REVIEW MINORITY HEALTH STATUS

The SPEAKER pro tempore. Under a previous order of the House, the gentlewoman from the Virgin Islands (Mrs. CHRISTENSEN) is recognized for 5 minutes.

Mrs. CHRISTENSEN. Mr. Speaker, this past weekend Members of the Black, Hispanic and Asian Pacific Islander caucuses met in Chicago to review the status of health in communities of color there and discuss policy and legislative remedies.

On the weekend before that, the Congressional Black Caucus held a brain trust, held similar meetings in Cleveland, Ohio. Both meetings, like the ones we have held in L.A., Miami, Newark, Charleston, and the U.S. Virgin Island were opportunities to talk to our wider constituencies, particularly people of color in this country, about their health care, or lack of it, their needs and what they think we, their Members of Congress and our colleagues, should be doing about it.

Mr. Speaker, all of the places we visited are communities in which African Americans in particular, but all people of color, suffer disproportionately from disease and disabilities and die prematurely from preventable causes in numbers which are far in excess of our white counterparts.

They are the health disparities that we have repeatedly come to the floor to talk about. Some examples are as follows: American Indian/Alaskan natives have diabetes rates that are nearly three times higher than the overall rate.

The death rate from asthma is more than three times higher among African Americans than among whites. The infant mortality rate for African Americans and American Indian and Alaskan Natives are more than two times higher.

Latino women who were newly diagnosed with breast cancer or lung cancer were diagnosed in later stages and had lower survival rates than white women with the same conditions.

Vietnamese women have cervical cancer death rates that are almost five times higher, and people of color make up almost three-fourths of all new AIDS cases.

In our discussions on these and other realities of health care in our country, what our community said to us was affirming, but it was also frustrating, affirming because their comments, complaints and recommendations told us that our agendas are on target, but frustrating because we have not been able to get this or the other body to make these needs the high priority they ought to be.

What is even more distressing is that what is on the health care agenda of this Congress would instead reduce access and increase gaps in health, and because of this, increase the cost of health care for everyone.

We, people of color, are already over half of the uninsured. Medicaid cuts will further reduce access to quality medical services; so we will continue to get to the system sicker, requiring more expensive care.

Association health plans, like the misguided health savings account, work best for the healthy, which because of centuries of neglect, minority communities are not.

Worst of all, the association health plans remove these plans from State laws that protect our access to an adequate level of benefits and our ability to seek redress if denied. The only place fairness can be found in the bill is in its name.

What our communities have told us they need are adequate coverage, expanding Medicaid. Just to cover 200 percent of poverty would make a major difference. They also want help to overcome the language barriers, and they want language services paid for, and not by the physicians and centers that provide our care.

They want health care providers to reflect the diverse Nation we have become, providers on all levels who know, understand and speak the same language they do. They want comprehensive care and more emphasis on prevention and health maintenance for the diseases that disable and kill us in disproportionate, preventable numbers.

They want a more effective office of minority health, office of civil rights, and Indian health service; and they want the health facilities that take care of us to stay open and be better funded. They also said they want resources and the technical assistance to be provided to our communities and our indigenous organization, not to groups from the outside who then come in and try to provide what only we ourselves can do effectively.

They want all of the agencies of government that impact our communities, and thus our health, to work together. I want to take this opportunity to thank the hundreds of people who came out to meet with us, our sponsors that are too many to name, and our hosts, Case Western Reserve and the University of Illinois at Chicago schools of medicine.

We of the Asian Pacific, Hispanic, Native American, and Black caucuses have listened. And this week we stand ready to provide the vehicle that responds to this important and large segment of the American population.

The health of all Americans and the strength of our Nation depend on fairness in health care services and equality and health status for all of its people no matter their race, socioeconomic status, ethnicity, religion or national background, sexual identification or geography.

Mr. Speaker, I am calling on all of my colleagues to provide the health leadership this country really needs to unite and not divide us as the bills that will be on the floor this week will do, and to support a better America, a stronger America, and the America our Founders envisioned by supporting the Health Care Equality and Accountability Legislation, or the Heal America Act, when it is introduced later this week.

CONGRATULATING COLONEL CHARLES E. POWELL

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

Mr. CONAWAY. Mr. Speaker, I rise tonight to recognize a friend and constituent, Colonel Charles E. Powell, retired U.S. Air Force of San Angelo, Texas.

On June 14, 2005, Colonial Powell received the Road Hand Award from the Texas Department of Transportation, presented by Texas Transportation Commissioner John W. Johnson.

The Road Hand Award was created in 1973 by Luther DeBerry, a former State highway engineer of the Texas Department of Transportation. It is designed to honor public servants throughout Texas who have dedicated themselves to improving public transportation safety.

In 32 years, only 198 awards have been given, an average of about six per year.

□ 2000

Previous Road Hand Award winners include former mayor of San Antonio and Secretary of Housing and Urban Development Henry Cisneros, and former Congressman Jake Pickle, who recently passed away.

Colonel Powell is the seventh recipient from the San Angelo district and the first honoree ever to receive the award for their dedication to Texas aviation safety. Honorees have their names inscribed on the Road Hand Hall of Fame plaque, which is displayed in the foyer of the DeWitt C. Greer Highway Building in Austin, Texas.

Colonel Powell's career of service brings credit to all Americans and pride to his hometown of San Angelo. Colonel Powell served as commanding officer at Goodfellow Air Force Base from 1980 to 1984. In 2000 he was appointed to the Texas Aviation Advisory Committee, where he helped increase grants by 44 percent. As a member of the San Angelo Chamber of Commerce, Colonel Powell was a great advocate for local transportation issues, including to our State government, and helped secure funding for the U.S. Highway 67 Houston Harte Freeway through San Angelo.

Texas has over 79,000 miles of roadway, the most in the United States, and it takes a lot of work to keep Texas safe in our many transportation systems. To a long list of honors and awards reflecting a lifetime of public service, Colonel Powell has added the Texas Department of Transportation Road Hand. Colonel Powell represents the best of District 11 and the State of Texas, and I am proud to be his Congressman and his friend.