

to one's ability to pay, are much fairer. The income tax is a type of progressive tax. I believe that the current budget surplus is large enough to consider repealing other regressive taxes that harm lower-income Americans. As such, I remain committed to creating a more fair tax system.

TRIBUTE TO LARRY WILKINSON—
EXTRAORDINARY LIBRARY AD-
VOCATE

HON. SCOTT MCINNIS

OF COLORADO

IN THE HOUSE OF REPRESENTATIVES

Wednesday, June 7, 2000

Mr. MCINNIS. Mr. Speaker, I would like to take this moment to recognize Larry Wilkinson for receiving the Extraordinary Library Advocate of the 20th Century award that is presented by the ALA/ALTA National Advocacy Honor Role. This award recognizes individuals who encourage and promote library services at both the state and national levels. Larry was one of five individuals chosen for this award.

Some of Larry's accomplishments, with regards to his library service, include initiating the inception of two public libraries in the State of Colorado. Perhaps his greatest achievement was the restoration of a former jailhouse into the current library in the town of Telluride. Today, Larry volunteers one day a week to continue his public passion and also serves on the Colorado Council of Library Development.

The many contributions that Larry has made have markedly improved the publics' access to information, especially in the Telluride area. Before Larry's involvement and the creation of the library, residents would have to travel to the city of Montrose in order to obtain access to literary materials. Thanks to Larry, that is no longer the case.

Mr. Speaker, it is my privilege to pay tribute to Larry's efforts and to thank him for his work to provide access to information that is only available in public libraries. Larry is exceedingly worthy of this prestigious award and deserves the praise of this body.

WELLTON-MOHAWK TRANSFER
ACT

SPEECH OF

HON. ED PASTOR

OF ARIZONA

IN THE HOUSE OF REPRESENTATIVES

Tuesday, June 6, 2000

Mr. PASTOR. Mr. Speaker, I rise today at the end of this long journey to fully support this legislation which transfers the title of the Gila Project/Wellton Mohawk Division facilities from the Bureau of Reclamation to the Wellton-Mohawk Irrigation and Drainage District.

I want to thank the Gentleman from Alaska, Chairman YOUNG, the Gentleman from California, Mr. MILLER, the Chairman of the Resources Subcommittee on Water and Power, Chairman DOOLITTLE, and the Ranking Member of that Subcommittee, Mr. DOOLEY, for their help in getting this legislation through the Subcommittee, through the full Resources Committee, and now on the Floor of the House.

I also want to thank my colleagues from Arizona for their help. Congressmen STUMP, HAYWORTH, and KOLBE joined me in introducing the legislation, and Congressman SHADEGG quickly joined them in seeing the wisdom of co-sponsorship. And in the other body, both Senators from Arizona joined to introduce the bill we are considering today.

The Gila project in Western Arizona was originally authorized for construction by President Roosevelt in June, 1937. Construction for the Wellton-Mohawk Division was started in August, 1949, and water from the Colorado River was turned onto the Wellton-Mohawk fields for the first time in May, 1952. The project was completed by June, 1957 and the Wellton-Mohawk Irrigation and Drainage District fully repaid its project costs and was given its certificate of discharge on November 27, 1991. In 1998, the District and the Bureau of Reclamation signed a Memorandum of Agreement that covers the details of the transfer of title.

This bill, S. 356, which is virtually identical to the bill I introduced, H.R. 841, simply authorizes the Secretary of the Interior to carry out all provisions of the Memorandum of Agreement covering the transfer of title, including the authority to convey lands as required. It also requires the Secretary of Interior and the Secretary of Energy to continue to provide water and power as provided under existing contracts.

Mr. Speaker, as I mentioned, this has been a long road, but we are finally ending the legislative journey. This is simple legislation which will help shrink the role of the Federal government and shift the responsibilities for ownership into the hands of local entities. In short, passage of this legislation will ensure a smoother and more efficient operation, which in turn will better serve the American taxpayer and the citizens of Southwest Arizona.

I ask that my colleagues support passage of S. 356 and I look forward to watching the President sign it into law.

TEXAS' CHILD HEALTH
INSURANCE PROGRAM

HON. EDDIE BERNICE JOHNSON

OF TEXAS

IN THE HOUSE OF REPRESENTATIVES

Wednesday, June 7, 2000

Ms. EDDIE BERNICE JOHNSON of Texas. Mr. Speaker, I rise to speak on Texas' Child Health Insurance Program.

Today, our children should not have to fight to get the health care coverage they deserve. I am sad to say, in Texas they do. A child born in the year 2000 is far more likely to grow up healthy and to reach adulthood than a child born in 1900 was. Over the past 100 years, our nation's scientific, technological, and financial resources have built the most advanced health care system in the world. But the doors of the health care system are not open to everyone.

Millions of children have inadequate medical care. Ensuring that every child in our nation receives the best possible health care must be a top priority for the nation. Unfortunately, not all children have benefited equally from the medical, public health, and public policy achievements of the 20th century. To a large extent, health status is still determined by race, language, culture, geography, and eco-

nomics. In general, children in low-income communities get sick more often from preventable acute and infectious illnesses such as measles, conjunctivitis, and ear infections. Low-income children and teens are also more likely to suffer from chronic medical conditions such as diabetes and asthma, the leading cause of school absences. In fact, the sharpest increases in asthma rates are among urban minority children.

Despite the tremendous advances in medical technology and public health, millions of children have less of a chance to grow up healthy and strong because of unequal access to health care. Children without health insurance or a regular source of health care are most likely to seek care from emergency rooms and clinics, which have long waits to see a provider, limited follow-up, and little or no health education about preventive strategies or ways to manage chronic illness. Compared with insured children, uninsured children are up to eight times less likely to have a regular source of care, four times more likely to delay seeking care, nearly three times less likely to have seen a provider in the past year, and five times more likely to use the emergency room as a regular place of care. There is no question that insurance is key to maintaining health.

Imagine one hundred children from Texas standing in front of you. Fifty-four of these children are insured through Private/Employer-based programs. Twenty-two are covered through Medicaid. Twenty-four are uninsured. This equals to about 1.4 million of the 6 million children in Texas without health insurance.

Now imagine one hundred children from all over the country standing in front of you. Sixty-four of these children are insured through Private/Employer-based programs. Twenty-one are covered through Medicaid. Fifteen are uninsured.

Why is it that Texas' percentage of uninsured children is higher than the national's average? The reason is due to a Texas government that chooses not to take advantage of government funding that will allow many children to be insured. As a matter of fact, Texas can expand its Medicaid coverage to the age of eighteen and cover those whose income is up to 300% of the Federal Poverty Level. Presently, Texas only covers children up to the age of eighteen and to those whose income is 100% of the Federal Poverty Level with Title XXI funds. If Texas expands Title XXI eligibility to only 200% Federal Poverty Level, like it has the choice to, then an additional 483,000 uninsured children would be eligible for insurance coverage. Over half of all states have expanded coverage to 200% or beyond.

Most states have expanded health insurance coverage to children using Title XXI funds. This coverage is provided through Medicaid expansions and/or separate insurance programs. Ten states offer Medicaid to those with an income up to 150% Federal Poverty Level. Texas falls within this category. Texas falls at the bottom. Our children fall at the bottom.

This should simply not be the case. The Texas government must not only strive to improve its average compared to the national average, but it must also strive to ensure all of its children adequate health care. The opportunity for Texas to make change is now. The