

decent and honest members. Unfortunately for them, their leaders have betrayed their cause. There is no conspiracy to criminalize statehood, in fact, most of the convicted officials pleaded guilty in court before their sentences. There is a duty to prosecute the criminals that have hidden behind the statehood banner to steal money and for their own corrupt purposes. It is this leadership that I indict today. This statehood leadership that has inflicted the most damage to the statehood cause in Puerto Rico and the United States.

As a result of the federal and local investigations of this statehood corruption scheme, during the last months we have witnessed the conviction and indictment of many of the highest-ranking statehood leaders, including the personal assistant to former Governor Rosselló, two of the former Governor's Deputy Chief of Staff, the former Speaker of the Puerto Rico House of Representatives and former National Committeeman of the Republican Party in the Island, and the former Secretary of Education that pleaded guilty, to stealing at least \$4.3 million of federal Title I funds for his benefit and the benefit of the Statehood Party.

In this chart you will be able to see how far corruption went under the statehood party's government in the Island. This is the Statehood's Party Hall of Shame. The list of corrupt officials and the depth of the corruption are impressive. Here are some of the cases that have been brought to Justice so far.

LEGISLATIVE BRANCH

Mr. Edison Mislá-Aldarrondo (Speaker, PR House of Rep. and National Committeeman, Republican Party Puerto Rico Committee) Convicted

2. Mr. Aníbal Marrero (Vice President, Puerto Rico Senate) Resigned under scandal.

3. Mr. José Granados-Navedo (Vice President, Puerto Rico House of Reps.) Resigned under scandal.

4. Mr. Norberto Nieves (Member, PR House of Rep.) Convicted.

5. Mr. Freddie Valentín (Senator, PR Senate) Pleaded guilty.

6. Mr. Víctor Marrero (Senator, PR Senate) Convicted.

7. Mr. José Nuñez (Member, PR house of Reps.) Indicted.

EXECUTIVE BRANCH

1. Ms. María de los Angeles "Angie" Rivera (Personal and closest assistant of Governor Rosselló) Convicted.

2. Mr. Víctor Fajardo (Secretary, Department of Education) Pleaded guilty.

3. Mr. Daniel Pagán (Secretary, Department of Natural Resources and Environment) Indicted.

4. Mr. Andrés Barbeito (Director, Government Pensions Administration) Convicted.

5. Mr. Eduardo Burgos (Former Deputy Chief of Staff; Director, Municipal Revenues Collection Center) Convicted.

6. Mr. Luis Dubón (Owner, Statehood Party Headquarters' Building) Convicted.

7. Mr. José Cobiañ (Deputy Finances Director, New Progressive Party) Convicted.

8. Mr. Angel Luis Ocasio-Ramos (Deputy Chief of Staff, Governor Rosselló's Office) Convicted.

9. Marcos Morell (Former Executive Director of the Statehood Party) Disbarred by the Puerto Rico Supreme Court for a conflict of interest doing business with the Rosselló administration.

10. Bernardo Negrón (President, Federation of Statehood Party Mayors) Convicted.

Although Mr. Rosselló has not been indicted, the extension of the corruption leads to one or two possible explanations: 1) he was part of the corruption scheme; or 2) he is such an inept administrator that he should not be trusted again with the duty of managing a government.

During the investigation in cases such as the Secretary of Education scandal, the federal prosecutors found evidence that at least \$1 million from federal funds were funneled into NPP (Statehood Party) coffers. It is widely known in Puerto Rico that the Secretary of Education was a leader in the Statehood Party's GOTV efforts during the political status plebiscite and the general elections.

The widespread corruption that I just described had a negative impact in many federal grants and programs that Puerto Rico was entitled to receive. When I first arrived as a freshman in Congress, I was informed that millions of dollars in federal funds had been frozen or at risk of being frozen because of this situation. The task of Governor Sila M. Calderón and myself was to assure compliance with federal requirements to make the funds once again available. The projects and programs affected include Child Care, the Nutritional Assistance Program, Head Start, TANF, the Urban Train Project, Housing and E Rate.

After just two years our efforts brought the desired results, the new Administration in Puerto Rico implemented the measures to comply with the federal programs' requirements and the Government of Puerto Rico was able to receive the frozen funds.

To do this is difficult to me as a Puerto Rican because the Puerto Ricans are a decent people, hard working people, an honest people. I know that this information may feed some unfair stereotypes. But Congress needs to be cognizant of the truth and I trust that the members of this House will be discerning and will not generalize based on a sad, but isolated case in our history. As a matter of fact, the way this Congress has treated Puerto Rico recently, authorizing the highest increase of federal funds for the Island in the Title I education program and appropriating funds for other important programs is a clear showing that Congress has recognized that Puerto Rico's government is back in good and clean hands. I am here to clear the name of Puerto Rico and to explain how we have extirpated the cancer of corruption.

What are we doing? We are cleaning up house and making sure it never happens again. As a result of the corruption scandals in former Governor Rosselló's administration, Sila M. Calderón ran for Governor of Puerto Rico with the goal of providing the Puerto Rican people with a transparent government. She has dedicated the past two years to implementing tough measures to restore public confidence in government.

I want to clarify that the statehood party hall of shame has nothing to do with the national parties. It is a cancer in the statehood movement. For example, Pedro Rosselló was a well-known and active Democrat; and Edison Mislá, former Speaker of the House was the Republican Party National Committeeman in Puerto Rico. The common denominator is that they belong to the leadership of the statehood party.

Although the statehood leadership periodically comes to this capital to express their es-

teem for the U.S., they misunderstand the values that the American flag represents.

When the leaders of the statehood party come again to Washington to lobby behind the backs of the people of Puerto Rico I urge you to ask them where were they when their party leaders were using federal funds for personal and political purposes. Ask them why did they remain in silence? Why they did nothing to fight corruption? Why are they supporting Pedro Rosselló's comeback to Puerto Rican politics, the person responsible for this disaster?

HEALTH CARE CRISIS IN OUR NATION

The SPEAKER pro tempore. Under the Speaker's announced policy of January 7, 2003, the gentlewoman from California (Ms. SOLIS) is recognized for 60 minutes as the designee of the minority leader.

Ms. SOLIS. Madam Speaker, tonight I am very pleased to be here to speak about health care and the crisis that we face here in our Nation and particularly about the crisis that is affecting the Hispanic population and other minority groups.

I am delighted that I have been joined tonight by three colleagues that will speak about some of the situations and problems that they face in their own States. First I would like to, as chairwoman of the Congressional Hispanic Caucus Health Task Force, recognize the gentlewoman from the Virgin Islands (Mrs. CHRISTENSEN), who is our representative for the Virgin Islands. She is chair of the Hispanic brain trust for the Black Caucus.

I yield to the gentlewoman from the Virgin Islands.

Mrs. CHRISTENSEN. Madam Speaker, I want to begin by commending the leadership of the Hispanic Caucus, past and present, my colleague and current Chair, the gentleman from Texas (Mr. RODRIGUEZ), and my health counterpart, the gentlewoman from California (Ms. SOLIS), for the leadership they provide for all Americans and for the effective representation they provide to people of Hispanic descent. All people of color face unacceptable barriers to health care, but Hispanics and Latinos face the additional burden of language. Anti-immigrant sentiment places further roadblocks in their way to health services. Because of the leadership of the Hispanic Caucus in collaboration with advocacy groups, attention is being brought to these issues and the barriers are beginning to come down, but there is still much to be done.

Madam Speaker, the racial disparities in health care so ably documented by the Institutes of Medicine report and other reviews continue to show that if you are a minority American, you are likely to receive a diminished quality of care even if you have the same income and educational status. As we recognize the plight of the uninsured this week and the reverberating impact not just on families but on entire communities including those with

insurance, it is important to point out that Hispanics have the highest uninsured rate among all racial or ethnic groups. Studies show that they are at high risk and lack basic access to medical care because of their high uninsured rates. That is why Hispanic Americans are joining other Americans from all backgrounds and parts of this country to rally during this April's Minority Health Month for universal insurance coverage and access to health care. Like other Americans of color and those living in the rural areas of our country, they are at increased risk.

Hispanics are twice as likely as Anglo Americans to have diabetes, twice as likely to have AIDS. Latino children are prone to have asthma, yet less likely to receive care. Too many still use emergency rooms too late in the stages of their illnesses because they lack a regular source of care. We must take steps to turn this around if we are to reach our ultimate goal of wellness for this country.

Further, many of Puerto Rican or Dominican descent comprise a large part of my district in the U.S. Virgin Islands. With their fellow Americans in the U.S. territories, they live under a system that caps Medicaid funding to our hospitals and clinics, leaving a heavy burden of care on municipalities that can afford it least and leaving many residents without access to care. Wherever this or a similar lack of access to care exists, there is also an effect on those with insurance and a direct and adverse impact on the ability of hospitals there to maintain quality health care services for everyone. Uncompensated care affects us all. We must take steps to turn this around if we are to reach our ultimate goals, as I said, for wellness in this country.

And so, Madam Speaker, the minority caucuses of this Congress will host a rally on April 29 on Capitol Hill to bring the attention of our fellow Americans and the Congress to the urgent need for universal access to health care, because this country can no longer afford for so many of its citizens to go without a means to pay for the quality health care that they deserve.

□ 2045

Insured and uninsured alike, we are all in the sinking ship of a failing health care system in this country. The time to become proactive on the health issue that affects Hispanic Americans, African Americans, other minority Americans, rural Americans, and, indeed, all Americans, is now. Access for us, for those of us of color, is access for all.

I want to thank the gentlewoman from California (Ms. SOLIS) for yielding to me. I want to thank my colleagues for inviting me to join them in calling attention to these important issues.

Ms. SOLIS. Madam Speaker, I thank the gentlewoman, who in her own right is a leading physician and who has actually done so much to help further the cause for universal health care, access

for everyone and also for HIV and AIDS prevention, and also for those many chronic illnesses that many of us face.

Madam Speaker, I would like to yield to the gentleman from Washington (Mr. McDERMOTT).

Mr. McDERMOTT. Madam Speaker, I thank the gentlewoman for yielding. I appreciate the opportunity to talk here today on an issue which I think is very timely and very important.

Today I dropped in H.R. 1200, which is a bill that I have dropped in for 12 years, providing universal health care insurance for the entire country. We are all one family. We are not this group or that group or another group or whatever. We are all together in this. We ought to have a plan that covers everybody, no matter where you live, no matter what color your skin is, no matter what ethnic background you come from, what kind of money you have or anything. It should be a system that covers everyone.

Now, today I just took this out of my wallet. I am covered because I have got this piece of plastic in my wallet. If I get in an accident or get sick and they haul me in the emergency room, they will find out I got this piece of plastic and I am covered. I can go for preventive care. I can go for all kinds of things. But if you do not have this piece of plastic, you will have to wait until you are really sick, because you cannot afford to pay for it; and you go into the emergency room, you get health care, but in the most inefficient way possible and the most inhumane way possible, at the end, when you should have been having preventive care before.

Now, this country, for reasons which totally escape me, cannot accept that it is a right for everyone to have health coverage. In Germany, we say, you know, what could the Germans know? In 1883 they put in a universal health care system. If you go to work tomorrow in Germany, you will have insurance tomorrow. They take in Turkish workers, they take in Kurds, they take in Bosnians. All these people come into their country, and they give them health care coverage from the very first day.

The United States has lots of people who come into this country to work. They come here to pick our vegetables, to work in the fields, to do the hard labor in this country. The fact is that of the 42 million people in this country who do not have insurance, 72 percent of them work full-time. They are not lazy. They are pulling their weight. They are doing what you have to do in a society to feed their family. But they do not have health insurance, and it is wrong. I think that the members of the Hispanic Caucus are absolutely correct in bringing this up, that everybody in this country should be covered.

The fact that Hispanics are in fact the least insured in this country is a travesty. If they were not doing the work they do in this country, we could not have the standard of living we have.

Ms. SOLIS. Madam Speaker, I appreciate the gentleman's remarks this evening.

Madam Speaker, it gives me a great deal of pleasure to recognize the distinguished gentleman from Texas (Mr. RODRIGUEZ), the chairman of the Congressional Hispanic Caucus.

Mr. RODRIGUEZ. Madam Speaker, I thank the gentlewoman for yielding.

Madam Speaker, I rise tonight to talk a little bit about health care, and I want to personally first of all thank the gentlewoman from California (Ms. SOLIS) for her leadership in the area of health.

On behalf of the Congressional Hispanic Caucus, the gentlewoman from California (Ms. SOLIS) is the chairwoman of the Task Force on Health. She has brought to it a great deal of energy. Now she sits on the Committee on Energy and Commerce also, so we have high expectations for the gentlewoman from California (Ms. SOLIS) and we want to thank her for what she has done, not only for her constituents back in California, but throughout the Nation, and her efforts in the area of health care. Under her leadership and passion the Health Care Task Force will be at the forefront of issues ranging from chronic diseases to the issues that we are here to discuss tonight, which is the uninsured.

The 2000 census revealed what many of us already knew back home, and that is that the Hispanic community has grown by leaps and bounds over the past decade. Hispanics are now the fastest growing community in the United States and make up close to 13 percent of the U.S. population. So I want to take this opportunity to say that of that part of the population, we have one of the largest numbers of uninsured.

Serving the uninsured must be a top priority for our Nation. Currently we have data to show that 33.2 percent, and it has been growing now with the individuals that have lost their jobs, of Hispanic individuals are uninsured, compared to the non-Hispanic whites who are uninsured at about 10 percent.

Let me tell you, these are people that are hard working individuals, that are out there working and making \$20,000, \$30,000, yet find themselves, if they are working for a small company, they are not going to have access to insurance. Unless they are working for a government, State, local or Federal, unless they are working for a major corporation, they will not have access to insurance.

So it is important for us to look at providing access to that insurance that their children and they need. While 19 percent of all Hispanics depend on Medicare and 35 percent of all Hispanic children depend on what we call the State Children's Health Insurance Program, which is CHIP, for their health care, still many of our needy families are not receiving the services that they deserve.

Despite the rhetoric of the administration, we leave millions of children

behind by President Bush calling for a \$2.1 billion cut in this critical program for children, which is the only health care that a lot of these children receive. These are families that are working, trying to make ends meet. They are not poor enough to qualify for Medicaid, and they find themselves just making too much money, \$20,000, \$30,000, that they do not have access to health care, which is unfortunate.

It is unfortunate for too many working Americans that continue to lack this access to health insurance. Hispanics especially fall into this category. Over 33 percent of the Hispanics are uninsured, as I indicated earlier.

When it comes to health care, despite the promises, the Bush budget leaves our community behind. The Bush budget gives no money to these vital Federal health care programs for Hispanic communities. The Bush budget insufficiently funds the Community Health Centers, which have been out there making a difference, that millions of uninsured low and moderate income individuals rely on for their health care needs. The Community Health Centers have been there in responding to our communities' needs, and we need to make sure they continue to get the resources needed.

The Bush budget also cuts funding to the Office of Minority Health that focuses on health concerns which disproportionately affect minority communities.

The Bush budget also cuts into the future of Hispanic communities by eliminating funding for health career opportunities that aim to increase the number of minority health care providers.

We need to ensure linguistically and culturally appropriate health care by providing minorities an opportunity to go into the health care profession. At the present time we understand and recognize that we have a large number of individuals that could qualify and could enter the profession. A lot of times a little assistance in these programs that allow that opportunity to get into nursing, that allow them to get into some of the other health professions, as well as the medical profession, is important. So every effort needs to be made to continue.

I want to also talk a little bit about diabetes and HIV/AIDS. In diabetes among the Hispanic community, the risk for diabetes is twice that of the non-Hispanic whites. Nearly 11 percent of Hispanics have been diagnosed with diabetes as compared to 7 percent of non-Hispanics.

In the area of AIDS, funding for HIV/AIDS must also address the change in infectious rates. Hispanics have a rate of new infections four times that of non-Hispanics, despite the fact we have made some gains in the area of AIDS. Despite the fact that the number that are getting it and that are suffering serious illnesses are decreasing, the number for Hispanics is growing disproportionately.

So we ask as we look at those issues, such as diabetes that hit Hispanics disproportionately and such as AIDS that now affect those poor communities throughout this country, as well as African Americans, it is time to focus attention to the needs of these populations. I would ask the Bush administration to seriously reconsider their budget when it comes to health.

The Bush administration also has continued to deny legal permanent residents, and I will say that once again legal permanent residents' access to vital programs such as the Temporary Assistance for Needy Families, TANF, and the States' Children's Health Insurance Program, such as CHIP. These are individuals that are here legally, these are individuals that have not broken the law, yet we have denied them the right to have access.

One of the proposals that we have serious concerns with this administration on is the proposal that he has taken in hand, and that is that the Medicaid proposal has been one that addresses the needs of the most needy in this country, those that are indigent.

He has taken the Medicaid, and then he has taken the CHIP program, which is the program that addresses the children of the working families of this country, and has taken that program.

Thirdly, he has also gone after the disproportional share, the money that goes to hospitals that provide the indigent care, that provide for those in need.

So those three programs impact the most needy of this country, yet those are the three programs that this administration has chosen to bundle up into one block grant, and his proposal is to send it to the States, with the understanding that as the future goes on there is going to be a cap on it, and in those States where we have disproportional numbers, such as Texas and other States, that we will continue to have a difficulty in that area.

I want to continue to go ahead and address a couple of issues, but I wanted to take this opportunity to thank our task force chairman from the Hispanic Caucus, the gentlewoman from California (Ms. SOLIS), on her efforts, and I want to continue to join her here and thank her very much for what she has been doing.

Ms. SOLIS. Madam Speaker, I thank the gentleman from Texas (Chairman RODRIGUEZ), our illustrious chair of the Hispanic caucus. I thank him for appointing me as the woman who will be now in charge of the issues regarding Hispanics and health care this term. I am very privileged to be in this position, and I know that we have a long charge ahead of us.

Madam Speaker, tonight, today as Chair of the Congressional Hispanic Caucus Health Task Force, I wanted to call attention to the health status of Latinos throughout the United States.

When we talk tonight about Latino health care, it is important to note

that Latinos are the fastest growing minority group in the country, in the United States. So the issues we face confront the health care field throughout the country, whether you live in east Los Angeles, in my district in California, or if you live in Atlanta, Georgia, or in Birmingham, Alabama, where we are seeing a large number of Hispanics now residing in that area. I had the privilege, Madam Speaker, of being there this weekend and walking with other members of our caucus to celebrate a civil rights memorial for 28 years of suffrage that has gone on in the South. The issues are no different there than they are in other parts of the country with respect to those that are uninsured. African Americans and Latinos still face the same kinds of problems.

This week, however, Madam Chairwoman, we are celebrating this week as Cover the Uninsured Week, a national effort that is going on right now, that is being celebrated across the country, to recognize those people who are under-insured and uninsured.

I would be remiss if I did not point to this chart here tonight, to point out that 41 million Americans do not have health care insurance in our country. It is unfortunate that about 30 percent of those individuals are Hispanic.

Let me point that out on this section of the pie chart, 30 percent. Forty-seven percent of non-white/Hispanic, 47 percent. Thirty percent Hispanic, 16 percent black or African American, and 5 percent Asian and South Pacific Islander also fall into that category.

Madam Speaker, by the year 2020, it is projected that one in five children will be Hispanic. Yet Latino children have the highest uninsured rates in the U.S. child population.

□ 2100

And unfortunately, the number of Latino uninsured has been on the rise over the past decade.

I would like to point out the next chart that I have. Here we see also the rising numbers of those individuals that are Latino, that are working, 43 percent; those that are in the private sector, 2 percent; 18 percent Latino, Medicaid; and others that receive some type of coverage; and then those that are in the uninsured category: Latinos, 37 percent, to 14 percent who are Anglo, or white. Madam Speaker, 73 percent of the Anglo population has insurance; 43 percent on this chart here indicates people that are working, working Latino family members are uninsured. It is a crime. It is a crime that this is the situation here in our country.

The next chart unfortunately does not provide us with many more good indicators. The number of Latinos uninsured has been on the rise over the past decade; and all we have to do is start looking at 1990, where 7.0 percent, the number of uninsured Hispanics, has increased 7.0 percent in 1990, a decade ago. When we look to the year 2000, it is now not quite doubled, but almost

there, 11.2 percent. It has increasingly gone up. It is not to say that these people are not working, because they are. I fail to see the reason that they are not being provided with some attempted coverage for those that are uninsured.

In fact, 37 percent of nonelderly Latinos are uninsured, more than double the rate of whites. The large majority of uninsured Latinos come from working families, approximately 87 percent; but less than half of all Latinos have employer-based health coverage. That is to say that where they work, at their place of employment, they do not have any type of insurance coverage for their needs, to meet their needs.

So let us be clear tonight, I say to my colleagues. There are women and men who are working and paying taxes, they play by the rules, but they are not getting any health coverage. This goes far beyond just the Latino community. There are many working men and women, African American, Anglo women that I met, even today when I was out visiting folks in my district, who told me about their plight with not having adequate health coverage, or being underinsured. This is a real issue, I say to my colleagues, that we need to address.

Unfortunately, nearly one-third of all Latinos work for an employer who does not offer any health care insurance at all. The lack of insurance in our country is devastating to families, particularly Latino families. Among the uninsured, Latino adults in fair to poor health, 20 percent are women, 40 percent are men; and they have not visited a doctor in the past year. Can we imagine that, not being able to see a doctor in more than a year?

We know that the uninsured receive less preventive care and are diagnosed later for diseases and tend to receive less medical care for their illnesses. Uninsured children are 70 percent more likely than other children not to have received medical care for common conditions like ear infections, 30 percent are less likely to receive medical attention when they are injured, and nearly 40 percent of uninsured adults report skipping a recommended medical test or treatment in the past year.

Having health insurance would reduce death rates for the uninsured by 10 to 15 percent. How many lives can we save if we provide them with some attempted coverage?

There is a consensus that health insurance is a necessity. So how can we increase access to health insurance? Certainly, we need to make sure that children are enrolled in successful programs like the gentleman from Texas stated earlier, like the State Children's Health Insurance Program, known as SCHIP, and in California known as Healthy Families. And we must make sure that all of our vulnerable populations are enrolled in Medicaid in that safety net program, and that these programs make health care access a reality.

Madam Speaker, we also need to focus on innovative private and public approaches to covering the uninsured. When I was in the State legislature in California, I authored a bill to launch a body of research on how to provide universal health care coverage, and I was proud to be the sponsor of Senate bill 480. The researchers have come up with several proposals for universal health coverage, and many are being implemented now as we speak in Sacramento. Unfortunately, due to severe budget cuts, not only in the State of California but across the board, many of these programs that we have instituted in the past are now on the chopping block. One of the reasons is because of this whole new attempt to try to block-grant Medicaid. Our State is now being devastated with cutbacks in the budget. In California, which is almost a continent in and of itself, we are crying out for assistance now because our budget is woefully low in terms of providing coverage for the very needy, for the working poor, and for children.

Medicaid in California is known as MediCal. It is called MediCal. Our medical program offers dental services, physical therapy, and diabetes management. I was a proud offerer of reforms to provide treatment and management for diabetes. Lord knows the African American community and the Latino community suffer very high rates of diabetes. If it is not treated appropriately in a preventive matter, it can become a very acute problem that will come to haunt us and continues to haunt us if we do not come up with the incentive and money to go into those measures. I say we need to put money up front into programs like that to combat chronic illnesses like obesity, diabetes treatment, and asthma. These are the things that we need to be addressing and putting our money where our mouth is when we talk about providing assistance to the uninsured.

Medicaid is an incredibly important program, and it covers now approximately 40 percent coverage for Latinos; but without this help, I fear what will happen to our communities, not only Latinos, the people that I represent in my district, but poor people, working people, people who actually have jobs that will go without this kind of coverage.

Unfortunately, this administration has proposed what I said earlier, the Medicaid reforms known as block grants. What they are telling us is that they will give States money to be able to get more flexibility to provide coverage for different illnesses; but in the long run, in 10 years, they are going to cut that money back, and what it means is less people will be served. The elderly will be out. The young people, the children will be hurt.

I am here to tell my colleagues that we need to do more than that. We need to reverse that trend and ask this administration to step up to the plate and forget the rhetoric and really talk

about making some very meaningful reforms in Medicaid and providing the coverage that is so very much needed in States like mine in California where we do not get a refund in our dollars. We are known as one of those States where we are a donor State. We give more money than we get back. I am here to say it is time that California and other States in the southwest like Texas, Washington State, and other parts of the country receive their fair share of dollars where we need it. Our seniors are crying out for reform; our children need it. Their voices are not heard often enough, and we know that. That is why we are here tonight, to speak on their behalf as well.

These proposals, as I see them, that the administration is proposing will be devastating; and instead, we should be looking at proposals that increase the Federal support to Medicaid by increasing Federal Medicaid or medical assistance known as FMAP. This bipartisan bill that has been introduced, known as H.R. 1816, will provide States the fiscal relief they need to improve health care access to vulnerable populations. To improve Latinos' access to Medicaid, we must lift the ban on health care access for legal immigrants and pregnant women and their children. I say, and I underscore, legal, people who are here legitimately who are having children here and are playing by the rules and paying taxes as they work, whether they are a nanny, whether they are a housekeeper, whether they are there in a restaurant serving us, or whether they are out in the fields picking our fruits and vegetables that we had here tonight, I say to my colleagues.

It is time to pass the bipartisan Legal Immigrant Child's Health Improvement Act. This bill would lift a 5-year ban currently in place on States receiving Federal support for health care services for lawfully present immigrant children and pregnant women who entered the United States after August 22, 1996.

This simply makes sense from a humanitarian and medical point of view, and it will save the public health system money, thousands and thousands of dollars. I can tell my colleagues that firsthand as a Representative in Los Angeles County where we have one of the largest health care, public health hospitals right now that sees so many individuals having to wait 8 hours just to be seen by one doctor, whether it is for a throat infection, an ear infection, or for being a victim of a drive-by shooting. It is unheard of, the kind of medical access that people have to attempt to receive, knowing fully that we are all paying for this standard of health care. Yet, it is unequal in areas that I represent. We have to change that. We have to work hard to make sure that it is equal for everybody, whether one lives in Texas, in the Rio Grande, whether one lives in Boston, Massachusetts, or whether one lives here in Washington, D.C.

We also must fix Medicare in order to help Latino seniors who are struggling with high-cost prescription drugs. This goes far beyond the Latino community. There are many, many seniors who are crying out for reform, who want to see their prescription drugs, the cost for that medication reduced dramatically. I can tell my colleagues now there are people who have told me, why is it that I have to pay \$300 for my medication to treat my diabetes or my thyroid gland? I cannot afford to go on vacations; I barely make my rent. Why is it that the Congress cannot come together and make these reforms feasible so that I can live an appropriate life, one that I feel I deserve? This is what seniors are telling me all the time. I look at them and I look in their eyes and I feel we have done them a disservice, because we have not been able to reach an agreement with the other Members on the other side of the aisle to see that we are truly, truly addressing the needs of our senior population.

I say that fully knowing that my own parents are faced with that dilemma right now. They have one of those plastic cards that allows them to go see their HMO, Kaiser, Kaiser coverage; but they have to pay a copayment. If they have surgery, they have to pay another copayment. If they have to go in to get treatment for their thyroid, they have to pay another \$200 or \$300 every month, and my parents are on a fixed income. They no longer work. They are over 70 years old. I know there are millions of seniors that are in that same predicament, and they probably even have harsher, harsher illnesses than my own parents. And I pray that they will be able to make it as they see their daughter here try to get a resolution to provide an adequate prescription drug benefit for them, that is low cost, that does not discriminate against them, whether they are in an HMO program or if they are seeing their own fee-for-service doctor. There should be no discriminate treatment for either, and that is what I am going to work hard for, and I know that our Hispanic Caucus will do the same.

I want to tell my colleagues that recently I have had a chance to visit with a lot of my seniors in my own district in Monterey Park and in my new cities that I represent in Covina and West Covina, which were previously represented by the gentleman from California (Mr. DREIER). I want to tell my colleagues that folks are telling me the same thing: we have to change. We have to change the rules of the game so that everyone receives a fair, level playing field when it comes to access to health care.

Right now, because unemployment rates are so high, people are losing their jobs, they are losing their health care coverage. Today I saw a woman who I spoke to who runs her own business out of her own house. She told me that one of the opportunities that she had was to try to provide her own coverage for health care. It would cost her

a minimum of \$500 a month. That was entirely too much for her. What does that mean for her? That means that she is going to have to forego that. If she gets ill, God forbid. If she has to go to the doctor, God forbid. If she gets really sick or hit by a car or she becomes tremendously ill, she will have to go to a public emergency or trauma center, which is going to cost the public dollars, the taxpayers a lot more money. If we were just to put more money in to help the uninsured, we could save a whole lot in the long run.

I am advocating for us to have that discussion here tonight, for us to talk about other options for providing assistance to the uninsured and the underinsured, because there are a whole lot of people out there who are working that make \$15,000, \$16,000 a year, they have four kids, they are beating themselves up because they want the best for their kids; but they cannot afford to even make a copayment to have adequate coverage. It is time that we start looking at providing assistance to the uninsured, because every tax dollar that they pay into when they see their check, their payroll check, it says a deduction, but where does that deduction go? Is it going into a health care trust fund for them? Is it going to be available for them when they need it? Is it going to be available for their children? Those are the questions that I ask here tonight.

I would like to ask my colleague, the gentleman from Texas (Mr. RODRIGUEZ), the chairman of the Hispanic Caucus, to please share with me what insights he might be able to shed on this issue.

Mr. RODRIGUEZ. First of all, I want to thank the gentlewoman for allowing us to be here tonight, and I want to thank her for her leadership in the area of health. Also, as I was looking at the data that she had before us and the research and all of the studies, one of the things that was glaring was the fact that things are not getting any better; they are getting worse. As they get worse, we come up here and we get elected to respond to the problems that we are confronted with, we get elected to hopefully come up with some solutions to those problems. But it is unfortunate that some people are up here not to solve problems, but to see how they can leverage their political power in the process of not responding to the needs of our constituency in this country.

So one of the things that is important, as the gentlewoman indicated, is, and the research shows, that of the ones that are uninsured, 87 percent, especially the Hispanics, 87 percent of them are hard-working Americans. These are people that are not out there not working and being lazy; these are people that are making \$20,000, \$30,000, \$40,000 a year. Yet, if they work for a small company, they do not have access to insurance. Once again, unless they are working for the Federal Government or the State government or

some form of government, they do not have access to insurance, or a major corporation.

□ 2115

And so these are hard working Americans that are trying to make ends meet. They make some money and because of that they do not qualify for the Medicaid for the indigent. And now we are trying to take away the only thing that they might qualify for, which is to ensure their children an access to health care. So in this country we would hope that as we move forward, we make every effort to make it affordable and accessible. What good is it that we have the best health care in the whole world, the best research, if it is not accessible and it is not affordable? It does not make any sense. So hopefully we will continue to work on that.

I just wanted to also add that, additionally, we have only 43 percent that have employer based coverage compared to 73 percent for Anglos, which means that most Hispanics are working for even smaller companies and so they do not have any access.

I wanted to share with the Congresswoman, I represent Starr County on the Mexican border. I have 11 counties. Starr County is a beautiful county, yet it has the distinction of being one of the poorest in the 2000 Census. It is the poorest in the entire Nation. In Starr County we have close to 40 percent of those between the ages of 19 to 64 are without health insurance, 40 percent of the population. And the lack of insurance means restricted access to preventative care which can lead to costly emergency room visits, poor quality of life and even shortened lifespan. While we have a patchwork of Federal and State types of programs, we continue to have difficulty. And I know that there is a talk about the private sector coming in. Well, I represent rural America, too. I have 11 counties. I have a lot of what we call the "brush country" in Texas in San Saba, in Frio, La Salle, in Atascosa, Duval, Jim Wells also, those counties out there as well as Starr and now parts of Hidalgo, those counties are rural counties, a lot of them are rural counties and the ones that are rural counties have difficulty getting the private sector to come in. So despite the fact that we have had the private sector move into Medicare, they have not had the experience.

I will share with you what happened to one of my counties that I used to represent that I do not now, in Wilson County, where the private sector was not making the profits that they wanted to see. They cannot get rid of the individuals if they are not making the profits, but what they can do is decide not to service the entire county. So they decided to get rid of most of the rural counties.

So in rural America we are having a rough time. And if you work in rural America and live in rural America, most likely you are working for a

small company. You are working for a small employer who does not have access to health insurance. That is why it is important for us to provide that alternative. That is why it is important for us to provide that access to health care that is so critical.

I wanted to also share with the gentlewoman that it is unfortunate that there are no easy answers, but the reality is that we can come up with if the will was there, we could make something happen. But it is unfortunate that we have not come to grips with it and we are not close to answering the problems. But the election is coming up in 2 years, and people have talked about meeting the prescription drugs. I saw the ads lots of time calling to thank Congressman so-and-so for their legislation that they had passed. Well, I want to ask where are they now on that piece of legislation? Nowhere.

And the same thing with the proposal on prescription drug coverage that this administration has put forward. It is embarrassing. It is a sham. The Bush administration in terms of their proposal on drug prescription, I am sick and tired of these types of responses when people are sincere. When they come to me when I go to churches they tell me, Mr. RODRIGUEZ, I cannot afford to buy the prescription. I cannot afford it. I buy my husband's. I cannot buy mine. We go without food because we are on fixed incomes.

We have got to do something about this. Once again, it does not make any sense for us to have all the remedies in the world when our own constituency who are working hard and trying to make ends meet do not have access to this.

I wanted to take this opportunity if it is okay to talk a little bit about the Hispanic Health Improvement Act that the gentlewoman is a co-author of that piece of legislation. I would like to use a little time on that.

This week we will be introducing the Hispanic Health Improvement Act with Senator BINGAMAN and the gentlewoman from California (Ms. SOLIS) and members of the Hispanic Congressional Caucus. This will be landmark legislation and it is based on the previous Hispanic Health Act. I reintroduced it in the 106th Congress with existing legislation with Senator BINGAMAN, who has been a champion for us. And I want to personally thank him for his efforts in the area of health care because he has been there.

In addition, we have taken some of the Federal regulations from the Hispanic Health Leadership Summit, as the gentlewoman will recall. We convened last August. The Hispanic Caucus convened in a group and incorporated many of the suggestions of the group. And we invited two Members from each side of the Congress, both Republican and Democrat, we invited them to San Antonio to come and talk about the needs of Hispanic health. We had a good representation from both Republicans and Democrats come for-

ward and participate in our conference. And the legislation offers a variety of different strategies for expanding health care coverage, improving access, and that is important.

If you have the decisions that respond to the problems that we are encountering but you do not provide the access, it does not do any good. And also we talk about affordability. It has got to be affordable, otherwise forget it. I do not care how good the response is. If the person does not have any money, it is not accessible. It is not affordable. They will not be able to live unless they get that accomplished.

And then we also reduced and addressed the health disparities. We know that in certain communities such as the Hispanic communities and the African-American community that we have disparities such as diabetes, AIDS and varieties of others. So while we consider each provision in our bill, we look to improve it. And I am just going to highlight just a few things from the piece of legislation.

In order to address the lack of health care coverage, the legislation provides \$33 billion between fiscal year 2003 and 2010 for the expansion of the successful State Children's Health Insurance Program, SCHIP, and to cover the uninsured, low-income pregnant women and parents. So we are looking at those working parents and women that are expecting. In addition, it provides States the option to enroll legal immigrants. Once again, we are not talking about undocumented illegals. We are talking about legal residents, legal immigrants, pregnant women and children, access to both Medicare and SCHIP.

In addition, the Congressional Hispanic Caucus considers the expansion of Medicaid and CHIP eligible to be critical legislative priorities for improving health, Hispanic health. The bill also seeks to address Hispanic health disparities and requires an annual report to Congress on Federal programs or responding to improving health status of Hispanic individuals with respect to both diabetes, cancer, as the gentlewoman has mentioned, asthma, HIV infection, AIDS, substance abuse and mental health. And the legislation provides \$100 million for targeted diabetes prevention as well as education, school-based programs, and screening activities in the Hispanic communities. Similarly, the bill provides for targeted funds for programs that were aimed at preventing suicide.

One of the things that we have noticed recently, and when I have first heard about the issue of suicide among young Hispanic young ladies, I was not aware of the seriousness of the situation and how bad it was, and so the issue of mental health in responding to the needs of young Latinos who are committing suicide. We really need to be conscious of that. This country has really not come forward when it comes to the mentally ill, whether Hispanic or non-Hispanic. The mentally ill real-

ly are not addressed and especially our young, the youths, when it comes to mental illness, we need to see what we can do for them much sooner for them and see how to address these needs. We are hoping to begin to address the issue of mental illness.

And I want to lastly indicate that we seek in the bill to reduce health care disparities also by addressing the lack of providers who can provide culturally competent and linguistically appropriate care. That is so important. When you look at especially therapists that provide access to psychiatrists to Hispanics who when the doctor is unable to speak the language of the client, you know that the type of care is not going to be up to where it should be. When in describing the type of medication that is needed, having an understanding of the client in terms of culture is also extremely important; and we can cite some examples later on. But the bill also provides for increased funding for HRSA, health professions and the diversity programs.

As you know, the President's budget for 2003 budget proposal eliminates virtually all funding for these types of programs. So you tell me that we are needing people in the area of health care in every forum, we need minority representation in those areas, and yet these programs that are so needed by our community are the same programs that this administration is choosing to cut.

In addition to the promoting of diversity, these programs support the training of health professionals in the fields experiencing shortages, such as pharmacy, dentistry and allied health. They promote access to health care services in the medically underserved communities.

I want to also mention that the Hispanic Caucus considers increased funding for those programs a high priority. As the Hispanic community continues to grow, the implementation of these provisions will take on even greater importance, so the consequences of inaction will be felt for many years. So we encourage both the Democrats and the Republicans and the administration to reconsider their budget when it comes to health because their budget is one that basically says we do not care. We are not here to respond to the problems that are confronted by their little proposal. The President's proposal is a sham and I know that people, even Republicans that look at it, ought to be ashamed of that and they are embarrassed because it really does not address the issues that confront our communities and address the issues of our constituency when they come and say, how can I have access to buy the prescription that I need for my husband or my wife? And the answer is that unless we come together on that and unless we address that need, the bill that is before us does not answer the problem, and the solution that is there is only a political solution that really does not address the problem that is out there.

But the constituency back home will have an opportunity because the election will be coming up in 2 years. And I am hoping that as we go forward that we will make some inroads. And we have an opportunity because I know that both Democrats and Republicans are looking to get votes from the Hispanics. Well, you have a good opportunity. You start addressing the problems that confront our community, and I think our community will be willing to respond, I think, if that is the case. But if you give us lip service such as we are getting from this administration, then the results will be that you are not going to get our support and it is not going to happen because you are not there sincerely trying to address our problems.

I know this is the gentlewoman's time. I want to thank the gentlewoman very much for taking the time to be out here tonight.

Ms. SOLIS. I thank the gentleman from Texas (Mr. RODRIGUEZ). It is a pleasure to be here tonight with him and other Members that came forward to speak on this very important issue.

The gentleman touched on so many important areas that we do not even have time in our committees, and as a member of the Committee on Energy and Commerce, a new member, we did not even have sufficient time to debate this new proposal that the administration is putting forward.

We had about 3 weeks ago Secretary Tommy Thompson come forward and talk about the aspect of trying to block grant Medicaid, and I talked about that earlier. What it means, block granting, is that we are ratcheting down health care. Fewer people get fewer health care. Not more care, fewer. And with the rising increase of population with the uninsured, it means less dollars, not only for Hispanics but for blacks, for Asian Americans, even for Anglos that right now are uninsured.

□ 2130

We have to do something. We have to take action.

Rural America also has been neglected in this debate. We are not doing nearly enough to provide incentives for health care centers, public health care centers to be adequately funded, serving our at-risk populations out there and I mean in particular women and men over the age of 40 who are still toiling out there, whether they are working in the fields or working in rural America who have no benefit of health care access.

We need to put funding there. We have to come up with formulas that are expanding and broadening support of the Federal Government to reach out to these rural communities.

My colleague hit an important note that I want to touch on also, and that is, with respect to the shortage of health care professionals that exist, the opportunities for people to get into the medical profession and especially

in the nursing profession. Many of our community colleges at this point in time do not find that they have adequate funding to offer the curriculum that costs a lot of money, but money that is invested and well-spent can provide a product that will mean so much for our society, and I am asking this administration to put more money into those areas, into those health career professions and create those career ladders and opportunities not only for Latinos who want to come back and serve in their community but for all underrepresented groups and particularly those people who live in rural America.

I also want to touch on the aspect of mental health because in that whole discussion we forget about women and individuals who are afflicted by domestic violence, people that have the right under welfare reform, TANF legislation that provides them the ability to get help. Many of these individuals are being asked now to get off of welfare as we know it and to find jobs, but their illnesses have not been addressed. Some have mental illness. Some have substance abuse. Many are victims, at least 50 percent of the caseload can report that they have been victims of domestic violence.

Why have we not done a better job of monitoring those individuals? They are going to go back into that cycle and there will be no remedy for them. We should put dollars up front for prevention in mental health care and that should be covered by any health insurance program, and that is not being adequately addressed.

I know that the former Senator Paul Wellstone had a proposal that is being reintroduced under his name to try to provide that incentive for fully covering mental health care illnesses so that when we detect them we can get to those individuals that need that help to remedy and provide them from creating more harm to themselves, and I know that our caucus will be working hard to promote that.

Lastly, I would just like to say that we have a long way to go in terms of health care. We talk about education as being a privilege and a right for everyone in America, but I do not think that we have talked enough about providing equal access to health care for Americans and people who reside in this country. Our country is so wealthy, we are one of the wealthiest countries in the world, and yet we forego providing assistance and immunization for children to combat TB, to fight HIV, infections that are now ongoing in communities like mine and like my colleague's.

I ask this administration why, why is it that we could send billions of dollars across this country to fight a war and not use that same money to fight the wars that are here on our own Earth, on our own country to combat AIDS, to combat diseases, chronic illnesses in here and making an investment in the very families that are sending their

young men and women abroad to fight a war.

It is nonsense that we forego the kinds of opportunities that we have here at home to put that money where it will be well spent, that will reap profits and benefits for this country tenfold, in 10 years to come, instead of bankrupting our system right now.

Those are the questions that I have. Those are the questions that my constituents have been asking me, and I hope that this administration will step up to the plate and begin to outline their plan to provide a recovery for health care for all Americans but particularly in this case tonight for the uninsured and for the Latino community.

Mr. RODRIGUEZ. Mr. Speaker, I want to thank the gentlewoman once again and touch a little bit on a couple of things that she mentioned.

On the mentally ill, there is no doubt that is one of the areas that we have not made the inroads that we should have. In this country, in a way, we have been negligent, not being responsive to our youth when it comes to the mentally ill. We have not provided the resources that are needed. We forgot all about Columbine and how that occurred, the fact that we really need to go and see what is happening. Youngsters, a lot of them were suffering from depression. We need to make sure we pay a little more attention to what is occurring in those areas and spend some time and look at the number of suicides of young people that is occurring.

So I am hoping that we begin to address some of these issues, and I am hoping that the will will be there to make something happen.

The gentlewoman also mentioned, I know, the issue of rural America. Rural America right now, and I represent 11 counties that I indicated already that are having a rough time getting access, and one of the reasons why we decided to privatize part of Medicare is because the whole argument was to try to reduce the costs. In fact, the other side argued that Medicare is a government-run program and this and that, that they could do it better. We have tried that experiment, and as my colleague well knows, that experiment has failed. In fact, right now, if a person is under Medicare+, they are costing the Federal Government more money than a straight Medicare, despite the fact they might be paying \$300 additional money.

So it is a gimmick to try to destroy the program. We know and people understood that if they provide access to our seniors, they are the ones that they are less likely to make a profit on because they are ill. The data that shows that a person on the average spends over \$1,000 on prescription drug coverage when they are seniors. There is no insurance company that is going to be able to make the profits they would like to see from our most vulnerable in this country and our seniors, and we

should not be doing that. We need to see how we can make it affordable.

What angers me, and I know what angers Americans, is that that same pharmaceutical company that sells those products that contributes to the politicians up here and contributes big bucks and puts those ads to thank those Congressmen for nothing basically because they did not accomplish a darn thing except the elections were coming up, those are the same companies that choose to sell those medicines in Canada and elsewhere for half the price, for one-third of the price.

The sincereness of their efforts, it is a crime what they are committing, and it is sad that we have got to this point that those same products can be bought in Mexico and Canada for much less, and it is the same company, and it is unfortunate that the ones that are having to pay because they claim that they are doing that for research purposes, and yet who are they sticking it to? Our most vulnerable, our seniors, who buy a large percentage of the prescriptions.

So I am hoping that we can come up with a realistic plan, and the people in this country, they are not stupid. They are going to see right through the President's proposal on prescription drugs. It helps a few at the expense of everyone else, because most people, at least the constituency of the Hispanic community, the only thing they have is Social Security. They do not have any other pension, and if they do, it is a small one. They do not have additional money to dish out \$300 or more for additional coverage, and even though they get additional coverage, the private sector is not interested because if they do get sick they do not make a profit.

We have all understood that, and that is why we need to come up to the plate. This is no way to treat our seniors after they have given of themselves. This is a time for us to reach out to them and provide whatever assistance that we can and to be able to make it also in a way that is accessible and affordable.

So I wanted to once again thank my colleague for what she has done, and I want to also share that in health care somehow we have not come to grips because we do have a lot of Congressmen out here that basically feel that the Federal Government should have no role in health care, and apparently they feel that way and they feel that it should be just privatized. But we understand that people get ill and cost insurance companies, and we know that the insurance companies, as soon as a person gets a serious illness, will dump them if they have the opportunity, despite the laws that we have tried to pass.

That was happening in the 1960s, when we established Medicare and Medicaid, and that is happening now, so the companies are there, and for good reason, they are there to make a profit and provide access to health care

but they are there to make a profit. So a person does not have any problems while they are young and healthy, but as soon as they get ill and they need them, that is when they start having the difficulties. Anyone who has gotten ill understands that and recognizes that.

So their main priority is to be there to make a profit and secondary is everything else, and that is why the Federal Government has a role and a responsibility. The health of this country depends on the quality of life for our constituency.

Ms. SOLIS. Mr. Speaker, I thank the gentleman for being here this evening and sharing his thoughts and words.

Again, I just want to underscore why we are celebrating here tonight, to talk about the real issue, and the real issue is that there is so many millions of Americans that are uninsured, 40 million, and we need to change that, and we need to do more here in the Congress and work together on both sides of the aisle to see that we come up with some remedies that can be taken care of this legislative session.

I want to thank the gentleman from Texas (Mr. RODRIGUEZ). I want to thank also other speakers that came here tonight representing the Congressional Black Caucus, the gentlewoman from the Virgin Islands (Mrs. CHRISTENSEN), and also the gentleman from Washington (Mr. MCDERMOTT). I am very privileged.

GENERAL LEAVE

Ms. SOLIS. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days within which to revise and extend their remarks on the subject of my special order.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from California?

There was no objection.

THE FORGOTTEN DEFICIT

The SPEAKER pro tempore (Mr. BURNS). Under the Speaker's announced policy of January 7, 2003, the gentleman from Michigan (Mr. SMITH) is recognized for 60 minutes.

Mr. SMITH of Michigan. Mr. Speaker, tonight I am going to talk about two very serious issues for this Congress, for this President, certainly its effect on future generations and current and future retirees.

First, I am going to talk about defense spending, the overzealousness of Washington to continue to increase spending two, three and four times the rate of inflation, and what that means is increasing debt that we are going to leave to our children.

So what I have titled the first part is "The Forgotten Deficit," and though, right now overshadowed maybe by national security and the conflict in Iraq, this year's budget is very important. We must reverse the rapid descent into deficit spending that we have seen in the recent years.

Let me give my colleagues an example. From the \$236 billion surplus that we had in the year 2000, the budget situation has deteriorated to a projected \$436 billion deficit. From a \$236 billion surplus 3 years ago now we are looking at \$436 billion Federal funds deficit for this fiscal year and the same for next year. This is a swing of more than \$600 billion in a \$2.1 trillion budget, and this deficit is going to be much larger because this deficit from CBO does not include any money for the defense supplemental that is coming. It does not include any money for the extra cost of whatever we might do in Iraq, and it certainly does not include the effects of any tax cuts.

It should greatly concern us all that government spending is growing explosively as revenues decline. Discretionary spending has been at least 6 percent each year. The increase in discretionary spending has been at least 6 percent each year since 1995 at about 7.5 percent each year since 1998.

The chart I have on my left shows the projected increases on out after 2003, starting in 1993. So fairly flat from 1993 to 1997 and then a dramatic growth in spending, and we are looking at a situation where the discretionary spending growth will average at least 7.5 percent each year since budget balance was reached in 1998, about this level.

This spending increase, compared to what families are doing, how they are dealing with their possible increases in their budgets, is too dramatic to sustain, and it is leaving us huge challenges and huge problems for the future.

The President proposed a budget increase for 2004 of 3.5 percent, but even so, even though this is a smaller increase than we have seen over the past years, is still an increase in Federal Government spending, about twice the rate of inflation. This includes some needed spending on defense after September 11, I admit that, but we cannot excuse unrestrained nondefense spending which should not be increased during the challenge in the war situation that we are now in on terrorism.

□ 2145

Tomorrow, our House Committee on the Budget is going to mark up a budget resolution. I just stress, as strongly as I can, that it is important to the future of our economy and to the future of this country to start having the intestinal fortitude to hold down spending, to prioritize some of the spending we do. Some of the spending we do is much less necessary. Probably much of it is unnecessary.

As we ask the American people to do with less, as States all over the country are cutting back their budgets and suggesting that people are going to have to do more for themselves during these tight times, the Federal Government goes merrily along spending, and I will not give any comparisons to sailors or anybody else because I think we