I talked just yesterday before the Committee on the Budget hearing to Secretary of Education Paige, and Secretary Paige told us that the President had recommended an increase in funding in special education, but far short of the promise Congress made 25 years ago.

We have got to do what is right. I hope and believe we will do what is right. We are a better Nation than the way we have acted for the last 25 years.

□ 1345

LACK OF HEALTH INSURANCE FOR LOW-INCOME WOMEN

The SPEAKER pro tempore (Mr. GILCHREST). Under a previous order of the House, the gentlewoman from California (Ms. SOLIS) is recognized for 5 minutes.

Ms. SOLIS. Mr. Speaker, today I rise to talk about the deplorable lack of health insurance for low-income women. Nearly 4 in 10 poor women are uninsured. Four in ten.

We know that health care coverage is critically important for low-income women because they cannot afford to pay for health care out of their own pockets. Without health insurance, women may decide not to get needed health care because they cannot afford it. Despite the fact that our country has experienced large economic growth over the past few years, the proportion of low-income women who are uninsured actually rose 32 percent to 35 percent. Clearly, our Nation's economic growth has not reached all segments of our society.

This problem is even more pronounced for immigrant and minority low-income women. Mr. Speaker, 51 percent of low-income Latinas are uninsured. That is more than half. Among uninsured Latino adults in fair to poor health, 24 percent of women have not visited a doctor in the past year. These are women who are not in good health yet nearly a quarter of them have not seen a doctor in 12 months. 42 percent of low-income Asian- American women are uninsured.

Nearly 1 in 5 low-income women are immigrants, and over half of those are noncitizens and they are uninsured. Without health insurance, where can they go for quality health care? Less than a quarter of low-income noncitizen women have job-based health coverage.

Medicaid, or Medi-Cal as we know it in California, has traditionally been a source of support for these women, helping them to receive needed health care services. Unfortunately the changes made in the 1996 welfare law hurt low-income women. The 1996 welfare law separated Medi-Cal from welfare and put new requirements on people receiving cash assistance.

Although the new law pushed people into leaving welfare and onto the job rolls, many of those jobs are low skilled and low paying. Many of those women remain without any form of health care coverage and so do their families. Let us provide them with affordable health care.

CARDIOVASCULAR DISEASE, NUMBER ONE KILLER OF WOMEN

The SPEAKER pro tempore. Under a previous order of the House, the gentlewoman from Indiana (Ms. CARSON) is recognized for 5 minutes.

Ms. CARSON of Indiana. Mr. Speaker, I am pleased to address this august body and this Nation in celebration of Women's History Month. As we celebrate women's history, we have many women who have made major contributions to the advancement of this country. We have Sojourner Truth, Harriet Tubman, Rosa Parks and Barbara Jordan, and other women who have been enormously progressive in terms of advancing the work and the lives of people across this Nation.

In Women's History Month, however, we must remember the importance of keeping women's bodies healthy. Cardiovascular diseases are the number one killer of women. These diseases currently claim the lives of more than 500,000 women a year. Although these statistics are enormous, many women still are not aware of their risk for heart disease. Why is this the case. Studies have shown that women and doctors may not know that cardiovascular disease is the main killer of women, the leading cause of death among women, not breast cancer, or any of the other diseases that we try to find cures for, but cardiovascular disease is the main killer of women.

Women and doctors may not realize the risk factors for cardiovascular disease because it is different in women than men. Women's symptoms of cardiovascular disease may not be recognized because they may be different than men, and women do not receive the same levels of prevention, care and treatment as men. It is important that women understand the risks, recognize the symptoms and reduce the risk of a heart attack. We must also ensure that doctors are provided with the proper educational tools and sensitivity understanding that they need in order to help women make the right decisions about their health and well-being.

It is time, I believe, to reduce the numbers and to focus on living healthy and productive lives. Knowledge about our health is powerful, and working towards having and keeping good health is the first step in living a powerful and productive life.

WORKING WOMEN DESERVE HEALTH INSURANCE COVERAGE

The SPEAKER pro tempore. Under a previous order of the House, the gentlewoman from Wisconsin (Ms. BALDWIN) is recognized for 5 minutes.

Ms. BALDWIN. Mr. Speaker, it is estimated that 19 percent of women in the United States lack health insurance coverage. Women and their children are disproportionately represented among the Nation's uninsured population, primarily due to the number of women in service jobs and retail jobs which have low rates of employer-provided insurance and lower wages. Many working women have part-time jobs where health benefits are not offered by the employer or cannot afford the premiums to purchase the insurance.

Women who are insured through their spouse's employment are often more susceptible to disruptions in health care coverage. Divorce, death of a spouse, change in job status of a spouse or a change in the dependent coverage through an employer could result in a woman and her children losing health insurance.

We also know that women are living longer, yet the quality of their lives is not always better. Women are more likely to be uninsured than men, and this lack of health insurance is a public health risk.

Studies show that people without health insurance are less likely to receive care and more likely to delay seeking care for acute medical problems. This ultimately adds to the cost because in many cases their medical conditions become more serious producing adverse outcomes that will need extensive follow-up care. Uninsured individuals are less likely to receive primary care or preventive services, which would keep medical conditions from becoming worse.

We all know that women who are diagnosed with breast or gynecological cancers at a later stage are more likely to die from those conditions and diseases than those who detect it early. This is an even greater health risk because we know women disproportionately take care of the family. And as caretakers, women simply do not have the time to be sick. That is why education and prevention and proper health insurance is so vital.

Working women deserve health insurance coverage for themselves and for their children. I am optimistic that we can begin to address the problem of the 43 million people in America who are uninsured and the many more who are underinsured, so that no man, woman or child in this country has health care needs that are not being addressed. No one should be left behind.

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

(Mr. BACA addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

GLOBAL WARMING

The SPEAKER pro tempore. Under the Speaker's announced policy of January 3, 2001, the gentleman from Iowa