was because the judge felt he should at least cover part of the court costs and because he had admitted having the affair.

''This was strictly civil and had no criminal implications,'' Crutchfield added. ''I was hurt, but my wife and I moved on with our lives, our family and our service to the community.''

Added Pat Crutchfield: ''It was one of our storms that we weathered, and it did bring us closer. It strengthened our marriage, our relationship.''

Now they are facing a serious challenge involving the health of the family matriarch. Pat Crutchfield was diagnosed in 1992 with scleroderma, a fairly rare disease affecting the blood vessels and connective tissue. She has changed her hairstyle and wears long-sleeved blouses to cover areas where her skin has become hardened, a symptom of the disease.

The condition dramatically altered her role as family caretaker.

''I've never had a health problem. I've always been the doer for my family,'' she explained. ''The biggest thing is that my family has had to care for me.

''They've had to take more responsibility, which has probably been good. It has changed us around as far as commitments that we make. We've had a couple of trips that we've had to cancel, or I've just stayed home. I just wasn't able.

''It beats me down,'' she conceded, though she refuses to allow it overtake her. ''I stay down for a while, and then I jump up and keep stepping.''

The Crutchfields say her illness has forced family members to rethink and reorder some of their priorities.

''The disease has made us appreciate what is important and what is not important,'' Charles Crutchfield said. ''And all I do is support her and tell her she's the best.''

And its effect on the family?

''It disrupted the family,'' he conceded. ''It cracked it. It didn't break it.''

Those who know Pat Crutchfield say the disease has left its mark on her body but cannot quench her spirit. One of them is childhood friend Dee Dee Ray. The women have known one another since grade school.

''Pat has such faith, and she always looks on the bright side,'' Ray said, ''She's a very religious person. I've seen her make many, many novenas.... She doesn't give up hope. She just keeps going.''

Even with their busy schedules and numerous commitments, the Crutchfields still have time for each other, whether it's visiting, talking on the phone or during harvesting, canning, preserving and freezing the home-grown bounty from their vegetable gardens and orchards.

Sunday dinners, birthdays and holidays are special times in their home, as is fight night, when about 40 to 50 of their closest friends come over to watch boxing and eat Charles Crutchfield's famous chili.

He learned about growing food while growing up in Jasper, Ala., a small, segregated coal-mining town. His father was a barber whose business was the oldest owned by an African-American in that town. Wanting their son to have a chance to fulfill his dream of becoming a doctor, his parents sent him to live with an aunt in Minneapolis in 1955. He is a graduate of North High School and the University of Minnesota School of Medicine.

The Crutchfields have instilled their value of education in their children. Since their children were small, they have always told them to ''work hard, get good grades and always do your best.''

It appears to have sunk in. Crutchfield's three sons with former wife, Dr. Susan Crutchfield-Mitsch, a family physician, are all in either the legal or medical profession. Charles III, 37, is a dermatologist, Carleton, 33 is an attorney and Chris, 28, also is an attorney and a staff assistant to state Rep. Andy Dawkins of St. Paul. Charles and Pat Crutchfields' daughter Raushana, 21, is a junior and psychology major at Virginia Union University in Richmond, Va., and son Rashad, 18, will be a senior at Concordia Academy in Roseville.

Rashad said he knows he's part of a very special family.

When asked if he'll be the next Crutchfield doctor or lawyer, he smiled. No, he said. Right now, he's leaning toward attending a college that specializes in film, theater arts or graphic design.

''I'm not that much for blood and guts, except in slasher films,'' he said.

'''Crutchfield.' I do see power in that name,'' he said proudly. ''We're an African-American family that's just trying to find a way through life, trying to succeed.''

TAX DEDUCTIONS FOR HEALTH INSURANCE DON'T HELP THE UNINSURED—WE NEED TAX CREDITS

HON. FORTNEY PETE STARK

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Monday, September 28, 1998

Mr. STARK. Mr. Speaker, in the $80 billion tax bill the House voted last week, the Republicans proposed to provide immediate, 100% deductibility for the self-employed (but not their workers!) to purchase health insurance. The issue is now before the Senate.

Democrats have proposed this type of tax relief before, but have tried to ensure it includes both the boss and the worker. It would be a little step toward helping people meet the costs of health insurance—but it would do almost zilch to reduce the number of America's 43 million uninsured.

Most uninsured either don't file tax returns, are in the zero tax bracket or, at most, the 15% bracket. We should admit that deductions will do little or nothing to make affordable individual health insurance policies bought at retail.

Today, the law allows a 45% deduction—scheduled to increase to 100% by 2007—for the self-employed (but not their workers) who buy health insurance. An immediate deduction for the purchase of insurance will help folks in the 36% and 39.6% bracket and make insurance more affordable for them—but these are taxpayers with incomes above $121,300 ($147,700 if a family) who almost certainly already have health insurance.

In June, the U.S. General Accounting Office issued a report showing how useless tax deductions are for helping the overwhelming number of uninsured.

First, the GAO pointed out that a tax deduction is good only if you itemize your deductions. But in 1995, only 29% of all tax filers itemized. Lower income people, of course, are less likely to itemize. Only 5% of those with adjusted gross incomes of less than $20,000 itemized that year.

Second, deductions are useful only if you pay taxes. Yet of the uninsured, about 13 million—more than the population of Virginia, Maryland and Delaware combined—were in the zero tax bracket and six million others didn't even have to file a return. A deduction is totally meaningless for them.

Third, deductions don't do much for the lower income—and it doesn't take a Sherlock Holmes to figure out that the lower income are the people who are uninsured. Twenty-plus million uninsured were in the 15% bracket and would be helped if they itemized—but not much. This tax bracket is for those individuals with taxable incomes of $24,000 or less, or if married and filing a joint return, $40,100 or less. As the GAO points out, ''The value to a single tax filer in the 15-percent bracket who had paid $2,100 in premiums for single coverage would have been about $315 while the value to an individual in the highest bracket could have been $832 for this same premium amount. For a $5,664 premium for a family of four, the value to a family in the 15-percent bracket could have been about $850 compared to $2,243 for a family in the highest tax bracket.''

Think of it: a family with taxable income below $40,100 is going to spend $4,832 out-of-pocket for health insurance, because they got a tax deduction of $850? I sincerely doubt it. The Congressional Joint Committee on Taxation has estimated that the benefits of a similar Senate bill would go 95% to the already insured; only 5% would go to benefit people previously uninsured.

Tax deductions will make little difference for those in need, but will provide additional savings for the already-insured upper income.

What we really need are tax credits—including refundable credits—that would be equal for all individuals and families to buy into reasonably priced, ''wholesale'' health insurance plans—plans that would be group health plans, such as Medicare or the Federal Employee Health plans.

Because credits would actually do something to help the 43 million uninsured, they will be expensive. We will need to talk about tobacco taxes and other revenue sources to pay for them. It will be tough. But if America want to really do something about the uninsured, let's be honest: Deductions won't do it. Credits will.

RECIPROCAL TRADE AGREEMENT AUTHORITIES ACT OF 1997

SPEECH OF

HON. LOUIS STOKES

OF OHIO

IN THE HOUSE OF REPRESENTATIVES

Friday, September 25, 1998

Mr. STOKES. Mr. Speaker, I rise in strong opposition to H.R. 2621, the Reciprocal Trade Agreement Authorities Act, more commonly known as ''Fast Track.'' The measure was pulled last year when it appeared that it would be defeated. Fast Track was a bad bill for hard-working families then, and it is a bad bill for them now.

The ''Fast Track'' debate is not simply a matter of whether we want to expand trade, more importantly, the question regarding free trade agreements is ''how we go about pursuing negotiations and effectively addressing the subsequent effects of these pacts.''

If the Congress delegates its negotiating authority to the President through Fast Track, this action would remove directly-elected Representatives from having any meaningful input