

I also will miss hearing JOHN speak on the House floor. He always commanded attention. In fact, I've always thought that when JOHN KASICH took to the floor to speak about anything, he was sort of like road kill—you just couldn't look away. Folks are drawn to his plain but spirited manner and his refreshing candor.

Mr. Speaker, most state delegations could never fill the oratory void left after the departure of a JOHN KASICH. Of course Ohio is a little different from most states. We've been blessed with an abundance of fine orators who command the public's attention. I just hope that in the 107th Congress my good friend, JIM TRAFICANT, will step up to the plate and shed that terrible shyness he has around the C-SPAN cameras.

JOHN KASICH, I thank you for your service to our country, to our fine state of Ohio, and for your years of friendship and guidance. Ohio is losing a great legislator, but I know our state and country have not heard the last of you.

#### INTRODUCTION OF THE HISPANIC HEALTH ACT OF 2000

**HON. CIRO D. RODRIGUEZ**

OF TEXAS

IN THE HOUSE OF REPRESENTATIVES

*Friday, October 27, 2000*

Mr. RODRIGUEZ. Mr. Speaker, today I am pleased to introduce the Hispanic Health Act of 2000, legislation to address disparities in access to health care, research, program funding, cultural competence, and representation of Latino health care professionals. This legislation aims to reduce these disparities in three specific disease areas that particularly impact the Hispanic community: diabetes, HIV/AIDS, and mental health in the Hispanic community.

As Chair of the Congressional Hispanic Caucus Task Force on Health, I am committed to fighting the health disparities that Hispanics face in this country. Last year, I and the members of the Congressional Hispanic Caucus released a Report on Hispanic Health in the United States. The report was a direct result of testimony received from community leaders, health providers, and policy makers in a series of forums during the first ever Hispanic Health Awareness Week in September, 1999. The report summarizes the findings from the experts and outlines their recommendations to improve health care delivery to Hispanics.

Racial and ethnic minorities continue to experience serious disparities in health. The report's findings demonstrate the seriousness of the situation and the need for immediate action.

Type 2 diabetes accounts for 90 to 95 percent of diabetes cases, and it is the most common form seen in the Latino community. Among Hispanics, type 2 diabetes is twice as high compared to non-Hispanic whites. Six percent of Hispanics in the United States and Puerto Rico have been diagnosed and it is estimated that another six percent have undiagnosed diabetes. One out of every four Mexican Americans and Puerto Ricans ages 45 and older have diabetes. One out of three elderly Hispanics have diabetes. Hispanics account for 20% of new AIDS cases, but only 11% of the population. In 1997, AIDS was the third leading cause of death among Hispanics

between the ages of 25 and 44, and 10th for Hispanics of all ages. Mexican American women are more likely to report severe depression than their non-Hispanic white, or African American female peers.

Substance abuse increased among Hispanic youth at the same time that it declined for non-Hispanic white and African American youth. Those at greatest risk appear to be Hispanic girls. Hispanic girls now lead girls nationwide in rates of suicide attempt, alcohol and drug abuse, and self-reported gun possession.

The Hispanic Health Act of 2000 reflects the recommendations outlined in the Congressional Hispanic Caucus Report on Hispanic Health in the United States. One of the most important issues that this legislation addresses in data collection and research funding. If we do not address disparities in research, we are not going to develop cures that address the health disparities that exist in Hispanic and other minority communities. With a clearer understanding of what we face, we can then deliver culturally competent health services that meet the needs of these communities.

This legislation requests an annual report from the Secretary of Health and Human Services on the progress of Latino initiatives throughout the agency regarding diabetes, HIV infection, AIDS, substance abuse and mental health. This information will prove invaluable in monitoring the responsiveness of HHS to the health needs of the Hispanic community and will give us the tools to direct resources were effectively in the future.

The legislation authorizes two diabetes programs to reduce the devastating impact of this disease on Hispanic-Americans. To increase prevention activities, the bill authorizes \$100 million for the National diabetes Education Program of the Center for Disease Control. These activities include identifying and targeting geographic areas that experience a high incidence of diabetes and diabetes related deaths particularly in the Hispanic community with educational and screening programs.

In addition, this bill authorizes \$1 billion to the National Institute on Diabetes and Digestive and Kidney Diseases to implement the recommendations of its Diabetes Research Working Group. This working group's plan was developed and delivered to Congress pursuant to the Fiscal Year 2000 Appropriations Act of the Department of Health and Human Services.

On HIV and AIDS, the legislation requests a plan from the Centers for Disease Control to address the under-representation of Hispanics in Community Planning Programs. The legislation also calls for the establishment of AIDS education and training centers at eligible Hispanic Serving Institutions funded by the Health Resources and Services Administration. An emphasis shall be placed on providing culturally and linguistically appropriate training of health providers to deliver bilingual HIV treatment and education. In too many cases, the lack of appropriate information creates a barrier to prevention and treatment, costing countless lives and suffering.

In an effort to reverse the trends in Latina suicides, the legislation establishes a female adolescent suicide prevention program. The Secretary of Health and Human Services, in collaboration with other agencies, would be empowered to fund programs that meet a set

of criteria designed to ensure that best practices are implemented to combat Latina suicides. The bill authorizes \$10 million for the implementation of these prevention programs.

The Hispanic Health Act of 2000 also provides for bilingual health professional training with respect to minority health conditions. The bill authorizes \$1 million for the development of culturally competent educational materials and technical assistance in carrying out programs that use such materials. In addition, it provides an additional \$5 million for a Center for Linguistic and Cultural Competence in Health Care through the Office of Minority Health.

A cultural competence demonstration project in the legislation would provide grants to two hospitals that have a history in the Medicare program. The hospitals shall receive a \$5 million grant for five years to enable them to implement standards for culturally competent services to address the needs of any population that is 5% or more of the total population they serve. An additional \$1 million is provided for the purpose of program evaluation. The bill allows for hospitals to use disproportionate share hospital funding to pay for translators for a population that is limited English proficient and makes up 10% or more of the population they serve.

Increasing the numbers of Hispanics who join the health professions is a necessary component of any plan to reverse the historical disparities faced by the community. The Hispanic-Serving Health Professions Schools provision authorizes the Secretary of Health and Human Services to give grants to Hispanic-serving health professions schools for the purpose of carrying out programs to recruit Hispanic individuals to enroll in and graduate from the schools. More Hispanic health professionals will assist greatly in providing culturally competent and linguistically appropriate care.

Finally, the Hispanic Health Act requires the Secretary to include data on race and ethnicity in health data collected under programs carried out by the Secretary. Outcome measures will be developed to evaluate, by race and ethnicity, the performance of health care programs and projects that provide care to individuals under the Medicare and Medicaid programs.

The Hispanic Health Act of 2000 fills an important gap in research, program implementation and evaluation, training, and facilitating cultural competence in health care institutions. I ask my colleagues to join us in taking the historic steps needed to reverse the trends that have left too many behind.

#### BRING THEM HOME ALIVE ACT OF 2000

SPEECH OF

**HON. SHEILA JACKSON-LEE**

OF TEXAS

IN THE HOUSE OF REPRESENTATIVES

*Tuesday, October 24, 2000*

Ms. JACKSON-LEE of Texas. Mr. Speaker, I am pleased to rise in support of the "Bring Them Home Alive Act of 2000." This bill creates an extraordinary opportunity for nationals of Vietnam, Cambodia, Laos, China, and the independent states of the former Soviet Union to do a wonderful thing and be richly rewarded for it. If a national from any of these countries