

they inherited almost \$175,000 in taxes that they will have to pay over their lifetime as their portion of the national debt. This is because we have failed as a nation to balance our budget.

Children born today and children born tomorrow will have an even higher amount of debt that we will impose upon them if we fail in our obligation as policymakers.

What is the effect of this great debt that we keep accumulating year after year? The effect is that more and more of our tax dollars that could be going for important services such as public safety, hospitals, infrastructure, Medicare, Social Security, and some of the key programs that we support on a bipartisan basis, will be drained. A greater percentage of what we send to Washington is going to go to pay the interest on the debt rather than to serve the people that we have been elected to represent.

I heard a number of speakers a few minutes ago in this body talk about the fact that our national debt today is over \$5 trillion. I suspect there are very few Members of this body who know how many zeros go after the "5" to make so great a number. But here is a very cogent example: If a person opened a business on the day that Christ was born almost 2,000 years ago; and if their business skills were so terrible that on that first day they lost \$1 million; and if every day thereafter they lost \$1 million to the present day, we would not even hit 1 trillion dollars.

Yet we as a nation are now laboring under almost \$5.5 trillion worth of debt. What does that mean in real terms? It means that every single day that the sun rises on this building, the American taxpayers are forced to pay \$750 million in interest on this burgeoning debt.

One of the bipartisan things we have been able to agree on is that we will balance the budget by the year 2002. If we pass a balanced budget in this Congress, we will not have a balanced budget in 1997. We will not have one for 5 more years.

As of today, America has not had a balanced budget in 28 years. Now we are talking about having our first balanced budget after 33 years.

What would it take for us as a nation to pay off this debt? We would not only have to have a balanced budget, we would have to balance it to the point where we had a \$200 billion surplus. Not for 1 year, not for 2 years, but for almost 30 years.

We have not balanced the budget in almost 30 years. We would have to not only balance it, but have a huge surplus every year for 30 years to pay down this debt. And I use that example just to accentuate how much we owe as a nation and how we cannot continue to allow this debt to cripple our children's and our grandchildren's future.

We owe it to future generations to be responsible. We need to pass a balanced Federal budget. To insure it remains in balance,

we need to place that obligation in the Constitution. This is why I rise in support of these two worthy measures, and urge my colleagues to join me in supporting them.

□ 1315

REPORT ISSUED ON ARTS AND HUMANITIES IN THE UNITED STATES

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

Mr. CAPPS. Mr. Speaker, our former colleague, Dr. John Brademas, has issued a report on the condition of the arts and the humanities in this country. I want to thank Dr. Brademas and the committee and the support they have received from President and Mrs. Clinton for this very thoughtful, excellent report.

Truly, the strength of our country is dependent on the way we engage education and the way we give responsible cultivation and stewardship to the arts and the humanities. I urge that this report be taken seriously and that Congress give proper support to two superlative agencies, the National Endowment for the Arts and the National Endowment for the Humanities.

I think that our vitality as a Democratic society, as a learning society, is dependent upon the respect we exhibit for our cultural arts, our literature, our historic records and the other products of the creative spirit. I commend Dr. Brademas and the committee for this report and I urge my colleagues in the House of Representatives to support its recommendations.

HEALTH INSURANCE FOR AMERICA'S CHILDREN

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

Mr. PALLONE. Mr. Speaker, over the last couple of years congressional Democrats have been focusing their attention on addressing some of the most important health care challenges facing this country. Last year Congress took a small but important step in the right direction when it passed the Kennedy-Kassebaum health insurance reform bill. Because of that bill, citizens who change jobs will continue to receive health coverage, insurance companies may no longer deny individuals health coverage when they switch jobs due to preexisting medical conditions.

Although congressional Democrats were happy to see Republicans join us in passing this important piece of legislation, we did emphasize at the time of the bill's passage that we believed much more needed to be done. And as a result of this belief and as a result of the GOP's refusal to consider any other health issue other than portability,

Democrats immediately set about to build on the momentum the passage of the Kennedy-Kassebaum bill created by pushing for legislation that would make health care available to every child in this country.

There are now about 10 million uninsured children in the United States. To combat this problem, Democrats incorporated a children's-only health care plan into their family-first agenda. The plan was not only developed because Democrats believe our children deserve better health care, it was developed because of the recognition that today it is increasingly harder for even those parents with jobs to secure health insurance for themselves let alone for their children.

Unfortunately, we have not made any progress on this issue because the Republican majority has refused to allow our plans to move forward. We are 2 months now, 2 months, into the 105th Congress, and the Republicans who are the majority do not have anything of major importance for the Congress to consider. Unlike Democrats and the President, they do not have a plan to ensure that all children have access to health care nor do they appear to have any intention of letting our plan move forward.

The American people sent us here to develop legislative solutions to societal problems, such as providing health care to uninsured children. Every day we waste is a day another sick child goes without health insurance and we cannot continue to let this happen for moral as well as financial reasons.

A couple of days ago I brought the House's attention to a report that was issued by the New York City public advocate, Mark Green. It basically talked about the growing number of New Yorkers who are living without health insurance.

I know today that I am joined here on the floor with one of my colleagues from New York, Mr. SERRANO. The report, as the New York Times put it, quote, is filled with disturbing information that has implications for the entire country.

We are going to be talking with my colleagues from New York and from Texas about this report this afternoon. And although it does deal with New York City, I need to stress that the phenomena and the conclusions and findings that it comes to really apply all over this country, to every State and every city.

With respect to children, the report found that between 1990 and 1995, the proportion of uninsured children in New York City rose 6 percent. In 1990, 14 percent of children had no health insurance. By 1995, that figure was 20 percent. One out of every five kids in the largest city in the country has no health insurance.

Overall, the report found that the number of uninsured children under age 18 in New York City rose from 277,500 in 1990 to 323,800 in 1995, a one-sixth increase, more than twice the increase in the adult population.

The trend is particularly distressing when it is recognized that not only was Medicaid expanded during the same period to include more children, but that New York State has an insurance program for children as well. Its own insurance program. And despite that, the number of uninsured children continued to increase.

This report underscores the need to expand, not decrease, the accessibility of health care to children. In short, it underscores what congressional Democrats have been saying since last year: that portability is good but it is not enough. We need to build upon the Kennedy-Kassebaum amendment by adding a children's-only health program.

Before we can do that, I have to stress we must convince the Republicans to let us move forward. Yesterday, Democratic leaders DICK GEPHARDT and TOM DASCHLE sent a letter to the Republican leaders NEWT GINGRICH and TRENT LOTT once again asking them to join the Democrats on making progress on this issue.

I think the New York City public advocate's report illustrates just how important it is to begin the process of passing a children's-only health bill. Considering nothing, which is what we are doing here every day, day after day, and adjourning, in this case today at 12 noon, especially with the problem growing, as plans to confront it sit on the shelves collecting dust, I believe, is irresponsible and inhumane.

I hope the Republicans accept our invitation to move forward and deem the issue of providing health care to our children worthy of congressional attention. I do not think it is too much to ask and I, for one, and I know my colleagues will continue to be here every day over the next few months until we see the majority take some action on this issue.

Mr. Speaker, at this time I want to yield to my colleague from New York, Mr. SERRANO.

Mr. SERRANO. First, Mr. Speaker, I want to thank the gentleman for putting together this special order today to discuss such an important issue.

I must say, as the gentleman has well pointed out, this is a very disturbing situation, disturbing because on this floor we take great pride, and we should, on a daily basis, in the fact we live in the country we do live in. With that, we understand that there are some problems we have yet to solve, but there are some basic problems that I think we should have solved a long time ago, and for some reason we continue to have these problems.

Lately, these problems have been compounded by the fact that there is a feeling that somehow if you are not getting certain care in this country it is your own fault; that you somehow created this problem on your own. After all, what we have been hearing lately is if you are poor, it is because somehow you do not get off the chair and do something about your problem.

Well, now we are talking about children specifically in this report. Chil-

dren are at the mercy of their society. We are in this society what we do for children. That is who we are. We are people who either take care or do not take care of children. And we have a report that says that there are that many children throughout the Nation, 10 million American children according to the chart that is next to the gentleman from New Jersey, 10 million American children.

Now, what is interesting about that statement is it does not say 10 million children throughout the world. That is bad enough. It does not say, which would be also very bad, 10 million children in the Third World countries, the underdeveloped countries, 10 million children in one country, it says 10 million American children. And yet, as the gentleman states, we cannot get our colleagues on the other side to move on the issue of full coverage for all children.

Now, this problem not only affects children, it affects the whole family. We hear a lot these days about family values, about how families should do for themselves. Well, there are some things that families cannot do for themselves. No family, except for maybe one-half of 1 percent in this Nation, can pay the amount of money it takes to go into a hospital or to get health care. That is why we have insurance companies. And that is why we have insurance plans, and that is why we have government subsidized plans.

When we have 10 million children, and that many children, a figure that continues to go up in New York City and other places throughout the Nation, that are not insured, we have a serious problem that affects the whole family.

Picture, if you will, the next study, which should be of all the children that are not insured; how many, because of related issues to not being insured, miss X amount of days from school? How many of those children are attending school in physical conditions that they should not be in? What is that doing to their ability to learn; to read and write, to do their work? What effect does that have on the family; the tension in a family? How many families have to worry about money in this country and that strains their relationship at home? How many have to deal with problems of drug addiction and that strains the relationship at home?

Perhaps one of the studies should be how many of the families that are not insured, how many of the families who have children that are not insured have this extra added strain on their relationships in the home? And so to speak about family values, and to allow 10 million children to be uninsured, is really something that is hard to fully understand.

One last point before I turn the microphone back to the gentleman from New Jersey.

Mr. Speaker, every time that we speak in these Chambers, and on so many talk shows throughout this Na-

tion our elected officials make public statements, we seem these days to want to attack people from certain communities. As I said before, one of the communities we attack is the poor. This one should be an easy one. This one should be one that no one should be politically uptight about.

I do not know a community in this country that would be upset if Congress tomorrow did something about insuring children. If a community got upset, then there should be a study about what is wrong with that community. There cannot be an American family who would want for a neighbor's child anything less than the basic health care needs that they would want for their own family.

So I would hope that today's special order begins to put forth the notion that there are some things that we do because they sound good politically, and there is opposition we take on issues because it is a good political stance. But this is good for our country, this is good for humanity, this is good for children; and we should attack this problem soon and attack it like we have attacked no other problem.

Mr. PALLONE. Mr. Speaker, I want to thank the gentleman and I particularly appreciate when he began and talked about this notion that I think we do hear down here from time to time, that somehow it is your own fault. In other words, the reason why you do not have health insurance or the reason why your children do not is because it is your own fault and you have not done something about it.

I think this New York City report by the public advocate really belies that, because it points out that the overwhelming majority of the uninsured, not only children but adults, everyone, are working people. And that, in fact, many of them are, or a significant percentage, are actually working in large corporations.

So these are people that are working. These are people, in some cases, that are working more than one, two, or even three jobs, and yet their employer does not provide the health insurance and they do not have the option because they cannot afford the health insurances.

Quickly, and I am quoting from the summary of this New York City report, it says the majority of uninsured New Yorkers work. One-half of New York City's uninsured residents between the ages of 18 and 64, because, of course, after 65 you have Medicare, they had full-time jobs in 1995. And among uninsured 35 to 53 years old, 62.8 percent were employed full time.

Interestingly enough, again the uninsured are employed in both large and small companies. While nearly 30 percent of New York City's uninsured workers were employed in companies with 10 workers or less in 1995, a large percentage, 22 percent, had jobs with companies with a thousand or more employees.

So the bottom line is what is happening not only in New York but across

the country is that more and more people, even if they work for large corporations, they simply have taken away health insurance and they are not providing it to their employees. So this is something that is happening across the board for working people primarily. So that whole notion about it is your own fault is just not the case.

I want to yield now, Mr. Speaker, to the gentlewoman from Texas, who I know is very concerned about children's issues in general.

□ 1330

Ms. JACKSON-LEE of Texas. Mr. Speaker, I thank my colleague from New Jersey and I appreciate his leadership. I am delighted to join my friend the gentleman from New York [Mr. SERRANO], speaking about some extremely important issues, because I think the value of our special order and this discussion is to indicate how far reaching this problem is. We are talking about New Jersey and New York, and I am 3,000 miles away in Texas and have discovered that this problem is extremely prevalent in the South and in the West.

But we need to put a face on this question, so that we can say to those of us who have the responsibility to address the 10 million children that are uninsured, we must put a face on this issue and we must frankly say to those who would stall this very important issue, you can run but you cannot hide. And I say that because there is a face to this.

Angela Pollatos of Washington Heights in northern Manhattan is typical of those who have lost insurance in the last 5 years. She was cited along with this New York City report. Her husband is a painter who made \$30,000 last year. This is a working family. His company, however, does not offer health coverage. How many Americans can tell us that same story time after time after time? Are they taxpayers? Yes. Are they homeowners or renters? Yes. Are they paying their bills? Yes. But do they have health coverage? No.

Three years ago when Mrs. Pollatos was working the family bought private insurance through a Government subsidized program. Remember, now, bought, was not given. But the premiums are rising quickly and when she stopped working after the birth of a son, the family could no longer afford the program. Now, someone is probably saying, "They didn't budget, they didn't put their moneys together."

I want you to be able to understand. They tried buying insurance but were discouraged; \$500 a month was the cheapest insurance. This is a young family that is trying to survive on \$30,000 a year, living in, I know what my colleague might say, certainly in a State that has certainly increasing costs and responsibilities, but these are working people and you can see that and they could not afford \$500 per month, and I think that is important.

When we begin to look at the insurance, or the uninsurance if you will, of

our American children, we do not have to point to the east coast, we do not have to point to the west, we can point to the United States of America. You can find uninsured children throughout the United States. This is a global problem, as the gentleman from New York [Mr. SERRANO] has said, but it is certainly a national crisis when 10 million children are not insured. And you can look at Oregon and Montana, you can look in Louisiana or Alabama, Mississippi. In Texas alone, 1,352,894 children are uninsured. These children are under the age of 18.

And so we really have a key responsibility to move forward. Sixty percent of the insured children have a parent working full time. More than 90 percent of uninsured children live in families without working parents. Let me correct that. Sixty percent of the uninsured children have parents that are working. This is truly a responsibility that I think must be heard throughout these Chambers.

The gentleman from New Jersey [Mr. PALLONE] and I were talking today about the responsibilities we have to our constituents. We were discussing legislation that we were drafting on behalf of our constituents. I think it is important that as the agenda moves through term limits, I do not know how many citizens are concerned about that, some other issues that seem like they are not having the success of being placed on the agenda of the floor of the House, would it not be very simple to immediately begin hearings, immediately begin putting on the floor of the House the legislation that is so important to be able to stem the tide of this tragedy? Ten million uninsured children.

Let me also emphasize something that I think might have been highlighted earlier by the speakers. Hispanic children comprise a disproportionate share of uninsured children. Over 25 percent of Hispanic children are uninsured, along with 15 percent of African-American children and 11 percent of white children.

I say that not to separate us but to bring us together, to realize that for some folk who may have been thinking it is not me, I do not have to worry about it, this attacks all of our children. We do not have the numbers for the emerging and growing Asian population, but certainly we realize that that is growing as well.

Twenty-four percent of New Yorkers have no health insurance, up from 20.9 percent 5 years ago. The proportion of New York City's children who are uninsured rose to almost 20 percent in 1995, up from 14 percent in 1990.

It is important, as I said, to note that we have real problems in the South and the West, but this report out of New York was very eye opening. It is important to note that about 22 percent of the uninsured work for companies with more than 1,000 employees, contradicting the conventional wisdom that large companies usually offer comprehensive

benefits. Fewer than one-half of New York City residents now have private health insurance, and most uninsured families in New York make between \$15,000 and \$45,000 a year.

When I was in local government, one of the things that saddened me was our inability to serve our children. This number in Texas would be higher if I gave you the numbers of those who were not covered by Medicaid and also those who could not get the basic, what we call well care coverage. What does that mean? Most of us recognize that a child does not date or time his or her illness. So they could be 5½ or 6 years old, you can be sure you will be taking them to the doctor.

Well, we were faced in local government with eliminating what we call well care coverage for our children, meaning that children who were dependent on Government assistance could not see the doctor past age 5. We had no money to give anyone so that these children could go and have regular appointments beyond the age of 5. We call that well care treatment for our children, preventative health care.

I want Americans to understand that when we un insure 10 million children, what that means is that we open ourselves up to epidemics, we open ourselves up to a contagious outbreak, we open ourselves up to not being able to prevent children from having the diseases that would interfere with their education and their quality of life.

So I would simply say that we have a challenge today. We have an administration proposal that proposes \$3 billion a year to provide health insurance coverage, but it covers only 5 million children. We want to move forward on that. But I want us to recognize that we have 5 million children left that we must address as well.

I certainly will be supporting and working with the proposals that have been offered that cover 5 million children, to work to ensure that 13-year-olds, 250,000 of them eligible for Medicaid for the first time, are covered.

We want to bring down teenage pregnancy, I think that is extremely important. We want to extend health insurance coverage for 6 months to unemployed parents, and we also want to make sure that we find all the children that are not on Medicaid, to make sure that that occurs.

I simply want to say to the gentleman from New Jersey [Mr. PALLONE], in terms of the importance of this issue, that the question of timing is important. Every day that we waste, this map will never change. This map continues to reinforce the lack of insurance, the lack of accessibility of medical care for our children. Let me simply raise a question with you.

As we fought so hard last year to stop the drastic and draconian cuts of Social Security, or SSI, I am facing right now in my district numbers of single parents whose children received SSI for a number of disabilities. They could have been autistic, they had ailments that categorized them as being

mentally challenged. Those children right now do not have services. Uninsured children likewise face not having the appropriate counseling services, not dealing with some of the mental illnesses that face our children, that could be treated to give them a better quality of life.

My question to you is how much more do we have to document? How many of us will have to continue to confront these tragedies in our community? How many of the members of the New York community, this family that I have just mentioned, Pollatos, who did not have the dollars to pay \$500 a month, will have to continue in order for us to be able to come to a bipartisan approach, and I would like it to be bipartisan, dealing with the 10 million uninsured children of working families, poor families, that do not have the ability to access health care?

My question to you is, where are we going, and how many times will we have to rise to the floor, how many numbers and statistics will we have to give? I see my good friend from New York who is certainly aware of these problems, how much longer will we have to tolerate this condition for our children?

Mr. PALLONE. Let me say, and I think that basically our colleague from New York has addressed this, that I think the problem with the other side of the aisle, the Republicans, is that they are following this philosophy that somehow it is the people's fault, it is their own fault.

If you are faced with these overwhelming statistics that show you not only that there are 10 million American children that have no health insurance but that the numbers continue to grow every year and it is working people who are trying to make ends meet, the only conclusion I can draw is that you somehow, and I think many of my colleagues on the other side have convinced themselves that somehow it is not something that they can deal with, it is the people themselves that have created the problem. There is just no truth to that, no basis to that.

One of the things that is most upsetting to me, and I will mention it briefly and then maybe yield to the gentleman from New York, is that when the Republican leaders of both the House and the Senate met with President Clinton just a few weeks ago to try to come to agreement on priorities, even though the President said emphatically in his State of the Union address and provided in his budget message to provide for a program that would cover at least half of these 10 million children and said he wanted action on that in this Congress, the Republican leadership refused to make that one of their priorities, so that these task forces or groups that were set up to try to move legislation through Congress on a bipartisan basis do not include children's health insurance, do not include the President's proposal, because the Republicans said that that was not a priority.

So clearly we are not getting the message out, and we need to. We need to make our colleagues on the other side understand that this is a most important priority but we are not there yet.

I yield to the gentleman from New York.

Mr. SERRANO. Mr. Speaker, I thank the gentleman. One of the interesting things about this whole issue is that as my colleagues know, in many instances on these kind of issues the leadership comes from the White House, sort of emanates from the White House, and Congress reacts to it. In the past the White House did not speak, prior White Houses did not speak the issue of health care coverage.

This White House did, and it was ridiculed for a plan that some people did not agree with. But the intent, rather than negotiating the plan, the intent was to stop the whole notion of coverage, universal coverage for everyone. And so now we find out that because of that lack of action and the inability to follow up on the family values agenda, which also should deal with this issue, you find, for instance, that the number keeps growing. A few years ago the number we threw around was 34 to 36 million Americans were not covered. The figure being dealt with now is 40 million Americans.

I would also like to ask the gentleman from New Jersey to tell me if I am wrong on this issue, because he has been excellent on the issue of finding a fair immigration reform program in this country, and coming from New Jersey and coming from New York and from Texas, immigration is an issue. But is it immigration reform with a heart, immigration reform without a heart? Am I correct in suggesting, and I ask the gentleman to comment on this, that as we move to take benefits away from legal immigrants, we are now going to increase that number that we see on this chart above the 10 million children, or are those figures that we are dealing with these days already taking into account the possibility of all these folks that will be taken off the benefits, incidentally in many cases, for people who are interested, when you talk about people under 65, you are not talking about people who were here for the last 20 years, worked, paid taxes, and so one issue seems to jump on top of the other one. Am I correct that this will actually increase these numbers?

Mr. PALLONE. I think the gentleman is absolutely right. For example, in referencing the New York City report, I would take note of the fact that the last year that we were making reference to was 1995, well before any of these changes in the laws with regard to immigration would take effect. So there is no question that taking more people off the rolls as a result of those immigration policies would impact the numbers and create more uninsured.

I would also suggest, again here I am speculating, that a lot of the problem

is not even reported. In other words, the figures that our colleague from Texas is looking at on that map have to be based on some reporting that was actually done, and I would suspect that there are a lot of people, legal or otherwise, people that were born in the United States, who simply do not even get reported, so I suspect that the figures are much larger and there is no question that they are growing.

Mr. SERRANO. The gentleman is absolutely right. I happen to know for a fact in my district that the poorer the person, the less likely they are to get counted in the Census. The Census does not speak about anything other than counting people who live within this country.

□ 1345

So if that is true and we know that is a fact, then the gentleman is right. The numbers there, the 10 million staggering number, could be higher. Because if a significant number of those folks fall within the poor category, and as the gentlewoman from Texas well pointed out, it covers all people throughout the society, people who are working, people who are laid off for a while, but the ones at the lower rung of the ladder would not go out and report, there may be no way to find out, and that number may continue to increase in a country where this should not be happening.

Before I yield, I just would like maybe to take this time to ask something that may sound a little dramatic, but there are millions of American families who tonight will come home and there will either be a spouse there or there will be two spouses coming home from work, and throughout the night there is the "Turn off the TV set." "Did you do your homework?" "Let me help you with your homework." "Turn off the Nintendo set."

Maybe I am repeating my last night's statements, but my colleagues know this whole thing that we go through with discipline and love and affection, and yet many of those families know that they do not have this problem. Perhaps as they are putting their children to bed tonight, perhaps as they are turning in for the night, they realize that as bad as they have it in terms of tensions, living in this society, they still have something other families do not have.

But maybe that is a sign of gratefulness for what they have been provided with, we have been provided with, that they take a few minutes and write a letter to their Member of Congress and their Senator and say: "You know, I just put my child to bed, and I know if he is sick tomorrow I can take him to a clinic or to a doctor."

But there are 10 million children or more whose families cannot do that, and there are 40 million Americans who cannot do that, and we are not talking here about a rip-off, we are not talking here about a giveaway, we are not talking here about corporate welfare. We are talking here about basic human

needs, and maybe tonight Americans will take some time to write a letter to a Member of Congress and say: "If this is correct, and I believe it is, do something about it. This is not something I am upset about. I will not hold you negatively accountable for providing health care for 10 million children."

Mr. PALLONE. I appreciate the gentleman's comments, and I just wanted to say, if I could just follow up on one thing he said before, I am an advocate, as the gentleman has indicated he is as well, of universal health care. I believe very strongly that—and I did believe when the President 4 years ago came forward and said this is the issue, No. 1 issue that we must deal with, and we have to make sure that every American has health insurance. I believed that.

However, we know and the gentleman mentioned that, politics being the way it was in the last 4 years, we really realistically, politically realistically, cannot envision this Congress moving toward a universal health care system. So we did last Congress at least address the issue of portability and preexisting conditions.

The reason I believe that children's health and covering children is the next step in this sort of piecemeal approach that we have to follow because of political realities, is because not only of compassion which we all share for children but also because it is doable. If we look at the actual costs, it is cheaper to insure children than it is for the adults or their parents. And from a prevention point of view it makes the most sense because if we—we are all advocates of preventive care, but preventative care is so important for children, because if they do have proper health care in the early years, that prevents a lot of things happening later that are more costly and cause more damage to them later in life.

So it is a logical extension. Even if one does not believe that everyone should be covered or it is the government's responsibility to do that, at least understand that this is the next logical step. I think maybe that is what we can get across to our Republican colleagues. It has not worked so far, but maybe that is how we can emphasize it as the next step.

I would like to yield to the gentleman from Massachusetts.

Mr. MCGOVERN. I just briefly want to commend the gentleman and my other colleagues here for raising this issue, for highlighting this important issue of children's health care. It is a very important issue. We hear it every time we go back to our districts.

In my district in Massachusetts there is not, literally not a day that goes by when I am there, when I am not approached by a parent who is concerned about the fact that they do not have health care for their children. They express also their frustration that, given that reality, why is not Congress doing something about it? And I have to say that I want to express my frustration,

too, over the Republican leadership's failure to make health care for children a priority. It should be a priority, and we certainly have enough time on our hands.

I am a freshman. I was sworn in on January 7, and we really have not accomplished a great deal in these first 50 days. We have the time. We spent an entire day on term limits, 12 votes on term limits. Term limits may be an important issue to some, but I got to tell my colleagues it is not as important as children's health care, and we need to do what we can to raise the pressure, to try to get the Republican leadership to follow the President's lead in making health care for children a priority.

The gentleman mentioned prevention. From a fiscally conservative, dollars and cents point of view, prevention is very, very important. We save money. If we invest in health care for our children now, it means we are going to have healthy adults, means we are going to be able to control health care costs in a more reasonable and effective fashion.

So just from a purely dollars and cents point of view, forget the moral arguments and whether it is the right thing to do, and we all know that it is the right thing to do, we save money. We should be ashamed of ourselves, with the greatest country in the world, the richest country in the world, and yet 10 million of our children that we know of—and my colleague from New York is right, it is probably much more than that, but we know at least 10 million children in this country do not have health care coverage and we need to do something about it.

So I just wanted to come on the floor here and express my gratitude to all of my colleagues for raising this issue. It is an important issue, and I hope that we will be able to do something about it in this session.

Mr. PALLONE. I want to thank the gentleman for his contribution and appreciate him participating in this special order, because I know that in his State in particular many efforts have been made to try to expand health care coverage. But, as we noticed in this New York survey, even with the States going out of their way in many cases to expand coverage it still—we still see an actual decline in the number of insured.

I yield to the gentlewoman from Texas.

Ms. JACKSON-LEE. I thank the gentleman from New Jersey, and I am glad as well that the gentleman from Massachusetts has joined us, and I would like to maybe expand, Mr. SERRANO, the gentleman from New York's, call. I think I would not put it as a pitch but a call to families who, although they face their daily responsibilities, can count their blessings.

I would like to acknowledge and possibly add to that the many children's hospitals around the Nation. First, I would like to thank them. I think 2 to

1, the children's hospitals in our community, certainly the Texas Children's Hospital, I know that we can name so many others, keep their doors open as best they can.

I know that we have had circumstances where we have had great tragedy of drive-by emergency rooms, where they just cannot, because of capacity, take in more children. Why is that? Because an epidemic of measles has broken out, because an epidemic of small—not smallpox but chicken pox has broken out. Thank goodness we have overcome that. But just think of the times we have had these sort of epidemics, and therefore the hospital or facility is filled beyond capacity.

Part of the reason that this has come about is the very statement the gentleman just made. We have not had the kind of preventive health care, and I would like to add to his story that he has just given, an ounce of prevention is worth a pound of cure.

And so I would like to add, to those who would be calling upon the need for health insurance to cover all of these children located across the Nation, our medical professionals, our pediatricians, our facilities that deal with children. They most of all know the seriousness of the need for having children have preventive care, and I would like to just bring a point to my colleagues' attention:

Studies have shown that the majority of uninsured children with asthma never see a doctor. How many of us are aware of asthma but do not realize that it can be deadly, and that the survival of a child and the child growing into adulthood is the fact that they have good constant care? And many of these asthmatic children are later hospitalized with problems that could have been averted with earlier intervention.

I have seen parents of children with asthma. Asthma has been in my family, though I have been very lucky that my children did not come down with it, but I have seen what asthma can do. We do not think of it sometimes as a debilitating disease. It is a chronic disease. To think of children with asthma not being able to see a doctor.

Maybe we are more sensitive to a broken leg or an injured arm, but realize children who suffer every day with these sort of ailments, children who need—as I said earlier, I do not want to deemphasize the importance of children who need counseling, and of course that is another subissue of this whole question of being insured. But many of those that would be covered would be psychologists or psychiatrists. Those children, too, could be healed with the kind of insurance that we would have and be allowed to secure a better quality of life.

I would simply say to the gentleman from New Jersey [Mr. PALLONE], I hope people understand that what we are talking about is the quality of life for our children that many of us have been able to garner through hard work, of course. But these innocent children,

who come into this world certainly not of their own accord, but we are blessed that they are here, they are uninsured and not able to take care of the illnesses that face them every single day.

I think it is important, again, that this House gets down to the people's business and works on behalf of our children by passing this legislation both sponsored and supported by the President, many of our colleagues. Certainly leader GEPHARDT and minority leader DASCHLE were calling for this to move quickly. I hope that we can hear a date for this to be on the House floor posthaste.

Mr. PALLONE. I appreciate that.

Mr. SERRANO. Just as my colleague was speaking, I was reminded of the fact that just this week the New York State Health Department came into my congressional district or a certain part to do a special study on why that part of New York City has a higher rate of asthma attacks than anywhere else in the city.

And, as the gentlewoman said, this is in many cases a silent situation because people take it as something: "Well, I have heard about it. It does not affect me. It is not a broken leg," as she said. "It is not something I can see every day. I do not see it in the subway." We see somebody short of breath or something in the subway in New York, and we assume it is whatever, they were running down the stairs to catch the train because they were going to miss it.

So this itself starts me thinking how much of an implication this has on this whole study that will be conducted now in my district. It would just seem to me that the last call that we can make here is to say we have been hearing a lot of statements about family values, I repeat once again.

This is a family values issue, but it is an issue of how much we value families. And if we value families, then we must value the health care provided for the children. We cannot on one hand expect families to behave in a certain very nice, humanitarian American way, humane American way, and then at the same time have 10 million-plus children, families who are going through that situation, who face that on a daily basis, cannot react to everything else in society the way we expect them to.

And so I would hope that we see this in fact as a family values issue, an issue of how much we value families, and solve it. We can. We have the ability. All we need is the word from the other side and it can happen, it can happen soon.

Mr. PALLONE. I think the gentleman is absolutely right, and that is why this is a important part of the Democrats' "families first" agenda.

What my colleague pointed out, though, if I could follow up—and we have I guess about 15 minutes left, and we do not have to use the whole time for our one hour—but if we could just focus a little bit on solutions, because

there are solutions, and as we mentioned before, in many ways this is an easy problem to solve. It just takes the will, in this case, of the Republican majority to bring this bill or something like it to the floor.

There are really a lot of ways of looking at this, but in the case of the New York public advocates' report, they actually advocate two things which I think I favor, and maybe I could mention one other thing that they did not mention.

One is, they suggest essentially expanding the Medicaid program to cover people at higher levels; in other words, Medicaid now may take in people at 100 or even 200 percent of poverty, but not above that. Also, New York State, from what I understand, and maybe my colleague from New York would be more familiar with it, has a State-developed child health plus insurance program that essentially goes beyond Medicaid. The State subsidizes it, but it takes in people who would not normally be eligible for Medicaid. And most approaches to expanding health care coverage for children that I have seen either approach it by expanding Medicaid or looking at some other government subsidized, usually nonprofits program that would cover people that are not on Medicaid.

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The third arm of this, though, that is not mentioned by the public advocate, at least to my knowledge, but I think is just as important, is outreach, because what the public advocate in New York City actually identifies is that there are a number of people that are eligible for the Medicaid Program or eligible for the child health plus program that are not using it.

So I think whatever we develop has to have an outreach program, because there are a lot of people who are not taking advantage of existing programs, for whatever reason, either because they are not aware of it, or if you talk about children, if their parents are not aware of it, they cannot take advantage of it.

I do not know if she wants to talk a little bit about this, but I yield to my colleague, the gentlewoman from Texas [Ms. JACKSON-LEE].

Ms. JACKSON-LEE of Texas. I think the outreach is key. That was certainly part of the administration's proposal, to find individuals who could comply or meet the criteria of Medicaid who have not been aware of it, and would certainly be able to secure that coverage.

I would like to add another piece for thought. Certainly I know we will hear from many of our local governments that they are overburdened, but many of our cities have city clinics, and one of the aspects of their service is what I described as well care. That is preventative care.

I think if we can find some aspect of our legislation that would cover that aspect of treatment, where parents of certain eligibility could continue to

take their children, say, to age 10 or 12 for well care, that is, all the preventative measures, to ensure that they have all of the immunizations.

We have treated immunizations in this country as crises. That means we will have big campaigns, we will go out with vans. We have not gotten the mind-set of parents and the availability where, on a regular ritual, those parents who do not have regular physicians or pediatricians still are getting their children immunized; certainly our school districts, our work, but our health clinics certainly should be a component of the well care. We are not asking them to treat the emergencies, chronic illnesses, but if they are a component of delivery of health.

And I can hear a lot of them right now say in horror, we do not have the money. But I think as we look as a national body about how we reach out, I would assume my colleague, the gentleman from New York, has several city health clinics and he might hear the same thing, they are overloaded, but they are still accessible to our communities, along with—let me add that I think I would like us to consider school-based clinics where children go most of all.

I would like to say, we may cause a great deal of furor here on the floor of the House, but I would like to literally ask Americans to send us their stories. Tell us what is going on out there. We all know what is going on in the 18th District in Texas, in New Jersey and in New York.

But I would like to hear the stories of Americans, the parents and guardians of these 10 million children, the grandparents, who equally are custodians of these children, who for several reasons would not have access to health insurance for these children. We want to hear your stories.

Maybe that, along with stories from pediatricians and others, would be able to help build the argument, if you will, for the immediate response to try to come up with legislation that will cover these children.

I hope that the question of reaching out will be addressed, as I said, by embellishing local city health clinics, giving them the resources they can treat in preventative care up to age 10 or 12, that we can look at school-based clinics. That is where parents and children go.

Certainly I would like to ensure that we reach out to those who are eligible for Medicaid and cannot get it. Thank goodness we did not block grant, something we fought so very hard against. A lot of people do not even understand when we say block grant, but that is a fight we may have to see again; where there is a need, we may be able and should be able to serve Americans. And that was not the thrust of block granting; that was to cut off moneys. We fought hard, the Democrats did, against that. Now we have another cause that can be bipartisan from the very start, to be able to work with 10 million uninsured children.

Mr. PALLONE. Mr. Speaker, I am glad the gentlewoman brought up the community-based health clinics. I have some in my district, as well. The problem, of course, they face is scarce resources. In other words, increasingly the amount of money that has been made available to them has dwindled. That is another reason why we see the ranks of not only the uninsured but even people who have access to health care, because they are really dealing with the uninsured in many cases, but the access becomes more limited as resources become scarce.

I yield to the gentleman from New York, [Mr. SERRANO].

Mr. SERRANO. I thank the gentleman, Mr. Speaker.

My colleague, the gentlewoman from Texas makes an interesting point. That is, we should deal with the issue of prevention. You know, we Americans are really a very strange group of people at times. Who would not think of taking their car for an oil change or doing it themselves? There are some Americans who run the car into the ground, but most Americans know they have to do this. They either do it themselves in their driveway or somewhere, or they take it to a place to have it done. That is understood.

But the whole idea of taking a human being at the age of under 10 to a clinic to get some preventative health care, some wellness care, is beyond our scope of thinking. Yet, at the end of the game when we talk about dollars and cents, as the gentleman has so well pointed out, and the gentlewoman, we are saving lots of money by going in the area of prevention. So I would hope that in this package, and I agree, there has to be something that perhaps begins to tell us about the area of prevention.

As far as solutions, what is really sad about this whole argument is that the solution we already have. The bad news is that 40 million Americans are not covered. The good news is that if you do quick math, over 200 million Americans are covered. Therefore, under existing plans, through expansion and with the desire to do so, you can invent ways and bring about ways of covering the other 40 million. So we do not have to reinvent the wheel. What we have to do is simply look at what we have now and use it as the existing solution to move on to cover other people in the area where we should not allow disparity between different folks.

Because in other parts of the society we have these problems and we have to deal with them on a daily basis. The fact is that most likely the people that are on that chart will also be the people who will have less access to a computer in the home than other people in this society. We know that. But this one is a basic right at this moment that people all deserve and we should be dealing with.

So the solution, in answer to your question, which is an interesting point you bring up, because we certainly do

not want to end this hour having people say sure, they brought up the problem, they did not offer a solution, the solution is 200 million Americans, 99 percent of whom are not wealthy people, are covered under existing plans. It is now a matter of finding out how do we cover the other 40 million, how do we take care of people who may be unemployed, and how do we especially take care of children.

I would end today, again, by calling on Americans who may have health insurance, who may have a difficult, at times, life, but most of the time can as our colleagues said, count their blessings, to reach out to their Members of Congress and say that this is not something that can go on. Let us do something about it. Let us expand existing programs. Let us find solutions to this problem.

Once again, I thank the gentleman from New Jersey for bringing forth this issue today. This is one that I think really begins to speak to what this Congress should be about. If this Congress and this society cannot take care of its children, then it will not take care of anything else in this society.

Mr. PALLONE. I agree, and I want to thank the gentleman. I know we are winding down.

Ms. JACKSON-LEE of Texas. Before we close, let me thank the gentleman as well for gathering us together on this special order, and hopefully our voices were heard in this Chamber as my good friend, the gentleman from New York, has said, on behalf of the children and the solutions that we have offered. We can get busy right now and get moving on an ounce of prevention that will certainly create the wall against the pound of cure that we may face with children who have not had health care for all of their childhood.

I thank the gentleman very much and look forward to working with him.

Mr. PALLONE. Mr. Speaker, I want to thank both of the Members, and again issue our challenge to our colleagues on the Republican side of the aisle.

Once again, I think we had one vote today on the Journal, on the Journal of the previous day, and no other legislative business, and it is only Thursday. I personally, and I know all of us, are getting frustrated coming down here day after day and not really doing anything.

This is an issue, children's health care, that needs to be addressed immediately. We will continue to call upon our colleagues in the Republican leadership on the other side to address this issue this Congress, and as soon as possible.

Ms. JACKSON-LEE of Texas. Mr. Speaker, I rise today to voice my concern for the 10 million children in our Nation who are without health care insurance. I am here to urge each and every one of my colleagues to work toward guaranteed access to health care for all children. It is time for us to make America's children and their health and well-being our highest priority. We must make health care

available, accessible, and affordable for all of our children.

I am concerned that many of my colleagues have dismissed these children as the offspring of the same disadvantaged persons that they condemned last year during the welfare debate. If that was an accurate characterization of America's uninsured children, I would beg you not to blame a child, for their parents' misfortune.

But it is not an accurate picture, and so instead, I say you are wrong. Nine out of ten children who are without health coverage have parents who work. Nearly two in three of these children have parents who are employed full-time during the entire year. Two-thirds of these children live in families with income above the poverty line and more than three in five live in two-parent families.

It is clear that these children are not uninsured because their parents are not unemployed. Instead, most of these children are without coverage because their parents work for companies who have cut health coverage for children or who offer no health coverage at all. Each year since 1989, 900,000 fewer children have received private health insurance coverage. In other words, every 35 seconds 1 less child is privately insured.

Without private insurance, millions of working parents who labor to support their families cannot afford to provide health coverage for their children. The cost of health insurance when not purchased through an employer is often prohibitive. So while Medicaid helps our poorest children, and more affluent families can afford private coverage, millions of working parents in the middle cannot provide coverage for their children.

Insurance coverage is critical to the health of our children. Children without health insurance coverage often do not receive necessary treatment services or even the most basic care. Medical expenses are sufficiently high that generally their financially burdened parents will delay or forgo needed pediatric preventive or medical care.

Some examples—studies have shown that the majority of uninsured children with asthma never see a doctor. Many of these asthmatic children are later hospitalized with problems that could have been averted with earlier intervention. One-third of uninsured children with recurrent ear infections do not see the doctor and some later develop permanent hearing loss. Many children with undiagnosed vision problems cannot even read a blackboard. Finally, studies show that children without insurance do not receive adequate immunization, have higher rates of visits for illness care, and have more frequent emergency room visits.

It is obvious that to deny children health care coverage, denies them the opportunity to lead healthy lives and to reach their fullest potential. We, in this Congress, have a responsibility to ensure that all children have these opportunities. We must commit ourselves to coverage for every American child and promise to leave no child behind.

THE IMPORTANCE OF THE BALANCED BUDGET AMENDMENT

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

Mr. THUNE. Mr. Speaker, yesterday I was on the floor talking about the