they were lower, but a tight supply is one thing and a disrupted supply is another. So the Reserve was not meant to be a government price management tool.

Apart from that consideration, will this move succeed in lowering prices? I am not an economist, and I do not know what effect of releasing a day and half's supply of oil into the market over a month will have. Common sense would suggest that, holding all other things equal, it probably will reduce prices for a short time. But, in a dynamic world, who knows whether all other things will remain equal? For example, why wouldn't OPEC simply cut its production by a corresponding amount? Meanwhile, our buffer against a true disruption is lessened by a day and a half's supply during that time. How will we feel about that if Iraq decides to invade Kuwait again?

However, as the Administration has stressed, this is a swap deal. Oil companies that take the oil will have to replace it with more at some future date. If that comes to pass, I will certainly be glad that we have more oil in the Reserve. But what effect will removing that replacement oil have on market prices? If releasing 30 million barrels into the market will drop prices now, doesn't it stand to reason that removing more than 30 million barrels in the future will raise prices then? To put it in medical terms, this release is at best a temporary pain reliever that does nothing to cure our underlying disease. Indeed, it may well worsen our pain in a very short time.

Now, some have suggested that ''Big Oil'' is price gouging. If that is so, then the oil companies must be punished. Last June, Representative JIM SENSENBRENNER and I were the first to ask the Federal Trade Commission to investigate this matter. So far, they have not brought any price gouging cases. I do not know what their investigation will ultimately show, but I think we have to be careful about throwing that charge around until we know what the evidence is.

Some have suggested that we change the law so that we can sue the foreign nations that make up OPEC. I would not oppose that—it is so emotionally satisfying to say let's sue them. But we have to realize that any such measure is largely symbolic and may lead to worse consequences for us. This is one of the first questions that we asked in our Judiciary Committee hearings and let me just quote what the Federal Trade Commission said in response:

> A possible enforcement action . . . raises practical questions as to whether jurisdiction can be obtained over OPEC and its member nations, how a factual investigation could be conducted with respect to documents and witnesses located outside the United States, and the nature and enforceability of any remedy.
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> . . . [P]erhaps most importantly, any enforcement action would raise significant diplomatic considerations. A decision to bring an antitrust case against OPEC would involve not only, and perhaps not even primarily, competition policy, but also defense policy, energy policy, foreign policy, and natural resource issues. In particular, any action taken to weaken a sovereign nation's defenses against judicial oversight of competition lawsuits, for example, would have profound implications for the United States, which places buying and selling restrictions on myriad products. Consequently, any decision to undertake such a challenge ought to be made at the highest levels of the executive branch, based on careful consideration by the Department of Justice and other relevant agencies.

I think that the last point is particularly timely when you consider that just last week the Yugoslavian government began a ''war crimes'' trial against President Clinton and other Western leaders growing out of our bombing of Kosovo. So we have to think about what the consequences of our action will be.

When we face the prospect of rising energy prices six weeks before an election, it is tempting to scramble around proposing band-aid solutions like those I have discussed. But they really do not do anything to address the problem. What then do I propose?

First, we must acknowledge that this problem is not easy to solve, and it will take commitment and discipline over a significant period of time. We must have a national energy policy that includes: increased domestic energy production consistent with reasonable environmental guidelines, increased domestic refining and transportation capacity consistent with reasonable environmental guidelines, increased diplomatic pressure on foreign nations that produce oil, increased energy efficiency of engines and generation facilities, increased use of renewable energy sources throughout our economy, and a reformed excise tax structure.

We have oil in Alaska and other places that we can use. Much of the home heating oil problem arise not from a lack of oil, but a lack of refining capacity. Refining capacity lags because environmental and other regulations make it almost impossible to build new refineries. I an confident that we can reconcile these things with reasonable environmental guidelines.

Let me quote from a recent statement on advanced oil drilling technology: ''advanced technology has led to fewer dry holes, smaller drilling 'footprints,' more productive wells, and less waste. All of these advances have contributed to a cleaner environment, and even greater benefits are possible. . . . We have only scratched the surface of what is possible—and of what technological improvements can do to benefit the energy security and environmental quality for future generations.''

You might think that this statement comes from ''Big Oil.'' In fact, it comes from the Clinton-Gore Administration's own Assistant Secretary for Fossil Energy just a year ago.

In that same vein, we heard testimony in the Judiciary Committee about the great advances that are being made in making more efficient engines and generation facilities. We are well along in this field, and we just need to make the changeover. We also need to look around us: the sun, the wind, and the waters are free and renewable. OPEC cannot take them from us. We must develop these energy sources.

We can do all of this, and we can overcome this problem. But these things that I have mentioned cut across the jurisdictions of lots of congressional committees and government agencies. They affect a lot of people and businesses. Because of that, we need sustained, committed presidential leadership. Only a comprehensive national energy policy can solve our problem, and only the President of the United States can lead us to that national energy policy. So I am introducing legislation to call on the President to do that immediately.

But candidly I do not expect that we are going to get much leadership in the waning days of the Clinton-Gore Administration. So what can we do to ease the short term pain? I think we must repeal the 4.3 cents a gallon deficit reduction tax that the Democrat Congress and Administration passed in 1993. Fortunately, we have since ended the deficit. Unfortunately, in 1997, instead of ending this tax, we converted it to the Highway Trust Fund. I understand that everyone wants their road projects, but consumers deserve some relief. It's not a lot, but it will help until we get our long awaited presidential leadership.

So, Mr. Speaker, I call on all of my colleagues to support my ''Energy Independence through Presidential Leadership Act.'' It calls on the President of the United States to provide immediate action to lead us to a national energy policy and it gives short term relief by repealing the deficit reduction tax. Let's forget the bandages and cure the disease.

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LACK OF HEALTH INSURANCE FOR OUR NATION'S CHILDREN

The SPEAKER pro tempore (Mr. ADERHOLT). Under a previous order of the House, the gentlewoman from Texas (Ms. JACKSON-LEE) is recognized for 5 minutes.

Ms. JACKSON-LEE of Texas. Mr. Speaker, I believe there has been enough debate on the floor of the House and as evidenced by news reports around this Nation for everyone to be aware that our health care system in America is near crisis in many areas. But today, Mr. Speaker, I announce that the care of our children and health care for our children is in shambles.

About 45 percent of the $4.2 billion provided in the 1997 legislation passed by Congress to provide health care for our children, health insurance, has not been spent by the States, State and Federal officials have announced. Any money left after a September 30 deadline will be redistributed to the 10 States that used their full allotments of Federal money under the children's health insurance program, a program created in 1997. Some 40 States are in jeopardy, and September 30 is fast appearing.

California and Texas, Texas is the State that I come from, together have 29 percent of the Nation's 11 million uninsured children, and my State of Texas, on September 30, 2000, stands to lose $446 million. Seven million of those children living in our Nation, 7 million of the 11 million children needing to have health insurance, are uninsured. Two-thirds of those children live in families with incomes below 200 percent of the poverty level.

Mr. Speaker, this crisis, this state of shambles must end. This program, this State-run program, covers children from families that do not qualify for Medicaid but cannot afford to buy insurance. This effort was supposed to extend coverage to an additional 2 million children who do not qualify for Medicaid, yet millions of children are believed to be eligible for programs but remain uninsured.

Texas has the second highest rate of uninsured children in the Nation, with over 25 percent of children under the age of 19 lacking health insurance throughout the years 1996 to 1998. There are 1.4 million uninsured children in Texas, 600,000 eligible for but not in Medicaid, nearly 500,000 qualify for CHIP. We are at the bottom of the totem pole; the bottom of the heap.

And, frankly, Mr. Speaker, we are all in the mix. Texas is in the mix and the governor of the State of Texas is in the mix, for we had a number of years to outreach to those parents, those schools, those children to provide the information, to encourage them to sign up painlessly for the CHIP program. Yet in Dallas we have a young boy waiting for a wheelchair for months and months and months because he is uninsured; or in the city of Houston we have a child waiting for eyeglasses months and months and months because they are uninsured.

There is $446 million to be lost to the Nation's children, particularly in the State of Texas; children suffering from asthma, children who are HIV infected, children who have been diagnosed with cancer, children who need to be able to have good health care, children who are fighting against the Texas rate of infant mortality, which is 5.9 percent with white children and 10.9 percent with black children.

This is a tragedy. And so my call is not only to the State of Texas and other States but it is also to the Federal government. We should delay the September 30 deadline and provide the opportunity for America's children to be insured. It is a shame, it is a crisis to take the money and to redistribute it to States, who may be in need, I agree with that, but do not leave unfulfilled the need of States that have not even touched the surface.

Texas is well-known for having the second highest number of uninsured children. I am calling on Secretary Shalala and the governing body for these CHIP programs to delay the time frame for States to be able to regroup and to reoffer to the Federal Government a strategy that will allow them to draw down on the respective monies. My State of Texas cannot afford to lose these dollars. Our children need immunization, our children need treatment for asthma, cancer, HIV–AIDS, our children need eyeglasses and wheelchairs and basic preventive health care.

At any moment now an outbreak of children's disease could cause a disaster in the State of Texas. It is not without being heard. Need is great, and we must help them. I ask Secretary Shalala, with the administration, to delay the time, and I ask Governor Bush to come home and solve the problem.

Mr. Speaker, I rise today to point out the tragedy that nationally, over 44 million Americans are without health insurance and this number is increasing with each passing day. Of this number of uninsured Americans 11 million are children, which means that one in seven of those children living in our nation are uninsured. Two-thirds of these children live in families with income below 200% of the poverty level ($33,400 for a family of four in 1999).

Unfortunately the plight of the uninsured in our nation has grown worse although we are experiencing the longest economic expansion in the last thirty years. Our nation's unemployment rate is at its lowest point in 30 years; core inflation has fallen to its lowest point in 34 years; and the poverty rate is at its lowest since 1979. The last seven years we have seen the Federal budget deficit of $290 billion give way to a $124 billion surplus. Medicaid provides health insurance coverage for more than 40 million individuals—most are women, children, and adolescents—at an annual cost of about $154 billion in combined federal and state funds.

The Childrens Health Insurance Program (CHIPS), was passed in 1997. This state-run program covers children from families that do not qualify for Medicaid, but cannot afford to buy insurance. This effort was supposed to extend coverage to an additional 2 million children who do not qualify for Medicaid. Yet millions of children are believed to be eligible for these programs, but remain uninsured.

Texas has the second highest rate of uninsured children in the nation with over 25% of children under the age of 19 lacking health insurance throughout the years 1996–1998.

There are 1.4 million uninsured children in Texas, 600,000 are eligible for, but not in Medicaid; nearly 500,000 qualify for CHIP.

Texas, attempt to combat the number of uninsured children is by combining the options available to states in order to expand health insurance coverage. Texas' combination includes the expansion of Medicaid and state-designed, non-Medicaid programs.

At present time, there is a need for eligibility reforms and aggressive outreach for low-income health programs in Texas.

Texas is at the bottom of retaining low-income kids on Medicaid since welfare reform in 1996. 193,400 Texas children fell off the Medicaid rolls during the past three years, a 14.2% decline.

Medicaid data collected finds an increase in the number of people enrolled in Medicaid in June 1999 compared to June 1998, but the magnitude of this success rate is dampened due to the decline of Medicaid in nine statess—one of them was Texas.

The status quo in Texas is that children (up to age 19) in families with incomes at or under 100% of the federal poverty income level (FPL, $14,150 for a family of 3) can qualify for Medicaid.

Texas has been given the choice to adopt less restrictive methods for counting income and assets for family Medicaid; for example, states can increase earned income disregards, and alter or eliminate asset tests. Texas has been slow compared to other states in implementing CHIP.

Children enrolled in Texas CHIP will get a comprehensive benefits package—includes eye exams and glasses, prescription drugs, and limited dental check-ups, and therapy.

CHIP does not serve as an alternative to Medicaid for those families, who based on their income, are eligible for Medicaid.

MORBIDITY AND MORTALITY

The U.S. ranks 22nd among industrialized nations.

Infant mortality rates are twice as high for Black infants than for White infants and Black infants are four times more likely to die because of low birthweight than are white infants.

In Texas, the infant mortality rate is 5.9% for children with a White mother versus 10.9% for those with a Black mother.

Although the absolute number of deaths due to cancer in children and adolescents is low relative to adults, cancer remains the second leading cause of death among Texas children ages 1 to 14 years.

Cancer is diagnosed in about 800 Texas children and young adults under the age of 20 each year.

Although lead has been banned from gasoline and paint, it is estimated that nearly 900,000 children have so much lead in their blood that it could impair their ability to learn.

The estimated number of children under age 13 who acquired AIDS before or during birth increased each year during the period from 1984 through 1992.

New case rates and death rates for HIV/AIDS are disproportionately higher for children of color than for White children. AIDS among Black and Hispanic adolescents accounted for approximately 83% of reported cases in 1997.

Hospitalizations for children with asthma have been increasing for most of the 1990's. Low-income children are more likely to suffer from asthma with the sharpest increases being among urban minority children. If trends continues, asthma will become one of the major childhood diseases of the 21st century.

CHILDHOOD NUTRITION

Teen obesity has more than doubled in the past 30 years. Next to smoking, obesity is the leading cause of preventable death and disease. Obesity continues to disproportionately affect poor youth and minority children because of poor diet and lack of exercise.

13.6 percent of all American children are overweight. Yet, 11.8 percent of low-income children experience moderate to severe hunger, compared with 1.9 percent of children in households with income above the poverty level.

Approximately 35 children each day are diagnosed with juvenile diabetes, which can lead to blindness, heart attack, kidney failure and amputations. Type 2 diabetes is increasingly high among minority children.

Before 1992, only 1 to 4% of children was diagnosed with Type 2 diabetes or other forms of diabetes. Now, reports indicate that up to 45% of children with newly diagnosed diabetes have Type 2 diabetes.

CHILDREN'S MENTAL HEALTH

Currently, there are 13.7 million children in this country with a diagnosable mental health disorder, yet less than 20% of these children receive the treatment they need. At least one in five children and adolescents has a diagnosable mental, emotional, or behavioral problem that can lead to school failure, substance abuse, violence or suicide.

However, 75 to 80 percent of these children do not receive any services in the form of speciality treatment or some form of mental health intervention.

The White House and the U.S. Surgeon General have recognized that mental health needs to be a national priority in this nation's debate about comprehensive health care.

Suicide is the eighth leading cause of death in the United States, accounting for more than 1% of all deaths.

The National Mental Health Association reports that most people who commit suicide have a mental or emotional disorder. The most common is depression.

According to the 1999 Report of the U.S. Surgeon General, for young people 15–24 years old, suicide is the third leading cause of death behind intentional injury and homicide.

Persons under the age of 25 accounted for 15% of all suicides in 1997. Between 1980 and 1997, suicide rates for those 15–19 years old increased 11% and for those between the ages of 10–14, the suicide rates increased 99% since 1980.

More teenagers died from suicide than from cancer, heart disease, AIDS, birth defects, strokes, influenza and chronic lung disease combined.

Within every 1 hour and 57 minutes, a person under the age of 25 completes suicide.

Black male youth (ages 10–14) have shown the largest increase in suicide rates since 1980 compared to other youths groups by sex and ethnicity, increasing 276%.

Almost 12 young people between the ages of 15–24 die every day by suicide.

In a study of gay male and lesbian youth suicide, the U.S. Department of Health and Human Services found lesbian and gay youth are two to six times more likely to attempt suicide than other youth and account for up to 30 percent of all completed teen suicides.

We must act to prevent states like Texas, California, and Louisiana from loosing millions of dollars in federal funds which have been provided to insure our nation's uninsured poor children.

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TRIBUTE TO CARL ROWAN

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Illinois (Mr. DAVIS) is recognized for 5 minutes.

Mr. DAVIS of Illinois. Mr. Speaker, I rise to pay tribute to noted author and journalist Carl Rowan, who passed earlier this week and who devoted his life to working and fighting for equality and justice both here at home and abroad.

Carl Rowan was born in 1925 in Ravenscroft, Tennessee. Like many African Americans, he emerged from poverty in the segregated South during the depression. Undoubtedly, the trials and tribulations of Mr. Rowan's life, and which he overcame in his childhood, prepared him to excel as a leader and enabled him to climb the arduous ladder of success in his career. His life is a model which exemplified the continuous breaking of barriers which is truly noteworthy.

Mr. Rowan served as a commissioned officer in the United States Navy. And after his tenure of military service he studied at Oberlin College in Ohio and earned a master's degree in journalism from the University of Minnesota. In the late 1940s, Carl Rowan became one of the first African Americans to work for a major mainstream daily newspaper when he took a copy editing position at the Minneapolis Tribune.

Mr. Rowan was known among his contemporaries to possess integrity and an unwavering purpose to fight for justice. His sense of duty to uncover the truth, no matter what the cost, is not only noteworthy but honorable. Equipped with a tenacious journalistic pen, Carl Rowan courageously exposed racism.

His reporting on race relations led President Kennedy to appoint him Deputy Secretary of State, delegate to the United Nations during the Cuban missile crisis, and Ambassador to Finland. In 1964, President Johnson named him Director of the United States Information Agency. While serving in these capacities, Mr. Rowan's shrewd character was admired by many, and his toughness was respected by all.

After his government service, Mr. Rowan continued to break barriers when he became a columnist for the Chicago Sun Times. During his illustrious career at the Sun Times he composed themes of reform and racial awareness, which touched the spirits of his dedicated readers. Unlike many of his colleagues, he dared to write about the unpopular, the controversial. Mr. Rowan's motto was: ''I inform people and expose them to a point of view they otherwise wouldn't get. I work against the racial mindset of most of the media.''

Indeed, Carl Rowan proved to be a watchdog who was in the forefront of civil rights in the media. This is why my friend and respected columnist, Vernon Jarrett, views Mr. Rowan as a role model who pioneered in the introduction of black content to major white newspapers.

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Furthermore, Carl Rowan did not use his pen alone to make a difference. He was a staunch advocate of public service and philanthropy, as well. He created Project Excellence in 1987 to help and encourage black youth to finish high school and go on to college. To date, the fund has given $79 million to Washington area youth.

Mr. Rowan was a good friend to many. His mark of excellence serves as a testament to what one can achieve. His undaunted literary voice will be sorely missed.

And so, Mr. Speaker, I ask my colleagues to join me in recognizing Mr. Carl Rowan for his remarkable career of serving our country. On this sad and unfortunate occasion, let us extend our deepest sympathy to his family, to his wife, Vivian, and his three children, Carl, Jr., Jeffrey, and Barbara, a man of distinction, a public servant who served not only his country but the world community well.

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REDUCING NATIONAL DEBT AND ANNUAL INTEREST PAYMENTS BY BILLIONS

The SPEAKER pro tempore (Mr. ADERHOLT). Under a previous order of the House, the gentleman from Washington (Mr. METCALF) is recognized for 5 minutes.

Mr. METCALF. Mr. Speaker, does anyone believe that it would be possible to reduce our national debt by $600 billion and reduce our annual interest payments by $6 billion with no harm to anyone nor to any program? That sounds too good to be true, does it not? But it is true, it is simple, and it is possible.

Most people have little knowledge of how money systems work and are not aware that an honest money system would result in great savings to the people. We really can cut our national debt by $600 billion and reduce our Federal interest payments by $30 billion per year.

It is an undisputable fact that Federal Reserve notes, that is our circulating currency today, is issued by the Federal Reserve in response to interest-bearing debt instruments. Thus, we indirectly pay interest on our paper money in circulation. Actually, we pay interest on the bonds that so-called back our paper money. That is the Federal Reserve notes. This unnecessary cost is $100 per person each year in our country, an absolutely unnecessary cost, $100 per person each year.

The Federal Reserve obtains the bonds from the banks at face value in exchange for the currency. That is the Federal Reserve notes printed by the Bureau of Engraving and Printing and given to the Federal Reserve. The Federal Reserve appears to pay the printing costs. But, in fact, the taxpayers again get stuck. They pay the full cost of printing our Federal Reserve currency. The total cost of the interest is roughly $30 billion, or about $100 per person, in the United States.

Why are our citizens paying $100 per person to rent the Federal Reserve's money when the United States Treasury could issue the paper money exactly like it issues our coins today? The coins are minted by the Treasury and, essentially, sent into circulation at face value.

The Treasury will make a profit of $880 million this year from the issue of the first one billion new gold-colored dollar coins. If we use the same method of issue for our paper money as we do for our coins, the Treasury could realize a profit on the bills sufficient to reduce the national debt by $600 billion and reduce annual interest payments by $30 billion dollars.

In other words, Federal Reserve notes are officially liabilities of the Federal Reserve, and over $600 billion in U.S. bonds is held by the Federal Reserve as backing for these notes. The Federal Reserve collects interest on these bonds from the U.S. Government, then it returns most of it to the U.S. Treasury. But the effect of this is there is a tax on our money, again about $100 per person, or $30 billion a year, that goes to the United States Treasury, a tax on our money in circulation.

Is there a simple and inexpensive way to convert this costly, illogical, and convoluted system to a logical system which pays no interest directly or indirectly on our money in circulation?