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Essay

Adolescent Pregnancy: *Does the Nation Really Care?*

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A nation that allows social ills to destroy its most precious resource, its children, will not survive and must be jolted into action.

Adolescent pregnancy strikes the most vulnerable and helpless members of our society: the poor, the undereducated, and the non-white.¹ It eliminates any glimmer of hope for their future. No problem faced by teenage girls today is more threatening to them or to future generations.

Each year over 1.1 million, or one in ten, American teenagers become pregnant, and about 10,000 babies are born to girls under the age of 15.² In Arkansas, one in four Black females giving birth is between 13 and 19 years of age, and is probably unmarried.³ Early childbearing severely affects the education, employment, and income prospects of these teenage mothers.

Teenage mothers and their children are the poorest people in

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¹ See, for example, Marian Wright Edelman, *Black Children in America*, in Janet Dewart, ed., *The State of Black America, 1989* 63 (National Urban League, 1989); Lisbeth Shorr, *Within Our Reach: Breaking the Cycle of Disadvantage* 11-15 (Doubleday, 1988).

² Alan Guttmacher Institute, *United States and Cross-National Trends in Teenage Sexuality and Fertility Behavior* (New York, 1986) (unpublished data) [hereinafter "Guttmacher Study"], cited in Center for Population Options, *Teenage Sexuality, Pregnancy, and Parenthood* (April 1987) (available from the Center for Population Options, 1012 14th St. NW, Suite 1200, Washington DC 20005) [hereinafter "Teenage Sexuality"]; National Center for Health Statistics, 35 Monthly Vital Statistics Report (July 18, 1986).

³ Center for Health Statistics and Division of Vital Records, Ark Dept of Health, *Maternal and Child Health Statistics—1987*, Table 2.1.1.

America today.⁴ Fifty to sixty percent of the young women who give birth prior to age 18 never finish high school.⁵ Over half the women currently receiving Aid to Families with Dependent Children (AFDC) support became mothers when they were teenagers.⁶ Many of the children of these young mothers grow up deprived emotionally, economically, and educationally; daughters of teen mothers are the girls most likely to become adolescent parents.⁷

Teen pregnancy has had a devastating effect on the Black community in America. Fifty-six percent of all Black children are born to unmarried women.⁸ These young Black women are considered at risk because they are poor, they are likely to be illiterate, and they are vulnerable to drug and alcohol abuse, crime, and adolescent pregnancy.⁹ Instead of being prepared for life in a technological economy, they are prepared only for lives of poverty, ignorance, and enslavement as members of a deepening Black underclass.¹⁰

The problems of teenage pregnancy are complex. Many teenagers who have sex reject birth control, get pregnant and have children, not out of ignorance but for other reasons. They may see pregnancy as a way to keep a relationship alive, to escape their own families, or to acquire something meaningful in a life filled with failure, uncertainty, and even violence. However, one thing is clear: a poor teenager with a baby is captive to a slavery the 13th Amendment did not anticipate.

The burden of parenthood in American society is increasingly falling on those least able to provide for their children. If American society is committed to improving its economic health, then it cannot continue to pay the high cost of maintaining this growing and unproductive underclass. We absolutely must stop allowing so many of our poor, minority women to become parents before they become adults.

⁴ *Adolescent Pregnancy: Testing Prevention Strategies*, 32 Carnegie Q 1, 2 (Summer/Fall 1986) (quoting Edward Pitt, National Urban League) [hereinafter "Adolescent Pregnancy"].

⁵ Cheryl D. Hayes, ed, *Risking the Future: Adolescent Sexuality, Pregnancy and Childbearing* 217 (National Academy Press, 1987).

⁶ *Teenage Sexuality* (cited in note 2).

⁷ Center for Population Options, *Teenage Childbearing, Education and Employment* (Jan 1987) (available from Center for Population Options, 1012 14th St. NW, Suite 1200, Washington DC 20005) [hereinafter "Teenage Childbearing"].

⁸ Joyce Ladner, *Teenage Pregnancy: The Implications for Black Americans*, in James Williams, ed, *The State of Black America, 1986* (National Urban League, 1986), cited in *Adolescent Pregnancy* at 6 (cited in note 4).

⁹ *Teenage Childbearing* (cited in note 7).

¹⁰ The tragedy of the Black underclass is evident from the statistics. For example, in 1987 over 40% of all Black children and almost 70% of Black children in female-headed households lived in poverty. David H. Swinton, *Economic Status of Blacks 1987*, in Janet Dewart, ed, *The State of Black America, 1988* 129, 136 (National Urban League, 1988). Almost half of the Black working age population was not employed. Id at 143. More young Black men are in prison than are in college. Patricia Edmonds, *Law Watching 1 in 4 Young Blacks*, San Jose Mercury News, sec A, p 4, col 3 (Feb 27, 1990) (citing a study just released by the Sentencing Project). In San Francisco, where Blacks comprise 15% of the population, 51.9% of the juveniles arrested, and 85.7% of those arrested for drugs are Black, Jean Tepperman, *A Generation Under Siege*, The San Francisco Bay Guardian, p 15, col 1 (Oct 11, 1989).

Society is not helpless to prevent teenage girls from having babies. We know what the causes of teen pregnancy are and we have the resources and the know-how to eliminate them. We have refused to make a commitment to solving the crisis of teenage motherhood because we view pregnancy as just punishment for the sin of premarital sex.

Legislators and policymakers across the country are voting down programs which would help solve the teen pregnancy crisis.¹¹ They are saying NO to early childhood educational programs,¹² NO to comprehensive family life education programs,¹³ NO to parenting education programs,¹⁴ NO to male mentoring and responsibility programs,¹⁵ NO to comprehensive school-based clinic programs,¹⁶ and NO to "hope" programs such as college education and job training programs for the poor.¹⁷

Instead of helping young mothers and their children, these legislators concern themselves with the rights of rapists, incestuous fathers, and child abusers. Their actions show that they value the rights of the fetus and the father over the rights of the mothers and the children. We have allowed these policymakers, and the fundamentalist, racist, and sexist groups who support them, to take away female independence, self-esteem, and reproductive rights.¹⁸

About three years after the Supreme Court granted women the right to make their own decisions about their reproductive lives in the landmark *Roe v Wade*,¹⁹ Congress passed the Hyde Amendment which prohibited the use of federal funds for abortions except when the life of the mother was in danger.²⁰

¹¹ From 1985 to 1986, of the 300 bills introduced in state legislatures that dealt with the problems of teenage pregnancy, only 90 became law. Patrick Bustos, *Teen-Age Pregnancy Legislation in the States*, 13 State Legislative Report, Table A (April 1986). See Ford Foundation Project on Social Welfare and the American Future, *The Common Good: Social Welfare and the American Future* 46-47 (The Ford Foundation, 1989) [hereinafter "*The Common Good*"].

¹² See *The Common Good* at 20 (cited in note 11) (stating that "less than half of the states have initiated or expanded their own early childhood education programs").

¹³ Bustos, 13 State Legislative Report at 2 (cited in note 11) (only two of the 12 bills introduced in 1985 and 1986 became law).

¹⁴ *Id.* at 3 (legislation was introduced in 13 states in 1985 and 1986, but California was the only state to adopt a program). See also *The Common Good* at 26 (cited in note 11) (recommending that "state and local governments make a major effort to test and implement new approaches to family-support services that feature effective early intervention, parent education, and careful coordination of diverse public programs").

¹⁵ See notes 13 and 14 (much of the legislation introduced included male mentoring programs).

¹⁶ Bustos, 13 State Legislative Report at 4 (cited in note 11) (legislation was introduced in seven states but did not pass in any of the states).

¹⁷ *Id.* at 2, 4-5 (six of 12 dropout prevention programs, one of 11 counseling programs and four of six job training programs introduced in state legislatures passed).

¹⁸ See note 28; see also Martha Field, *Controlling the Woman to Protect the Fetus*, 17 *Law, Medicine and Health Care* 114 (1989).

¹⁹ 410 US 113 (1973).

²⁰ Amendment to the Appropriations Act for the Departments of Labor and Health Education and Welfare 1977, Pub L No 94-439, Title II § 209, 90 Stat 1434. Similar restrictions on appropriations for abortion funding have been passed by Congress in succeeding years, Pub L

Cuts such as those in the Hyde Amendment make women of color, in the words of one commentator, "sacrificial lambs" at the federal funding altar.²¹ Lack of Medicaid funding for abortions has severely limited the availability of abortions for Black teens. Sixty percent of white teens between 15 and 19 years of age who become pregnant have abortions, while only 21% of Black teens do so.²² Further, before abortion was legalized in the United States, 93% of therapeutic abortions were performed on white women in private hospitals while over two-thirds of the women who died from illegal abortions were women of color.²³ It is poor, minority women whose freedom and health are most severely threatened by restrictions of access to abortion.

In 1988 the people of Arkansas passed the following constitutional amendment:

Amendment 68. Abortion

Sec. 1. Public funding. No public funds will be used to pay for any abortion, except to save the mother's life.

Sec. 2. Public policy. The policy of Arkansas is to protect the life of every unborn child from conception until birth, to the extent permitted by the federal constitution.

Sec. 3. Effect of amendment. This amendment will not affect contraceptives or require an appropriation of public funds.²⁴

This amendment passed by a slim margin of 30,000 votes.²⁵ It was designed by "pro-life" activists as a sword to be used against Arkansas's poor underprivileged girls. By removing the only viable alternative to motherhood available to them, the amendment has the effect of punishing these girls for their "immorality," condemning them to a life of shame and poverty.

Last year's Supreme Court decision in *Webster v Reproductive Health*²⁶ further eroded the rights of poor women, young women, and especially women of color, by ruling that states could further restrict abortion rights.²⁷ In the wake of *Webster*, several states have passed new

No 95-205, § 101, 91 Stat 1460 (for fiscal year 1978); Pub L No 95-480, Title II § 101, 91 Stat 1460 (for fiscal year 1979); Pub L No 96-123, § 109, 93 Stat 926 (for fiscal year 1980); Pub L No 96-369, § 101(c), 94 Stat 1352 (for fiscal year 1981); Pub L No 97-377, Title II § 204, 96 Stat 3320 (for fiscal year 1983); Pub L No 98-139, Title II § 204, 97 Stat 887 (for fiscal year 1984); Pub L No 98-619, Title II § 204, 98 Stat 3320 (for fiscal year 1985); Pub L No 99-178, Title II § 204, 99 Stat 1119 (for fiscal year 1986); Pub L No 100-202, Title II § 204, 101 Stat 1329-274 (for fiscal year 1988); Pub L No 100-439, Title II § 204, 102 Stat 1699 (for fiscal year 1989); Pub L No 101-166, Title II § 204, 103 Stat 1177 (for fiscal year 1990).

²¹ Marva Nelson, *Medicaid Funding of Abortion, Women of Color: Sacrificial Lambs*, Vital Signs 10, 10 (Winter 1990).

²² Sherrilyn Ifill and Loretta Ross, *Webster and Women of Color*, Vital Signs 1, 1 (Winter 1990).

²³ *Id.*

²⁴ Ark Const, Amend 68.

²⁵ The amendment was adopted by the voters in the 1988 general election (398,107 voting in favor of adopting the amendment and 368,117 voting against its adoption). *Publisher's Note*, Ark Const, Amend 68 (Michie Co, 1989 Supp).

²⁶ 109 S Ct 3040 (1989).

²⁷ *Id.* at 3058.

restrictive abortion laws, including punitive parental notification laws that restrict teenagers' access to abortion.²⁸ Such restrictions have the effect of forcing those least qualified to become parents to bear the burden of unintended pregnancy. They bear that burden with little in the way of health services. For example, approximately thirty percent of inner-city Black women receive little or no prenatal care, which contributes to low birth weight for their babies and an infant mortality rate that is twice that of white infants born in the United States.²⁹ Yet, it is these very women whom abortion restrictions impact most dramatically.³⁰

It is likely, as Carl Rowan has eloquently stated, that the "court-decreed" babies born to women who lack reproductive choices will be only grudgingly supported and will be ridiculed, scorned, and abused by the very people who demand that government tell anguished women and girls, "Sorry, but you must deliver that baby."³¹ *Webster* and its progeny of state laws will deliver to America a multitude of children who will be hated by so many and loved by so few that they will never be educated enough to become more than beasts of burden and the producers of more doomed babies.³²

Lack of abortion rights for poor women is inherently unjust and unethical. Regardless of what laws are passed, including parents' right-to-know statutes, women and girls who can pay will be able to avoid the consequences of these laws.³³ Yet, justice requires that the resources of this country be allocated fairly to all its citizens. There will never be a fair allocation of resources if poor, young women's already inadequate access to health care and their rights to make choices about when to become mothers continue to be cut back rather than expanded.

At the same time that conservatives work to limit the availability of abortion, there is little being done to help the young prevent pregnancy. It is estimated that four in ten American women become pregnant as teenagers,³⁴ a figure that is higher than that for any other industrialized country.³⁵ Further, more American teenage girls give birth, and have

²⁸ See, for example, 18 Pa Crimes and Offenses § 3206 (parental consent required for girls under 18), § 3211 (viability testing after 19 weeks); *Curbs on Abortion for Young Gain in Michigan and South Carolina*, N Y Times, sec B, p 18, col 5 (Feb 15, 1990) (parental consent bills passed in the Michigan and South Carolina Senates); Jane Gross, *Guam Approves Bill Posing a Challenge to Abortion Ruling*, N Y Times, sec A, p 1 (March 16, 1990) (abortion outlawed except in cases where carrying the fetus to term will endanger the life or gravely impair the health of the mother).

²⁹ Nelson, *Vital Signs* at 10 (cited in note 21).

³⁰ See notes 22 and 23.

³¹ Carl Rowan, *Counting the Cost of Abortion Ruling*, Ark Gazette, p B5, col 3 (July 9, 1990).

³² See notes 4-9 and surrounding text.

³³ See note 23; see also, Center for Population Options, *Teenagers and Abortion* (April 1987) (available from Center for Population Options, 1012 14th St. NW, Suite 1200, Washington, DC 20005); Alan Guttmacher Institute, *Teenage Pregnancy: The Problem That Hasn't Gone Away* (1981).

³⁴ Guttmacher Study (cited in note 2).

³⁵ Kathleen McCormick, *Bringing Health Care to the Kids*, Governing 58 (Sept 1989).

abortions, than do teens in other industrialized nations.³⁶

Many Americans believe that it is morally wrong to have sex outside of marriage.³⁷ But it is equally morally wrong for children to be hungry, cold, and abused. Do the "right-to-life" groups really believe that God loves little children only as long as they are in the uterus? As long as America refuses to take care of children when they are poor and hungry, it is not fulfilling its moral responsibility.

We often say that we do not have the resources to provide the services needed to help young mothers and their children climb out of a cycle of poverty and despair. But it is really a question of priorities, not resources. Dr. Frank A. Oski, Chair of the Department of Pediatrics at Johns Hopkins University, has stated that for \$39,000, we can provide a child with prenatal care, preventive health care through age 18, enrollment in Headstart, compensatory education, summer jobs during high school, and four years of college education at a public college. This same \$39,000 will only support an inmate for 17 months in prison.³⁸ Our choices are reflected by the fact that more young Black men are in prison than are in college.³⁹

If we are to survive in a globally competitive world, then in the '90s we must make new choices. We must choose to provide health education, motivation, and hope for the mothers and children at highest risk: those who are poor, minority, and uneducated.⁴⁰ These girls and their babies bear the burden for the ills of a society which refuses to recognize the value of *all* its children. As long as we continue to believe that unwanted children are a just punishment for sin and that a poor Black teenager with a baby should be able to pull herself up by her own bootstraps even though she has no boots, it will be difficult for us to do right by these mothers and children: to guarantee them health care, equal educational opportunities, reproductive health and choice, and equal job opportunities.

I would like to propose six strategies which I feel are within our reach and would begin to ensure that all our children share equally in the resources of this country. These Prescriptions for the '90s are the building blocks to create a bridge over which children can walk toward hope and a meaningful life.

The alternative to following these prescriptions is to spend more and

³⁶ Linda Greenhouse, *Battle on Abortion Turns to Rights of Teen-agers*, N Y Times, sec A, p 1, col 1 (July 16, 1989).

³⁷ Thomas H. Maugh III, *Sex, American Style: Trend to the Traditional*, L A Times, sec A, p 1, col 2 (Feb 19, 1990); John J. Goldman, *'60s Sexual Revolution Didn't Occur, Kinsey Study Says*, L A Times, sec 1, p 18, col 1 (June 30, 1989).

³⁸ Frank A. Oski, quoted in *First Things First: Caring for Preschool New Mexico* (New Mexico Preschool Project Taskforce May 1990) (available from The Coalition for Children, P O Box 26666, Albuquerque, NM 87125).

³⁹ Edmonds, *Law Watching 1 in 4 Young Blacks* (cited in note 9).

⁴⁰ See notes 4-9 and accompanying text.

more of our nation's wealth on prisons, AFDC, and emergency health care, while the pool of healthy, energetic, and educated young people who can contribute to the nation's future continues to shrink. It is only by giving young mothers and their children the resources to escape the poverty and lack of opportunities surrounding them that we can arrest the cycle of hopelessness that is at the root of the problem of teenage pregnancy.

My first Prescription for the '90s is that we learn from the past and make early childhood education a reality for all children. Studies have shown that the Headstart preschool program has made a lasting difference in the academic performance and lives of the disadvantaged children involved in the program.⁴¹ Given the success of Headstart, there is no excuse for not providing preschool programs for all children in need. But in order to realize this goal, we must as a nation accept the responsibility of assuring that all children start kindergarten equally prepared to learn and succeed.

Lisbeth Schorr in her book *Within Our Reach: Breaking the Cycle of Disadvantage*,⁴² has outlined some basic principles of early childhood education and child care which are essential to changing how we approach this area. They are:

- Headstart and other developmentally oriented preschool programs must be expanded and supplemented and must be available to all children who need them.⁴³
- New sources and new methods of financing must be found to pay for these services.⁴⁴
- Parents must be made partners with early childhood educators and other professionals to prepare their children for academic and social competence. They must understand that education is the equalizer, the instrument of change for the future of their children.⁴⁵
- Early childhood education programs must be institutionalized in our schools.⁴⁶
- Parents, private agencies, academic institutions, and local and state governments must all work as partners to ensure high quality of care for all children.⁴⁷

If these principles are implemented in the '90s, then by the year 2000 we can begin to see our elementary and secondary schools filled with children who are prepared and eager to learn.

⁴¹ *Can It Be? A Path Out of Poverty?*, N Y Times, sec A, p 22, col 1 (Sept 13, 1984) (citing the study "Changed Lives" conducted by the High/Scope Educational Research Foundation); Harold L. Hodgkinson, *What's Still Right with Education*, 64 Phi Delta Kappan 231, 235 (Dec 1982).

⁴² Schorr, *Within Our Reach* (cited in note 1).

⁴³ Id.

⁴⁴ Id.

⁴⁵ Id.

⁴⁶ Id at 213-24.

⁴⁷ Id at 214.

My second Prescription is that we implement comprehensive health and family life education programs in our schools from kindergarten through high school. We need such programs to combat not just teen pregnancy, but also drug and alcohol abuse, sexually transmitted diseases, and apathy and depression among teens. Two of every three American high school seniors have tried illicit drugs,⁴⁸ thirty-four percent use them regularly,⁴⁹ and fifty percent of American 12-to 17-year-olds use alcohol.⁵⁰ The relationship between a lack of education and this dangerous trend is evident: sixty-five percent of the youth arrested for drug crimes are functionally illiterate.⁵¹ Further, one in seven American children between the ages of 10 and 19 (2.5 million youth) contract a sexually transmitted disease each year⁵² and the incidence of HIV-infection among these children is increasing.⁵³

When we look at these problems, we cannot help but be ashamed. As a nation, we must stop ignoring our children's need for education about drugs, alcohol, sexually transmitted diseases, teenage pregnancy, AIDS, and mental illness.

My third Prescription for the '90s is that we strengthen families and provide parenting education. We must stop assuming that we have done our job by telling our adolescents to just say no. All the parents I know want their children to say no to premarital sex, but that's an elusive goal to implement. Given this fact, I think most parents believe that we should teach our children to be at least sexually responsible.

Responsibility for educating parents and their children about sexuality must be shared by churches, civic organizations, work sites, schools, and communities. Parents must be supported in their role as sex educators.⁵⁴ The costs to society of allowing children to receive an inadequate

⁴⁸ Arkansas Center for Health Statistics, *Teenage Pregnancies in Arkansas 1984-1987: A Brief Overview*, Appendix (available from the Arkansas Department of Health).

⁴⁹ *Fact Sheet: The Youth Crisis*, Youth/Plus Project Literacy US 2 (available from the Ark Dept of Health).

⁵⁰ M. Joycelyn Elders and Jennifer Hui, *School-Based Clinics: Meeting Health Needs of Adolescents*, *Cal Pediatrician* 16, Table 1 (Spring 1990).

⁵¹ Id at 15. See also *Fact Sheet: The Youth Crisis* at 1 (cited in note 48) (85% of teens who appear in juvenile court are functionally illiterate); *Within Our Reach* at 8 (cited in note 1) (one million youth who drop out of high school are "marginally literate and virtually unemployable" and "dropouts are 7 1/2 times as likely as graduates to be arrested and 6 times as likely to be unwed parents"); *The Common Good* at 30 (cited in note 11) ("high school dropouts are 2 1/2 times more likely than graduates to be without a job, 3 1/2 times more likely to be arrested for a crime, and 7 1/2 times more likely to be dependent on public assistance").

⁵² Lynda Madras, *Lynda Madras Talks to Teens About AIDS*, 36 (Newmarket Press, 1988) cited in Center for Population Options, *Adolescents, AIDS and the Human Immunodeficiency Virus* (April 1989) (available from Center for Population Options, 1012 14th St. NW, Suite 1200, Washington, DC, 20005) [hereinafter "*Adolescents and AIDS*"].

⁵³ *Adolescents and AIDS* (cited in note 51) (comparing 1987 statistics in Center for Disease Control, *Acquired Immunodeficiency Syndrome Weekly Surveillance Report* (Feb 1988) with 1988 statistics in Center for Disease Control, *HIV/AIDS Surveillance Report* (March 1989)).

⁵⁴ See generally, Center for Population Options, *Parents and Sexuality Education* (Jan 1987) (available from Center for Population Options, 1210 14th St. NW, Suite 1200, Washington, DC, 20005).

education are too high for us to continue to look at families as isolated entities who must find their own way or suffer. Instead, we must begin to view the health of families as a measure of the health of society as a whole.

My fourth Prescription for the '90s is that we begin addressing the other person involved in adolescent pregnancy: the young male. We have ignored male responsibility and relegated many of our disadvantaged young men to the position of expressing their manhood through fathering children.⁵⁵ They must learn that being a father involves nurturing, supporting, and providing something more than a sperm. And they must be given opportunities to succeed in ways other than making a young girl pregnant.

My fifth Prescription for the '90s is that comprehensive school-based health services be made available to all of America's youth. While morbidity and mortality rates for other age groups are declining, rates for our adolescents have increased one hundred and twenty-three percent during the past 10 years.⁵⁶ Homicide and suicide rates in the United States for persons aged 10 to 24 are 437 times that of other industrialized countries, and our accident rate is 37 times higher.⁵⁷ Based on immunization rates, teen fertility rates, accidents, homicides, suicides, and other preventable death and disability, it is clear that our children receive worse preventive health care than in other industrialized countries.⁵⁸

The vocal "right-to-life" and "Family, Life and God" (FLAG) groups have opposed school-based health services because they perceive them as supporting abortion.⁵⁹ But these groups are out of touch with the realities of American opinion. Polls show that most Americans, including parents with school-aged children, support school-based clinics, including ones that provide family planning, counseling, and contraceptives.⁶⁰

School-based health services are about providing comprehensive primary health care services, including pregnancy *prevention*, not about giving young girls abortions. After all, a child does not need an abortion

⁵⁵ See Center for Population Options, *Young Men and Teenage Pregnancy* (July 1987) (available from Center for Population Options, 1210 14th St. NW, Suite 1200, Washington DC, 20005); see generally William Marsiglio, *Adolescent Fathers in the United States* 19 Family Planning Perspectives 240 (Nov/Dec 1987).

⁵⁶ Sharon R. Lovick, *School-Based Clinics: Meeting Teens Health Care Needs*, 58 J of School Health 379 (Nov 1988); C.E. Irwin and S.G. Millstein, *Biopsychosocial Correlates of Risk-Taking Behaviors During Adolescence*, 7 J of Adolescent Health Care 825 (Nov 1986 Supp).

⁵⁷ Elders, *Cal Pediatrician* at 15 (cited in note 49). See also Shorr, *Within Our Reach* at 5 (cited in note 1) ("homicide is the leading cause of death among young black men").

⁵⁸ See *The Common Good* at 12-16 (cited in note 11) (discussing deficiencies in prenatal care in the United States and proposing changes); Shorr, *Within Our Reach* at 12 (cited in note 1) (children of teenage mothers more likely to have physical problems than other children).

⁵⁹ McCormick, *Bringing Health Care to the Kids* at 58 (cited in note 35).

⁶⁰ See, Center for Population Options, *School-Based Clinics* (Jan 1987) (available from Center for Population Options, 1210 14th St. NW, Suite 1200, Washington DC, 20005).

unless she is already pregnant. Further, the need for an abortion by any child should represent a personal failure for every citizen in this country.

My sixth Prescription is that we begin to offer all children with a B or above average, good citizenship and a family income of \$20,000 or less free college tuition and books at a state supported school. We must recognize that it is cheaper to offer young people the opportunity for a college education than it is to warehouse them in a prison system with no hope.⁶¹ We cannot afford to do otherwise.

How can we overcome the barriers that stand in the way of making my Prescriptions for the '90s a reality? Fundamentally, we must *CARE* enough to want to make a difference.

We must have the *Courage* to attack attitudes present in our society which prevent us from committing ourselves to the idea that all children born in this country deserve to be given equal opportunity. As we seek to understand and cure the fundamental problems of at-risk and pregnant children, we are confronted by the fact that society's reluctance to face these problems helps perpetuate them. By subjecting poor and minority children to inferior schools and low standards of learning, society consciously or unconsciously perceives and treats at-risk children as if they are expendable. Early in their lives these children are programmed to be victims of the prophecy that they cannot benefit from the standards and quality which are provided for children from more privileged groups.

This pattern of inferior education, of low standards and expectations, continues throughout secondary school and culminates in failures, dropouts, and pushouts. The victims become aware that they are ignored, rejected, and neglected, and that schools, which are the incapable agents of society, are not preparing them to play an economically and socially constructive role in American life.

The very foundation of democracy is being eroded as our young people struggle within America's own form of social concentration camps. The plight of youth-at-risk will not be remedied until the social insensitivities of the larger society are faced and eliminated. A society which continues to make excuses for abiding the educational inferiority of less privileged young people is perpetuating the pattern of at-risk youth and therefore fundamentally risking society as a whole.

We must further care enough to make *Awareness* of the problem, and *Advocacy* and *Action* plans a part of every segment of our community. Governmental agencies (local, state, and federal), civic organizations, business organizations, religious organizations, schools, and community groups must all become involved in providing opportunity for our youth. The Carnegie Council of Adolescent Development recommends engaging people at all levels of society in this movement, from the

⁶¹ See note 38 and accompanying text.

President to the children.⁶² We have to work from the bottom-up, as well as top-down, if we are to solve this problem. We must become true advocates if we are to make inroads into the problems that are consuming our most valuable resource.

But it is not enough to just be an advocate. We must also develop an action plan that is truly effective, one that allows us to communicate, collaborate, cooperate, and develop partnerships. There are no magic bullets that can solve our problems with one shot. We will always need a comprehensive array of policies and programs targeted to the special characteristics of diverse communities and to the varying circumstances of teenagers of different ages and from different social, cultural, and economic backgrounds.

Next we must care enough to be *Responsible*, to use all available *Resources* in our communities to do joint planning and form partnerships. Our broad goals must reach and apply to all young people. We must give them hope by helping them all to be healthy, educated, and motivated. We must stop blaming the children for their plight and put the burden to create solutions squarely where it belongs, on our society.

Lastly, we must care enough to *Empower*, to motivate and jolt communities into becoming involved with their children, their schools, and their destiny. We must show these communities that they have the power to choose the policymakers who make decisions that decide the destiny of their children. We must stop allowing five percent of the people to make decisions, while ten percent of us watch but do nothing, and eighty-five percent of us do not even know what is happening.

We must stand up and become a power for the powerless. Rather than letting our children grow up feeling that they are a permanent underclass, with poverty stamped on their heads from birth, we must provide them with a bridge of hope and the ability to walk over that bridge. We must CARE enough to fill in the gaps that allow too many children to fall off that bridge, through our "safety net," and into a river of ignorance and poverty.

In order to preserve this nation, we must save our children. We cannot afford to waste this generation. We must make sure that the prescriptions I have made for the '90s are filled so that all our children can walk across that bridge out of poverty. We can change, we can make a difference, and we must try.

⁶² *Adolescent Pregnancy*, 32 *Carnegie Q* at 1-2 (cited in note 4).