WOMEN AND CHILDREN IN AMERICA DENIED VITAL MEDICAL AND FOOD BENEFITS BECAUSE OF IMMIGRATION STATUS

SPEECH OF HON. SILVESTRE REYES OF TEXAS
IN THE HOUSE OF REPRESENTATIVES
Monday, June 26, 2001

Mr. REYES. Mr. Speaker, I am here to convey my strong support for the "Healthy Solutions for America's Hardworking Families" package developed to provide critical health, nutrition, and protection benefits to legal permanent resident children and women. This package includes three pieces of legislation that take steps to address some of the most blatant gaps in our nation's effort to help those legally here in our country in times of greatest need.

As Chair of the Congressional Hispanic Caucus and as a Member whose district includes a large Hispanic community, one of my top priorities is to advocate for the fair treatment of hard-working, tax-paying families. The Immigrant Children's Health Protection Improvement Act, H.R. 1143, gives States the option of providing basic health care coverage to legal permanent resident children and pregnant women who arrived in the U.S. after August 22, 1996. As a result of the 1996 reforms, lawfully present children and pregnant women who arrived in the U.S. after 1996 must wait five years before they can apply for basic health care.

Because many of these recent immigrants are concentrated in low-paying, low-benefit jobs, these hard-working, tax-paying families, like so many others in our country, simply cannot afford private health care coverage. Thus, this vulnerable population cannot obtain proper health treatment such as preventative and prenatal care. Many are forced to delay care and rely on emergency room services to receive treatment. I believe this is an unacceptable risk for any American, as well as for current legal immigrants and their future American children.

The Congressional Budget Office estimated last year that this legislation would provide coverage to insure 130,000 children and 50,000 mothers per year who have followed the rules and are in this country legally. In light of the fact that the Hispanic population is the most uninsured in our country, with over 33 percent having no coverage, this legislation is a critical step in meeting this need.

A second component of this package is the Nutrition Assistance for Working Families and Seniors Act, H.R. 2142, which would permit qualified legal immigrants to obtain food stamps regardless of their date of entry. The majority of those impacted would be in low-income families with children and elderly. I have seen first hand, in my district, the detrimental affects of hunger and under-nutrition. Hungry children are more likely to suffer from adverse health effects and studies show that hunger has a negative impact on a child's ability to learn. Furthermore, pregnant women who are undernourished are more likely to have children with low birth weights, likely leading to developmental delays.

This important bipartisan legislation is widely supported and endorsed by many, including the National Conference of State Legislatures, National Association of Counties, U.S. Conference of Mayors, and the National Governor's Association. Restoring this component of our nation's safety net system is not only critical step toward ending hunger in our country, it is just simply the right thing to do.

Finally, the third bill in the Healthy Solutions package is the Immigrant's Safe Harbor Act, H.R. 2258, which would allow legal immigrants who are victims of domestic violence to apply for critically needed safety services. These victims are frequently economically dependent on their abusers and isolated from the support network. Therefore, we must do everything we can to support victims of abuse and get them on a path toward a better life.

Mr. Speaker, restoring Medicaid and SCHIP, nutrition, and protection services to this group is simply good public policy, but more importantly, the provisions in the "Healthy Solutions for America's Hardworking Families" packages can mean the difference between life and death. We cannot let these children and mothers down. I urge my colleagues to support this important package.

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SPEECH OF HON. SOLOMON P. ORTIZ OF TEXAS
IN THE HOUSE OF REPRESENTATIVES
Monday, June 26, 2001

Mr. ORTIZ. Mr. Speaker, I commend my colleague from Texas for organizing this Special Order to bring the attention of the House of Representatives to the state of health care—or lack thereof—along the Southwest Border of the United States.

I represent a South Texas district that abuts the international border with Mexico. This part of the country is unique in so many ways, including the health needs and rampant poverty. Currently, the greatest health need in my district is the need to develop a comprehensive response to the rampant spread of tuberculosis in South Texas and elsewhere along the Southwest Border.

Just today, the Centers for Disease Control announced that the rate of tuberculosis cases in Brownsville, Texas, is nearly five times the national rate.

At least one doctor in the South Texas area has told me that there is a particularly frightening multiple-drug resistant form of tuberculosis that antibiotics just won't kill. I am told that this is spreading fast and is a nightmare for public health officials. It's an enormous problem. Cross-border dwellers, according to the medial community, are not good about following up on medical care and often do not finish drug therapies such as antibiotics. If you only take a little bit of antibiotics, it only takes care of a little bit of the problem and leaves the tuberculosis strong enough to come back again another day.

I supported a resolution in the House that recognizes the importance of substantially increasing United States investment in international tuberculosis control in the Fiscal year 2002 foreign aid budget, which is what it will take to deal with the problem. This resolution also recognizes the importance of supporting and expanding domestic efforts to eliminate tuberculosis in the United States and calls on local, national and world leaders, including the President, to commit to putting an end to the worldwide tuberculosis epidemic.

But as we all know, resolutions have no affect of law; they are merely words on paper on which all of us can agree. But the most fundamental job of Congress is to determine spending priorities, and we will not move forward on finding solutions to this problem without the full attention of Congress and other public policymakers.

Our migration patterns, be they associated with economic circumstances, immigration between countries or just travel between countries, have made this challenge more significant. Today it is only tuberculosis, but that may not be the case tomorrow. This portends a real crisis for health care along the border if other simple or chronic diseases become resistant to medicine we have used so far to eradicate them.

Another unique problem is the border and South Texas is the issue of safe water to drink. Often the people who are low-income and who live in the colonias, the unincorporated neighborhoods that have sprung up around municipalities, have no running water to drink. Generally, they will drink unsafe, unhealthy water and they get sick from it. Are the people left to drink any kind of health insurance and are usually not even aware of programs like Medicaid that provide the most basic help for them.

Mr. Speaker, I would like to pay special tribute to two great women who have gone to great lengths to ensure that the patients who need medications for tuberculosis get them: Dr. Elena Marin of Su Clinica Familiar and Paula Gomez, the Executive Director of the Brownsville Community Health Center. They have been an excellent source of information to me and other Members of Congress who share an interest in matters relating to health care, and I am enormously grateful to them for their service to South Texas and the nation.

I join my colleague Ciro Rodriguez in support of the "Healthy Solutions for America's Hardworking Families" agenda. No agenda can fix everything, but it takes steps to address some of the most egregious gaps in our nation's effort to help new immigrants and those who have lived here for a while along the U.S.-Mexico border.

I thank my colleague from Texas, the Chairman of the Congressional Hispanic Caucus Task Force on Health, for his diligence in bringing these matters before the House of Representatives.