

alarms and sprinklers, to be "deficient." A follow-up report just issued by the Inspector General warns that the AOC continues to take a "haphazard approach" to fire protection throughout the House complex.

A January 2000 complex-wide inspection by the Office of Compliance identified numerous violations of occupational safety and health standards made applicable to the Congress by the 1995 Congressional Accountability Act. The Compliance Office subsequently issued eight citations requiring corrective actions, including two requiring prompt implementation of a program of inspection, testing and maintenance for key fire-protection systems and equipment.

This Congress must take every reasonable step to make fire protection of the Capitol complex and its occupants a top priority. To assist the Architect in fulfilling his responsibilities in this area, and to enhance the status of fire-safety and protection efforts, our bill will create within the Architect's office the position of Director of fire Safety and Protection. Reporting directly to the Architect, The Director will coordinate and take charge of fire-protection activities and work to bring the Capitol complex into compliance with the applicable codes and standards established by the prestigious National Fire Protection Association. The work of the NFPA acknowledges the difficulties associated with protecting historic buildings like the Capitol from fire, and our bill provides the Architect the flexibility he needs to preserve the Capitol's historic character. The measure requires the Architect to report regularly to key House and Senate committees on his fire-safety and protection efforts.

Mr. Speaker, there are doubtless several reasons progress on fire protection of the Capitol complex has not been more rapid, but the simple reason is that the subject has not received sufficient attention. By creating a high-level official within the Architect's office to carry out all fire-safety duties, this bill will correct that problem, expedite progress, and make clear that Congress is serious about protecting the complex and its occupants from fire. I urge my colleagues to support this important measure.

LACK OF PRESCRIPTION DRUG INSURANCE COVERAGE IN MEDICARE, AN INTOLERABLE SITUATION IN AMERICA TODAY

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

Mr. FILNER. Mr. Speaker, I rise today to discuss an intolerable situation in America today, the lack of prescription drug insurance coverage in our Medicare program. Seniors are simply not receiving the prescription drug coverage that they so desperately need. Prescription drugs did not play a significant role in health care when Medicare was created back in 1965, but today the advances in pharmaceuticals have made prescription drugs a fundamental part of the typical senior's health care.

While seniors represent only 12 percent of the population, they account

for more than one-third, more than one-third, Mr. Speaker, of the prescription drugs used in our country each year.

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The typical American who is 65 or older uses 18 prescription drugs a year, and 85 percent of the beneficiaries of Medicare fill at least one prescription per year for such conditions as osteoporosis, hypertension, heart attacks, diabetes, or depression. It is obvious, Mr. Speaker, that the need is there for prescription drug coverage.

We must defend the seniors of America from the rising costs of medicine, which monthly worsens the situation for those without prescription drug coverage. The price for the 50 drugs most commonly used by seniors increased at nearly twice the rate of inflation last year. The prices for prescription drugs rose faster than any other category of health care, increasing by more than 15 percent, while total health care costs rose by less than 6 percent.

In my San Diego Congressional District on the United States-Mexico border, thousands of our citizens are forced to cross the international border to find the drugs they need at a much lower cost. Why is such a trip necessary for American citizens? How can seniors find the money that they need to purchase these vital drugs? Many are on fixed incomes. Many do not have the choice of a high paying job with good private medical plans.

Think about your parents; think about your grandparents. We are forcing them to choose between food on the one hand and essential prescription drugs that protect their quality of life on the other. Mr. Speaker, this is a choice that no American should have to make.

The President has proposed a plan that would extend prescription drug coverage to all seniors, provide lower premiums for Medicare beneficiaries and contain the rising costs of pharmaceuticals. Let us work together to make life-saving prescription drugs available to all of America's seniors.

ENSURING THAT CHILDREN RECEIVE NEEDED IMMUNIZATIONS

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

Mr. GREEN of Texas. Mr. Speaker, most Americans are surprised to learn that in some States one in four children are not receiving the immunizations they need to prevent disease and death. Yet despite gains in recent years, we are still not doing enough to make sure that children get the right immunizations when they need them.

As this chart shows, in some States, like my home State of Texas, Michi-

gan, and Nevada one in four children are not receiving one or more of the immunizations they need by the time they are 2 years old. In Houston, we share seven Members of Congress in Houston, and that is my district, over 44 percent of our children do not receive one or more of the immunizations. Over 44 percent of the children receive less than one or more of their immunizations.

I am introducing two bills that will help correct this situation. The first is the sense of Congress that calls for increase in funding to crucial State immunization infrastructure programs. The second bill, the Comprehensive Insurance Coverage of Childhood Immunization Act, will require health plans to begin providing immunizations to children as a covered benefit.

America's children need our help. In recent months, some have questioned why vaccines are needed at all. Some have linked them to adverse effects, such as autism. While there is no scientific link between immunizations and autism, and I will repeat, no scientific link between immunization and autism, I support efforts to completely and thoroughly research this issue to put the minds of parents at rest.

We should not lose our focus, however, on the huge health gains that have resulted from immunizations. The Centers for Disease Control list vaccinations for children as the number one public health achievement of the last century. Before we had the smallpox vaccine, 48,000 Americans per year had this disease; 1,528 died. Before we had a measles vaccine, close to one-half million children a year got this disease, and over 400 died. Before we had the mumps vaccine, close to 150,000 died each year of this disease. Before we had diphtheria vaccination, over 175,000 children got sick each year.

None of these diseases have been eliminated. Only smallpox has been eradicated. An epidemic of unvaccinated children is entirely possible, as we saw with measles in 1989.

Children still die of the measles, mumps, rubella, and whooping cough. These are dangerous and harmful, painful and sometimes fatal diseases. Measles can lead to seizures and death. Mumps can lead to deafness. Polio causes paralysis that can lead to permanent disability and death. Diphtheria can result in coma and death. Whooping cough can result in death for infants.

Providing access to lifesaving vaccines should be one of our Nation's top priorities. Tracking children who have not been vaccinated, in order to prevent future outbreaks, should be another priority.

To meet these goals, the sense of Congress resolution I have introduced with my friend and colleague, the gentleman from Pennsylvania (Mr. GREENWOOD), calls for an increase in Federal

funds to the Public Health Service's Section 317 infrastructure program. A similar resolution was approved by the Senate Budget Committee in March. These funds are used by States and cities to support a complex array of programs and activities, including implementation of registries, community outreach, management of vaccines, quality assurance services, and surveillance and outbreak control.

As this chart of funds illustrates, infrastructure funds have reduced rather dramatically in the last 5 years, from \$271 million in 1995, to \$139 million today. That is a 40 percent decrease in funds for infrastructure immunization. Yet the need for outreach and registry and infrastructure development is greater today than it was in 1995.

If you have not heard from your State health director on this issue, you will. Cuts in infrastructure funding have meant different things in different States. In Florida, for example, the State reports that it has reduced surveys on pockets of need and has reduced monitoring due to lack of adequate staffing. The State has reduced community outreach staffs and reduced the number of reminder cards it sends. Florida has also reduced its school-based immunization clinics and has had to cut back on efforts at day care centers.

In California, where infrastructure funds have been reduced from \$27 million in 1997 to \$14.9 million in 1999, only 35 percent of children have been vaccinated against chicken pox, and the State has no system to monitor chicken pox cases.

In California, a targeted immunization information campaign aimed at Latino, African and American Southeast Asian families has been eliminated.

The need for increased infrastructure funding is particularly important in light of a recent journal of the American Medical Association showing that 50 percent of America's children are either over- or under-vaccinated.

Mr. Speaker, the JAMA study shows that 21% of toddlers received at least one extra immunization while 31% missed at least one. In other words, over 50% of American children are receiving too few or too many vaccinations. We should do a better job of tracking these children.

A Section 317 funding increase is supported by: the American Academy of Family Physicians, the American Academy of Pediatrics, and the American Public Health Association.

The increase is also supported by the Association of Maternal and Child Health Programs, Every Child by Two, the Association of State and Territorial Health Officials and the Association of County and City Health Officials.

My second legislative initiative, the Comprehensive Insurance Coverage of Childhood Immunization Act of 2000, requires all health plans governed by the Employee Retirement Income Security Act (ERISA) to provide cov-

erage of immunizations for children 18 years old and younger.

The vaccines required to be covered are those recommended by CDC's Recommended Childhood Immunization Schedule, issued periodically by the CDC's Advisory Committee on Immunization Practices.

This schedule is approved by the American Academy of Pediatrics and others and serves as the standard for immunization in the United States. Plans may not charge any payment for the immunizations or vaccines. And vaccines must be made available to children as soon as they are approved by the Advisory Committee.

Beginning for plan years in 2001, ERISA governed health plans must provide the benefit.

For plans that are negotiated as part of a collective bargaining agreement, the effective date is delayed until plan years following the termination date of the current underlying collective bargaining agreement.

The adoption of collectively bargained plan amendments made solely in order to comply with the new requirements will not affect the timing of the effective date under this special rule.

Why is federal legislation needed? The federal government gives this benefit to its own workers: it requires plans that contract with the Office of Personnel Management to provide immunizations for children as a covered benefit.

Many states have recognized the importance of covering vaccines. Twenty-four states, including Texas, have enacted laws to require state-regulated plans to provide vaccines.

How big is the problem? A March, 2000 William M. Mercer survey done for the non-profit Partnership for Prevention showed that nearly one in five employer-sponsored plans do not cover immunizations for infants and children.

Nearly one in four children in Preferred Provider Organizations (PPO) and Indemnity plans do not have coverage for immunizations.

The Comprehensive Insurance Coverage of Childhood Immunization Act of 2000 is endorsed by the American Medical Association, the American Academy of Pediatrics and others.

It, and our Sense of the Congress resolution, will improve the health of millions of American children in a cost-effective manner.

For each dollar we spend on vaccines we save twenty-four dollars in future health costs. That's a good investment.

I urge my colleagues to support these two bills and I yield back the balance of my time.

DENY PERMANENT MOST FAVORED NATION STATUS FOR CHINA

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

Mr. BROWN of Ohio. Mr. Speaker, in 3 weeks the Republican leadership will ask this body to vote for permanent most favored nation status trading privileges for the People's Republic of China. They tell us engagement with China, that more trade with China,

that giving trade advantages to China, will make everything better. It all started back about a dozen years ago with Ronald Reagan, then President George Bush and President Bill Clinton, telling us that things would get better with China.

Eleven years ago the United States had a \$100 million trade deficit, with an "M," with Communist China, the People's Republic of China. Today that trade deficit has grown to \$70 billion, that is billion with a "B," from \$100 million in 11 years to \$70 billion trade deficit with China.

We sell only \$15 billion worth of goods to China every year. We buy \$85 billion worth of goods from China. We sell more to Singapore, we sell more to Taiwan, we sell more to Belgium, than we do to China, because China's markets are closed to American products by and large. In fact, those products we sell to those countries, Belgium, Taiwan, Singapore, those are countries with about 1/50 the population of the People's Republic of China.

This process of engagement and giving them most favored nation status and giving China trade privileges simply has not worked. Other conditions have worsened. The trade deficit, as I said, went from \$100 million to \$70 billion in 11 years.

Other conditions, child labor has worsened, slave labor conditions in China have worsened. We continue to give them trade advantages. They answer by continuing their thumb in the eye of the values that we hold dear.

The Chinese communist party persecutes Christians and Buddhists and Muslims, not to mention their indigenous religious organizations such as the Falun Gong. The Chinese government winks at, sometimes even encourages, forced abortions, something that almost every country in the world, probably every country in the world, finds absolutely abhorrent.

Today, China continues its assault on Taiwan. A few years ago, I believe 3 years ago when Taiwan held the first free elections in Chinese history, the People's Republic of China sent missiles into the Straits of Taiwan to warn them against democracy. Today, as Taiwan begins a new era where their first native Taiwanese will be inaugurated president later this month, the Chinese again are threatening military maneuvers on the east coast of China.

If we let China in the World Trade Organization with full trading privileges, as the Republican leadership and the President here wants to do, what is to stop China from doing even more to Taiwan? They will not have any check on their behavior.

Perhaps the most insidious part of this whole debate is how American corporations have lined up on behalf of the Communist party dictatorship. The CEOs of the largest businesses in America, the most prominent corporations in America, are walking the halls