

## THE CRISIS OF THE UNINSURED

**HON. CHARLES B. RANGEL**

OF NEW YORK

IN THE HOUSE OF REPRESENTATIVES

*Thursday, July 11, 2002*

Mr. RANGEL Mr. Speaker, today America faces a crisis that affects more than 40 million people. This is the number of Americans who are currently without health insurance. Additionally, if we account for the number of people who have insurance but are underinsured, then we arrive at a far more disturbing number. Let's face it. The health care system as we know it is falling far short of its goals.

During a time in which the economy is lagging and health care prices are rising, companies are having to make cutbacks and consumers are having to choose between health coverage and meeting their daily needs. For example, when faced with the choice of paying for a vehicle needed to get to work each day or for expensive health care coverage, millions opt to forgo their health in favor of a much needed paycheck.

On the other hand as business profits have been decreasing substantially, employers can no longer afford to offer employees lower prices for health insurance. This means that businesses feel the pressure to pass the health care bill on to employees. Since 74% of the U.S. population is covered by private health care insurers, mostly provided by the workplace, this means that most consumers will feel the squeeze of skyrocketing health care premiums.

Why is it so important that we insure all Americans? Lack of health care drastically affects access to proper medical treatment. Since the uninsured are less likely to have regular health care treatment, their level of health is lower on average compared to the insured. People without health insurance tend to allow medical problems to go untreated because they cannot afford doctor visits or recommended medications. More than a third of uninsured adults say they have not filled a drug prescription in the past year due to cost. More than a third did not get a medical test or treatment that had been recommended.

The uninsured do not normally have access to preventative care, which may mean the difference between catching cancer in its early, treatable stages as opposed to a stage in which the cancer is incurable. For example, uninsured women diagnosed with breast cancer are more likely to die from it because they have a much greater chance of being diagnosed with late-stage cancer.

We must address the problem of the uninsured because this health care crisis also affects the decisions of health care providers. Under the current system of competitive managed care, physicians are often forced to choose between giving proper treatment to the uninsured (risking uncompensated care) and not providing adequate treatment (risking the life of the patient). To alleviate this problem, the uninsured are often required to pay for services "up front." This requirement causes uninsured individuals to either wait until they can afford treatment or charge their medical bills to credit cards, potentially building debt that may take years to pay.

Another problem evident in the current health care system is that minorities disproportionately represent the uninsured. Roughly a

third of Hispanic and Native Americans are uninsured. About 20% of African Americans and Asians are uninsured compared to 11% of whites.

The poor and near-poor are also much more likely to be without health insurance. If it were not for Medicaid, many more of the poor would be uninsured and would have reduced access to medical care. Yet Medicaid does not cover a significant number of the near-poor. Since nearly 60% of the uninsured at or below the poverty level have at least one worker in the family, many near-poor individuals earn too much to qualify for Medicaid. It is evident that we must work to narrow the gaps of health care coverage disparities along racial and socioeconomic lines.

We can no longer sit back and hope that the problems within the current health care system correct themselves. It is imperative that we rise together in a bipartisan effort to address the health care crisis of the uninsured. We must find a solution before this crisis grows to affect additional millions of Americans.

INDIA AND IRAQ: "STRATEGIC  
PARTNERS" STRENGTHEN  
TRADE TIES WITH OIL DEAL

**HON. DAN BURTON**

OF INDIANA

IN THE HOUSE OF REPRESENTATIVES

*Thursday, July 11, 2002*

Mr. BURTON of Indiana. Mr. Speaker, India calls itself "the world's largest democracy" and it claims it is a partner in the fight against terrorism, yet it just signed an agreement to strengthen its trade ties with one of the nation's major sponsors of terrorism, Iraq. According to the British Broadcasting Company (BBC), Amir Muhammad Rasheed, the Iraqi Oil Minister, called India a "strategic partner."

Under the agreement, India will provide medicine, wheat, rice, railway equipment, and turbines for electrical generators to Iraq. In addition, India, Iraq, and Algeria are in the final stages of an agreement to drill oil in the southern part of Iraq. Mr. Rasheed's counterpart, Indian Oil Minister Ram Naik, said that India opposes the sanctions on Iraq.

On May 18, 1999, the Indian Express reported that Indian Defense Minister George Fernandes organized and led a meeting with the Ambassadors from Iraq, Red China, Cuba, Russia, Serbia, and Libya to discuss setting up a security alliance "to stop the U.S." This demonstrates that many in India do not view America as an ally, but instead, view us as an enemy. Apparently, these people are even willing to support America's enemies.

The time has come for the United States to recognize the truth about India. India has a long way to go before it can be considered an American ally. It is a supporter of terrorist regimes and a practitioner of terrorism itself. It has already been placed on the State Department's watch list of violators of religious freedom. Now it is time to impose appropriate sanctions on India. We should immediately cut off all American aid to India, and we should declare our support for the self-determination movements in South Asia, such as those in Kashmir, in Punjab, Khalistan, and in Nagalim, among others. If India is going to support terrorism around the world, it is not worthy of the

support of the hard-working, freedom-loving people of the United States.

Mr. Speaker, I would like to place the BBC report on the India-Iraq deal into the RECORD at this time for the information of my colleagues and the American people.

## IRAQ AND INDIA TIES WARMED BY OIL DEALS

Iraq and India have signed an agreement to boost trade ties, especially in the oil sector.

Indian Oil Minister Ram Naik told a press conference that the Indian oil firm Oil Natural Gas Corporation Limited (ONGC) would soon open offices in Baghdad.

Mr. Naik added, after meeting his Iraqi counterpart Amir Muhammed Rasheed, that "work was progressing" on an ONGC oil concession in southern Iraq.

Iraq has awarded Indian companies a number of contracts under the United Nations "oil-for food" programme, in return for India's diplomatic support.

The programme allows Iraq to bypass sanctions imposed for its 1990 invasion of Kuwait and use oil revenues to buy food and humanitarian goods.

The U.S. has classified Iraq as a member of the "axis of evil" while it has strengthened relations with India to prosecute the war in Afghanistan.

## STRATEGIC PARTNER

After meeting with Iraqi President Saddam Hussein on Saturday, Mr. Naik said that India opposed the sanctions on Iraq, and called for them to be ended immediately.

Mr. Rasheed described India as a "strategic partner".

"We have entered new projects in railways, oil and gas, health and industry in addition to technical co-operation and this will give a boost to the economic relations of the two countries, which in consequence will be reflected on the volume of trade exchange," Mr. Rasheed said.

Under the agreement, India is to supply Iraq with medicine, wheat, rice railway equipment and turbines for electricity generations.

Mr. Rasheed said trade between Baghdad and New Delhi under an "oil-for-food" deal with the UN had reached \$1.1 bn.

## EXPANDING OIL INTERESTS

Iraq, India and Algeria are "in the final state" of a deal to start exploring and drilling the Tuba oil field between Zubair and Rumaila in the south of the country.

"It is a consortium between Indian companies and the Algerian Sonatrach Company, and we hope to realize it by the end of summer," Mr. Rasheed was quoted as saying in the ruling Baath party's Al-Thawra newspaper.

The field was being developed by Iraq until the 1991 Gulf War, when storage facilities were destroyed.

ONGC is awaiting approval from its board to invest approximately \$63m in Iraq.

India, which imports more than two-thirds of its crude oil requirement, has been seeking foreign sources as domestic output matures.

Last month it took over a concession in Sudan from Canadian oil company Talisman.

INTRODUCTION OF THE CHIL-  
DREN'S ACCESS TO ORAL  
HEALTH ACT

**HON. JOHN D. DINGELL**

OF MICHIGAN

IN THE HOUSE OF REPRESENTATIVES

*Thursday, July 11, 2002*

Mr. DINGELL. Mr. Speaker, tooth decay is the most prevalent chronic childhood disease;