, I yield 4 minutes to the distinguished gentlewoman from New York (Mrs. LOWEY).

(Mrs. LOWEY asked and was given permission to revise and extend her remarks.)

Mrs. LOWEY. Mr. Speaker, I rise in strong opposition to this motion to instruct. The Helms amendment, which my colleague urges the Labor-HHS conferees to accept, was, in fact, voted on and rejected during the conference meetings in late July.

Our colleagues who opposed it understood that supporting this motion would interfere in locally made decisions.

There are roughly 1,200 school-based health clinics serving young people across the country, a partnership between local schools and community health providers. Three of four middle- and high school-based clinics do not offer contraceptive services at all.

Of the 25 percent that provide these services, the decision to do so has been made collectively by the schools, the parents, community organizations and the young people themselves.

The community works together to decide what is best for their young people and Congress should respect these local decisions. For those communities that choose to offer contraceptive services, access to contraception, including emergency contraception, just a double dose of a regular oral contraceptive, is crucial to helping teens avoid unintended pregnancies.

I am the co-chair of the Congressional Advisory Panel to the National Campaign to Prevent Teen Pregnancy, along with my colleague, the gentleman from Delaware (Mr. CASTLE). We have worked very hard in a bipartisan way to find community-based solutions to the epidemic of teen pregnancies that we have experienced in the 1990s. The good news is that the teen pregnancy rate has fallen for 7 straight years. The bad news is that American teenagers still experience 1 million pregnancies each year.

In fact, teen pregnancy rates in this country are higher than in all other industrialized countries, twice as high as in England or Canada, nine times as high as in the Netherlands or Japan. Sadly, the risk of unintended pregnancy is only part of the problem facing our young people. There is also an epidemic of sexually transmitted disease among young Americans, but they do not even know it. Kids think it cannot happen to them, but it can and it is.

Kids are getting STDs like chlamydia, which years later can rob them of their fertility; HPV, which can lead to cervical and penile cancers; and HIV for which tragically there is still no cure.

Young people may visit a school-based clinic for information about pregnancy prevention, but leave with facts about STDs that can save their lives.

I believe that if we continue to deliver strong and consistent messages about the importance of abstaining from sex, the risk of STDs, accurate information about contraception, we can continue to make continued progress in the fight against teen pregnancy and STDs; but since we know from recent data that three-quarters of the decline in the United States teen pregnancy rate is attributable to improved contraceptive use among teenagers, denying teens access to contraception will only jeopardize this progress.

It does not make sense. That is why we should leave decisions about providing contraception and other important health services to local communities and schools. School-based clinics have an enormous job to do, and they are doing a world of good.

Let us continue to support our communities, as they work to protect the health and safety of their kids. I urge my colleagues to defeat this terribly misguided motion.

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

Mr. Speaker, I would like to respond. The awareness of the sexually transmitted disease epidemic is one of the things that I think that I have brought to this body. It was denied, obscured and covered up over the last 6 years. The fact is, as a postcoital morning-after pill, administration does nothing to prevent sexually transmitted diseases. The other thing is the gentlewoman who just talked has been against informing people of the fact that a condom does not prevent someone from getting the largest incurable, sexually transmitted disease that we have, that will infect 6 million people this year. So if we want to talk accurately about the medical facts, I will; but this issue is when a child at school cannot get an aspirin without a parent being involved, but we can give them a prescription pill that will have a long-term impact on them. I think we need to have a full and fair discussion on that.

Mr. Speaker, I yield 2 minutes to the gentlewoman from North Carolina (Mrs. MYRICK).

Mrs. MYRICK. Mr. Speaker, I support this motion. As a mother and a grandmother, I would be furious, literally furious, if my child were given this pill because I as a mother have to be notified if my child is given an aspirin. So it really upsets me that this decision is made by other people and not by the parents.

There is very little risk involved in taking a simple aspirin, but the morning-after pill does have several possible side effects. While I do not support this as a means of emergency contraception, it is a legal choice, and those who choose to do it should do it under the supervision of a doctor.

Currently, any school that does receive Federal funds for family planning is authorized to distribute the morning-after pill, and right now 180 school clinics offer it. The most disturbing fact is that the Federal laws and regulations overrule State parental consent and notification laws so school nurses can distribute this pill without the parents ever being involved.

I urge my colleagues to vote for this motion and vote to make sure that parents have more rights over their children than the Federal Government.

Mr. PORTER. Mr. Speaker, I continue to reserve my time.

Mr. OBEY. Mr. Speaker, I yield 2 minutes to the distinguished gentlewoman from California (Ms. WOOLSEY).

(Ms. WOOLSEY asked and was given permission to revise and extend her remarks.)

Ms. WOOLSEY. Mr. Speaker, I rise in strong opposition to the Coburn motion to instruct. It is no secret that many who support this motion would not only take contraception from schools but would also remove the option from all health clinics. So to say that school health services are not needed is just another anti-choice action.

We know that numbers of teenagers across the country rely on school-based health clinics for their health services and for health care information. Local decision-makers and community representatives, those who know their teenagers' health needs, not the Federal Government, should have the right to decide the services their school health clinics will offer. These individuals are elected by the local constituencies. These schools will tell their school districts what they want. Local decision-makers are the ones who know the needs of their teenagers. They deserve the right to address those needs.

Allowing access to emergency contraceptive care gives teens the ability to act responsibly; act before they become pregnant so that they do not become pregnant. Let us help teens prevent unintended pregnancies. Let us give our local schools and local health clinics the right to decide for their communities.

I urge my colleagues to oppose the Coburn motion to instruct.

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

Mr. PITTS. Mr. Speaker, I rise in strong support of the Coburn motion to instruct conferees. Frankly, I do not know how any Member could disagree with this motion that simply prohibits the distribution of the morning-after pill at schools. This is a pill that can cause an early abortion. So our kids can go to school, be given an abortion pill without their parents' consent. Well, unbeknownst to most parents, this is happening in at least 180 schools across America.

Why is this so surprising to parents? Because parents are required to sign a note or permission slip for everything. If their daughter needs an aspirin, the parent writes a note; if she needs an allergy shot, another note; cold medicine, a note from home; insulin, parental permission; penicillin, more permission; Ritalin even more permission. Then logically our daughters should not be given something as potentially harmful as the morning-after pill at school.

This is a pill that can have side effects such as risks of developing blood clots, heart attacks, strokes, cardiovascular disease. Obviously, one should not just be able to go to a school nurse to get it. The Coburn motion is a logical protection for our daughters and for the right, as parents, to help make important health decisions for them.

Some will argue that our daughters need the morning-after pill in schools if they have been raped or abused. If something as tragic as rape or abuse has violated a young girl, schools are required by law to report this to the authorities. Then proper care can be given to them in a hospital, not at their school.

I urge my colleagues to support this motion.

Mr. OBEY. Mr. Speaker, I yield 1½ minutes to the gentlewoman from Colorado (Ms. DEGETTE).

Ms. DEGETTE. Mr. Speaker, what we are talking about here is not abortion and it is not RU–486. It is a high dose of oral contraceptives. We are talking about contraceptives here. School-based clinics provide health care professionals an ideal opportunity to counsel teens about the importance of delaying sexual activity and the risks of unprotected sex.

I would hope, we would all hope, that all girls would consult their parents if there has been a terrible mistake made; but unfortunately that communication does not happen in every family. Would we not want then to prevent an unwanted pregnancy and to prevent perhaps even an unwanted abortion? Certainly many State and local governments want to give their school-based professionals that option.

I always thought that this Congress was for local control. It seems to me we are for local control if it is our views but not the other guy's views. I do not think that is right. Let our local governments decide whether they want their school-based professionals to counsel girls and to be able to give them these contraceptives. Vote no on this motion to instruct.

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

Mr. Speaker, there are 4,000 other places in the United States that they can get these pills if they want them. We do not need it in the school. It amazes me that our whole goal is to help somebody keep a lie in our school-based clinics when we use a morning-after pill. The fact is there is a lot of freedom when young women go to their parents after having made a mistake, and are encouraged to do that.

Know what? If we cannot do this in the school, that is what will happen is the school nurse will encourage the young woman to talk with her mother and if she has a father and say we need to talk with them and get their permission to do this.

There are 4,000 other places funded by the Federal Government where this can happen. What we are saying is this should not happen in schools.

Mr. Speaker, I yield 2 minutes to the gentleman from New Jersey (Mr. SMITH).

Mr. SMITH of New Jersey. Mr. Speaker, I thank my friend, the gentleman from Oklahoma (Mr. COBURN), for yielding me this time.

Mr. Speaker, I strongly urge Members to support the Coburn motion to instruct conferees, to accept the Senate-passed amendment to protect young girls from being given powerful abortion drugs at school.

I say again, we are talking about a school setting, and that is no place. It is bad enough that this kind of action takes place in abortion mills. To think that we would sanction in any way or shape or form the prescribing of this kind of death to an unborn child at school is outrageous.

It should be noted that these abortion drugs not only destroy a newly created life, but they do indeed carry significant risks for the young student.

□ 1730

As the gentleman from Pennsylvania said a moment ago, with Preven, if we look at the conditions, what the manufacturer itself says, and I quote, ''These conditions can cause serious disability or even death.'' We are talking about this being given out in a high school or junior high or elementary school setting. Our elementary and secondary schools should be the last place, Mr. Speaker, the last place where legitimate parental rights are trampled and usurped, especially when the health or the life of their daughter is at risk. Our elementary and secondary schools should be the place where life is affirmed and respect for life is affirmed; again, the last place where abortion drugs are used.

Years ago, many of us warned that school-based clinics would be misused to facilitate abortions for minors, especially by way of referrals to abortion mills. We know that is going on. Planned Parenthood alone does over 200,000 abortions in its own clinics each and every year, many of them by referrals from schools. But now we know that at least 180 schools across the country offer abortion drugs at their school-based clinics. That is outrageous for parents and for their daughters.

Mr. Speaker, we need to speak up loud and clear. Support the gentleman's very, very smart and wise motion.

Mr. COBURN. Mr. Speaker, I yield 2 minutes to the gentleman from Michigan (Mr. CAMP).

Mr. CAMP. Mr. Speaker, I thank the gentleman for yielding me this time.

Mr. Speaker, I think that schools are an inappropriate place to dispense morning-after pills, so I rise in support of the Coburn motion to instruct. I think more importantly, not only current law allows this to be done without parent's consent, this is done without parent's knowledge. I think to have in place a law that says, all parents are

bad parents. If parents know that their daughter is expecting a child, that would be bad for their daughter. I think we definitely need to make this change, and I think that is probably why a majority of the Senators supported this change when this issue came up in the Senate.

Mr. Speaker, I think that the motion to instruct is a start, because parents should be the first to know if their daughter is pregnant, not the last. There are so many things parents should and would want to do, and I do not think we can have in Federal law a situation where we just assume the worst about every parent in this country. That is why I strongly support this motion to instruct, and I urge everyone to vote for it.

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

Mr. Speaker, it has been said over and over again here that this is a question of parental consent. I do not see any of that in this. This simply prohibits the distribution of these contraceptives on school promises. It does not say that if the parent consents, you can do it. It says, you cannot do it under any circumstances. So the whole issue of parental consent is not contained in this motion to instruct; it has nothing to do with this motion to instruct whatsoever.

Mr. Speaker, I yield such time as she may consume to the gentlewoman from Connecticut (Mrs. JOHNSON).

(Mrs. JOHNSON of Connecticut asked and was given permission to revise and extend her remarks.)

Mrs. JOHNSON of Connecticut. Mr. Speaker, I thank the gentleman for yielding me this time. I rise in opposition to the Coburn motion to instruct conferees.

Mr. Speaker, school-based health centers are partnerships. They are partnerships within a community, and they are organizations in which school personnel, parents, community leaders, health professionals set policy governing what health care is available and under what circumstances. Mr. Speaker, 94 percent of school-based health centers require parental consent forms before a student can be seen. Two out of every three allow parents to choose which services their child cannot receive.

Those centers in which children have most access on their own are located in those communities where teen pregnancies are the highest, and they are the communities where supervision of these children, support for these children, community options for these children, public education for these children is frankly the worst. There are children in our communities who never see their parents for days, and who are basically on their own. There are also lots of young women in high schools who are really actually the victims of what we would now call date rape. But nobody has talked to them about how to say no. Nobody has educated them about how to prevent pregnancy. So we are saying that they should have, through their high school clinics, if the community board has determined that this is appropriate, they should have access to a morning after pill or emergency contraception. This kind of contraception is only a high dosage of birth control pills, the same kind of pills that millions of Americans take every day. This is not RU486. This is just a high dosage of normal contraceptive pills.

If a woman is already pregnant, the emergency pill has no effect on her pregnancy. But if a young person takes this within 72 hours of unprotected sex, date rape, rape, which is sometimes the case and more often than we actually like to acknowledge, or is the victim of incest, she can actually prevent herself from being pregnant.

Mr. Speaker, I do not understand why my colleagues who oppose abortion, although I do understand why they oppose abortion, but I do not understand why they are so opposed to preventing pregnancy, particularly for young girls who are not going to be able to support this child economically and are almost by definition unready to support this child emotionally.

My concern for the children of America is that they be born into stable, loving families that can give them the emotional and economic support and guidance over decades that children need. I can understand the difference of opinion in our Nation about how to manage abortion or what role abortion should play. But this, frankly, has nothing to do with abortion at all. It has everything to do with preventing pregnancy; it has everything to do with communities, health professionals, parents, educators, merely giving young women the knowledge and the tools and the power to prevent pregnancy.

Now, is it wise for young women to be intimate sexually when they are in high school? I would tell them no, because on a peer development basis, you are transferring power to this young man that frankly women should not transfer because they get more into the web. I mean, I could go on and on. I tell high school kids this. I tell kids all the reasons why being sexually intimate prematurely is not a good idea, how it disempowers them, how it limits their ability to develop and gain control over their abilities, their future, their hopes and their dreams.

However, by the same token, I want those young women who nobody told that to, I want those young women who had nobody advising them and helping them to at least know and understand what their choices are for responsible action. Frankly, I think it is more responsible for a young woman who has either been the victim of date rape, been the victim of rape, how many of these young people are the victims of incest, we do not know, but we are cavalier, cavalier about denying them access to a contraceptive that simply prevents implantation. It prevents pregnancy. That is a good thing. If you cannot economically and emotionally support a child, frankly, it is wise and responsible not to have one.

Mr. Speaker, I urge my colleagues to oppose the gentleman's motion, because this House has no business passing this provision.

Mr. COBURN. Mr. Speaker, I yield myself such time as I may consume. As somebody who has delivered 3,500 babies and who has cared for every complication of pregnancy, I want to clear up the medical facts. A pregnancy, regardless of when Planned Parenthood says it occurs, occurs when a sperm and an egg unite. Because of where it is located, they have arbitrarily picked to say that is not a pregnancy is the biggest misstatement that I have heard.

Number two is we are talking about high dose oral contraceptives. We are not talking about a small dose. The reason that we have many dosages of pills today is because the risks associated with the high doses were so great that they caused major complications for women. Now, to do morning after pills, we are reverting back to levels of hormones that we have not seen in 20 years in this country in single doses. That raises significant complications for these young women.

The final thing that I would say is if this fails to work, which 25 percent of the time it fails to prevent the pregnancy, there is a concept known as limb reduction deficits, and if we look that up, what we find is babies born without hands, without fingers, without ears, without toes, and without their limbs. That is one of the causative factors from high-dose oral contraceptives at the formative stage of an early fetus. So medically, what was just stated is inaccurate.

Mr. Speaker, I yield 3½ minutes to the gentleman from South Carolina (Mr. DEMINT).

Mr. DEMINT. Mr. Speaker, I rise today in support of this motion to instruct conferees offered by the gentleman from Oklahoma (Mr. COBURN), my friend.

Mr. Speaker, public schools should not use our taxpayer dollars to distribute the morning after pill to the children of this Nation. This is serious business. We are talking about whether or not the schools of America hand out emergency contraceptives to the children of America. There are many factors in play here, but I fundamentally believe that it gets back to what schools are supposed to be about.

Mr. Speaker, the last time I checked, schools are supposed to be about education. This is their stated purpose, and I think we should all agree that schools have a lot of work to do in that area just to get our children educated.

It is unimaginable to me what I just heard on this House floor, that it has been suggested that a girl who is date raped or suffered from incest should go to school the next morning to get a pill to make sure she is not pregnant, instead of being with her parents in a hospital with police and counselors

that could help her. That is where this type of idea leads when we operate in secrecy from parents. Some would say that schools cannot teach if kids are worrying about life's outside pressure. Well, that may be true, but I believe that if schools were really focused on education and teaching, some of life's worries and outside pressures might fade away.

Studies have shown that high educational expectations and goals keep kids focused on their future and their education, and they are not so easily sidetracked. Like it or not, when schools pass out emergency contraceptives, it sends a signal to kids. It says, there is no need to talk to your parents or involve them in decisions which are of immense importance to your physical and emotional well-being. It also says that schools will help students bypass their parents and help make life-changing decisions for them. I am sorry, Mr. Speaker, but this is not what our schools are supposed to be about. I think kids, parents and folks all across this Nation know it. Schools are supposed to be about reading, writing, arithmetic and educational experience, not social projects funded with taxpayer funds which bypass parents and harm children.

It seems to me that it is not okay for a child to even sneeze in class without a parent's permission, and rightly so, you need parental permission to go on field trips and for a variety of other reasons. You often need parental permission just to take an aspirin. Yet, providing emergency contraception is of more serious medical consequences and parents are specifically not involved.

The Congressional Research Service looked into the prevalence of providing emergency contraceptives in school-based clinics and they found at least 180 schools across the country already are handing out emergency morning after pills in their clinics. This is just part of their sample.

Again, Mr. Speaker, schools should be about education, teaching, and learning. Let us keep the focus there. I urge my colleagues to support this motion to instruct conferees.

Mr. PORTER. Mr. Speaker, I reserve the balance of my time.

□ 1745

Mr. COBURN. Mr. Speaker, I yield 1 minute to the gentleman from Maryland (Mr. BARTLETT).

(Mr. BARTLETT of Maryland asked and was given permission to revise and extend his remarks.)

Mr. BARTLETT of Maryland. Mr. Speaker, in a former life, I had a Ph.D. I guess I still have it. Coming here does not remove that. I taught medical school. I taught nursing students. I have about 100 papers in the scientific literature. So I know something about the process that we are talking about today.

We also have 10 children in our family and 11 grandchildren and one great grandchild. And I will tell my colleagues from the perspective of a professor, a teacher, a parent, a grandparent and a great grandparent, that I think this policy of using taxpayer money to fund the morning after pill without parental consent is obscene and insane.

My colleagues should just stop to think about this. A child in school cannot get an aspirin without parental consent, and yet this legislation, this legislation that we are talking about, that we hope to somehow modify with this amendment, would permit the school, without the parents' knowledge, without parents' consent, with taxpayer money, to give a serious medication to a student which will terminate a life.

I say again: As a professor, as a father, as a grandfather, as a concerned citizen of this country, this is obscene and insane. Support, please, the Coburn amendment.

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

(Mrs. MALONEY of New York asked and was given permission to revise and extend her remarks.)

Mrs. MALONEY of New York. Mr. Speaker, I thank the gentleman for yielding me this time.

Here we go again. Although this session is about to wrap up, the attacks on reproductive health care keep coming. Today, we have a motion that strips away local control over school-based health clinics.

My dear friends and colleagues on the other side of the aisle constantly talk about the importance of local control. These clinics are currently run by communities, and they are not asking for interference by the Federal Government. But this motion steps in and prohibits school-based health clinics from dispensing emergency contraception.

What we are talking about is not an abortion pill. What we are talking about is a contraception pill that a young woman can take the morning after an evening where she may have had an emergency situation, such as rape or incest. Why should Congress make this decision for every single community and every single school and every single child?

If my colleagues believe in local control, vote ''no,'' and for many other reasons.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore (Mr. PEASE). The Chair would ask Members to heed the gavel.

Mr. PORTER. Mr. Speaker, I have no further speakers on my side. I would be happy to yield to the gentleman from Wisconsin (Mr. OBEY) 2 minutes for him to use on his side if he would like.

Mr. OBEY. Mr. Speaker, I thank the gentleman.

I yield 1 minute to the gentlewoman from Illinois (Ms. SCHAKOWSKY).

Ms. SCHAKOWSKY. Mr. Speaker, emergency contraception has been portrayed as equal to abortion on this floor. Let us set the record straight. Emergency contraception is oral contraceptive used at higher doses.

This is oral contraception, taken once a day, prescribed by a health professional. And this is emergency contraception, taken within 72 hours of unprotected intercourse. Emergency contraception is not abortion. Same drug, same formulation, higher dose, one time. Passes through the system in a couple of hours.

Both oral contraceptives and emergency contraception work the same way: They prevent pregnancy. If a woman is pregnant, neither oral contraceptives nor emergency contraception will disrupt that pregnancy. Let me repeat: If a woman is pregnant, neither oral contraceptives nor emergency contraception will disrupt that pregnancy.

I urge a ''no'' vote on the Coburn motion.

Mr. OBEY. Mr. Speaker, I yield 1 minute to the gentlewoman from Connecticut (Ms. DELAURO).

Ms. DELAURO. Mr. Speaker, this issue of health care in school-based clinics was already dealt with by the conference and it was rejected. This motion would deny Federal funding to any school-based clinic that provides emergency contraception.

Emergency contraception is not abortion. It cannot terminate a pregnancy. It prevents pregnancy in critical hours after unprotected sex. Emergency contraceptive in a school-based clinic is prescribed only by a doctor to young people seeking to act responsibly to prevent unintended pregnancy.

School-based health clinics are different across this country. They have been set up with the input of local officials, school personnel, parents and students. All of these interested parties participate in the decisions about what services they believe are appropriate and how the clinics will be run. Let us leave these decisions to the communities and to the local officials who are involved.

As I said, this conference has already agreed to reject this proposal. It is wrongheaded and I urge my colleagues in the full House to reject this motion.

Mr. OBEY. Mr. Speaker, I yield 1½ minutes to the gentleman from Virginia (Mr. MORAN).

Mr. PORTER. Mr. Speaker, how much time do I have remaining?

The SPEAKER pro tempore. The gentleman from Ohio (Mr. PORTER) has 2 minutes remaining.

Mr. PORTER. Mr. Speaker, I yield the balance of my time to the gentleman from Wisconsin (Mr. OBEY).

The SPEAKER pro tempore. The gentleman from Virginia (Mr. MORAN) is recognized for 1½ minutes.

Mr. MORAN of Virginia. Mr. Speaker, across the river about 10 years ago, when I was mayor, we set up a school-based health clinic. It was very controversial and difficult to do. But now that it has been set up, it has saved countless lives. It has helped teenagers to act more responsibly.

Ultimately, the community concluded that while it would be wonderful if we could convince teenagers never to have sex, if we could eliminate unintended pregnancies, unwed pregnancies, the reality is that we have to deal with human nature. We have to improve the lives of people. We decided that as a community, which is the way that these issues should be decided, where people can accept the accountability for decisions that they make for the people they serve directly.

I do not think we are particularly successful in trying to mandate morals. We have an opportunity now for professional people, school health nurses, generally, to be able to prescribe a way in which an abortion is not affected; whereas we can prevent pregnancy by providing pills that ensure that women can take control of their lives.

Through our schools and other community institutions, we can help them become more responsible over their future, and we will not see as many children being aborted or being born into unwed situations where they suffer. We do not; they do. Let us not make them suffer; let us defeat this instruction.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. The Chair reminds the House again that he requested that Members honor the gavel.

Mr. OBEY. Mr. Speaker, I yield 1 minute to the gentlewoman from New York (Ms. SLAUGHTER).

Ms. SLAUGHTER. Mr. Speaker, I want to quote from a letter from the National Assembly on School-Based Health Care.

''School-based health care centers represent a partnership between community health care organizations, such as local hospitals, health centers and public health departments, school systems and parents. The programs are designed by the community. The scope of service, including reproductive health, is determined by what health care providers, school officials, parents, and other community members feel is necessary to combat health-compromising behaviors and inadequate and unaffordable access to competent and caring physical and mental health services for school-aged children. The ability to provide these services with public family planning and primary care resources is vital to these few programs. Their ability to offer adolescents needed reproductive health care should not be constrained by Congress. This decision should remain one of local control and oversight.''

And that letter is signed by John Schlitt, Executive Director of the National Assembly on School-Based Health Care, someone certainly to whom we should listen before we take away the right of the parents and the health providers in a community to set up such a clinic.

Mr. Speaker, I am providing the full letter for the RECORD, as follows:

NATIONAL ASSEMBLY
ON SCHOOL-BASED HEALTH CARE,
September 18, 2000.

Hon. NITA M. LOWEY,
U.S. House of Representatives, 2421 Rayburn HOB, Washington, DC.

DEAR REPRESENTATIVE LOWEY: I understand the Helms amendment to the Labor/HHS appropriations bill, which was defeated in conference last month, is resurfacing through a motion by Congressman Coburn to instruct the conferees. I urge you to reject the motion and speak in its opposition.

The National Assembly on School-Based Health Care, which represents the nearly 1200 school health centers across the country, opposes the Helms amendment to the Labor-HHS appropriations bill (S. 6094). The amendment would prohibit the use of federal funds from Section 330 and Title X of the Public Health Services Act, as well as Titles V and XIX of the Social Security Act, to support the distribution of, or prescription for, the emergency contraceptive pill on the premises of elementary and secondary schools.

School-based health centers represent a partnership between community health care organizations (such as local hospitals, health centers and public health departments), school systems, and parents. These programs are designed by the community. The scope of services, including reproductive health, is determined by what health providers, school officials, parents, and other community members feel is necessary to combat health compromising behaviors and inadequate and unaffordable access to competent and caring physical and mental health services for school-aged children and adolescents.

Three in four school-based health centers are prohibited by state and/or local policy from prescribing and dispensing birth control on site. In a very small number of communities, school boards and school health advisory groups, which include parents, have made the decision to offer birth control on site because of troubling teen pregnancy and sexually transmitted disease rates.

The ability to provide these services with public family planning and primary care resources is vital to these few programs. Their ability to offer adolescents needed reproductive health care should not be constrained by Congress. The decision should remain one of local control and oversight.

Thank you for supporting community decision-making.

Sincerely,

JOHN SCHLITT,
Executive Director.

(From the National Assembly on School-Based Health Care—Sept. 2000)

SCHOOL-BASED HEALTH CENTERS AND FAMILY PLANNING

WHAT IS A SCHOOL-BASED HEALTH CENTER, AND HOW IS IT DIFFERENT FROM A SCHOOL NURSE?

School-based health centers are partnerships between community health care organizations, typically a health department, primary care center or hospital, and a school. The services provided in the health center are similar to that which is delivered in standard medical clinics: assessment and screenings, immunizations, diagnostic and treatment services laboratory, well child health supervision, etc. There are an estimated 1200 of these unique health centers in schools across the country.

IS FAMILY PLANNING INCLUDED IN THE SCOPE OF SERVICES?

While the majority of health centers located in middle and high schools provide services such as pregnancy testing (85%), HIV counseling (77%), and STD testing and treatment (73%), services related to birth control are most often contained to counseling. Three in four school-based health centers are prohibited by state law or school policy from dispensing contraception on site.

DO PARENTS PROVIDE CONSENT FOR ACCESS TO SCHOOL-BASED HEALTH CENTERS?

Nearly all (94%) school-based health centers require signed parental consent forms before a student can be seen. Two-thirds of school-based health centers allow parents the option of selecting specific services that their child cannot receive.

DO SCHOOL-BASED HEALTH CENTERS PRACTICE WITHIN ACCORDANCE OF STATE LAWS REGARDING MINORS' ACCESS TO SENSITIVE SERVICES?

One-third of health centers reported to the National Assembly on School-Based Health Care that adolescents may be seen for family planning related services (except contraceptive services where prohibited) without parental consent. This policy is often communicated to the parent through the consent process so that the right of adolescents to confidential services is understood.

DO SCHOOL-BASED HEALTH CENTERS DISPENSE THE MORNING AFTER PILL?

In a survey of school-based health centers, 16% of centers serving adolescents reported that emergency contraception is available on site. This represents approximately 130 school-based health centers, or one-fifth of one percent of schools in this nation.

DO FEDERAL DOLLARS SUPPORT SCHOOL-BASED HEALTH CENTERS?

Federal financial support for school-based health centers comes through Medicaid reimbursement, public health grants through Title V of the Social Security Act, and grants made by the Bureau of Primary Health Care under its Healthy Schools, Healthy Communities initiative.

Mr. OBEY. Mr. Speaker, how much time do I have remaining?

The SPEAKER pro tempore. The gentleman from Wisconsin (Mr. OBEY) has 3 minutes remaining, the gentleman from Illinois (Mr. PORTER) has no time remaining, and the gentleman from Oklahoma (Mr. COBURN) has 11 minutes remaining.

Mr. OBEY. Mr. Speaker, I yield 1 minute to the gentlewoman from California (Ms. PELOSI).

Ms. PELOSI. Mr. Speaker, I rise to oppose the very troubling motion to instruct of the gentleman from Oklahoma (Mr. COBURN), which would direct, as my colleagues know, the Labor-HHS conferees to revive the already-rejected ban on emergency contraception in school-based health clinics.

In July, the House-Senate conference rejected this harmful proposal because it endangers teenagers' health and undermines the national effort to reduce unintended teen pregnancies. This ban confuses emergency contraception with abortion. And its attempt to ban abortion pills would instead ban emergency contraception.

I think it is important for our colleagues to understand the difference. ECPs, emergency contraception pills, which are FDA approved ordinary birth control pills, do not cause abortion. They inhibit ovulation, fertilization, or implantation before pregnancy occurs.

School-based health centers provide a private, safe place for teens to access health care services, including contraception and related services. Certainly

we would hope that children would engage in abstinence, but they do not always, and that is why I join the American College of Obstetricians and Gynecologists in opposing the Coburn motion.

□ 1800

Mr. OBEY. Mr. Speaker, I yield myself the balance of the time.

Mr. Speaker, this motion is going to pass by a large vote. I understand that. When the vote comes, I personally am going to vote ''present.''

As some Members have noticed from time to time, I on numerous occasions have voted ''present'' as a matter of protest in order to suggest that the House is dealing with an issue which I believe ought to be dealt with on another level of government. Often that has been the District of Columbia with respect to its own affairs, and on occasion it has been other local units of government. This is another such occasion.

I simply do not think that the same rules apply in a district which is very largely composed of white, middle-class, fairly prosperous, well-knit families and then, in contrast to other districts where you have huge amounts of poverty, childhood neglect, loosely knit families, areas such as the gentlewoman from Connecticut (Mrs. JOHNSON) described where children literally often do not see their parents for days at a time.

And so I think that this matter is best left to local school officials because they are the people on the frontlines trying to weigh the conflicting equities that they so often face not just in schools but in police work and in a number of other areas, as well.

NOTICE OF INTENTION TO OFFER MOTION TO INSTRUCT CONFEREES ON H.R. 4577, DEPARTMENTS OF LABOR, HEALTH AND HUMAN SERVICES, AND EDUCATION, AND RELATED AGENCIES APPROPRIATIONS ACT, 2001

Mr. OBEY. If this motion passes, I want to note, Mr. Speaker, pursuant to clause 7(c) of House rule XXII, I hereby notify the House of my intention tomorrow to offer the following Motion to Instruct House conferees on H.R. 4577, a bill making appropriations for fiscal year 2001 for the Departments of Labor, Health and Human Services, and Education:

I move 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. 4577, be instructed to insist on the highest funding level possible for the Department of Education; and to insist on disagreeing with provisions in the Senate amendment which denies the press the President's request for dedicated resources to reduce class sizes in the early grades and for local school construction and, instead, broadly expands the Title VI Education Block Grant with limited accountability in the use of funds.

If we are going to start providing motions to instruct at this late date in the session, then I am going to have a number of motions which I think are germane to the operations of the committee.

The SPEAKER pro tempore (Mr. PEASE). The notice of the gentleman from Wisconsin (Mr. OBEY) will appear in the RECORD.

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

Mr. Speaker, in spite of what the Members of this body might think, the intention of this motion to instruct was not to create havoc in the process as we attempt to go home.

I want to describe my medical practice to all of my colleagues for a minute so they have a perspective. I just heard the ''white, middle-class'' statement; and I think it is very important. Most of my patients are minorities. Most of them only have one parent. And let me tell my colleagues, every one of those parents want to know what is going on with their kids in school. And the assumption, the racial implication that if they happen to be a single mom and they have a child that gets in trouble that they do not want to know as much as everybody else is absurd and wrong and implies an absolute lack of knowledge about what is going on in this country with that valuable segment of our population. So I want to set that aside.

The other thing is I want to tell my colleagues a story, one of the reasons I offered this amendment. I was in a town hall meeting in the southeast portion of my district. A 38-year-old father came in, and I have never seen anybody so mad in my life. I was the object of his rage, because his 12-year-old daughter had just shown him what she had been given at a clinic, 12 years old, no knowledge. She was given Preven. In case she needed it at some future time, she was given a bag of condoms. She was given noxonol nine. And she was given oral contraceptives. No exam, no instruction sheet on how to use them, but she was given them.

Mr. Speaker, what the father was mad about is that somebody would dare be able to invade on the rights of his child and her health care without him knowing about it. And in front of 50 people, he stood there balling, to say what has happened to our country that parents are last? We heard about local control. What about parent control? What about putting the parents back in charge?

We cannot take an aspirin at a school without a permission slip. If their child has an antibiotic, they have to have permission to give that child his antibiotic at the school. We are so wrong-headed and so out of sync in terms of the priorities for our children in this country it is not a wonder that we are having difficulty with these issues.

The third point I want to make: we have had title X clinics for 25 years in this country. We have been teaching safe sex for 25 years. We are the highest nation in the world in sexually transmitted diseases. Nobody comes close to us. We will have 15 million new cases of sexually transmitted disease this year of which 9 million are incurable, 9 million in which the methods that we teach at our title X safe-sex clinics will not protect our children from. But we are going to dig our heads in the sand, and we are going to ignore it.

The number one cause of cervical cancer is one of them. We now know that one of those is involved with prostate cancer, the number two cancer with men. But we are going to ignore that. We are going to keep doing the same thing. We are going to dumb down to the level of the lowest possible explanation and rationalize that that is the way to treat our children.

It is not good enough. No wonder our kids are failing. We are not expecting enough of them. We are looking the wrong direction.

There is no reason for a parent never to be involved unless incest is involved. And then, in every State in this country, it is a law that they have to notify the authorities. Otherwise they go to jail if they do not notify the authorities.

This has nothing to do with school-based clinics. This has everything to do with parents, re-empowering parents.

The final point that I would make that my colleagues consider is that every one of us has told a lie; and when we finally get past that lie and tell the truth, every one of us feels good about it. When we confess that lie, there is a great feeling. It is liberating. We have told the truth, that burden we are carrying.

When we enable our children to be deceptive, we lessen their potential for the future. We should not be involved in that. We should be enabling them to reconcile with their parents, not become deceptive partners in alienating the children from their parents.

For goodness sakes, let us really think about children.

I know we are going to have the debate on abortion and pro-life; but as we solve this problem, let us empower parents to do the right thing, let us encourage the positive and discourage the negative, let us go for reconciliation between children and parents.

Mr. MOORE. Mr. Speaker, I rise today to express to my colleagues my great concern with this motion to instruct conferees.

First, it should be clear that this motion is about contraception, not abortion. Like other contraceptives, emergency contraception can prevent—but not terminate—a pregnancy. Access to contraception can be a vital part of local efforts to reduce unintended pregnancy and reduce the number of abortions—a goal shared by members on both sides of the aisle.

Second, this motion restricts the decision of local leaders. School-based clinics vary greatly across the country, and the services that they provide reflect community standards, reflected by local advisory boards made up of parents, young adults, community representatives and youth family organizations.

Emergency contraception may not be an appropriate or advisable option for many schoolbased clinics. It may be, however, both necessary and appropriate for some clinics and some communities. For many low-income, uninsured students, school-based health clinics provide their only access to necessary

health care. Restricting contraceptive options only for these low-income students is wrong.

Mr. Speaker, I am ashamed to say that our country has more unintended teen pregnancies than any other industrialized country in the world. I challenge my colleagues to reject election-year politics and work with me toward policies that prevent unintended pregnancies before the morning after.

As for me, I will redouble my efforts to help our kids and their parents get the information they need about the consequences and costs of unintended pregnancy and the benefits of abstinence, good reproductive health and smart choices.

Mrs. CHENOWETH-HAGE. Mr. Speaker, I rise in support of this motion to instruct conferees. It is not the business of the federal government to provide any form of birth control to minors. Furthermore, to do this without parental consent and involvement is especially egregious.

When Senator HELMS asked the Congressional Research Service to investigate whether ''Morning-After'' pills were distributed to minors at school clinics, CRS found that 180 schools did precisely this.

Mr. Speaker, this is unacceptable, violative of parental rights, and immoral.

It is always instructive to closely examine the rhetoric of the pro-abortion movement. And make no mistake, the pro-abortion movement supports providing the ''Morning-After'' pill to minors through school based clinics.

So, lets examine their rhetoric. The ''Morning-After'' pill often can result in causing an abortion of a human child in its earliest stages. Yet, the pro-abortion side will consistently argue that this is not an abortion. They will claim that this is just normal birth control. What hogwash.

Anyone can tell you that ''birth control'' occurs before a baby is conceived. Otherwise we would happily call abortion ''birth control.'' It's not. It never has been. And, it never will be.

Mr. Speaker, our Founders saw fit to say that government exists to secure ''life, liberty, and the pursuit of happiness'' for its citizens. Let us not execute the smallest of our citizens by providing these misnamed abortifacient pills to our minors.

Vote ''yes'' on the motion to instruct conferees.

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

The SPEAKER pro tempore (Mrs. WILSON). Without objection, the previous question is ordered.

There was no objection.

The SPEAKER pro tempore. The question is on the motion to instruct offered by the gentleman from Oklahoma (Mr. COBURN).

The question was taken; and the Speaker pro tempore announced that the ayes appeared to have it.

Mr. COBURN. Madam Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

The vote was taken by electronic device, and there were—yeas 250, nays 170, answered ''present'' 1, not voting 12, as follows:

[Roll No. 481]

YEAS—250

Aderholt
Archer
Armey
Bachus
Baker
Ballenger
Barcia
Barr
Barrett (NE)
Bartlett
Barton
Bereuter
Berry
Bilirakis
Bishop
Bliley
Blunt
Boehner
Bonilla
Bonior
Bono
Borski
Boyd
Brady (TX)
Bryant
Burr
Burton
Buyer
Callahan
Calvert
Camp
Canady
Cannon
Castle
Chabot
Chambliss
Chenoweth-Hage
Clement
Coble
Coburn
Collins
Combest
Cook
Cooksey
Costello
Cox
Cramer
Crane
Cubin
Cunningham
Danner
Davis (FL)
Davis (VA)
Deal
DeLay
DeMint
Diaz-Balart
Dickey
Doolittle
Doyle
Dreier
Duncan
Dunn
Edwards
Ehlers
Ehrlich
Emerson
English
Everett
Ewing
Fletcher
Foley
Forbes
Fossella
Fowler
Gallegly
Gekas
Gephardt
Gilchrest
Gillmor
Goode
Goodlatte
Goodling
Gordon
Goss
Graham
Granger
Green (TX)
Green (WI)
Gutknecht
Hall (OH)
Hall (TX)
Hansen
Hastings (WA)
Hayes
Hayworth
Hefley
Herger
Hill (IN)
Hill (MT)
Hilleary
Hobson
Hoekstra
Holden
Hostettler
Hulshof
Hunter
Hutchinson
Hyde
Isakson
Istook
Jenkins
John
Johnson, Sam
Jones (NC)
Kanjorski
Kaptur
Kasich
Kildee
King (NY)
Kingston
Kleczka
Knollenberg
Kucinich
LaFalce
LaHood
Lampson
Largent
Latham
LaTourette
Lewis (KY)
Linder
Lipinski
LoBiondo
Lucas (KY)
Lucas (OK)
Maloney (CT)
Manzullo
Martinez
Mascara
McCrery
McHugh
McInnis
McIntyre
McKeon
Metcalf
Mica
Miller (FL)
Miller, Gary
Moakley
Mollohan
Moran (KS)
Myrick
Neal
Ney
Northup
Norwood
Nussle
Oberstar
Ortiz
Oxley
Packard
Paul
Pease
Peterson (MN)
Peterson (PA)
Petri
Phelps
Pickering
Pickett
Pitts
Pombo
Pomeroy
Portman
Pryce (OH)
Quinn
Radanovich
Rahall
Regula
Reynolds
Riley
Roemer
Rogan
Rogers
Rohrabacher
Ros-Lehtinen
Royce
Ryan (WI)
Ryun (KS)
Salmon
Sandlin
Sanford
Saxton
Scarborough
Schaffer
Sensenbrenner
Sessions
Shadegg
Shaw
Sherwood
Shimkus
Shows
Shuster
Simpson
Sisisky
Skeen
Skelton
Smith (MI)
Smith (NJ)
Smith (TX)
Souder
Spence
Spratt
Stearns
Stenholm
Strickland
Stump
Stupak
Sununu
Sweeney
Talent
Tancredo
Tanner
Tauzin
Taylor (MS)
Taylor (NC)
Terry
Thomas
Thornberry
Thune
Tiahrt
Toomey
Traficant
Turner
Vitter
Walden
Walsh
Wamp
Watkins
Watts (OK)
Weldon (FL)
Weldon (PA)
Weller
Weygand
Whitfield
Wicker
Wilson
Wolf
Young (AK)
Young (FL)

NAYS—170

Abercrombie
Ackerman
Allen
Andrews
Baca
Baird
Baldacci
Baldwin
Barrett (WI)
Bass
Becerra
Bentsen
Berkley
Berman
Biggert
Bilbray
Blagojevich
Blumenauer
Boehlert
Boswell
Boucher
Brady (PA)
Brown (FL)
Brown (OH)
Capps
Capuano
Cardin
Carson
Clay
Clayton
Clyburn
Condit
Conyers
Coyne
Crowley
Cummings
Davis (IL)
DeFazio
DeGette
Delahunt
DeLauro
Deutsch
Dicks
Dingell
Dixon
Doggett
Engel
Eshoo
Etheridge
Evans
Farr
Fattah
Filner
Ford
Frank (MA)
Frelinghuysen
Frost
Ganske
Gejdenson
Gibbons
Gilman
Gonzalez
Greenwood
Gutierrez
Hastings (FL)
Hilliard
Hinchey
Hinojosa
Hoeffel
Holt
Hooley
Horn
Houghton
Hoyer
Inslee
Jackson (IL)
Jackson-Lee (TX)
Jefferson
Johnson (CT)
Johnson, E. B.
Jones (OH)
Kelly
Kennedy
Kilpatrick
Kind (WI)
Kolbe
Kuykendall
Lantos
Larson
Leach
Lee
Levin
Lewis (CA)
Lewis (GA)
Lofgren
Lowey
Luther
Maloney (NY)
Markey
Matsui
McCarthy (MO)
McCarthy (NY)
McDermott
McGovern
McKinney
Meehan
Meek (FL)
Meeks (NY)
Menendez
Millender-McDonald
Miller, George
Minge
Mink
Moore
Moran (VA)
Morella
Nadler
Napolitano
Olver
Ose
Owens
Pallone
Pascrell
Pastor
Payne
Pelosi
Porter
Price (NC)
Ramstad
Rangel
Reyes
Rivers
Rodriguez
Rothman
Roukema
Roybal-Allard
Rush
Sabo
Sanchez
Sanders
Sawyer
Schakowsky
Scott
Serrano
Shays
Sherman
Slaughter
Smith (WA)
Snyder
Stabenow
Stark
Tauscher
Thompson (CA)
Thompson (MS)
Thurman
Tierney
Towns
Udall (CO)
Udall (NM)
Upton
Velazquez
Visclosky
Waters
Watt (NC)
Waxman
Weiner
Wexler
Woolsey
Wu
Wynn

ANSWERED ''PRESENT''—1

Obey

NOT VOTING—12

Campbell
Dooley
Franks (NJ)
Klink
Lazio
McCollum
McIntosh
McNulty
Murtha
Nethercutt
Vento
Wise

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Ms. RIVERS, Mr. GIBBONS, and Mr. DINGELL changed their vote from ''yea'' to ''nay.''

Mr. POMEROY and Mrs. FOWLER changed their vote from ''nay'' to ''yea.''

So the motion was agreed to.

The result of the vote was announced as above recorded.

A motion to reconsider was laid on the table.

REPORT ON RESOLUTION PROVIDING FOR CONSIDERATION OF H.R. 3986, ENGINEERING FEASIBILITY STUDY OF WATER EXCHANGE IN LIEU OF ELECTRIFICATION OF CHANDLER PUMPING PLANT AT PROSSER DIVERSION DAM, WASHINGTON

Mr. HASTINGS of Washington (during consideration of the motion to instruct conferees on H.R. 4577), from the Committee on Rules, submitted a privileged report (Rept. No. 106–866) on the resolution (H. Res. 581) providing for consideration of the bill (H.R. 3986) to provide for a study of the engineering feasibility of a water exchange in lieu of electrification of the Chandler