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So both of our bills handled the problem, as described by an independent analysis. Obviously there are other issues at stake. Many of the things that the gentleman from North Carolina [Mr. COBLE] has described tonight I agree with. And I, in fact, agreed to put almost every one of those things into my substitute bill or agreed to support his legislation, if those things were continued to be in the bill except for the three major differences between us. There are three differences between the Rohrabacher substitute and H.R. 400, what I call the Steal American Technologies Act.

Those differences being, H.R. 400, which will be coming to a vote here, which was originally called the Patent Publication Act, its No. 1 goal is mandating that American patents, whether or not they have been issued, a patent application, will be published after 18 months so that every thief in the world, every person who wants to bring down our standard of living, every one of our economic adversaries will know all of our new technological ideas and secrets even before the patent is issued.

This problem is handled by H.R. 400 by saying, OK, if the Chinese or the Japanese or other thieves around the world steal the patent from the American inventor after 18 months, once that patent is issued, let us say 5 years later, that inventor now will have the right to sue the Japanese corporation or the Chinese corporation. The People's Liberation Army is stealing a lot of intellectual property rights. Imagine an American inventor trying to sue the People's Liberation Army.

This is a joke. This is not protection for the American people. This is a giveaway of American technology, and even the most unsophisticated person can see we do not give away our secrets until that patent is issued. That has been our right, and this bill H.R. 400 will take it away.

The second thing that will be in the bill that we have disagreed on, the other things we do agree on, we can correct those, is reexamination. This bill opens the door to actually making all kinds of new challenges against existing patents so Americans who own patents who now had very little, there is very little opportunity to challenge their ownership of current patents, will find that they are vulnerable to challenges from large corporations, foreign and domestic.

Our little guys, those small companies, are going to be tied up for years with litigation by people who are challenging their patent rights of a patent they already supposedly own.

Finally, the patent office has been part of the U.S. Government since the founding of our country. It is written into our Constitution. There has never been a scandal dealing with the patent examiners because they have been insulated from all outside influences.

This bill would corporatize the American patent office. It would take it out of the government as a government agency and make it a semiprivate, semigovernment corporation. Does that make any difference? We do not know what difference it will make.

This corporate entity will have the right to take gifts from foreign corporations and domestic corporations. It will have the right to accept money and gifts and in-kind services. And unlike other government agencies, there will be no rules. The rules are waived against this new corporate entity, the Patent Office, in controlling where those gifts are spent.

This is dangerous. I ask my colleagues to join me in opposing H.R. 400, the Steal American Technologies Act, and supporting the Rohrabacher substitute.

HEALTH CARE COVERAGE FOR CHILDREN

The SPEAKER pro tempore (Mr. LUCAS of Oklahoma). Under the Speaker's announced policy of January 7, 1997, the gentleman from New Jersey [Mr. PALLONE] is recognized for 30 minutes as the designee of the minority leader.

Mr. PALLONE. Mr. Speaker, I am pleased to say I will be joined tonight by the gentleman from New York [Mr. SERRANO]. We are here, once again, to talk about the lack of health insurance for children throughout this Nation. The figure of 10 million children who are uninsured has been put forward on this House floor many times, and it really is a scandal and, in my opinion, completely unacceptable.

The number of children without health insurance is growing and it is increasingly children in working families who are without the coverage.

Just in my own State alone we estimate that over 200,000 children are without health care coverage. In one of the dailies in my district, the Home News, just a few weeks ago in April, they did an editorial saying how inadequate coverage for children was in my home State. And they specifically mentioned that the Families USA organization here in Washington estimates there are 553,000 children in New Jersey receiving inadequate or no health coverage. So whether it is 200- or 500,000 in New Jersey alone, it clearly is simply unacceptable.

What this really means is that many children simply do not get any care unless they get very sick and end up in an emergency room, and that procedure makes no sense. It makes no sense to not have a child be able to go to a doctor, get very sick, and end up in an emergency room. It costs a lot more to treat an ailment once it has gotten to a very critical stage as opposed to preventing it when it first starts to occur, and it is also very harmful to a child's future health.

Obviously we do not want children to be sick and be impacted in terms of their adult life. And I think a problem clearly exists here where working families should not have to be in a position of constantly worrying about whether their child will get hurt at the playground or catch the cold or a flu that is going around at the school.

In other words, what we have is working parents who basically have to make choices about whether they are going to take their child to a doctor or not as opposed to paying the rent or doing something else.

I just wanted to say that, and I think we have said it over and over again on the House floor, Democrats have for a long time been committed to helping families provide health care for the children. It was last June, it will be almost a year now, that the Democrats rolled out their families first agenda. And one of the priorities was to ensure adequate coverage for the Nation's children.

We also started at the beginning of this session a Democratic health care task force, once again, with its major priority being to try to address the problem of children without health insurance. So Democrats have been there concerned about this issue. What we need to have is the Republicans who are in the majority join us.

There was some progress in this regard in the last few weeks, I have to say. The gentleman from California [Mr. THOMAS] of the Subcommittee on Health of the Committee on Ways and Means did have a hearing on the issue of kids health care. I want to applaud him for taking the initiative and at least recognizing the problem. But action has to follow.

My concern is that, even though there was one hearing in the Committee on Ways and Means, that there was not any indication as a result of that hearing that any bill is going to come to the floor or any effort is going to be made to mark up a bill and take some action on this issue.

Several Democrats, including myself, sent a letter to the Republican leadership in the last couple weeks urging them to move forward by marking up legislation and bringing a bill to the House floor by Mother's Day and Father's Day respectively, and that, we are saying, is mark up a bill that addresses the issue of lack of health insurance for children, mark it up in committee by Mother's Day, bring it to the floor for a vote on the House floor, on this floor by Father's Day.

And it is our hope that we can create such a ground swell of support behind making children's health care a reality that House Republicans will be forced eventually into action.

I wanted to say, before I introduce my colleague from New York, that the Democratic health care task force at this point is not necessarily saying that we have to have any particular solution in terms of legislation. Some of us are in favor of expanding Medicaid. Others have talked about block grants to the States along the lines of the Kennedy-Hatch bill, which is gaining momentum now in the Senate. Some of

us have actually introduced the Kennedy-Hatch bill here in the House, myself included, but we want to see some movement on this issue.

But whether it is tax credits, vouchers, Medicaid expansion, or block grants to the States, we want to see action, and we want to see a deadline set when we are going to address this issue of 10 million American children who do not have health insurance.

Mr. Speaker, I yield to the gentleman from New York [Mr. SERRANO], who has been on the floor with me and others many times over the last few months, trying to bring attention to this issue.

Mr. SERRANO. Mr. Speaker, I want to thank the gentleman from New Jersey [Mr. PALLONE] for having the vision to bring this issue to the floor and to discuss it as many times as we have and I know as many times as we will in the future.

The gentleman well says it when he says that our families first agenda speaks to this issue. And certainly when we look at the issue, I think what all Americans who are watching tonight have to ask themselves is, Are we talking about reinventing the wheel here? Are we talking about creating a new Government program? What are we really talking about?

It is very simple. I spend some time every day thinking about how lucky we are to live in this country and, at the same time, to compare what goes on in this country with what happens in other parts of the world. And we know that we are fortunate to be in a society that has been able to accomplish things other societies have not.

Therefore, this issue becomes very important and very sad as we discuss it, because health care is not a discussion about throwing money away. Health care is about a basic right. Children, therefore, become the neediest in society if they cannot attain basic health care.

What we are saying here is that in our country, if you were not listening to the beginning of this discussion and just listened to the middle part and we discuss 10 million children without health care, someone could say that we are in another Parliament or another legislative body somewhere in the world discussing a situation which fits into the conditions that they find themselves in. But we are not. We are in the U.S. House of Representatives in the U.S. Congress saying that 10 million children do not have health care available to them.

And as the gentleman so well has pointed out, the part that makes this really difficult to even understand is that most of these children are in families where both parents or at least one parent is working. So we are not talking now about many of the conversations we have on the floor on a daily basis or on a weekly basis.

We are talking about children that are within those families that supposedly are doing better in this society, but when it comes to providing health care for their children, they are not. The problem we have is that it is a burden, in my opinion, that we place on these American families that they should not have.

Again, I repeat, we are not talking about American families demanding a new road in front of their house. We are not talking about American families looking for a handout. We are not talking about a gift that Government will give to people.

We are talking about a basic human right, the right to decent health care. The country has the mechanism to deliver that health care, but in its lack of wisdom in this area, has allowed for 10 million children to fall by the wayside.

Now, when I say over and over again that we do not have to reinvent the wheel, I believe that. I believe that we have in this country the mechanisms which allow us to cover these 10 million children. And we are not, as the gentleman well has stated, saying to our colleagues across the aisle that they must do it our way.

What we are saying is, let us come together and let us do it. Let us celebrate as a nation the fact that we will cover 10 million children. In fact, if it was up to us, we would cover every American that is not covered right now.

Now, interestingly enough, and I go back to my usual argument, there are countries that we criticize on a daily basis where this would not be a discussion. They have other problems, but this is not a discussion. Everyone, from the time they are born to the time they die, is covered by health care. And so what we are doing here tonight is calling on our colleagues to say, listen, there are some issues that are political issues. There are some issues that we have to argue back and forth about. There are some issues that the public expects us to disagree on. But covering and providing health care for 10 million American children who are in need of this health care, to take this worry away from families, to take this dilemma away from working families, this is something we can do. If we set our minds to do it, we can do it.

Now, what really amazes me about this issue is that I do not know why they do not want to do it. I do not know, I cannot figure that out, because we are talking about something that the American public is in favor of.

Interestingly enough, let us use some labels, if you go to your most fiscally conservative middle-class American and say, here is what we are going to do, we are going to expand current programs and make some changes to cover 10 million children who do not have health care; do you have a problem with that?

I am taking a political chance here. I am saying they do not have a problem with that. What mother, father, who tonight knows her children has health care coverage, is going to be upset that another parent somewhere else who does not may begin to have it next month or the month after that?

□ 2000

This is not what Americans are about. We are about taking care of our neighbor and making sure that children are taken care of.

So I will do tonight what I have done every other night that we have spoken on this issue, and that is to reach out to those parents who tonight are helping their children with their homework. Perhaps they are taking a little time off to watch the Met-Dodger game and discussing with the children the celebration of the Jackie Robinson legacy and what that means to this country and to the future of this country. Perhaps they are tucking their children in bed and kissing them good night, knowing that they are secure within, not rich, not overflowing with gifts, but secure.

I hope that they will take some time and write to Members of Congress and say: Let us get this done. I do not think it is right that when I put my child to bed, I know that everything is OK in terms of health care with him, that it is provided for him, that we are covered, and that there are 10 million children somewhere else in this country that do not have this coverage.

I would implore these American parents do that tonight, to take that little time and write to those of us who have not seen the light tonight on behalf of those children, because what happens is, if the parents of those children do the only writing, then people will say, well, of course it is the ones who need the program, need the assistance, who are calling us; we need to hear from other people.

I think that this is something that we can all be very proud of. If we accomplish this, if we, one of these evenings, ourselves, go to bed knowing that there is not a child in this country who is in need of basic health care, I think then we can be proud of the work we are doing in this House.

Mr. PALLONE. I appreciate what the gentleman said and also the fact that he makes the point of reaching out and having the average person thinking about their own situation and how they may have coverage for their children and have that security but so many other American parents do not.

That is really the crucial issue here, that so many people lack that security, basically live the day and night knowing that if something happens to their children, they are not covered by health insurance.

I just wanted to say that our Democratic task force last week had a hearing, and we will probably have more hearings, but the basic purpose of this hearing was to get factual material about the nature of the problem. In the future, we will probably have hearings on specific legislation.

Families USA at that time had just put out a report, and it was really interesting in terms of what the gentleman just mentioned about how this primarily affects kids who have working parents. It is not very long, and I

wanted to make reference to some of their key findings in that regard.

They were talking about their data that provides information about children without health insurance during a 2-year period, and the data showed the following:

That almost half of uninsured children, 47 percent, had uninsured spells of 12 months or longer; that one out of seven, 15 percent, lacked health insurance for the full 2-year period.

Then they went on to say that the uninsured child population, this population we are talking about, was comprised primarily of children whose parents worked. Of the children who lacked insurance for 1 or more months, 9 out of 10, 89 percent, lived in households where the head of household worked during all or part of the 24-month period.

Then it said that uninsured children are two times more likely, 69 percent versus 31 percent, I know these statistics get a little difficult, the uninsured children are two times more likely to live with a married rather than a single parent. Children uninsured for the entire 24-month period are four times more likely to live with a married parent. And of the children who were uninsured throughout the 24-month period, over one out of three had a head of household who was employed full-time throughout that 24-month period.

So, again, we are talking about children where both parents are working. Some of them are working two jobs. It is amazing, the statistics about the nature of this population.

The other thing that I just wanted to say again that comes from this Families USA report is that we are really talking about prevention. What the gentleman and I want to do here is provide a mechanism for kids to have preventive care. That is what really this is all about.

Most of the time, not all the time, but most of the time, if a kid gets really sick, they can go to an emergency room. I am not saying that is always true, but usually it is. But the problem is, when they get to that stage, it is almost too late. Oftentimes there is permanent damage.

Families USA at our Democratic task force hearing used the case of a young girl, this was not her real name, but they used the name, Maria. It is a real case, and they called her Maria. It said that when Maria entered a new school as a third-grader, her teacher believed she was performing below her potential. A health examination arranged by the school's Healthy Start Program revealed that Maria had suffered multiple ear infections, probably over a period of several years.

Maria's father ran a small nursery business and could not afford health insurance. Without insurance to pay for her care, Maria's ear infections were not treated. As a result, scar tissue built up within her ears. Maria became deaf in one ear and lost hearing in the other, and it took a year and a half to equip Maria with hearing aids after they had discovered this.

This would appear this was some sort of school clinic that detected the problem and, as a consequence, started the rehabilitation that eventually led to her having a hearing aid. But this is what we are talking about. We are talking about lack of care, not being able to see a doctor, which leads to permanent damage.

Ultimately, this child, although she now has a hearing aid, probably will never be able to fully hear and, with a small amount of money and a couple of visits to the doctor at the initial stage, before this started, probably would have had no problem at all.

So we need to think about the psychological and the physical consequences, and think about the costs, because how much more will it cost for the hearing aid and apparatus down the road as she becomes an adult as opposed to just a simple doctor visit in the beginning?

Mr. SERRANO. Mr. Speaker, if the gentleman would continue to yield briefly, as the gentleman mentioned, also this brings up another thought, and that is, on a daily basis we put a heavy demand on our school system. And we complain, we all do in this country, about the conditions of the schools if they are not what we want them to be in certain neighborhoods and the quality of the teaching if it is not what we want it to be in certain neighborhoods.

But at the same time, we do not realize that there are other factors that impact on that situation. What the gentleman just mentioned is a prime example. If children are attending school who are suffering an ailment or a condition that may have an impact on their ability to learn, we then have placed a teacher and the school administration in a situation that they should not be placed in. They now have to cope with that and try to figure out what the problem is.

So here we have a situation where we have a school-based clinic, which is a rarity in this society, but a school-based clinic may have picked up this situation of these ear infections which may leave this child permanently damaged for the rest of her life. Now, if that child had regular visits, the way most children in this country do, chances are that could have been picked up.

So again, where is the investment? Is it about what it might cost now, which we do not think we are talking about costs here, we are talking about expanding existing programs, or the investment that we are making in the health of that child and, therefore, the education of that child?

So I really think this one is an easy one. I know when we present something and we support it, we always try to make it sound like it can be done. But this is an easy one; this can be done. This is the country that can do it; this is the society that can do it; this is the Congress that can do it. All we need is the OK to say we will get together and do it. It is an outrage. It should not be. It is inhumane. It is improper. It is not a good investment for the future of our country, and it is not fair to these children.

One last point. It cannot be said enough. It cannot be said enough that we are now talking about children who have one, possibly two parents working one, possibly more jobs. We have to continue to repeat this, not because we want to listen to ourselves talk, but because people in some places in this country get the wrong impression, that we are talking about people who may not want to help themselves or who may not be looking for that service.

This is not available, and it is not available to people who can pay certain bills but cannot pick up a full visit at a doctor or hospital stay, because that is not the way it works in this country. It costs so much money to do that.

So once again I thank the gentleman for bringing this subject up again, and we will continue to discuss it at length until we get the action that we think the children need.

Mr. PALLONE. Mr. Speaker, I want to thank the gentleman.

I really believe that we are starting to be heard. We know that, for example, on the Senate side there is a movement on a bipartisan basis to try to address this issue, and I just noticed during the Easter time, when we were out of session for 2 weeks, there was a lot of attention in the news media about it. So I believe that the more we talk about it, the more we will see some action on it.

I wanted to say, if I could, before our time is up, that there was some really good information provided by the General Accounting Office that talked about why children are uninsured, the categories, whom we are dealing with. They basically talked about three categories:

First, children who are eligible for Medicaid but not enrolled. According to the General Accounting Office, an estimated 3 million uninsured children are eligible but not enrolled in Medicaid. So that is the first category.

We might say, why is that the case? There are a lot of socioeconomic reasons. As we mentioned before, most of these kids have parents who work, sometimes two or three jobs. It is very difficult a lot of times for them to even get involved with the bureaucracy where they would go to Medicaid and sign up and fill out a lot of papers in order to enroll their children.

There is also a sense of pride, that Medicaid, probably wrongly, is in many cases now associated with welfare. So there is a stigma attached to it, and a lot of working parents, even if their children are eligible, simply will not enroll their children.

The second category are parents who earn too much for Medicaid but too little for private coverage. Again, as the number of employers simply do not provide insurance, if there is no group policy and they have to go out and pay

for an individual policy, as the gentleman also knows, that is almost impossible for the average working family.

The third is parents who change jobs. Nearly half of all children who lose health insurance do so because their parents lose or change jobs. So, again, if we look at this over the 2 years that Families USA is looking at it, we can see there are times when kids are covered and not covered, that there are a lot of gaps because of the fact people are changing jobs.

And a lot of people in the lower income categories but who are working have temporary jobs and are subject to tremendous fluctuations in their job. They may change every 6 months or whatever because it is not a job necessarily that has a lot of permanence.

So it is a real problem that we have to look at the various aspects of it. And I am not saying there is an easy solution. All the gentleman and I are saying is that we want this addressed. We want the Congress and the House of Representatives to take it up.

I appreciate the gentleman's participating, again, and all the gentleman has done to speak out on this issue.

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

TRIBUTE TO THE MEMORY OF JACKIE ROOSEVELT ROBINSON

The SPEAKER pro tempore. Under the Speaker's announced policy of January 7, 1997, the gentlewoman from Florida [Mrs. MEEK] is recognized for 30 minutes as the designee of the minority leader.

Mrs. MEEK of Florida. Mr. Speaker, I want to help this Congress and America understand the dignity and the grace and the illumination which Jackie Robinson, Jackie Roosevelt Robinson, brought to our wonderful country, the United States of America. I am delighted to have this opportunity to host this special order, and it is going to honor one of the true greats in American history, and that is Jackie.

Why is it relevant to the Congress to even talk about Jackie Robinson or to address a special order to the memory of Jackie Robinson? First of all, it is so very important, No. 1, so that the young people in this country will understand that we have heroes in this country, and they are heroes because they worked very hard to bring glory not only to their athletic teams but to the glory of this country and to show the dominance which great athletic prowess can bring when it is used for the good of others.

That is why it is so significant that from this well we address many of our heroes, and tonight I am addressing Jackie Roosevelt Robinson.

Fifty years ago, that has been quite a long time, Jackie Robinson broke major league baseball's color line. He broke the color line. That meant that before Jackie there were no African-Americans in major league baseball. He broke this color barrier, and he opened up the doors that had long been closed to talented African-Americans, not only in baseball but in other activities throughout our country.

This may have been an opening through a sporting event, but it opened up many, many doors of opportunity to African-Americans throughout this country.

□ 2015

Jackie Robinson was a respected athlete, a respected gentleman, a respected family man. Therefore, Mr. Branch Rickey chose him because he represented to Mr. Rickey someone who could take the taunts of the public, someone who could be yelled at, someone who could be thrown at, someone who could be talked about and still keep his dignity and still show his athletic prowess on the field of baseball. He was the first black to play major league baseball. He overcame these insults and threats. He overcame them with talent and dignity, and he won recognition as a great baseball player and great human being.

That is what is so important about Jackie Robinson. He was not just a baseball player. He was not just an athlete. He was not just someone with athletic prowess, but he was also a great human being. He established an enduring model throughout sports, and he proved to all America that character and ability are keys to success, not the color of one's skin or not one's athletic prowess. The color of one's skin or athletic prowess is not nearly as important as character and ability. Because if Jackie had not had all of that, he could not have done what he did in the baseball world in this country. No one, not even other blacks who soon followed Jackie into the major leagues, could know what Jackie Robinson endured in 1947 when he entered major league baseball.

I had the pleasure of meeting Jackie Robinson in 1947 because he came to a small college in Daytona where I worked, called Bethune Cookman College, one of the primary good colleges in America today. Jackie Robinson came to Bethune Cookman College, and it was said at that time that that was the only place in Daytona where Jackie could get living quarters or living accommodations. The team was on Daytona Beach, but Jackie Robinson had to live at Bethune Cookman, a small black college. I say to the Speaker that that is an honor to Bethune Cookman College that Jackie Robinson slept there because of what he has done and what he has brought to this country.

So, then, he took a lot of abuse, occasional physical abuse as well as mental abuse, but he absorbed this abuse. Nor was it the early hostile attitude of some of his own teammates that was shown. I understand a little guy by the name of Pee Wee Reese was very helpful to Jackie Robinson, to help him bridge this gap and that he reached out to Jackie, because he could feel Jackie's problems as he tried to show the world that it was not all about just being a good baseball player, but being a gentleman.

Jackie Robinson was no ordinary man. He was a college graduate and one who had come from the State of California, his parents having moved from the South, and he brought a certain dignity that should have been brought. He was sort of a multi-dimensional person. He was not a one-dimensional person. You could not say that Jackie Robinson was just a good baseball player. He internalized much of the fears and much of the hate and much of the venom which was thrown after him. It takes an extraordinary man to do that and Jackie Robinson did it. He knew what he had to do. He knew what it was all about was much more than baseball.

Mr. Rickey knew that as well. That is why he chose Jackie Robinson. He knew he had to open doors which had long been closed to talented African-Americans, not only in sports but in many other activities. I think Jackie Robinson also knew that becoming a great baseball player was not his major motive as well, because he knew he was great. He had played with the Kansas City Monarchs and he knew that he could play baseball. He also knew that there were several other blacks out there who could play perhaps even better than he could, but they did not get the opportunity. So he knew he had to represent them. He knew he had to represent all of these small African-American children who would never get a chance for the kind of opportunity he was getting.

He carried the burden, I tell the Speaker, for the entire race, to show all America that blacks could compete not only on American playing fields, but also in its classrooms and corporate boardrooms.

Mr. Robinson's interest in baseball set a new tone for the country. I listened to Jackie Robinson's lovely wife on television as the entire country is paying tribute to Jackie Robinson, and they asked her did she think that Jackie would have done this even if it were not for baseball, would he have done it anyway, and she said, yes, and they also asked her how did he take the kind of poor treatment he got from the fans who were following the game, and she said that Jackie knew that he had a challenge and that he had to do this because it would help others and he had to prove this to others. So my summary of that is Jackie did this not for himself but for others.

The national sport of baseball and Jackie's interest in it made it much easier for football to continue in its integration, and it set a model for basketball as well. The glory of Jim Brown and Bill Russell are directly connected to Jackie Robinson's sacrifice and efforts.

I say to the young athletes who come around today, I wonder if you know