

addresses these problem through inclusive and federally funded programs like Medicare and the State Children's Health Insurance Program, better known in California as Healthy Families.

Mr. Speaker, the bill will expand health insurance options through Medicaid to cover parents and pregnant women, young people up to the age of 20, which would help address the issues here outlined in the chart. It also gives the States the option to cover every resident living in poverty under Medicaid.

Another triumph in the bill is expansion of access to services by assisting health care professionals provide cultural and language services.

Mr. Speaker, I would ask for our colleagues on both sides of the aisle to adopt this legislation that we have put forward through the Tri-Caucus to help end the disparities and treatment of those that are still in our country that do not have any adequate health care.

Mr. Speaker, today I rise to acknowledge a tremendous achievement in the efforts to address racial and ethnic health disparities in this country.

With the dedication of my good friends Representative DONNA CHRISTENSEN, Representatives MIKE HONDA, Representatives FRANK PALLONE and the guiding leadership of Representatives NANCY PELOSI as well as our Senate leaders, especially Senators DASCHLE and KENNEDY, we have introduced a comprehensive bill to improve minority health.

Currently in our country, minorities endure a disproportionate burden of illness.

The community I represent is multicultural—about 60 percent of the residents are Latino and 20 percent are Asian American, and 40 percent of my constituents were born outside of the United States.

Unfortunately, our health care system is not meeting the needs of all people.

Latinos, African Americans, Asians, and Native Americans statistically outweigh non-minority whites in almost every disease—diabetes, cardiovascular disease, asthma, you name it!

For instance, diabetes is a chronic illness that is estimated to affect 18.2 million people in 2003.

However, Latinos are twice as likely to have diabetes than non-Latino whites and American Indians are more than twice as likely to be diagnosed with this debilitating disease.

But these diabetes trends are not isolated; over 1 in 4 obese Latino children have early signs of type II diabetes.

In California, 66 percent of Latinos are overweight, which is higher than the national average, and the highest percentage of any minority group.

Compound these health problems with the recently released Census data showing that the rate of Latinos without health insurance was 3.4 percent 2002.

Plus, over 87 percent of these uninsured are from working families.

That means one in three hard-working, tax-paying individuals in this country lack access to what is supposed to be the "best" health care system in the world.

The need for prevention is loud and clear—we have to actively stop these rising trends in

poor health status, especially when our children are at risk.

The Healthcare Equality and Accountability Act addresses these problems through inclusive and guaranteed expansions in federally funded health programs, like Medicaid and the State Children's Health Insurance Program.

This bill will expand health insurance options through Medicaid to cover parents and pregnant women, and young people up to age 20.

It also gives states the option to cover every resident living in poverty under Medicaid. And it guarantees funding for the Indian Health Service, bringing much-needed health care to this overlooked population.

Another major triumph of this bill is the expansion of access to services by assisting health care professionals provide cultural and language services, and increasing federal reimbursement for these services.

There are over 47 million people, or 18 percent of the US population, that speak a language other than English at home.

Over one in three Latinos report difficulty in understanding a medical situation when it is not explained to them in their own language.

In places like my district that have such a high proportion of limited English proficient individuals, language barriers can mean the difference between health and illness, and even life and death.

Over the summer, the Minority Caucuses in the House convened a Tri-Caucus Health Forum in Los Angeles to discuss racial and ethnic health disparities.

It was expressed over and over again by community members, researchers and advocates that our public health infrastructure is failing our minority communities.

Without assuring access to culturally and linguistically appropriate public health programs, without monitoring and collecting data on racial and ethnic minorities, and without strengthening our health professional workforce and institutions, our minority families will continue to endure health disparities.

What we have on our hands is an American public health dilemma that requires a responsible public health approach.

At a time when public health reforms, like the revision of Medicare, are sweeping through Congress, our minority communities are at the mercy of an unpredictable and untrustworthy public health system that ignores their health needs.

Instead of creating a sound, guaranteed prescription drug benefit for our seniors, the current Medicare proposal does nothing to reduce the cost of health care.

The only thing the Republican Medicare bill will do is overwhelmingly burden our low-income seniors and minority communities.

We must enact responsible legislation that improves the health of minority communities, that recognizes specific minority health needs, and works to prevent disease rates from climbing in our minority communities.

Let's use our Minority Health bill as a model of how we can actively eliminate racial and ethnic health disparities in our communities nationwide.

A NEW ENERGY POLICY

The SPEAKER pro tempore. Pursuant to the order of the House of January 7, 2003, the gentleman from Michi-

gan (Mr. SMITH) is recognized during morning hour debates for 5 minutes.

Mr. SMITH of Michigan. Mr. Speaker, this week we are taking up the energy bill, finally. As a member of President Nixon's Oil Policy Commission during the Arab oil embargo, I have long felt that not only we should, but we must do more to ensure domestic energy supplies.

After more than 2 years of negotiation, the House and Senate are poised to finally pass an energy bill, much overdue. The legislation will help make transmission networks more reliable to prevent the type of blackout that paralyzed us last August. It is going to reduce our dependence on foreign petroleum. It is expected to pass this week and become law, I predict, by Thanksgiving.

Over the long term, the United States must move away from its heavy reliance on petroleum for energy. As long as we consume 25 percent of the world's oil, while only possessing in this country 3 percent of the world's proven reserves, it will be nearly impossible to eliminate our dependence without alternatives.

American production is not going to substantially increase because this bill will not permit the development of our most promising new source of oil and natural gas in the Arctic National Wildlife Refuge because of fierce opposition. With opposition also to most offshore drilling as well, U.S. production is going to continue to fall. For lack of a better word, hostility against expanding our production in this country has been a major factor in production falling from 12 million barrels a day in 1970 to 8 million barrels a day now, a substantial reduction.

Conservation can help reduce petroleum consumption to some degree, but it cannot eliminate the critical need for new energy sources.

Mr. Speaker, a little bit of the good news: since 1970 our GDP has risen 147 percent while our consumption has only increased by 42 percent. The energy bill is going to help us do even better with the focus on more efficient appliances, electricity generation, increased automotive efficient; but as long as the economy continues to grow, conservation is only going to meet part of the need. It is very unlikely that it is going to lead to any reduction in total consumption.

As a result, the only real solution I think to our dependence on foreign energy lies in shifting consumption patterns away from oil towards other energy sources, and this is what this energy bill helps us do.

Where this bill shines is in its support for alternative fuels such as clean coal, ethanol, biofuels, renewable energies to make a shift away from petroleum possible.

Mr. Speaker, there are many talented people working on solutions attracted not just by government tax breaks and subsidies, but also the huge potential profit in store for an inventor who provides practical solutions to our energy

problems. For example, a week before last, the gentleman from California (Mr. ROHRBACHER), the gentleman from Maryland (Mr. BARTLETT) and I and some others met with a Russian physicist who had invented an engine that uses coal dust for fuel. It is more than 80 percent efficient, and that means it has almost zero pollution. These engines could allow us to make better use of our domestic coal reserves.

The energy bill conference report is over 1000 pages long, and I do not think most of us have had a chance to read it all yet, but I am excited about some of the potential it has. However, on the down side, it contains at least \$20 billion in tax credits for energy development and production. This is about twice as much as was in the House-passed bill. We are going to have to look closely at these tax breaks and look for special interest "pork" provisions that should not be in the bill.

I hope to support the bill if it is along the lines of what we passed in the House. We need to reduce our reliance on hostile and politically unstable Middle East fuel. Achieving energy self-sufficiency is going to improve our country's security for decades to come. This national energy policy shows us a way out of dependence. I hope we will give it due consideration and hopefully pass a good bill as quickly as possible.

THE RELATIONSHIP BETWEEN AL QAEDA AND IRAQ

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, with each passing day, the President's critics become more emboldened in their attacks on what they decry as a misleading impetus to go to war. According to the information they are able to ascertain from 24-hour news channels and the New York Times, they continue to condemn the President's claim that Saddam Hussein had links to al Qaeda.

We have all heard their diatribes accusing the President of invading Iraq with little or no evidence that Saddam Hussein worked along Osama bin Laden. I recommend the recent article in the Weekly Standard's current issue that details the memo written in response to the administration's prewar intelligence. It is clear evidence of the nexus of terrorism with terrorist-sponsoring states that many antiwar advocates deny exists at all.

According to this memo, dated October 27, 2003, bin Laden and Saddam Hussein had an operational relationship from the early 1990s to 2003 that involved training in explosives, weapons of mass destruction, logistical support for terrorist attacks, al Qaeda training camps, safe haven in Iraq, and Iraq financial support for al Qaeda.

Mr. Speaker, the findings put forth in the memo come from a variety of do-

mestic and foreign agencies including the FBI, the Defense Intelligence Agency, the CIA, and the National Security Agency. Much of the evidence is detailed, conclusive, and corroborated by multiple sources.

Some of it is new information obtained in interviews with high-level Al Qaeda terrorists and Iraqi officials and some reaches back a decade. Not surprisingly, the picture that emerges is one of long-standing collaboration between two of America's most grave enemies. According to the memo which lays out the intelligence in 50 numbered points, Iraq-al Qaeda contacts began in 1990 and continued through mid-March 2003, days before the Iraq war began. So in effect, Mr. Speaker, this information has been accumulated over three administrations.

The relationship began shortly before the first Gulf War. According to the memo, bin Laden sent emissaries to Jordan in 1990 to meet with Iraqi government officials. At some unspecified point in 1991, according to CIA analysis, Iraq sought Saddam's assistance to establish links to al Qaeda. Both parties were equally interested in developing that relationship and according to the CIA reporting memo, bin Laden wanted to expand his organization's abilities through ties in Iraq.

The cumulative weight of the intelligence is compelling. Even The Washington Post recommends that its readers examine the evidence and decide for themselves. The notion that the pragmatic Saddam Hussein, who had grown closer and closer to extreme terrorists in the 1990s, would avoid any contact with al Qaeda and Osama bin Laden is not a reasonable conclusion to draw. The alliance is a natural one. With al Qaeda now claiming responsibility for the recent attacks on synagogues in Turkey, we are reminded of our duty to respond.

Were the President to have completely ignored this information, the world would have to face potentially horrifying consequences. Yet today's critics seem eager to claim even after 9/11 the administration should only have acted against Saddam if it has proven beyond any reasonable doubt that he, Saddam, was in league with al Qaeda.

Hopefully, this report provides the evidence that is needed to make this link. This information is reaffirming our need to topple Saddam. After so many years of complacency, weakness, and denial, the President made the decision to oust Saddam. He took the action, the action that was vital to protect our country.

HEALTH CARE EQUALITY AND ACCOUNTABILITY ACT OF 2003

The SPEAKER pro tempore. Pursuant to the order of the House of January 7, 2003, the gentleman from Texas (Mr. RODRIGUEZ) is recognized during morning hour debates for 2½ minutes.

Mr. RODRIGUEZ. Mr. Speaker, I rise today on behalf of thousands of Ameri-

cans, millions of Americans that suffer from lack of access to health care. Our Health Care Equality and Accountability Act of 2003 would expand health care coverage by providing States the option to increase eligibility and streamline enrollment in Medicare and the CHIP program.

This piece of legislation, this landmark legislation, addresses the significant gap in health care coverage and accessibility provided to Americans. This bill is endorsed by the African American Caucus, the Hispanic Caucus, as well as the Native American Caucus and the Asian Pacific Caucus and a lot of Democrats. But it is also not a Democrat or Republican; it should be a united effort in addressing the needs of our constituencies when it comes to health care.

Mr. Speaker, when it comes to health care we recognize the fact that there is a great gap that exists out there among our constituency. For example, in the Latino community, 19 percent of all Hispanics depend on Medicare for their health care. So it becomes important that Medicare continues to be there for us. And I am concerned that at this time we continue to look at dismantling Medicare as we know it now.

Minorities disproportionately suffer from high rates of life-threatening diseases and are less likely to have health insurance. We recognize that and that is why we need to be responsive, not just as Democrats but also as Republicans, working together to meet the needs of our constituencies that are out there.

Mr. Speaker, when it comes time for them to be fighting and defending our country in Iraq, we do not look to whether they are Hispanic or whether they are black. We work together and we ought to do the same here in making an effort to respond to their needs. As we look at the piece of legislation that we have drafted, it is a piece of legislation that looks at all the disparities. It looks at the number of uninsured and provides appropriate safeguards to protect privacy. This bill also helps in those areas.

The bill begins to look at those who are uninsured out there. And once again we have a large number of Latinos uninsured, as well as African Americans and other populations that are having a rough time getting access to health care.

Not to mention, Mr. Speaker, the fact that when it comes to prescription drug coverage, shame on us. We need to begin to look in terms of how do we meet that need. The bill that is before us this week on Medicare is a bill that begins to dismantle Medicare, two proposals, one in the Senate and one in the House, that are not worth the paper that it is written on.

So it becomes important for us to really solve the problems that confront us. I urge all Members, both Republicans and Democrats, to begin to look at addressing this issue.