that half the program's acres could be enrolled during this upcoming signup period.

These facts make it clear that a careful, thoughtful approach is needed to ensure that the benefits of this successful program are not lost. Unfortunately, this Member must be concerned that the complex new rules combined with the short time frame in place to implement them could lead to an unmitigated disaster which could tarnish this program for many years to come.

By taking so long to issue the rules, the USDA left a ridiculously short amount of time to inform producers and employees about the changes, conduct the signup and reach decisions about which bids to accept. Mr. Speaker, this is clearly a recipe for a bureaucratic disaster. While the intent of the new rules to focus on more environmentally sensitive land is, indeed, laudable, and supported by this Member, this Member is also concerned that the rushed and haphazard signup process will make this goal much more difficult to reach.

Although local USDA employees are doing their best to implement these new rules, they have clearly been given a demanding task which has been made even more difficult by shifting instructions. Recent changes in the rating system during the signup process has only added to the frustration of producers.

Another concern about the signup is that the proposed rental rates announced by the Farm Service Agency office do not reflect the grassroots input that was solicited and furnished last fall. A related concern is that the resulting rates in many instances could significantly distort any signup efforts.

A local County Conservation Review Group recently reviewed the rental rates for counties in southeastern Nebraska which were announced by the USDA. In one instance, the same type of soil is projected for a rental value of $84 per acre in one county but only $58 per acre across the road in another county. Disparities such as this are simply too great.

Mr. Speaker, this Nation has invested too much in the CRP to risk it on a rushed signup process. This Member believes it would be wise, and yes, absolutely necessary to offer an extension for existing contracts which expire this year. Such action would allow sufficient time to carefully analyze the new guidelines and determine whether any corrections are needed before the majority of CRP signups take place.

I would like to start it now because so much is involved in the signup period, but simply, we have waited too long at the USDA. It would be extremely detrimental if irreversible damage is done to the CRP during this signup period. This Member believes that the new process should be tested to determine whether the new rules are feasible and beneficial. Action must be taken now before it is too late.

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from New York [Mr. QUINN] is recognized for 5 minutes.

[Mr. QUINN addressed the House. His remarks will appear hereafter in the Extensions of Remarks.]

THE SIGNIFICANCE OF ST. PATRICK

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Florida [Mr. SCARBOROUGH] is recognized for 5 minutes.

Mr. SCARBOROUGH. Mr. Speaker, I want to speak about something a little bit out of the ordinary of what has been discussed today. I want to talk about St. Patrick. We are coming up on St. Patrick's Day, and though many people celebrate it in this country, few in America understand or recognize the significance of St. Patrick in the history of western civilization.

In fact, I have been reading a book called ''How The Irish Saved Civilization,'' and it lays out wonderfully the story of St. Patrick who, at the age of 16, was a member of a British family in the fourth century and was also a member of the Roman Empire.

Late one night he was actually kidnapped by Irish barbarians and sold into the slave trade in the fourth century, and from the age of 16 to the age of 22 he stayed out in the cold and the rain as a shepherd. He was poorly clothed, he was not fed well at all, and in fact he spent his evenings nearly freezing to death in barns along with the other slaves.

In the middle of the night, of one of his nights in his 22d year, God came to him in a vision and told him to go south, a ship would be waiting for him. So Patrick journeyed south and sure enough, a ship was waiting for him that took him back to Great Britain.

The story of Patrick goes that he went back to Great Britain, once again was reunited with his family, was educated, and a few years later God came to him again in a dream and told Patrick that it was his duty to go back and spread the gospel to the people of Ireland.

This was a first, and in fact, I will be reading from ''How The Irish Saved Civilization.'' Thomas Cahill writes:

> However blind his British contemporaries in the 4th century may have been, the greatness of Patrick is beyond dispute. He was the first human being in the history of the world to speak out unequivocally against slavery. He was also a first as the first missionary to barbarians beyond the reach of the Roman law. The step he took was in a way as bold as Columbus', and a thousand times more humane, speaking out against slavery and going to barbarians to spread the Gospel. He himself was aware of its radical nature.

''The Gospel,'' he reminded his accusers later in life, ''has been preached to the point beyond which there is no one,'' nothing but the ocean. Nor was he blind to his dangers, for even in his last years, he said, ''Every day I am ready to be murdered, betrayed, enslaved, whatever may come my way.'' But in his last years, he could probably look out over an Ireland that was transformed by his teaching.

With the Irish, and even with the kings, Patrick succeeded beyond measure. Within his lifetime or soon after his death, the Irish slave trade which had once enslaved him came to a screeching halt, and other forms of violence, such as murder and intertribal warfare, decreased greatly.

However, Patrick's emotional grasp of Christian truth may have been his greatest success, and greater than Augustine's. Augustine looked into his own heart and found there the inexpressible anguish of each individual, which enabled him to articulate a theory of sin that has no equal, which is the dark side of Christianity.

Patrick prayed, made peace with God, and then looked not only into his own heart but into the hearts of others. What he saw convinced him of the bright side, that even slave traders can be turned into liberators, even murderers can act as peacemakers, and even barbarians can take their places among the nobility of heaven.

Hopefully, Mr. Speaker, on this St. Patrick's Day that is a lesson that all of us can learn.

HEALTH CARE FOR OUR NATION'S CHILDREN

The SPEAKER pro tempore. Under the Speaker's announced policy of January 7, 1997, the gentleman from New Jersey [Mr. PALLONE] is recognized for 60 minutes as the designee of the minority leader.

Mr. PALLONE. Mr. Speaker, once again, today I rise to draw the attention of my colleagues to the problem of so many children in our country who do not have health insurance, and I am very pleased that I am going to be joined today by the gentlewoman from Oregon [Ms. HOOLEY], who is here also to talk about the same issue because of her concern about the fact that this Congress so far has not addressed the issue.

I have been talking over the last few weeks, and I guess a couple of months now, about various reports that have come out in various States; we had one in New York City, and we had another one in Massachusetts. We have had accounts in some of the Nation's major newspapers pointing to the problem of increasing numbers of children that do not have health insurance in this country.

Well, yesterday the Children's Defense Fund, which is certainly one of the leading organizations that is an advocate for children, and particularly on the issue of health care for children, released its annual report on the state of America's children. And like so many other reports congressional Democrats have been talking about here on the House floor in recent weeks, the Children's Defense Fund report is full of

disturbing information about the number of children that lack health insurance.

It is information, of course, that congressional Democrats have cited time and again in our ongoing effort to convince the Republicans that the issue of uninsured children is one of the most, if not the most important issue the 105th Congress should examine. I emphasize the word should, Mr. Speaker, because to date the Republicans have yet to incorporate a health insurance program for children into their agenda for Congress.

Well, among the all too familiar information contained in the Children's Defense Fund report is the total number of uninsured children in this country: some 10 million American kids lack health coverage. Since 1989, the number of children without private health insurance has risen by an average of 1.2 million per year. I stress that: 1.2 million per year. Nearly 90 percent of uninsured children have at least one working parent, and 64 percent have a parent who works full time, so we are talking about working parents here. Every day that goes by without congressional action, 3,300 more kids are added to the ranks of the uninsured, a trend that has been exacerbated in recent years by the growing number of working parents who do not qualify for Medicaid but remain unable to afford insurance for their kids. As I said, these numbers continue to grow.

I have to say, though, that we must be careful not to get too caught up in the practice of simply reading the numbers. I do that a lot, and I do not want to just emphasize that. The emphasis has to be placed on who exactly are the uninsured children, why they are uninsured, and what are the consequences. Perhaps if we can help our Republican colleagues understand the consequences, we will have greater success in convincing them that providing health insurance to children is of the utmost importance.

I just wanted to talk a little about this CDF report. It does an excellent job of explaining what really is the issue here. Just a quote from the report. It says:

> The human costs of children's lack of health coverage are high. Study after study have shown that children and adults lacking health insurance are more likely to see doctors less often, even when they are sick, or to go without preventive care and to emergency rooms when they need treatment.
>
> Seven of 10 uninsured children live in families with incomes below 200 percent of poverty. Many such families must choose between paying the full cost of prescriptions and doctor visits for uninsured children and paying for other basic family needs like the rent, utility bills or whatever. Care is sometimes delayed when children are sick, with parents hoping that no harm results.

Mr. Speaker, we are talking about families where one or both parents work. These hard-working parents, as the CDF report puts it, are playing by the rules, and more often than not their wishful thinking does not work.

The report notes, and I just want to mention this quote, because I think it is really true, that the report notes that ''perhaps less obvious, quote, perhaps less obvious, but no less damaging are the educational, social and economic costs to the children who lack health insurance and to the Nation.''

Children who are unnecessarily ill can miss days, weeks, or even months of school and their parents can miss significant periods of work. A child who cannot see the blackboard well and his parents cannot afford a visit to the eye doctor or eyeglasses cannot learn up to his or her potential. Uninsured pregnant women without adequate prenatal care are more likely to deliver babies with dangerously low birth weights, and the average hospital costs for a low-birth-weight baby are 10 times the cost of prenatal care.

Mr. Speaker, this is the yearbook that the Children's Defense Fund put out. It is called ''The State of America's Children,'' and I would suggest that every one of our colleagues take a look at this document.

This afternoon, actually this morning, I had a number of physicians from my district that were down to visit me from the New Jersey Medical Society, and some of them were on a cable TV show that I had earlier this afternoon. I asked about the issue of preventative care, and one of the physicians was an eye doctor. He specifically pointed out how in the case of eye disease, prevention and being able to see an eye doctor and getting help when problems start is so crucial and really prevents serious eye disorders down the road.

□ 1830

Also, I would note how very inexpensive it was to deal with preventative care to make sure children were seeing a doctor, as opposed to having to go to a hospital or having a very expensive operation later.

At some point during our special order, I would like to talk about some of the legislation that my Democratic colleagues have put forward to try to solve this problem, as well as the proposals that have been put forward by President Clinton.

Mr. Speaker, I yield to the gentlewoman from Oregon [Ms. HOOLEY].

Ms. HOOLEY of Oregon. Mr. Speaker, I thank the gentleman for yielding to me.

Mr. Speaker, in some of these things I will be repeating the same as the gentleman from New Jersey, but I think they are worth repeating. It is alarming, the number of children in this country who do not have any health care. Again, it is over 10 million children with no health care. Every minute, every minute, three children lose their health care coverage. By the year 2000 if nothing changes, as many as 12.6 million kids will have to depend on an emergency room as opposed to a family physician.

Let me try to tell the Members what that means for our kids. Most of the uninsured children are at risk for preventable illnesses. For example, one in two uninsured children who have asthma do not visit the doctor during the year. As a consequence, these kids end up in the hospital with problems that could have been prevented with proper care. All we need to do is look at the kids that are uninsured who have ear infections, a very common problem for kids. One in three never see a doctor, and many end up with permanent hearing loss.

It is situations like these that make me think about the parents who lay awake each night wondering what they can do when their kids get sick. There is no instinct as basic as that instinct to protect one's children and care for one's children.

Today there are too many parents in America who cannot act on that instinct. The real tragedy of the situation is that these are parents who play by the rules. Nine out of ten uninsured children have parents who work. These are not deadbeat parents, these are parents who work, but their employers do not provide coverage for their employees' children.

We have Medicaid that helps the very poorest of the children, and we have families that are well off that can afford insurance, and we have some people that work for employers who provide that insurance; but we have millions of parents who work every day, who are trapped in the middle. They have just enough money to cover their food or their housing and clothing for their children, and they simply do not have the money to pay for health insurance. But we can help. I think it is time that we provide some kind of targeted tax credit that will help working families provide that health insurance that their kids so desperately need.

This is not a new government program. We can do it within our current structure. It is a way to make the current health system work for working families.

Mr. Speaker, I think it is a very practical, commonsense solution to a growing problem. It is a problem that every parent caught in the middle has to deal with, and we need to make sure that these parents can provide for their children. We cannot afford to do anything different.

Mr. PALLONE. Mr. Speaker, again I think the Children's Defense Fund report that both of us are making reference that really explains to us what the nature of the problem is.

Some people have said to me, why is it that the number of children who do not have insurance has gone up in recent years, because Congress has made an effort over the last 10 or 20 years to expand Medicaid, which of course is the program for those below a certain income, and many States have actually instituted programs to try to cover those children who were not eligible for Medicaid on their own. So we had this effort over the last 10 or 20 years to expand Medicaid on the Federal level and

to also have States address the problem.

I think the Children's Defense Fund report explains very well, the reason why those efforts have not been enough is because during that same period, the last 10 years or so, we have seen fewer and fewer employers that provide any health insurance coverage for children, and also they increasingly charge the employee either the full cost of a group plan or a significant portion of the cost, which makes it unaffordable.

We also have the phenomenon now increasingly where an employer will pay either all or part of the cost to the employee, but not for the family. That was not the case so much in the past.

Just to give some statistics again from the report, it says that more workers are on jobs that either provide no health insurance benefits or require employees to pay unaffordable amounts. In 1993, more than three-quarters of employees at medium and large companies had to pay some or all of the cost of family health insurance provided through their employers. In 1980 the proportion was less than half.

Then it gives some statistics from the Health Insurance Association of America that says the total cost of family health coverage in 1992 averaged $4,500 to $5,000 a year, but in 1993 employees of medium and large companies themselves paid an average of $1,300 a year for family coverages. Employees of small companies were even worse off. They paid an average of $1,900 a year.

So what we see is moderate-income working families who live from paycheck to paycheck who simply cannot afford, even if the employer offers a policy, they cannot afford that coverage. That is why all our efforts, and of course they were good efforts on the part of Congress and the State legislature, have helped, but we continue to slide back because of increasingly the situation with people not getting health benefits through their employer.

Ms. HOOLEY of Oregon. Last weekend I was at home, Mr. Speaker, in Oregon, and I was at a community health program. I talked to some of the people there. I think it is helpful to hear some real life stories. I can give a lot of them, but let me just repeat a couple.

I was talking to one woman who had three children, two smaller ones and a child that was 9. She had no health care coverage. She was working. She worked for $6.50 an hour. She was working about 26 hours a week. Her employer provided no health insurance for either her or her children. Her husband worked. He had a very low base pay. He worked on commissions. Some months he made better than others.

In Oregon we have what is called an Oregon Health Plan, but because you have to be consistently at a certain pay level, some months he made more so he was not eligible, and then the months that he made less, by the time he got eligible he was into a month where he made more. But the fact is, they never had enough money for insurance.

So they have three children, both parents are working, he is working full-time, she is working more than half-time, neither company provides insurance for their children. They are living really month to month, and in this instance, they were able to go to a community health program where they paid on a sliding scale and got some attention, but it is very difficult. It is a community health program that has too many patients, no more room to expand, so they are also restricting the number of people they can see.

Another person I talked to was a father of four kids, two sets of twins, and his youngest child got sick, one of the younger twins. He took that child, he said, all day long from clinic to clinic to clinic, and he was turned away. He was turned away at the emergency room, trying to find some place to take his child. Again, no health care.

He was a person that worked hard, worked full-time. He worked three different jobs, but he traveled, so he worked 3 months or 4 months or 5 months on one job, another 4 or 5 months on another job, and so again the employer did not cover the cost because he was not there full-time. But he was not a person that was not working very hard at what he was doing, but barely able to make ends meet. That is a very common story.

Mr. PALLONE. I think what the gentlewoman described is a very typical situation. I know in New Jersey I have people come into my office with very similar types of situations, either because maybe they are not working full time at the same job, or they have several jobs. It is just very common.

Mr. Speaker, I yield to the gentlewoman from California [Ms. PELOSI], who has been out front on the issue of health care coverage for a long time.

Ms. PELOSI. Mr. Speaker, I thank the gentleman for his leadership on this and so many other issues of importance to the people of our country, and for calling this special order. I am pleased to join him and one of our new Members of Congress, the gentlewoman from Oregon, and I thank her for her leadership on all of these issues, as well.

Mr. Speaker, I serve on the Subcommittee on Labor, Health and Human Services, and Education of the Committee on Appropriations. On that committee we deal with the welfare of America's children in many ways: their health, their education and well-being, and the economic security of their families, which is related to their well-being, that is for sure.

What we see in that committee from the scientists who come in and tell us what the possibilities are now in science, and what we know about the development of children's brains, is how important it is for them to have the proper nutrition and care before they are born even, and how essential that is, and that investments in their good health are very good investments for our country indeed.

The opportunities are great. Knowledge that we have gives us plenty more opportunity to help our children not only reach their own personal fulfillment, not only strengthen the families from which they come, but also enrich our own country in terms of our family values and our economic strength. So we all have a responsibility to these children.

Every parent, of course, has a responsibility to his or her child, but on our committee we are trained to think of every child in America as our child, all the children as our children, because indeed they are our responsibility.

So in Congress, we have a responsibility, as well as State legislatures have a responsibility, to expand health care coverage to insure America's nearly 10 million—as has been referenced by my colleague—uninsured children. These are important efforts.

We also have responsibilities as a society, every segment of the society has a responsibility to help children receive necessary health care. Parents should use every opportunity to buy health insurance and provide for the care of their children. Employers must renew their willingness to provide workers with family health coverage and other family supporting benefits. They should stop dropping coverage for children and pay premiums for family coverage. States should ensure that all eligible children are enrolled in Medicaid, and should adopt good child health programs like those adopted in 1966 in New York and in Massachusetts.

Again, the Federal Government must also help working families obtain health insurance for their uninsured children. A child's chances of growing up healthy and strong should not depend on what State he or she is from. We have a Federal responsibility.

Any initiative on children's health coverage must be effective, not symbolic or cosmetic, and should include certain basic principles.

I too want to acknowledge the good work of the Children's Defense Fund for helping to define the problem, to quantify it in statistics, the challenge we face, and to qualify it in terms of the nature of the problem we are faced with. I associate myself with the principles they have advanced that state that uninsured children, at least through age 18, and uninsured pregnant women should receive coverage for all the full range of necessary services, including care required for children with special needs.

The proposal should build on successful private, State, and Federal efforts to help working families afford health insurance for their children, and while there is a broad consensus that working parents should help pay for their children's private insurance, the cost must be affordable, it must be based on family income, and must allow all families to obtain coverage and seek care for their children.

While I think it is very important for employers to retain and in some cases obtain health insurance for their workers, I think that the sad part of all of this debate about children in America is it is so obvious that it is such a good investment, that these children will be stronger in every way if they are invested in in terms of their good health. But also the fact that we have to talk about a public role I think speaks to the fact that wages in America have not risen with our great economic success. In some ways, government is once again being called upon to subsidize a low wage in America.

Every working parent should either have health insurance with his or her job, or have the ability to purchase health insurance for their children. No wonder some people find it a matter of survival to have to go on welfare in order to receive Medicaid benefits if their children are sick and they simply have no other recourse. Let us not have seeking health care be an incentive to go on welfare. That is exactly the wrong direction. But also let us look to the needs of not only people on welfare, but to the working poor in America and their health care needs.

I thank the gentleman once again for his leadership on this.

Mr. PALLONE. I want to thank the gentlewoman, and I think particularly what she said at the end there about how unfair it is, or the disincentive it creates, that in fact people who are working oftentimes do not have health insurance for their children, and yet people who fall below a certain income are on welfare, and end up having health insurance.

We certainly do not want to encourage people not to work, which is basically the disincentive that is sometimes built into the system. I think that is very important. I appreciate her comments in that regard.

□ 1845

I wanted to also mention, going back to what my colleague from Oregon said, the situation with regard to self-employed, part-time temporary workers, independent contractors, parents working for very small businesses or service sector companies. These are the areas that the Children's Defense Fund points out where they are very likely to have parents who work, but they are not having any health coverage for their children.

What is interesting about it is, if we look at it from a cost point of view, because we always have to be worried about cost in the Congress, is that the parents who do not have access to a group policy through their employer often have to pay $6,000 a year or more, according to the Children's Defense Fund, if they buy a family health policy on their own.

Obviously when you talk in those kinds of numbers, it is completely out of the question for many of these working families. The other thing, going back to prevention, because I think we continually have to stress that, the cost that is saved, the amount of money that is saved through preventative measures, and they give some very good examples with the Children's Defense Fund report where they talk about preventative care and say that each dollar invested to immunize a child saves between $3.40 and $16.34 in direct medical costs. Nine months of prenatal care costs $1,100, 1 day of neonatal intensive hospital care for a low-birth-weight baby costs $1,000. On the average, hospital costs for low-birth-weight babies are 10 times the costs of prenatal care.

Mr. Speaker, they give an example in Florida where a rural county provided all children and pregnant women access to outpatient health care and the rate of premature births dropped by 39 percent. The percentage of children receiving checkups doubled and emergency room visits were cut by nearly 50 percent.

We had some discussion in our children's health care task force that the Democrats have about the costs and estimates basically around $500 per child if we were actually covering every one of the 10 million children who do not have insurance. So compare that $500 to the cost that some of these families are paying annually, well, they can't afford it. But if they could afford it, I mean the bottom line is that, if you devise a program that takes in most of these children, it can be a very relatively, a very cheap policy as opposed to the costs of insuring an adult or senior citizen.

Ms. HOOLEY of Oregon. A lot of these parents, they cannot afford a full policy. They find it unaffordable. It is not that they are not willing to pay some money and squeeze out some money out of a very limited budget for some health insurance. It is the cost. Mr. Speaker, if we go out and buy individually for a family or what we were talking about, if they work for a small business, they are a part-time worker, there is maybe not a policy in their company, and for them to go out and buy that individually is very expensive. But these are, if it were a little more affordable, these are people willing to help and pitch in to pay for part of it. They just cannot afford the whole coverage.

It reminds me when we talk about the cost and about prevention, I do not know if we remember the old television ad: You can pay me now or pay me later. It is one of those, if we do not take care of them now, we really do pay so much more later on.

Mr. PALLONE. Exactly. That is true.

Mr. Speaker, I just wanted to mention briefly that obviously there are various proposals that Democrats have put forward about how to deal with this problem. The President has a proposal, some of our leaders in the House of Representatives have proposals. I just thought I would mention a few of them. We do not, not necessarily saying which ones are better than others. One of the things is to just mandate that insurance companies provide a kids-only policy because there are a lot of parents who cannot afford, for example, or may decide that they do not want to cover themselves but still want to cover the children.

My understanding is it is very difficult to buy that kind of policy. So you could actually say that any insurance company that does business with the Federal Government, for example, has to provide a kids-only insurance policy.

The other options that have been put forward, one is H.R. 560 by the gentleman from California [Mr. STARK] that establishes a new Medicare-like entitlement program for children under age 18, so we could expand Medicare. We could expand Medicaid to bring in some of the children.

The other one, another one, H.R. 561, by Representative STARK again, authorizes a refundable tax credit for 95 percent of the costs of children's health insurance. So again, we could use tax credits as a way of trying to provide coverage.

I wanted to also mention Senator DASCHLE has S. 13, which establishes a Federal program of subsidies for children and families with income under 75,000. So we could basically subsidize care, based on sort of a sliding scale, based on what a person can afford. And of course the one that, the proposal that has probably had the most coverage in the media was what President Clinton proposed in his budget. Basically he has a number of provisions to expand health insurance. He has a State administered program of temporary health insurance premium assistance for unemployed workers and their families. He has a Federal grant program to encourage the development of voluntary health insurance purchasing cooperatives, and then he has grants to States who expand children's health insurance.

Mr. Speaker, I just mention these because there really are a variety of ways to accomplish this. Frankly, it is not that costly. The more children you include, the less the cost actually becomes per child.

I think that I want to leave everybody with this tonight, and of course we have been saying this over and over on the floor the last couple of weeks or the last couple of months now, is that as Democrats we feel very strongly that this issue needs to come to the House floor. We would like the Republican leadership to give us a date certain and say as of such and such a date, I think the President throughout the date of July 4, that as of such-and-such a date, a children's health insurance proposal or some combination thereof will come to the House floor. We will have an opportunity to consider it and to vote on it.

What was really bothering me is that in discussing their priorities, the GOP basically has not included this issue. And I think that is wrong because it is

an issue that must be addressed. That is why we are going to be here almost every day or at least several times a week talking about the nature of the problem.

Ms. HOOLEY of Oregon. Again, all I want is a chance for it to be brought up so we can look at all of the different ways. I think we can do it within the current system, but I would like to see it brought up so we can have that debate on how do we solve this problem, how do we cover our kids with health insurance, a critical issue, one facing an incredible number of families. Just think about it, three kids every single minute. We have been talking I do not know how many minutes, but three kids each of those minutes we have been talking loses their health insurance. It is an issue we just have to face.

Mr. PALLONE. I yield to the gentleman from New York [Mr. SERRANO], who has been on the floor several times in the last month or so talking about this issue.

Mr. SERRANO. Mr. Speaker, I would like to thank once again the gentleman from New Jersey for bringing us together, as you have on different occasions, to discuss this subject.

I was back in my office at the beginning of this hour listening to the comments of both of you as well as other Members. It dawns on me that one of the things we see in this House quite a bit of and throughout the Nation recently is in the last few years people celebrating the fact that the cold war is over and that we have played a major role in bringing that about and that we were very influential in changing the way different countries behaved.

I think we have to celebrate that. I think it is good. It is a good sign about who we are as a people and a nation.

But I think that when we do that, we also have a responsibility and that is to every so often look inward and take a look to see what we are accomplishing right here at home.

When you look at the figures, for instance, in my city of New York, where 25 percent of all the residents under 65 are not covered by health insurance and where 20 percent of all children under 18 are not covered by health insurance, we know that this is a very serious problem. But what is interesting about it, both of you brought this up, is that 22 percent of those who are insured work for corporations, for companies that have more than 1,000 employees. That is an alarming statistic.

We thought that if you were working, one, two, working for a large outfit, everything would be fine. Here we have the wealthiest city in the world in the wealthiest Nation on Earth with 25 percent of its population not insured.

Then there is a contradiction in that we say, if you are very poor, as so many are in my south Bronx district, we will cut you here and there, but we will try to find a way to take care of you. But what you have to do is get yourself out of the condition and move forward. And when some people do by their bootstraps and in some cases with past government help move out of that condition, they find themselves then not having the availability of health insurance for themselves and for their children.

How are we judged throughout the world? How do we judge ourselves? Well, some of us would say that because we have a great army, which is always ready, that we are a great nation, and that because we have accomplished so much in technology and other fields, we are a great nation. And we are and those are good signs of what we have done.

But I think that there is taking a bite out of our existence and our future as a great nation and our present as a great nation the fact that so many of our children are uninsured. And I do not understand why anyone in charge of this House would say, we are not going to include that as an issue for discussion.

I represent a district that has many titles. It is one of the more compact districts in the Nation. You can walk my district from one side to the other in 30 minutes. That is good for me. It is also bad because my opponent can walk it in 30 minutes also. It is one of the youngest districts in the Nation. It is at times one of the poorest districts in the Nation.

And I have had friends of mine come to visit the district, and the first thing they say to me is, there are so many children: children who are going to school, children who are living in the neighborhood, children who are looking towards the future. The majority of those children have parents who are working, and yet the reason we are here tonight and the reason we have been here before and the reason we will continue to be here is because there is something terribly wrong at this moment in our country when we have allowed the situation to get out of hand to the point where if you did not know that you were watching Members of the U.S. Congress, you would think that you were watching members of another parliament or another government discussing conditions in their country. These are American children, and we are the country that claims that we have solved so many problems.

I would make the same request that I made when I joined the gentleman from New Jersey before, and that is, if you are a parent, if you are a guardian of a child who is not going through this condition, as you help that child with his or her homework tonight, as you put that child to sleep, as you cuddle and tuck that child in bed and pray with him and feel good about the fact that you have got a good family which is doing well, maybe perhaps you will just take another 15 minutes and write to a Member of Congress and say, I put my child to sleep. My child has health care. My child is OK. I may complain about other things in this society and what Government is doing, but this is OK. I do not have a problem with you if you deal with this issue so that other children can have what my child has and that other parents can feel as good as I feel about my child's safety.

I think what we need to do is to begin to have people who are in a better situation than others to defend the need for those folks to have something a little better than what they have now.

I think that eventually we will be measured amongst many things in terms of how we treat our children. If we have to continuously get up to bring up this subject and it does not get solved, then that will be our failure. So I would hope that we come together, that we continue to do this. And once again, I want to thank you for the opportunity to join you tonight and to continue to ask you to continue this fight. You have been the leader on it for such a long time. Do not give it up. It is the right thing, and we will stand by you together as we do this.

Mr. PALLONE. I thank the gentleman. And I particularly appreciate what he says about getting our constituents to reach out and other constituents to reach out to their Members of Congress to make them aware of the fact that this is a crisis and that it needs to be addressed.

I do not like to give out what I would consider unfavorable statistics about our country, because I am so proud of our country, but you mentioned about our situation here in America versus other countries. If you look at, again, this is from the Children's Defense Fund, this report we have been talking about this evening, they point out that in every industrialized country children get better health coverage than in the United States. Every other industrialized country provides health coverage to all its people.

America, of course, does not even cover all its children. The United States ranks 18th in overall infant mortality. Only Portugal does worse. And if the United States matched Japan's infant mortality rate, more than 15,000 American babies who died before their first birthday in 1994 would be alive today.

□ 1900

The United States ranks 18th in the percentage of babies born at dangerously low weight. No industrialized country does worse. Again, it is not because we want to point out bad things about our country, but it is really shocking and it is really shameful that in the greatest country and the wealthiest country in the world that we have to point out those statistics with regard to infant mortality and health care.

Mr. SERRANO. If the gentleman will yield, I think he makes an interesting and a very important point. This is not about knocking ourselves, about turning our backs on our country. This is not about an unpatriotic act.

This is about the fact that the strength of the country is in the future

of its children, and if at the present we cannot provide them with health care, not to mention other harm we may bring to them, if we cannot provide them with basic health care, if we cannot allow a parent to feel the safety of knowing that that child will get sick and will be covered by health insurance in a country where you have to pay for medical care, if we cannot do that and if we keep quiet about it, then we are not honoring our country, I think. We are just dishonoring the country.

We have to speak up and say this is a problem. But we are not saying, ''This is a problem, fix it.'' We are saying, ''This is a problem. You as a majority party bring the issue to the table and give us the opportunity to participate with you in finding solutions.''

Again, and I will close with this, as I said before, we have solutions. We have covered X amount of people. If we were inventing a health care system in this country, that would be a problem. If no one was covered and we had to start from scratch to cover people, that would be a problem. But most Americans are covered by a health plan. So what we have to do is make sure that others are covered. We do not have to reinvent the wheel.

This should not be so difficult if the willingness is there, if the desire is there, if we begin to accept the fact that there are people in this society in certain conditions not because they chose those conditions or brought them on themselves, if we get out of that mentality and say, ''Yes, I am my brother's keeper. If there is a 9-month-old baby who is not covered, that is my problem, too. If there is someone uncovered somewhere else, that is my problem, too.''

If we get into that mentality, then I believe we can deal with this issue. We do not have to reinvent the wheel or set up a new plan, just deal with what we have in this country, just make sure it is fair and expanded to all.

Mr. PALLONE. I agree completely. Again, I want to thank not only the gentleman but also the gentlewoman from Oregon because she continues to point out, I think a major point here, we are talking about working people who are willing to pay either all or some of the cost of the health insurance for their children. But unless we establish some system, as the gentleman from New York said, to build on the existing plans that are out there, they just do not have access to it, or it is too costly for them because they do not get it through a group plan, through their employer or whatever. We are talking about working people.

We are going to continue to do this over the next few weeks and the next few months, I hope not the next few months because I hope our colleagues on the Republican side of the aisle will be willing to bring this up at some point in the next few months. But we have to keep talking about it because it really is a crisis, as the Children's Defense Fund report points out.

CONGRESSIONAL POLICYMAKING FOR WORKING PEOPLE

The SPEAKER pro tempore. Under the Speaker's announced policy of January 7, 1997, the gentleman from New York [Mr. OWENS] is recognized for 60 minutes.

Mr. OWENS. Mr. Speaker, the previous discussion, I think, is really a good prelude to what I have to say, it really dovetails neatly. We have a situation in America where we cannot take care of, or we refuse to take care of, a large part of the population of our children. We refuse to take care of it, even though the gross national product is quite healthy, the profits are booming on Wall Street, we have an unprecedented period of prosperity, no recessions for a long time, and yet we are refusing to take the necessary steps to take care of the health needs of the children of America.

We have already dropped any discussion of a universal health plan. That is off the board completely. Beyond the children, there are 40 million Americans who are not covered, and that number is increasing all the time. We are not even discussing it. This is an era where those who have the most are in charge. In the last election, unfortunately, large numbers of people did not bother to come out and exercise their democratic right and vote, so there is a great deal of contempt for people out there who have needs and did not bother to go vote to protect their rights or their needs.

So as a Member of the House of Representatives' Education and the Workforce Committee, I would like to talk today about the state of affairs with respect to policymaking for working people in this Congress, what is ahead of us, what are the dangers, what does it mean to have the first bill introduced by the Republican majority, a bill known as H.R. 1, what does it mean to have that bill focus on the elimination of overtime cash payments.

The Republicans are coming for your overtime, working people. The Republicans are coming for your overtime. They have made it their highest priority. It is the first bill introduced by the Republicans, a bill to change the Fair Labor Standards Act so that the Fair Labor Standards Act will no longer require that all employers pay overtime in cash. The Fair Labor Standards Act says you must receive time and a half for any hours worked over 40 hours per week. That is the present law. They want to change the law to say that the employers can pay you in comp time. They will give you an hour and a half off for every hour you work overtime instead of cash.

That is what H.R. 1 is all about. I call it the Employer Cash Enhancement Act. It is an act which will put large amounts of money in the hands of employers that they did not have before, because really do you think there are many employers who will make the choice to pay an employee, an hourly worker or a salaried worker who is required to receive overtime in cash, how many employers would make the choice to pay them in cash if they can pay them with comp time, time that they can take off later? You cannot invest comp time on the stock market. You cannot invest it in new plant, new equipment. You can invest cash. And always the tendency will be to move toward the employee who chooses to take comp time instead of cash.

The bill talks about choice and says it will be a violation of the labor law if any employer refuses to give the employee a choice, but it does not say how that can be monitored. It does not talk about the details in terms of here is the employer who holds a great deal of leverage over the employee, here is the employer who decides whether they stay on the job or not. He does not have to keep them.

Here is the employer who does not have to say to them, ''I demand that you take your overtime in comp time instead of cash.'' The employer can just say, ''Who wants to take their overtime in comp time and who wants to take it in cash?'' We will suddenly find that all the people who choose to take their comp time in cash, refuse to take their overtime in comp time, are suddenly in a few weeks laid off, or dismissed.

There is no reason why private employers have to keep people on, they have a lot of leeway, and they are replaced with other people. All the people who choose to take comp time, want an hour and a half for every hour they work, they are kept on. All the people who chose to take it in cash, they are gone. The message will get out there very rapidly.

In fact, working people in situations without the protection of unions and even in many cases with unions, they know very well where they stand with respect to their employers. They will get the message very rapidly.

So here is the Fair Labor Standards Act that was brought in by Franklin D. Roosevelt as part of the New Deal because you had exploitation and oppression of workers, workers were made to work endless hours without being compensated at a rate for the overtime greater than the regular rate. This Fair Labor Standards Act has many other provisions, and it came along at a time when we created a number of pieces of labor law which still exist. And suddenly we are going to reach in and take out this piece of the labor law which says an employee must be paid in cash, the rate plus 50 percent in overtime, they are going to suddenly take away that protection in the law and leave it to the employers to work it out with the employees.

Many unions already bargain and they have bargained this situation where some employees take comp time instead of cash, et cetera. That is allowed. My problem is this. We have a steamroller rolling, we are going to have this on the floor next week. It is H.R. 1.