

as rendering aid in 1993 when terrorists bombed the World Trade Center and in 1990 at the Avianca plane crash on Long Island.

On September 11th, Glenn ran to Ground Zero as a volunteer firefighter and EMT worker. He acted quickly and without regard for his own life, only for those in trouble. It was not Glenn's responsibility to put his life on the line for others that terrible day. But he had the training to help and was in the position to do so. Glenn Winuk paid the ultimate price while saving the lives of others, and his memory will serve as a testament to his bravery. Let us honor the life he gave, and the heroic legacy he left behind.

THE CONTRACTOR
ACCOUNTABILITY ACT OF 2002

HON. CAROLYN B. MALONEY

OF NEW YORK

IN THE HOUSE OF REPRESENTATIVES

Friday, July 26, 2002

Mrs. MALONEY of New York. Mr. Speaker, today I introduce legislation that will fortify the current Federal debarment system. The United States is the largest consumer in the world and invests over \$215 billion in goods and services annually.

Yet the Federal government's watchdogs, the Federal suspension and debarment officials, currently lack the information they need to protect our business interests. We have no central way of accounting for the performance of our purchases. Beyond a listing of currently debarred or suspended persons, officials are limited to their individual agency's knowledge of an entity's track record, press reports and personal contacts with other agencies. The American public's knowledge is limited even further. Often times this allows Federal contractors and assistance recipients to repeatedly violate Federal law yet still receive millions of dollars from the Federal government. In a time when corporate accounting scandals are being revealed at an unprecedented pace, isn't it wise to have a full accounting of the Federal government's investments?

A recent report conducted by the Project on Government Oversight (POGO) discovered that 16 of the 43 top Federal contractors (based on total contract dollars received) have a total of 28 criminal convictions. The top 4 contractors have at least 2 criminal convictions since 1990.

The Contractors Accountability Act of 2002 establishes a centralized database on actions taken against Federal contractors and assistance participants, requiring a description of each of these actions. This will provide debarment officials with the information they need to protect the business interests of the United States. It places the burden of proving responsibility and subsequent eligibility for contracts or assistance on the person seeking contracts or assistance should they have been previously convicted of two exact or similar violations that constitutes a charge for debarment. Additionally, it improves/clarifies the role of the Interagency Committee on Debarments and Suspension and provides for retention by the prosecuting Federal agency of fines paid by offender for reimbursement of costs associated with suspension and debarment activities.

LATINO CHILDREN AND HEALTH
DISPARITIES

HON. CHARLES B. RANGEL

OF NEW YORK

IN THE HOUSE OF REPRESENTATIVES

Friday, July 26, 2002

Mr. RANGEL. Mr. Speaker, I rise to call to the attention of my colleagues the growing health problems of Latino children.

The Journal of the American Medical Association reports that Latino children have suffered from "a disproportionate number of health problems that have been poorly studied." Diabetes, obesity, and asthma are disproportionately prevalent in the Latino community. Additionally, about 30% of the Latino population are uninsured and of those that do have health insurance, many have problems gaining proper access to medical attention.

Language barriers often continue to exist despite the executive order issued by President Clinton in August 2000 "mandating that physicians who receive Medicaid and Medicare funds provide interpreter services for patients who do not speak English." Yet citing cost, national medical associations are opposed to implementing these services.

Far too little health research has been conducted within minority populations. This fosters a lack of clarity in the etiology of common diseases among minority communities.

As a result, medical practitioners are hampered in developing culturally sound intervention that promotes the well-being of minority individuals. For example, why do Latino children tend to receive less pain medication than white or African-American children while hospitalized for limb fractures?

Access to health care, quality of care, health insurance coverage, environment, and lifestyle are most likely the contributing factors, but we do not understand the dynamics of why minorities, especially children, are not benefiting from our health care system.

Eliminating health disparities in minority communities has been a major goal since the year 2000. In that year, the Office of Research on Minority Health (ORMH), originally established in 1990, was elevated to the National Center on Minority Health and Health Disparities (NCMHD). This effort was encouraged by Congress to "promote minority health and to lead, coordinate, support, and assess the NIH effort to reduce and ultimately eliminate health disparities" and to "reach out to minority and other health disparity communities."

It is imperative that we begin to envision this country as a place where all populations have equal opportunity to live long, healthy, and productive lives. More research on health disparities in minority populations must be conducted and doctors, health officials, and the American people must recognize that these disparities are a very real problem.

We must take a stand to seriously address the health disparities within Latino children and other minority populations.

[From the New York Times, July 26, 2002]

HEALTH PROBLEMS OF LATINO CHILDREN

One in every six American children is Hispanic, but it's hard to find them in the research on child health. According to the Journal of the American Medical Association, Latino children suffer from a disproportionate number of health problems that have been poorly studied. Diabetes is on the rise,

and Latino boys have the highest rates of obesity among young people, but researchers don't know why. They also don't know why Puerto Rican children have rates of asthma higher than those in any other region.

Many of the statistics pose mysteries that go beyond the fact that Hispanic children are less likely to be covered by health insurance than are children in other ethnic groups. For instance, Latino children who are hospitalized with limb fractures receive less pain medication than do white or African-American youths. No one seems to know why, and data is hard to collect because Hispanic children are often included in the categories of white, black or "other" in medical research. Many researchers also ignore these children and their parents by excluding non-English-speakers from their studies.

Much more research is clearly necessary. Meanwhile one obvious place to start narrowing the health gap for Latino children is the language barriers. President Bill Clinton issued an executive order in August 2000 mandating that physicians who receive Medicaid and Medicare funds provide interpreter services for patients who do not speak English. The rules are flexible, but the national medical associations have opposed them as being too costly. Given the disturbing data on the state of Latino children's health, their objections send the wrong message.

CELEBRATING SALVADORAN DAY

HON. MICHAEL M. HONDA

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Friday, July 26, 2002

Mr. HONDA. Mr. Speaker, I rise today to applaud the California State Legislature for its efforts to recognize a day that celebrates the contributions of the Salvadoran community in the State of California. On August 6, 2002, the State of California will officially celebrate El Dia del Salvadorano (Salvadoran Day) for the first time. There are more than 275,000 Salvadorans in California, the majority of whom reside in Los Angeles County. Many of these individuals have actively participated in the professional and political arenas, as well as many other fields. It is my hope that the strengths, struggles and triumphs of this culturally-rich community can be remembered and passed on for generations to come.

Salvadoran communities throughout California and El Salvador currently celebrate Salvadoran Day on August 6 as an act of remembrance and celebration. This year's celebration is expected to draw up to thirty thousand people. Historically speaking, the official founding of Villa de San Salvador occurred on August 6, 1525, in the Valle de las Hamacas (Valley of the Hammocks). In this place, the indigenous peoples of Central America fought historic battles against the Spanish conquistadors. The spirit of those indigenous warriors lives on in the Salvadoran people today and is evident in their will to survive and fight to better the lives of their families and communities.

The Salvadoran American National Association (SANA) should be commended as well for its actions on behalf of Salvadoran communities across the country. SANA is a multi-ethnic peace and reconstruction organization founded by Salvadoran-American citizens who have been involved in the community for over 25 years.