

I recently introduced H.R. 1146, the American Sovereignty Restoration Act, which would end our participation in the United Nations. Millions of Americans have begun to question why we continue to spend \$300 million each year funding and housing an organization that is actively hostile to American interests. Surely Congress, which routinely spends 15 minutes renaming post offices, can spare 15 minutes to vote on this fundamental issue of American sovereignty.

Obviously, many Americans now want to get out of the U.N. because they resent its refusal to sanction our war in Iraq. The administration deserves some credit for ultimately upholding the principle that American national sovereignty is not a matter of international consensus and that we do not need U.N. authorization to act.

But the administration sent mixed signals by doing everything possible to obtain such authorization, and by citing U.N. resolutions as justification for our actions. The message seems to be that the United Nations is credible when we control it and it does what we want, but lacks all credibility when it refuses to do our bidding.

Perhaps it is time to stop trying to manipulate the United Nations and start asserting our national sovereignty. If we do not, rest assured that the United Nations will continue to interfere, not only in our foreign policy, but in our domestic policies, as well. U.N. globalists are not satisfied by meddling only in international disputes; they increasingly want to influence our domestic, environmental, trade, labor, tax, and gun laws.

U.N. global planners fully intend to expand the organization into a true world government, complete with taxes, courts, and possibly a standing army. This is not an alarmist statement; these goals are readily promoted under on the U.N.'s own Web site.

U.N. planners do not care about national sovereignty. In fact, they are openly hostile toward it. They correctly view it as an obstacle to their plans. They simply are not interested in our Constitution and Republican form of government.

The choice is very clear: we either follow the Constitution, or submit to U.N. global governance. American national sovereignty cannot survive if we allow our domestic laws to be crafted or even influenced by an international body. This needs to be stated publicly more often. If we continue down the U.N. path, America, as we know it, will cease to exist.

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Noted constitutional scholar Herb Titus has thoroughly researched the United Nations and its purported authority. Titus explains that the U.N. charter is not a treaty at all but rather a blueprint for a supranational government that directly violates the Constitution. As such, the charter is neither politically nor legally binding

upon the American people or Government. The U.N. has no authority to make laws that bind American citizens because it does not derive its powers from the consent of the American people. We need to stop speaking of U.N. resolutions and edicts as if they represented legitimate laws or treaties. They do not.

In conclusion, Mr. Speaker, I am merely asking House leadership to schedule a vote on H.R. 1146, the American National Sovereignty Act. Americans deserve to know how their representatives stand on the critical issue of American sovereignty.

The SPEAKER pro tempore (Mr. BURNS). Under a previous order of the House, the gentleman from Indiana (Mr. BURTON) is recognized for 5 minutes.

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

REPORT ON RESOLUTION PROVIDING FOR CONSIDERATION OF H.R. 1350, IMPROVING EDUCATION RESULTS FOR CHILDREN WITH DISABILITIES ACT OF 2003

Mr. SESSIONS (during the special order of Mr. RODRIGUEZ), from the Committee on Rules, submitted a privileged report (Rept. No. 108-79) on the resolution (H. Res. 206) providing for consideration of the bill (H.R. 1350) to reauthorize the Individuals with Disabilities Education Act, and for other purposes, which was referred to the House Calendar and ordered to be printed.

HISPANIC HEALTH IMPROVEMENT ACT

The SPEAKER pro tempore. Under the Speaker's announced policy of January 7, 2003, the gentleman from Texas (Mr. RODRIGUEZ) is recognized for 60 minutes as the designee of the minority leader.

Mr. RODRIGUEZ. Mr. Speaker, I take this hour tonight to talk about a critical issue back home and that is the issue of access to health care and quality care. In a Nation where we have some of the greatest research and the greatest strides that we have made in health, we still do not have individuals able to have access to health care.

The Hispanic Health Improvement Act is a comprehensive bill that we have filed aimed at improving Hispanic health in the United States. Hispanics are now the fastest-growing community and compose 13 percent of the United States population; yet they make up 23 percent of the total uninsured population, and nearly 37 percent of Hispanics under the age of 64 find themselves uninsured. We need to make sure that we address the problems of the uninsured. We need to make sure that we address the problems of access to health care.

Mr. Speaker, I am pleased tonight to also be joined by the vice chairman of the Congressional Hispanic Caucus, the gentlewoman from California (Mrs. NAPOLITANO). I am extremely pleased that we have this opportunity and the gentlewoman joins me here tonight, and I want to recognize the gentlewoman at this point in time.

Mrs. NAPOLITANO. Mr. Speaker, I thank the gentleman from Texas (Mr. RODRIGUEZ). It is a pleasure to be here to speak to the issue of health services that are lacking, sadly, in not only our own districts but throughout the United States. I am sorry to report, Mr. Speaker, that the Bush budget sacrifices the health of our Nation to provide tax cuts for the wealthiest 1 percent.

The budget also fails to adequately address the problem of 41 million who go without health insurance; nearly 25 percent of those are uninsured children. Even 25 percent of the moderate-income families cannot afford health insurance. And eight out of 10 uninsured Americans are from working families of the United States. Unfortunately, Hispanics especially fall into this category. Over 33 percent, Mr. Speaker, of all Hispanics, 33 percent are uninsured, compared to 10 percent of non-Hispanic whites.

This Bush budget cuts funding for Medicaid coverage for children, for low-income seniors, for people in nursing homes, and especially for the disabled. This budget fails to provide adequate increases for the National Institutes of Health. It cuts funds for rural health care and cuts grants to trained doctors at so very critical children's hospitals. The budget eliminates funding for the Centers of Excellence program, the Health Career Opportunity program which increases the number of minority health care providers. We need to ensure linguistically and culturally appropriate health care by giving minority students the opportunity to enter into a health care profession and assist them with this education and training. By eliminating training for diversity programs, this administration would deny the opportunities for minorities to succeed.

The budget also sacrifices the health needs of the most vulnerable to provide tax cuts for the wealthiest. The budget provides, unfortunately, only 38 percent of the benefits to the wealthiest 1 percent of the Americans; that is to say, they are the ones who benefit the most. While middle-income families would get less than one dollar per day, with cuts in Federal aid to health care and no increased aid to States, the budget would exacerbate the current trend of higher State and local taxes.

Now we move into the Congressional Hispanic Caucus proposing a health care for the uninsured and the Hispanic Health Care Improvement Act that my colleague was just talking about. It is unfortunate that the number of uninsured in this Nation is alarming. Too

many people continue to go without insurance coverage. The uninsured represent 41 million people, 14.6 percent of our U.S. population, which means that a quarter of all moderate-income families cannot afford health insurance. Eight out of 10 uninsured Americans are from working families.

Just 2 days ago I met, I formed a task force of many factors in my area to listen to what their cries are for help from our government. Let me tell you, Mr. Speaker, one of the main issues was unaffordable health insurance for their workers. These are manufacturers who are the backbone of our economy in the United States, talking to us and saying, help, we need to address this issue which is critical to have healthy employees have healthy families so that our employees do not miss work.

Over 33 percent of all Hispanics are uninsured compared, again, to the 10 percent of non-Hispanic whites. The Hispanic community faces specific hardships in accessing health care. Due to their prevalence in low-wage jobs, many do not have access to on-the-job insurance coverage. Combined with a level of fear and confusion that stems from the complicated laws, many in the community are forced to fall into safety-net programs in times of need. While these programs serve many Hispanic families, their enrollment numbers do not equal their need. We must find ways to provide better, more affordable coverage to more U.S. working-class families. We need to increase coverage in enrolling people in all Federal programs such as Medicare, Medicaid, and the State Children's Health Insurance Program. We cannot afford cuts to these programs. There must be flexibility and incentives for the States to increase enrollment in times of economic recession and as our population increases. We must also ensure that our health care system can provide linguistically and culturally appropriate health care by giving minority students the opportunity to enter and be successful in health care professions.

I would like to call attention to the bill which I believe is part of the solution of covering the uninsured. This week the Congressional Hispanic Caucus will introduce a Hispanic Health Improvement Act with the gentlewoman from California (Ms. SOLIS) and members of the Congressional Hispanic Caucus. Senator BINGAMAN was gracious enough to introduce companion legislation in the Senate. This bill was first introduced in the 106th Congress, and it offers a wide variety of strategies for expanding health care coverage, improving access, affordability and reducing health disparities. The legislation provides \$33 billion between fiscal years 2003 and 2010 for the expansion of the successful State Children's Health Insurance Program, commonly known as SCHIP, to cover uninsured, low-income, pregnant women and parents. In addition, it provides the States the option to enroll legal immigrant

pregnant women and children in Medicaid and the SCHIP program.

The caucus considers the expansion of Medicaid and SCHIP eligibility to be a very critical component in legislative priorities for improving Hispanic health care. The legislation also authorizes diabetes education, prevention, and treatment programs designed to address the needs of Hispanics and other minorities.

Lastly, we seek to reduce health care disparities by addressing the lack of providers who can provide, again, culturally competent and linguistically appropriate care.

The bill also provides for increased funding for the Health Resources and Services Administration's health professions diversity programs. Unfortunately, the President's budget proposal for fiscal year 2003 eliminates virtually all funding for these so very important programs for our Hispanic community.

In addition to promoting diversity, the programs support the training of professionals in fields that are experiencing shortages. Mr. Speaker, I have heard from other Members of Congress how important some of their districts are now in providing access to diverse cultural linguistic services in areas because there are Hispanics throughout the United States, not just in the southern States. That was the case a decade or so ago.

They are also important for promoting access to health care services in medically underserved communities, especially rural areas and ag areas. The caucus considers increased funding a high priority, and we thank our Hispanic Congressional Caucus colleagues for taking the lead in providing some of these critical health care services. Hopefully, it will be a solution if it is accepted.

I lead on to a third component of health care and that is mental health. We talk about it, but we do not really bring it out into the open. It is a stigma. And we think we have the ability to do a better job, especially when we consider the veterans from prior wars have problems with post-traumatic syndrome and our seniors have depression problems, and we do very little about it. We need to have it included in medical coverage, but we also must realize that we have other programs that will deal with addressing the issues at the time the students are in school, whether it is a middle school or a high school. We have started such a program in our area thanks to SAMHSA. We were able to start a pilot project in a high school and three middle schools to address the issue of what was found 3 years ago to be a nationwide problem and that was Latina adolescents were the highest in the country who had attempted suicide.

We were able to get some money to start these programs with a nonprofit mental health clinic which has been very successful and a very acceptable program not only to the administrators and the teachers, but the parents

who are referring students and also to the people in the whole district. We have partnered with the community, and we have become proactive in looking at the issues that stress brings to our children, that drugs, that cultural difference and others have in having an impact on our young Hispanic adolescents. We have significant success because the community got involved and because there were people who cared about bringing the issue to the forefront and not worrying about whether it was going to be a stigma on the community itself.

We geared the program towards the adolescents because they have demonstrated a high level of need; and no youngster, whether it is Latino, Latina, whether it is white, African American, they are all being provided services under this program even though it is all coming out for a significantly designated Latina adolescent program.

We recently had an on-site visit by Charles Curie, the administrator of SAMHSA, the Federal organization that provides and oversees the funding; and they were very pleased and are looking at the possibility of expanding the program into other areas because it has been so successful.

We are confident that in bringing these kinds of programs out into Congress and sharing them with other Members that we can see that we have need in our own backyard and that we will make this a more important and focal issue so that we can begin to help our youngsters who are facing stress and who, in many instances, turn to violence in our schools.

Mr. Speaker, I thank you for listening. I thank my colleagues for the hard work that they have done on the Hispanic Health Improvement Act and look forward to seeing some of these programs be successful.

Mr. RODRIGUEZ. Mr. Speaker, I want to thank the gentlewoman for being here tonight, and I want to thank the gentlewoman for her work in this area. I know the gentlewoman has worked extremely hard.

I was extremely pleased that when the gentlewoman came in she recognized a problem in the Latina community in terms of the young ladies committing suicide, and she filed the legislation and took it over, and I want to personally thank her and hopefully get some resources in this area. Again, I want to take this opportunity to thank the gentlewoman for being here and sharing her concerns. I know the gentlewoman represents her district well.

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Mr. RODRIGUEZ. Mr. Speaker, I would like to also take this opportunity to talk a little bit about the quality of access to health care in this Nation.

Today, I had the opportunity of joining many of my colleagues at a rally to bring awareness to the uninsured in this Nation. There is a real need for us

to come to grips with the fact that we still have not addressed the problems of the uninsured. We still have not addressed the problems of our seniors and prescription drug coverage. We still have not addressed the problems regarding funding in Medicaid and Medicare, as well as the SCHIP program.

Our States are having a great deal of difficulty, not to mention the difficulty of our consumers and our people that are falling ill. Unfortunately, too many Americans continue to lack health insurance. Insuring the health of all Americans must be a priority for our Nation.

There are many myths about the uninsured and why they lack health insurance. Many people do not realize just how many Americans are affected by the lack of health insurance. People believe that the uninsured are unemployed and simply choose not to purchase health insurance. Nothing could be further from the truth. The uninsured represent 41 million people. And in any one given year, we have, at some time, up to 75 million in this country that are uninsured. We have 14.6 percent of our population that falls into this category. Even 25 percent of the moderate income families cannot afford health insurance. Nearly 25 percent of all uninsured are children.

Let me just point out that if someone does not work for government, and by that, whether it be Federal Government, State government or local government, and if an individual does not work for a major corporation, the bottom line is they find themselves without access to insurance. Those working for small companies, or who work in rural America, do not have access to health care. So there is a real need for us to address this problem and come together.

Eight out of ten uninsured Americans are from working families. Eight out of ten. So the majority of our people that are uninsured are those that are working yet find themselves not poor enough to qualify for Medicaid, yet not having enough resources to be able to address the problems when they find themselves ill.

Hispanics especially fall into this category. Over 33 percent of all Hispanics are uninsured compared to 10 percent of the non-Hispanic white population. And that percentage rises to 34 percent for nonelderly Hispanics. Hispanics rely on many of the Federal programs that provide their only access to health care, as do millions of low and moderate income individuals and working families without health insurance. Over 19 percent of all Hispanics depend on Medicare for their health care.

So the majority that are seniors are in Medicare, but there is a large percentage of them where this is the only thing they have. Over 35 percent of all Hispanic children depend on the State Children's Health Insurance Program that we help fund, yet our States are having difficulty throughout the country. At one point, in Texas the State

talked about just wiping out the whole State Children's Health Insurance Program, and that would be devastating.

These programs serve many Hispanic families and many Americans throughout this country, but there are still far too many eligible families that are not enrolled in these programs. For Hispanics there are unique barriers that prevent access to quality health care. There are levels of fear and confusion that deters many eligible Hispanic families from enrolling in these programs. This fear stems from the complicated laws barring legal permanent residents from access to safety nets that taxes help support. And I am referring to legal permanent residents. These are individuals that are here legally, working, yet have not become citizens and they find themselves with difficulty in terms of having access to this care.

We need to increase coverage and enrollees in all Federal programs to provide insurance such as Medicare and Medicaid and State Children's Health Insurance Programs. There must be flexibility and incentives for the States to increase enrollment in times of economic recession as the population increases. And we must also ensure that our health care systems can provide linguistically and culturally appropriate health care by giving minority students the opportunity to enter into the health profession.

I would like to also call attention to the bill that was mentioned earlier that allows for coverage of the uninsured. This week we will be introducing the Hispanics Health Improvement Act, as has been mentioned. The gentlewoman from California (Ms. SOLIS) as well as other members of the Congressional Hispanic Caucus, will be introducing the legislation, and we are going to be talking about some of the concerns that we have had. As the gentlewoman from California (Ms. NAPOLITANO) has indicated, Senator BINGAMAN has been gracious enough to introduce companion legislation in the Senate.

This landmark legislation is based on a previous Hispanic Health Act, which I personally introduced in the 106th Congress and on existing legislation that Senator BINGAMAN has championed in the Senate. The legislation offers a variety of different strategies for expanding health care and coverage, as well as improving access and affordability and reducing health disparities. While I consider each provision in our bill to be important, I am just going to highlight some of the more urgent ones.

In order to address the lack of health care coverage, the legislation provides additional resources between 2003 and 2010 for the expansion of the successful State Children's Health Insurance Program, the SCHIP, to cover the uninsured low-income pregnant women and parents. So we are talking about going and making sure we cover women that are expecting kids and their parents.

In addition, it provides States the option to enroll legal immigrant pregnant women and children in Medicaid as well as the SCHIP. The Congressional Hispanic Caucus considers the expansion of both Medicaid and the SCHIP eligibility to be a critical legislative priority for improving Hispanics' health.

The legislation provides also additional resources for targeting diabetes prevention. We target \$100 million for diabetes. Diabetes is an illness that hits Hispanics disproportionately as well as African Americans. The importance of education school-based programs are critical in the screening activities in the area of diabetes. This is especially important in our Hispanic communities.

The targeted grant funds of \$100 million from our legislation would also provide support for those who would work in the community to help educate the community and individuals who suffer from diabetes to be able to deal with the issue.

Lastly, we would seek to reduce health care disparities by addressing the lack of providers who can provide culturally competent and linguistic appropriate care.

The bill provides for increased funding also for HRS health professional diversities. Let me just say that right now one of our problems, one of our difficulties is in the area of health professions, there is a real need for us to begin to prepare individuals in this area. We are still not producing the number of doctors that we need in this country. We are not producing the number of nurses that we need in this country. We are not producing the number of health professionals in this country. There is a disproportionate number of Latinos and Hispanics in the health professions. So we need to concentrate on making sure that we provide the resources in order for that to occur.

And as my colleagues know, the President, in his 2003 budget proposal, eliminated virtually all funding for these important programs that allow this opportunity. In addition to promoting the diversity that is needed in health care, these programs support the training of health professionals in the fields experiencing shortages.

I did not mention the area of pharmacy, dentistry, the allied health, all these areas promote access to health care services in medically underserved communities and there is a real need for us to do this.

The Congressional Hispanic Caucus also considers increasing funding for these programs as a high priority. As the Hispanic community continues to grow, the implementation of these provisions will take on an even greater importance. The consequences of inaction will be felt for years to come in greater health care needs, lower productivity, as well as higher rates of mortality and disability.

Let me take this opportunity to just indicate how important it is to make

sure that we come up and address these issues. I know the President is going throughout the country talking about another tax cut. The first year of his administration was spent on a \$1.3 trillion tax cut. That effort was basically spent on the first year. He then spent a great deal of effort on the war, and now he is spending a great deal of effort on taxes when, in reality, here we have a problem that we have chosen not to respond to; we have chosen not to address. This is a problem that our States are having that we could help with, not only with the budgets in our States throughout this country, but also help to respond and address the problems that confront us.

The proposal by the administration to take both the SCHIP program, the Medicaid, as well as the disproportionate share is a proposal that hits at the most vulnerable of this country. The disproportionate share is the money that goes to those hospitals, Mr. Speaker, that provide that care for those indigents that are out there. That money is proposed to be put into a block grant. The SCHIP program, as you well know, is the money that goes to the working Americans that are out there that takes care of the children in case they find themselves in need, and that program is also being proposed to be put into a block grant. And not to mention the Medicaid program, the most needy one, the one that goes to the most needy of this country, that helps those that are in most need and that helps hospitals and clinics for their reimbursement rates.

Those three programs are the ones that target the most needy of this country, yet those are the ones he wants to take and lump up into one block grant and send it out to the States and destroy the few programs that are out there that have been addressing some of the problems that exist.

The proposal to take both the SCHIP, the Medicaid, and the disproportionate share, those are the three most important programs that hit at the most needy of this country and the programs that provide resources for the hospitals to continue to provide that care. For us to put that into a lump sum and send it out is going to be devastating, especially if additional resources do not come to bear on the problem that seems to be getting worse instead of better.

Since the administration has taken over, the reality is that the number of uninsured has increased. And based on the numbers of the individuals that have lost their jobs, those numbers can only get worse as time goes on.

Mr. Speaker, I know the gentleman from California (Ms. NAPOLITANO) talked a little about mental health. I want to share this because a lot of time we do not talk about the mentally ill. Mental health is usually an afterthought, and it is an area we really need to look at and consider seriously. We quickly forget what hap-

pened at Columbine. We quickly forget the problems that we do have, a lot of homeless individuals out there, almost one-third to 40 percent of whom suffer from mental health problems. We still have a lot of homeless veterans that suffer from mental illness, from post-traumatic stress disorders.

Mr. Speaker, if we look in terms of what has happened after 9-11, what occurred not only at the Pentagon but what occurred in New York and what has happened throughout this country, we really need to look at this issue, because when people have experienced things such as that, especially those individuals at the Pentagon and in New York City, those individuals are going to be going through some stress. There is no doubt that some of them will go through post-traumatic stress disorders. So there is a need for us to concentrate on the area of mental health and reach out to some of our young people.

We do not concentrate in mental health with our young and we really need to provide some resources as well as some research in that area. We have too many young people committing suicide. We need to see how we can address that issue. Sometimes, basically, they use alcohol and drugs as a way of self-medicating when the real problem lies in the area of mental health problems. So as a Nation we really need to see how we can address those issues, and I am hoping that we can prioritize mental health as an important issue.

I know that we have filed some legislation on social work legislation that deals somewhat with this, especially right after Columbine, in looking at our young people and working with our schools, in reaching out to our communities in the area of mental health, to making sure that our community can cope and our youngsters can deal with situations.

In addition to that, Mr. Speaker, there are a couple of other issues I wanted to touch base on.

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Mr. Speaker, one is the area of AIDS. In the area of AIDS, we have found that we have made some significant strides, yet the numbers in the minority community have continued to expand. They have continued to grow. In that area, we need to go out and reach out. We have, especially in the Hispanic community, in the Latino community, we do not have the community-based organizations that other community groups have, and there is a real need for us to make sure that we try to address those needs. So we need resources in the area of AIDS to address those problems.

When it comes to communicable diseases, and we are hearing about the problems in China and those diseases, tuberculosis and other diseases, when we hear about those types of problems, we need to treat those, and we need to treat those worldwide. If we do not do that, those viruses will keep growing.

Unless we deal with those and attack those as quickly as possible, tuberculosis knows no borders. Whenever we travel in the global economy, we need to make sure that we treat those as if they were here because of the fact that they are communicable diseases. They are serious diseases that impact us, and there is no doubt that AIDS does kill.

It reminds me of a young man who said, I thought we dealt with the issue of AIDS and it is gone. It is still here, and it still kills. We need to educate our young people on the issue of AIDS.

On tuberculosis, in the late 1980s in the State of Texas, we were going to close the hospital for tuberculosis because there were no patients. We had basically defeated this disease, and yet now we have other strands that we are unable to deal with. The reason we have other strands is, number one, people did not take the medication appropriately and other viruses were able to survive and mutate; and the fact that we have a lot of homeless that were able to contract the disease and nothing happened, they were not treated the way they should have been. Now we have problems with tuberculosis once again, a very serious disease that has an impact on all of us.

On diabetes, it is an area that concerns me, and it should concern all of us. The majority of people that go blind is because of diabetes, and most of the time it is preventable. A large number of people who lose their limbs is because of diabetes, and a lot of times it could have been prevented. The quality of life of individuals, not to mention the cost, both to the individual and to the community as a whole when somebody loses their eyesight or their limbs, and so it becomes really important that we provide resources for prevention, that we provide resources in the area of diabetes.

I wanted to take this opportunity tonight to talk about some of those issues that we are extremely concerned about. In addition to that, tomorrow for the first time the Congressional Hispanic Caucus will also be having a day that we call El Dia de Los Ninos, the Day of the Children. Children's Day. It is usually celebrated in the Mexican community. I know Mexico celebrates it, and we celebrate it in Texas. It is a day that we celebrate as April 30, Children's Day. It is a day that we take time to honor our children.

Tomorrow we are going to be having some hearings on honoring our children, and I wanted to take this opportunity to honor our children tonight by also talking about the needs of our children. Members have heard the statistics in terms of the uninsured kids out there; but also our kids need access to some of the services in the area of mental health, as well as some of the preventive kinds of services. I wanted to take this opportunity to let the community know that tomorrow the Congressional Hispanic Caucus will be

having hearings and panels to talk about children.

Part of the discussion on children will be on the criminal justice system, the fact that we have a large, disproportionate number of our children that fall into the criminal justice system that we need to look at; and it is serious when we have an industrialized country such as ours. The numbers are just astronomical in terms of the numbers in our criminal justice system. We need to see what we can do to address the problem and how we can work with our children.

I also wanted to take this opportunity as we talk about our children to talk about the issue of Head Start. Head Start has been a program that has been extremely helpful. It has been a program that has been there for our children despite the fact that it only addresses 40 percent of the kids that qualify. It is a program that, based on most of the research that is out there, has been responsive and has really given those kids a head start on education.

So when we look at those programs that have been good for our kids and children, Head Start has been one of those programs. Head Start has been under the Department of Health because it is a program that works with our parents. So it helps parents in reaching out to the kids. That is also extremely important for us.

The administration is choosing to basically destroy Head Start and send that money to the Department of Education. The reason why we established Head Start was specifically because States have been unwilling to provide that early childhood education that was needed, and that is why we have Head Start, not to mention the Department of Education does not go into the areas of health as the Department of Health does. I would hope and we will continue to push forward to make sure that the monies for Head Start remain and with the Department of Health, and that the program remains with the Department of Health.

It has had its own boards throughout this country, and it has provided an opportunity for these youngsters to get a head start on education as well as a head start in the area of health, for parents to be educated about the importance of nutrition, about the importance of access to good quality care, as well as the importance of what they eat and do not eat.

So those issues are important for our children, and as we celebrate tomorrow Children's Day, we are going to celebrate and talk about some of the needs of our children. The Hispanic community, the median age is about 25.9. We are one of the youngest populations in this country, and it is a growing population. So there is a real need for us to concentrate on our young. Sixty-five percent of Hispanic children are under the age of 18 and live with both parents. So here we have 65 percent still live with both parents, which is a much

higher number than the rest of the population. So there is a lot of positives.

Hispanic kids, there is a great deal of positive when it comes to their attitudes towards family, their attitudes towards adults and their parents, and also their attitude in terms of the respect to elders. I think that we need to continue to honor them and recognize our children as an asset, and as we do throughout this country as Latinos, we recognize our children on April 30. Tomorrow we are going to take that opportunity. We call it El Dia de los Ninos, where we are going to have hearings and talk about some of the needs of our kids. As we talk about the needs of our kids, there is a study that will also be released, and it is called Suicide in Latino Children and Adolescents, and it is a very startling problem that talks about some of the difficulties that we are encountering, some of the areas of suicide where it was almost unseen in the Latino community, and that has been climbing.

One of the biggest problems in terms of death in this area is, number one, heart deaths. Suicide is number eight. In addition to that, there are still too many other items there that rank in terms of suicide rates. One of the rankings of the top States based on the suicide rates, Nevada is rated number one, Alaska number two, Wyoming number three, Montana four, Arizona five, New Mexico six, Oregon seven, Idaho eight, Utah nine, and Maine is number 10 in terms of USA State suicide rates.

It is important to see some of those States with kind of small populations, rural areas. It kind of throws off some of the stereotypes that we hear about. Suicide was the eighth leading cause of death in the United States, and responsible for 31,000 deaths, which was more than 50 percent the number of homicides in the U.S. I want to read that again. Suicide was responsible for 31,000 deaths, which was more than 50 percent the number of homicides in the U.S. In the same year, there were approximately 20,000 deaths by homicide. Each year in the U.S. approximately 500,000 people require emergency room treatment as a result of attempts to commit suicide.

There is a need for us to concentrate resources in the area of mental health. It is also important to know that the rate of suicide for various ages, gender, and ethnic groups has changed substantially. Between 1952 to 1996, a 44-year period, the reported rate of suicide among adolescents and young adults tripled; but yet from 1980 to 1996, the rate of suicide from age 15 to 19 increased by 14 percent, and among persons between the age of 10 to 14 years, it went up by 100 percent.

This area is an area that we really need to look at. I am hoping we do not have another Columbine before we concentrate attention. We lose attention right away after the incident occurs. We need to look at reaching out.

In that same light, and as we talk about the importance of access to

health care, I want to briefly touch base on our veterans. Especially after Iraq and after our soldiers come back, there is a real need for us to reach out to our veterans. Anyone who has that kind of experience has to go through some degree of stress, and a lot of our veterans suffer from post-traumatic stress disorders and so there is a need for us to concentrate resources.

I was extremely pleased when the House took the opportunity to recognize our troops in Iraq and we did a resolution. But that same day around 3 in the morning the following day, we also passed a budget that cut \$15 billion from our veterans affairs and from services to our veterans for the next 10 years. That kind of recognition of our troops and that kind of action does not reflect what we ought to be doing. We need to make sure and hold ourselves accountable to have the resources there for our veterans.

I am also disappointed with a lot of the games that are being played. It has been talked about that we are dishing out \$121 million to prepare our VA hospitals for them to prepare in case of a terrorist attack; yet that \$121 million comes from direct services. We really need to make sure that we provide additional resources. In addition to that, I am extremely disappointed also that at the same time we hold veterans and the administration accountable for terrorist attacks, and we expect the VA, which has one of the best health systems in this country with clinics and hospitals throughout this country, and it would be the best one equipped to respond, yet we have not provided the resources that they need in order to make that happen.

□ 2015

And there are little games that are being played that, yes, provide the resources. The reality is that every single veterans organization has asked just for this year alone an additional \$3 billion, not to mention next year and the following year. Right now we need \$3 billion additional resources just to take care of our veterans here in this country. At the same time, we allow \$2 billion to go to the Iraqis people for health care. Of that, close to \$80 billion supplemental that we did.

It would be interesting for some of the Members here to look at what that \$80 billion is going for in Iraq, to build some of the schools when at the same time we have not taken the time to look at providing resources to build our own schools. It also provides resources to build up their hospitals when we have not provided our money and we are cutting our disproportional share for our own hospitals in country.

It just does not make sense, Mr. Speaker, and it does not make sense for the President to go around this country to talk about the irresponsible tax cut when the money is not even there and we have not taken care of our debt. We need to take care of our debt. We need to pay for this war. We

have got to make sure that we provide for our veterans. We have got to make sure that we provide for our future, which is our kids, and we have got to make sure that we provide access to healthcare for all Americans who find themselves in that difficulty.

It is embarrassing to be here and say that we have the best healthcare in the system; yet it is unaffordable and inaccessible to the majority of Americans when 41 million find themselves without access to insurance. That is un-American, and we really need to ensure that we can make it accessible to all of them.

As I conclude here tonight, I want to just indicate how important it is for us to refocus our attention in the area of healthcare. We need to make sure, and I appeal to all Americans, that we need to put people, both Republicans and Democrats, on the line on the House, on the Senate, and those in administration, to make sure they do the right thing for our seniors when it comes to prescription drug coverage. We have not done that. We have had a lot of talk, but there has been nothing. And people have asked me back home and they continue to ask me "Mr. RODRIGUEZ, what are you doing on healthcare?" And I tell them the problem is the President is interested in a tax cut. If that happens, there is nothing else to talk about when the budget predetermines everything. So we need to make sure we zero in on the issues of healthcare and addressing the problems. And we get elected to address problems and we are expected to address those problems.

So I am hoping that we, at some point, begin to not only dialogue about healthcare, but address the problems. I am sure the administration, when the election year comes around, he is going to talk a great deal about healthcare. But the key is what are we doing about it? What kind resources are we putting into it? Because the bottom line is we can say everything we want to say, but what have we done? So when all is said and done, I would ask that we hold all the Congressman and all the Senators accountable, as well as the administration, including myself, as to what we have done to basically solve the problems that confront our communities with the uninsured that we find in this country.

IMMIGRATION REFORM

The SPEAKER pro tempore (Mr. BURNS). Under the Speaker's announced policy of January 7, 2003, the gentleman from Colorado (Mr. TANCREDO) is recognized for 60 minutes as the designee of the majority leader.

Mr. TANCREDO. Mr. Speaker, I rise tonight to point to a couple of issues that I think deserve our attention. As I do on many occasions, I come here to address the issue of immigration and the reform thereof.

I would like to start tonight with a discussion of a couple of people that I

met not too long ago when I was on a trip to Arizona, and specifically, to the border area around Douglas, Arizona, and I want to add them to the list of people that we have identified over the last several weeks and months as belonging to who we have described as homeland heroes. They are George and Linda Morin. They own and manage a cattle ranch of 12,000 acres, located only 4 miles from the Arizona/Mexico border. Their ranch house is only 5.5 miles from the border.

They have one son, 26, who lives on the ranch and helps run the business. George Morin's grandfather came to America in 1908 and bought a dairy farm in southern Arizona. He speaks Spanish and has a half brother living in Mexico. After living 54 years in this border region, he knows both sides of the border very well.

Beginning in the late 1980's, things began to change along the border, and we heard this refrain often. We heard this same thing from almost everybody we talked to there, and most of the people who live in this area have been living there for generations, and they have witnessed the phenomenon of immigration over that period of time. They have witnessed people coming across the border looking for jobs, people that they have befriended, people they have aided economically, and this has never really been a huge issue for them except in the last 10 or 15 years.

George and Linda noticed a steady increase in the number of illegal aliens crossing the border and coming across their land. Over the past 5 or 6 years, this flow has become, as they put it, a flood. They run a large cattle ranch as a family business, and it is a lot of very hard work. Drought, cattle diseases, volatile market prices for beef cattle, all of these make cattle ranching a tough business in the best of circumstances. The massive flood of illegal immigration across the border has brought many more hardships. Among the recent experiences, consider the following: The waterlines that carry water to their cattle have been cut and broken so many times that they have lost count, and again, by the way, this is a complaint that we heard over and over again. Water in this part of the world of course, in this part of the country, is very valuable, and it is something that ranchers depend upon for their existence, frankly, and the people coming across the border, for reasons that are sometimes difficult to explain, oftentimes vandalize these waterlines, vandalize the wells, even though many of the ranchers will leave out cups for these people so they can drink from the well and not do anything to harm it, but they do anyway.

The same thing goes for cattle fences. Repairing cut fences is now a routine task, and we saw hundreds of miles of broken-down fences along the border. Electric switches for water pumps are often jammed or vandalized. The Morin ranch has lost 8 cattle in the last year to death by eating plastic

trash bags that trespassers drop as they pass through the land. This is also a site that is all too common throughout this particular area. There are occasions throughout the Southwest, and especially in southern Arizona that are referred to as pickup sites. These are places where large numbers of illegal immigrants will gather for the purpose of getting a ride eventually, because these places are often near roads, sometimes highways, but they are often on private land, sometimes on public land, but they are places, as I say, in which large numbers of these folks will gather.

When they gather there and they start to undertake the next part of the journey, they discard everything that they have been carrying because the coyotes, the people who bring these people across, tell them that there has to be a lot more room in the trucks so they have to discard everything they have, and they throw everything in these pickup sites. We walk through them now, and they really are similar to large refuse piles, dumps essentially. I have, sometimes not so facetiously, referred to many of our parks in the area, the Cactus Pipe National Park as the Cactus Pipe National Dump because of the way it appears, and the trash is everywhere and these plastic bags are everywhere, and the cattle eat them and die. Trash left behind by the thousands of trespassers are not only dangerous to the cattle that eat it; it is despoiling the land and environment in numerous ways. In one day, Mr. Morin collected 42 syringes left by one group along with discarded drug containers.

All of this goes on, by the way, in plain sight. It is something that if the media would pay attention to, certainly there would be an outcry. We wonder why there is not an outcry from groups like the Sierra Club and Friends of the Earth and various other environmental organizations that often raise Cain about the despoiling of the land, but seldom say a word about this particular problem because of course it is connected with illegal immigration, and therefore a topic not willing to be discussed by these left-wing observations.

We wonder how many people are coming across. Do they see these people? Do George and Linda, his wife, see them coming across? How many do they see? Can they actually identify people who are coming across illegally? And of course, that is very possible. Two years ago George Morin woke up to some noise at about 5:30 in the morning. He discovered a virtual army of 600 trespassers walking through his ranch within eyesight of his ranch house. He called the border patrol. They did come this time and loaded 297 people onto buses and took them back to the border patrol station for processing. About half of the 600 got away, scattered to the hills, trails before the border patrol could load them onto buses. Sometimes these folks coming across the land get lost or they are