

uninsured children, Democrats have taken the initiative and have put together a children's health care proposal which we unveiled last week.

The proposal is called the Families First Health Care Coverage for Children, and it seeks to help those working families who do not currently qualify for Medicaid, because they are above the Federal poverty level, but are nevertheless without health insurance for a number of reasons.

I would like to discuss, Mr. Speaker, this plan right now. It is basically a three-pronged approach. First, it encourages, but does not mandate, States to expand the Medicaid floor for health insurance for low-income children, while assisting local communities in developing outreach to the 3 million children who are uninsured, but already do qualify for Medicaid assistance. Now, what we found is that a lot of children are out there and qualify under the current Medicaid law, but are not taking advantage of it, so we do need an outreach program.

Most children in families at low income levels currently receive their health care from the Medicaid program, and we are just trying to ensure that these low-income families do not fall through the cracks.

The second prong of the Democrats' families first children's health care proposal creates a matching grant program for the States, and it is called Medikids. It is a grant program that will be targeted to those families, if we use a family of four, who make between \$16,000 and \$48,000 a year. Medikids will give the States the flexibility and the additional moneys they need to be creative in meeting the needs of a State's uninsured children's population.

Now, when I talk about flexibility, States can form public-private partnerships, use the money to build upon existing State programs and to create new initiatives unique to the State's own needs. Again, Medikids is voluntary to the States, but in order for States to qualify for the Medikids matching grant they must provide Medicaid coverage for pregnant women up to 185 percent of the poverty level and children through age 18 of families up to 180 percent of the poverty level, or \$16,000 in a family of four.

So what we are doing here, Mr. Speaker, is expanding Medicaid, the floor of the Medicaid Program, and then providing matching grants so States can go beyond that up to families of four with incomes of \$48,000.

Finally, I wanted to say that our third prong, which basically came from the gentlewoman from Oregon [Ms. FURSE], who is part of our health care task force, this would seek private health insurance reforms and make it easier for families of all income levels to provide for their children's health care needs. It is not income-based.

This third prong would require insurers to offer group-rated policies for children only, which means a relatively inexpensive health insurance policy.

Additionally, families who qualify for health insurance under current law, the COBRA law, that cannot afford the premium for the entire family, will have the option to purchase a children's only health insurance policy. This last portion, again that was provided and suggested and is in a bill that the gentlewoman from Oregon [Ms. FURSE] has introduced, basically benefits working families of all income levels.

Mr. Speaker, I have to say that this Democratic proposal can all be achieved within the context of the balanced budget agreement that was announced by the President a few weeks ago. Democrats, I believe, Mr. Speaker, are moving forward because Republicans in effect are lacking leadership in this arena of children's health. I once again have to point out that instead of seeking a solution to children's health care, we see the Republican leadership determined to stop full funding of the WIC Program that their own Governors have requested.

Mr. Speaker, I just want to point out, the Democrats from last year, when we put forward our families first agenda, were trying to respond to the real needs of the average American family, and I think that is what this health care initiative does again. It addresses the fact that we have so many children out there who are not covered, who are responding to that need, and we hope we can get bipartisan support for this initiative.

CHRONIC FATIGUE IMMUNE DYSFUNCTION SYNDROME

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from New York [Mr. FORBES] is recognized for 5 minutes.

Mr. FORBES. Mr. Speaker, I rise today to ask my colleagues to join with me in recognizing that yesterday, Monday, May 12, was International Chronic Fatigue Immune Dysfunction Syndrome Awareness Day.

We in the Congress must realize the need to heighten public awareness of this most debilitating, yet still largely ignored, disease that caring medical experts believe strikes a conservative number of Americans, 2 to 5 million annually, and an estimated 11,000 individuals in New York, New Jersey, and Connecticut.

First brought to the public's attention back in 1984 during an outbreak at Lake Tahoe, NV, the number of chronic fatigue sufferers has grown dramatically. That is due, in part, because more physicians are being trained to identify the symptoms of chronic fatigue syndrome and, in addition, some physicians have understood that chronic fatigue syndrome and its symptoms are better understood today than they have been in the past.

Unfortunately, a shocking number of physicians still believe that the disease really is not a disease such as this, but it is depression. They often tell their

patients to just snap out of it. This has really added a burden on a lot of Americans, particularly those who reside in my part of the world, on Long Island, and we have an unbelievable number of chronic fatigue syndrome sufferers.

Over the last 2 years, I have met with many of these individuals who are really waging a valiant battle, not only to try to educate more and more physicians that this is a very real disease, but also to bring greater public awareness and resources to the research of this malady and to find a cure. It is absolutely heartbreaking to see parents and neighbors, spouses and children, or anyone suffering from the enduring pain and pervasive weakness of chronic fatigue, to see vibrant, energetic people all of a sudden stricken with a mysterious ailment that medical professionals cannot cure and, unfortunately, too many others think it is something else or choose to ignore this chronic fatigue syndrome.

I am particularly shocked that here in the United States, where this disease has been known since 1984, we are spending a paltry \$5 million annually to try to figure out where this disease comes from and specifically how can we treat it. I would also reference the fact that while there are very few successful treatments for this terrible disease, those that doctors do employ quite honestly have a marginal effectiveness. For reasons that researchers still do not understand, chronic fatigue syndrome is diagnosed mostly in white women, typically in their 30's, though now there are a growing number of children who have been identified with having chronic fatigue syndrome.

In my home area on eastern Long Island, this cruel disease has stricken, as I said earlier, a disproportionate number of people. There are some 2,000 cases that have been identified, but I would suggest that the number is probably three times that.

Mr. Speaker, I yield at this time, if I could, to the gentleman from New York [Mr. LAZIO], my good friend and colleague from Long Island who has some personal experience with this dreaded disease.

Mr. LAZIO of New York. Mr. Speaker, I want to congratulate the gentleman from New York [Mr. FORBES] on taking this time out to help build an awareness across our country of the struggles that families and individuals suffering with chronic fatigue syndrome are going through.

As the gentleman had remarked, it is particularly hurtful when people who do not understand the syndrome mock their ailment or the illness because of a lack of information about this. Of course this also has a devastating effect on the children of some of the caregivers who have Chronic Fatigue Syndrome. It is a very difficult problem.

I have to agree with the gentleman that we need to marshal our public and private resources to begin the process of overcoming this terrible disease. Of

course I have been touched with this in my own family, as the gentleman had mentioned.

I want to thank the gentleman for his interest and for allowing me a few minutes to align myself and associate myself with the gentleman's interests in battling this terrible disease.

Mr. FORBES. Mr. Speaker, I thank the gentleman. I would like to recognize my other colleagues from Long Island: the gentleman from New York [Mr. ACKERMAN], the gentleman from New York [Mr. KING], and the gentleman from New York [Mrs. MCCARTHY], who equally have been working on this issue. We will be taking this floor several days this week to talk in extended terms about the chronic fatigue syndrome. It is a serious illness and one that we as a nation need to deal with in a more aggressive manner.

Mr. ACKERMAN. Mr. Speaker. I rise today to acknowledge Annual International Awareness Day for Chronic Immunological and Neurological Diseases. These illnesses are among the fastest growing health concerns in our country and constitute a large and neglected area in medical research. Chronic fatigue immune dysfunction syndrome [CFIDS] and fibromyalgia syndrome [FMS] are illnesses which affect at least a half million American adults and children. It is imperative that increased funding for research for CFIDS and FMS be approved in a timely fashion.

CFIDS is a serious and complex illness that affects nearly every aspect of an individual's life. It is characterized by incapacitating fatigue, neurological problems and numerous other symptoms. Approximately 1,000 individuals in Suffolk County alone suffer from this disease. One of my constituents, named Anthony Wasneuski, was diagnosed with chronic fatigue syndrome in 1990. Mr. Wasneuski was a furniture salesman in New York City. He was also an accomplished artist who received a scholarship from the Brooklyn Museum. Unfortunately, because of this illness he must now remain at home, and now has difficulty even signing his own name. Mr. Wasneuski's story represents a real life experience behind the cold numbers and statistics of this debilitating disease.

Fibromyalgia syndrome is a chronic, widespread musculoskeletal pain and fatigue disorder for which the cause is unknown. Research studies have indicated that approximately 2 percent of the general population are afflicted with FMS. The majority of FMS patients are female and symptoms may begin in young, school-aged children. Tragically, it takes approximately 3 years and costs thousands of dollars just to receive a diagnosis of the disease.

Chronic fatigue immune dysfunction system and fibromyalgia clearly affect people from all walks of life. As the 1998 appropriations process gets underway, we need to focus upon ways that we can provide more research funding for these debilitating conditions.

Mrs. MCCARTHY of New York. Mr. Speaker, I would also like to take the opportunity to thank my colleague, Mr. FORBES, for organizing this opportunity to speak out on chronic fatigue and immune dysfunction syndrome [CFIDS].

I would like to take this opportunity to talk about a little known but devastating disease:

CFIDS. Once dismissed by doctors, this syndrome is now being taken seriously. Studies vary on how many people are affected by this disease but a conservative estimate is about 390,000 adult cases in the United States.

In the tristate area of New York, New Jersey, and Connecticut, approximately 4,094 to 11,000 people have CFIDS.

CFIDS is truly a terrible disease. It ranges in severity from patients who are just able to maintain a job, and may have to give up other aspects of their lives, to those who are bedridden and unable to take care of themselves.

While CFIDS traditionally affects young women in the prime of their lives, a growing number of children appear to have CFIDS. The fact that this disease is striking young children is particularly disturbing. This disabling illness will have a disastrous effect on the economy by preventing young children from becoming income-earning, tax-paying citizens.

While CFIDS is not known to be a killer, it has no proven treatment and no cure. Moreover, it is difficult and, unfortunately, nearly impossible to get a timely and correct diagnosis.

Because patients go to many different doctors to find a diagnosis, they often are subjected to unnecessary, costly, and potentially harmful treatments.

Mr. Speaker, this must change. Doctors, medical professionals, and those who are entering the medical fields must be educated about CFIDS. Delaying diagnosis is not only harmful to the patient, it is not cost effective. Treating individuals early in the disease process offers more promise for return to normal and productive living.

GENERAL LEAVE

Mr. FORBES. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days within which to revise and extend their remarks on the subject of this very important special order.

The SPEAKER pro tempore (Mr. SNOWBARGER). Is there objection to the request of the gentleman from New York?

There was no objection.

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from California [Mr. DREIER] is recognized for 5 minutes.

[Mr. DREIER addressed the House. His remarks will appear hereafter in the Extensions of Remarks.]

HONORING AMELIA EARHART

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Kansas [Mr. RYUN] is recognized for 5 minutes.

Mr. RYUN. Mr. Speaker, today I rise to honor a great woman, a great Kansan, and a great American. Amelia Mary Earhart was born on July 24, 1897 in Atchison, KS as the grandchild of original Kansas pioneers.

The pioneering spirit never left Amelia as she achieved a collection of firsts and world records in which we should all take pride. These include the

first woman to receive pilot certification, the first woman to fly nonstop across the United States; the first woman to fly solo across the Atlantic Ocean; and the first woman to receive the Distinguished Flying Cross.

Amelia Earhart was an early advocate of commercial aviation and lectured in the 1930's that one day people would fly through the sky every day to get from one place to another.

Earhart's commitment to aviation was equaled by her commitment to advancing equality and opportunity for women. She served as an aeronautical adviser and women's career counselor at Purdue University. She promoted equality for women in public presentations and appearances, but most importantly, Amelia Earhart led by example, by doing things that no one thought possible.

□ 1900

Even in her disappearance, Amelia Earhart was striving to do that which had never been done, to become the first woman to circle the globe. This year marks the centennial celebration of the life and achievements of Amelia Earhart. We recognize this daughter of Atchison, KS, and honor her extraordinary contributions to women, science, aeronautics, and the Nation.

The SPEAKER pro tempore (Mr. SNOWBARGER). Under a previous order of the House, the gentleman from Michigan [Mr. SMITH] is recognized for 5 minutes.

[Mr. SMITH of Michigan addressed the House. His remarks will appear hereafter in the Extensions of Remarks.]

GENERAL LEAVE

Mr. BILIRAKIS. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days within which to revise and extend their remarks on the subject of my special order.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Florida?

There was no objection.

THE TRAGEDY OF ALCOHOL-RELATED DEATHS ON OUR NATION'S HIGHWAYS

The SPEAKER pro tempore. Under the Speaker's announced policy of January 7, 1997, the gentleman from Florida [Mr. BILIRAKIS] is recognized for 60 minutes as the designee of the majority leader.

Mr. BILIRAKIS. Mr. Speaker, the National Highway Traffic Safety Administration estimates that two in every five Americans, 40 percent, will be involved in an alcohol-related crash at some time in their lives. I rise today to reflect on the tragedy that drunk driving has brought to victims and their families around the United