

Millender-	Ramstad	Spence
McDonald	Rangel	Spratt
Miller (CA)	Regula	Stabenow
Miller (FL)	Reyes	Stark
Minge	Riggs	Stearns
Mink	Riley	Stenholm
Moakley	Rivers	Stokes
Molinari	Rodriguez	Strickland
Mollohan	Roemer	Stump
Moran (KS)	Rogan	Stupak
Moran (VA)	Rogers	Sununu
Morella	Rohrabacher	Talent
Murtha	Ros-Lehtinen	Tanner
Myrick	Rothman	Tauscher
Nadler	Roukema	Tauzin
Neal	Roybal-Allard	Taylor (MS)
Nethercutt	Royce	Taylor (NC)
Neumann	Ryun	Thomas
Ney	Sabo	Thompson
Northup	Salmon	Thornberry
Norwood	Sanchez	Thune
Nussle	Sanders	Thurman
Oberstar	Sandlin	Tiahrt
Obey	Sanford	Tierney
Olver	Sawyer	Torres
Ortiz	Saxton	Towns
Owens	Scarborough	Trafficant
Oxley	Schaefer, Dan	Turner
Packard	Schaffer, Bob	Upton
Pallone	Scott	Velazquez
Pappas	Sensenbrenner	Vento
Parker	Serrano	Visclosky
Pascrell	Sessions	Walsh
Paxon	Shadegg	Wamp
Payne	Shaw	Waters
Pease	Shays	Watkins
Pelosi	Sherman	Watt (NC)
Peterson (MN)	Shimkus	Watts (OK)
Peterson (PA)	Shuster	Waxman
Petri	Sisisky	Weldon (FL)
Pickering	Skaggs	Weldon (PA)
Pickett	Skeen	Weller
Pitts	Slaughter	Wexler
Pombo	Smith (MI)	Weygand
Pomeroy	Smith (NJ)	White
Porter	Smith (OR)	Whitfield
Portman	Smith (TX)	Wicker
Poshard	Smith, Adam	Wise
Price (NC)	Smith, Linda	Wolf
Pryce (OH)	Snowbarger	Woolsey
Quinn	Snyder	Wynn
Radanovich	Solomon	Yates
Rahall	Souder	Young (FL)

NAYS—3

Bateman	LaHood	Paul
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NOT VOTING—10

Becerra	Pastor	Skelton
Blagojevich	Rush	Young (AK)
Gutierrez	Schiff	
Hefner	Schumer	

□ 1828

So (two-thirds having voted in favor thereof) the rules were suspended and the bill, as amended, was passed.

The result of the vote was announced as above recorded.

A motion to reconsider was laid on the table.

PERSONAL EXPLANATION

Mr. PORTER. Mr. Speaker, on rollcall No. 124, I was detained at a meeting with Mr. Bob Nash of the White House personnel office. Had I been present, I would have voted "yea."

SPECIAL ORDERS

The SPEAKER pro tempore (Mr. KOLBE). Under the Speaker's announced policy of January 7, 1997, and under a previous order of the House, the following Members will be recognized for 5 minutes each.

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

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

REPUBLICAN TACTICS HURT
WEAKEST OF OUR CITIZENS

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

Mr. HILLIARD. Mr. Speaker, this week the Republican Congress will officially take food out of the mouths of babies when they follow the lead of the House Committee on Appropriations. Last week this Republican-controlled committee cut the women, infants and children nutrition program. If the Congress follows their lead, many poor, helpless, underrepresented and overly persecuted American citizens will be without the necessities of life.

Mr. Speaker, the full House of Representatives will soon vote on this bill which, if passed, will cause a cut in WIC nutrition programs of 180,000 women, infants and children who would have to go without food and medicine. These proposed cuts in this program are not fancy frills, but basic staples of life: food and medicine.

I understand the desire of certain Members of this Congress who believe in cutting programs to balance the budget. However, let me assure my colleagues that this is one of the most noble Federal programs that we have ever funded.

Mr. Speaker, I would understand the opposition if the WIC Program were a typical pork barrel project, but it is not. It is not even the equivalent of the recent legislative luxuries proposed by the Republican's own plan to grant a monstrously large and obscene tax break for the Nation's most wealthy.

The WIC Program allocates nothing but bottom line necessities of life: food, nutritious programs and, yes, medicine, the very essential necessities of life.

What on Earth could be objectionable about these programs? It is not a program for the able, it is not a program that feeds foreign kids. It is a program that feeds hungry children here in America. It is a program that protects pregnant women here in America. It is a program that benefits Americans.

Mr. Speaker, these infants who are on the WIC Program do not need to be hurt or harassed by this Congress. They need help. Not only is the House Committee on Appropriations' decision cruel and unusual, but it is ill-advised.

The Center on Budget and Policy Priority, their executive director, Mr. Robert Greenstein stated:

The Appropriation Committee's decision to allow WIC participation levels to be cut by 180,000 low-income women, children and infants is extremely ill-advised.

□ 1845

To agree with cutbacks to the number of poor women and children who

are aided in what is probably known as the singly most successful program which is run in any level of our government is hard to understand.

It may be hard for him to understand, but those of us who have been around in politics for a while understand the realities of the Republican strategy: To take the food out of the mouths of those 180,000 men and women, little kids, to give a tax break, once again, to the wealthy.

My friends on the radical Republican side of this Congress are misjudging, once again, the American people, as they did with the Medicare and Medicaid cuts of last year. I do not believe our citizens will sit by while the service of big business and the wealthy, the Republicans, send 180,000 poor people into the streets begging for food and medical care. It should not happen here in America.

How many more children must suffer before we retain the moral conscience of our Nation? How many more babies must cry through the night before we remember the golden rule? How many more mothers will go full term through a pregnancy without seeing a physician?

The weak, the poor, the least of those in our society are those we should always protect. It is the cornerstone of our Nation to look out for those who are lost and those who are least able to fend for themselves. If we have feelings, if we are compassionate, if we have a heart, we will take care of our young. Please vote to take care of the infants, the pregnant women, and the little kids.

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

[Mr. NEUMANN addressed the House. His remarks will appear hereafter in the Extension of Remarks.]

DEMOCRATS LAUNCH HEALTH
PLAN FOR CHILDREN, WHILE
GOP LEADERS DENY CHILDREN
BASIC NUTRITION

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

Mr. PALLONE. Mr. Speaker, last month Democrats urged Republican leaders to move forward on legislation to help provide health care coverage for America's uninsured children by Mother's Day. Instead of developing a plan for the more than 10 million uninsured children, Republican leaders have been outspoken in denying milk, formula, and other basic nutrition needs for approximately 180,000 children in the Women, Infants and Children, or WIC Program, that my colleague from Alabama just previously spoke about.

Since the Republicans have failed in developing a plan to assist the Nation's

uninsured children, Democrats have taken the initiative and have put together a children's health care proposal which we unveiled last week.

The proposal is called the Families First Health Care Coverage for Children, and it seeks to help those working families who do not currently qualify for Medicaid, because they are above the Federal poverty level, but are nevertheless without health insurance for a number of reasons.

I would like to discuss, Mr. Speaker, this plan right now. It is basically a three-pronged approach. First, it encourages, but does not mandate, States to expand the Medicaid floor for health insurance for low-income children, while assisting local communities in developing outreach to the 3 million children who are uninsured, but already do qualify for Medicaid assistance. Now, what we found is that a lot of children are out there and qualify under the current Medicaid law, but are not taking advantage of it, so we do need an outreach program.

Most children in families at low income levels currently receive their health care from the Medicaid program, and we are just trying to ensure that these low-income families do not fall through the cracks.

The second prong of the Democrats' families first children's health care proposal creates a matching grant program for the States, and it is called Medikids. It is a grant program that will be targeted to those families, if we use a family of four, who make between \$16,000 and \$48,000 a year. Medikids will give the States the flexibility and the additional moneys they need to be creative in meeting the needs of a State's uninsured children's population.

Now, when I talk about flexibility, States can form public-private partnerships, use the money to build upon existing State programs and to create new initiatives unique to the State's own needs. Again, Medikids is voluntary to the States, but in order for States to qualify for the Medikids matching grant they must provide Medicaid coverage for pregnant women up to 185 percent of the poverty level and children through age 18 of families up to 180 percent of the poverty level, or \$16,000 in a family of four.

So what we are doing here, Mr. Speaker, is expanding Medicaid, the floor of the Medicaid Program, and then providing matching grants so States can go beyond that up to families of four with incomes of \$48,000.

Finally, I wanted to say that our third prong, which basically came from the gentlewoman from Oregon [Ms. FURSE], who is part of our health care task force, this would seek private health insurance reforms and make it easier for families of all income levels to provide for their children's health care needs. It is not income-based.

This third prong would require insurers to offer group-rated policies for children only, which means a relatively inexpensive health insurance policy.

Additionally, families who qualify for health insurance under current law, the COBRA law, that cannot afford the premium for the entire family, will have the option to purchase a children's only health insurance policy. This last portion, again that was provided and suggested and is in a bill that the gentlewoman from Oregon [Ms. FURSE] has introduced, basically benefits working families of all income levels.

Mr. Speaker, I have to say that this Democratic proposal can all be achieved within the context of the balanced budget agreement that was announced by the President a few weeks ago. Democrats, I believe, Mr. Speaker, are moving forward because Republicans in effect are lacking leadership in this arena of children's health. I once again have to point out that instead of seeking a solution to children's health care, we see the Republican leadership determined to stop full funding of the WIC Program that their own Governors have requested.

Mr. Speaker, I just want to point out, the Democrats from last year, when we put forward our families first agenda, were trying to respond to the real needs of the average American family, and I think that is what this health care initiative does again. It addresses the fact that we have so many children out there who are not covered, who are responding to that need, and we hope we can get bipartisan support for this initiative.

CHRONIC FATIGUE IMMUNE DYSFUNCTION SYNDROME

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

Mr. FORBES. Mr. Speaker, I rise today to ask my colleagues to join with me in recognizing that yesterday, Monday, May 12, was International Chronic Fatigue Immune Dysfunction Syndrome Awareness Day.

We in the Congress must realize the need to heighten public awareness of this most debilitating, yet still largely ignored, disease that caring medical experts believe strikes a conservative number of Americans, 2 to 5 million annually, and an estimated 11,000 individuals in New York, New Jersey, and Connecticut.

First brought to the public's attention back in 1984 during an outbreak at Lake Tahoe, NV, the number of chronic fatigue sufferers has grown dramatically. That is due, in part, because more physicians are being trained to identify the symptoms of chronic fatigue syndrome and, in addition, some physicians have understood that chronic fatigue syndrome and its symptoms are better understood today than they have been in the past.

Unfortunately, a shocking number of physicians still believe that the disease really is not a disease such as this, but it is depression. They often tell their

patients to just snap out of it. This has really added a burden on a lot of Americans, particularly those who reside in my part of the world, on Long Island, and we have an unbelievable number of chronic fatigue syndrome sufferers.

Over the last 2 years, I have met with many of these individuals who are really waging a valiant battle, not only to try to educate more and more physicians that this is a very real disease, but also to bring greater public awareness and resources to the research of this malady and to find a cure. It is absolutely heartbreaking to see parents and neighbors, spouses and children, or anyone suffering from the enduring pain and pervasive weakness of chronic fatigue, to see vibrant, energetic people all of a sudden stricken with a mysterious ailment that medical professionals cannot cure and, unfortunately, too many others think it is something else or choose to ignore this chronic fatigue syndrome.

I am particularly shocked that here in the United States, where this disease has been known since 1984, we are spending a paltry \$5 million annually to try to figure out where this disease comes from and specifically how can we treat it. I would also reference the fact that while there are very few successful treatments for this terrible disease, those that doctors do employ quite honestly have a marginal effectiveness. For reasons that researchers still do not understand, chronic fatigue syndrome is diagnosed mostly in white women, typically in their 30's, though now there are a growing number of children who have been identified with having chronic fatigue syndrome.

In my home area on eastern Long Island, this cruel disease has stricken, as I said earlier, a disproportionate number of people. There are some 2,000 cases that have been identified, but I would suggest that the number is probably three times that.

Mr. Speaker, I yield at this time, if I could, to the gentleman from New York [Mr. LAZIO], my good friend and colleague from Long Island who has some personal experience with this dreaded disease.

Mr. LAZIO of New York. Mr. Speaker, I want to congratulate the gentleman from New York [Mr. FORBES] on taking this time out to help build an awareness across our country of the struggles that families and individuals suffering with chronic fatigue syndrome are going through.

As the gentleman had remarked, it is particularly hurtful when people who do not understand the syndrome mock their ailment or the illness because of a lack of information about this. Of course this also has a devastating effect on the children of some of the caregivers who have Chronic Fatigue Syndrome. It is a very difficult problem.

I have to agree with the gentleman that we need to marshal our public and private resources to begin the process of overcoming this terrible disease. Of