

authorities to aid law enforcement officers and prosecutors in gathering evidence and building cases to bring violent criminals to justice.

These grants also may be used to operate training programs for victim advocates and counselors. Many victims of domestic violence and sexual assault are afraid to retell their stories to friends, family or a counselor. Training people to know how to assist victims of domestic violence is a necessary tool in fighting this epidemic and preventing future abuse.

The 2000 reauthorization of the Violence Against Women Act created new grants to be used to address violence issues on college campuses. It also authorized new grant monies to assist victims of violence with legal concerns and to address violence against the elderly and disabled.

Continuing its commitment to fighting violence and domestic abuse, Congress provided generous monies again this year to the Department of Justice's Office on Violence Against Women.

It is important to recognize the work and dedication as well of groups committed to increasing awareness surrounding domestic violence through education campaigns, intervention, and counseling.

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Mr. Speaker, the National Network to End Domestic Violence, the National Coalition Against Domestic Violence and the National Center for Victims of Crimes are just a few groups that are active in ridding our Nation, our homes, of violence. Many State and local groups across the country also work day to day to prevent violence, aggressively enforce penalties, and counsel victims of violent crimes.

Mr. Speaker, I hope that the Congress will continue to fund outreach and education programs and encourage individuals to work together to change attitudes towards these crimes. It is clear that we are making progress in this area, but we must continue to work together to eradicate violence against women. To all of those working at the local, State and Federal level to eliminate domestic violence and sexual abuse, we express our thanks to them for their selfless efforts and dedication. We hope that our support in the Congress will assist them in this very important battle and fight.

HONORING 100TH ANNIVERSARY OF UNIVERSITY OF PUERTO RICO

The SPEAKER pro tempore (Mr. SIMONS). Pursuant to the order of the House of January 7, 2003, the gentleman from Puerto Rico (Mr. ACEVEDO-VILÁ) is recognized during morning hour debates for 5 minutes.

Mr. ACEVEDO-VILÁ. Mr. Speaker, this week Puerto Rico is celebrating the 100th anniversary of the University of Puerto Rico, our oldest and most prominent higher education institution. One hundred years ago, the Uni-

versity of the Puerto Rico was founded as a training center for teachers, and opened its doors with just 173 students. Since then, the UPR has evolved to become the foremost Hispanic-serving institution in the United States, and one of the leading universities in the Spanish-speaking world. Today the UPR offers 485 academic programs in practically all areas of learning and has a student body of about 70,000 students.

The political, cultural and economic development of Puerto Rico has been closely linked to the UPR. From governors, Supreme Court judges, and NASA engineers to world-renowned authors and poet laureates, all can be found in the UPR alumni. I am proud to be one of thousands of alumni of the UPR that today pay tribute to our alma mater. We look forward to another 100 years of excellence.

Mr. Speaker, congratulations to the people of Puerto Rico, to the University of Puerto Rico, to its students, and to its alumni on its 100-year anniversary.

COVER THE UNINSURED WEEK

The SPEAKER pro tempore. Pursuant to the order of the House of January 7, 2003, the gentleman from Florida (Mr. STEARNS) is recognized during morning hour debates for 5 minutes.

Mr. STEARNS. Mr. Speaker, this week is Cover the Uninsured Week where lawmakers, the media, and our constituents will consider how we can help provide health care coverage for some 35 million Americans. No doubt some will pronounce that the answer lies in a single payer, universal health care coverage program. I say there are better ways. Why? Let us look at countries that do have national health care in place and see its problems.

Let me share with Members a story I read in a February 13 article in the New York Times about the growing lag on the Canadian health care system. According to this article, a Canadian government study shows that 4.3 million Canadians, 18 percent of those who saw a doctor in 2001, had a problem getting tests or surgery done in a timely fashion. Three million could not find a family physician. Canada spends \$86 billion on the health care. Only the United States, Germany and Switzerland spend more as a proportion of economic output, but budget cuts since the early 1990s have impeded efforts to keep health care up to date.

Waiting lines have also increased because an aging population is placing more demands on the system. A study by the Fraser Institute recently concluded that patients across Canada experience waiting times of 16.5 weeks between receiving a referral from a general practitioner and undergoing treatment in 2001-2002, a rate 77 percent longer than in 1993.

Mr. Speaker, can Members imagine an insured American putting up with a wait for 4 months? As Members can imagine, those with the means to seek other options do not, due to what the

Canadians call "line jumping" by the affluent and well-connected.

While the goal of many who recommended socialized health care is egalitarian, equal health services for all, that is exactly what they get, an equally long wait for all. But if a Canadian has money, they just fly south to a private physician in the United States. My State of Florida is notoriously a haven for Canadian snowbirds to winter in and seek medical care.

Last month I had members of various Canadian provincial governments visit me asking how they could work out an arrangement and fee schedule with physicians in Florida to provide services to them.

And to point out another example of the erosion of egalitarian goal that national health care is supposed to provide, there is an ad for an up-scale maternity service in London's Portland Hospital. It points out women do not have to be famous to give birth there, they just need to have money. Deluxe private suites, champagne, and a beauty salon are just among some of the amenities. I thought all English women could receive quality, timely obstetrical care in their assigned hospital. But why then would the Duchess of York and supermodel Jerry Hall choose to have their babies outside the socialized system, because those who can afford to pay want choice, and we should provide nothing less for all Americans.

To seek a legacy in his final years of office, Canada's Prime Minister Jean Chretien has agreed to spend \$9 billion more over the next 3 years. Fortunately for Canadians, the system's shortfalls have opened the way for tentative but growing movements toward privately managed medical services.

Let us resolve today to promote choice and opportunity for the uninsured to obtain the health care plan that works best for them. One of the major ways is to institute a tax parity into health insurance. The 90 percent of us who receive our health insurance through our employers are receiving a substantial tax benefit. We should extend this to those in the individual market also.

When this Congress convened on January 7, I introduced my bill, H.R. 198, that would allow any tax filer to deduct 100 percent of the cost of their health insurance as well as non-reimbursed prescription drugs. Currently, only the self-employed can deduct 100 percent, but what about the unemployed or the retired? H.R. 198 would help them also. Likewise, many of my colleagues have introduced legislation to provide tax credits for Americans to use for purchasing health care. These are all ways we can help cover the uninsured and enable them to purchase the health insurance of their choice.

LONG LINES MAR CANADA'S LOW-COST HEALTH CARE

(By Clifford Krauss)

TORONTO, Feb. 11—During a routine self-examination last May, Shirley Magee found