

said to me "Los quieren tantos que ni quieres que el viento les pegue." *Translation: You love them so much that you don't even want the wind to hit them.*" She was right. On Mother's Day 2000 I will march with my mother and my three sisters, along with our husbands and children to say to Congress "Ya Basta! Enough is enough!" There is no love like that of a mother, and our passion will be our "weapon" against intransigent purveyors of violence and destruction."—Victoria R. Ballesteros, Los Angeles, CA

"This fight has been going on silently for far too long. The focus has gone away from children's safety to politics. I am honored to be a part of the million mom march and do so because, as the mother of four children (ages 15 to 1) it is my responsibility to do everything within my power to ensure a safe future for them and their families. Millions of us will be unstoppable."—Jacquie Cofer, Jupiter, FL

"I am petrified every day that my children leave our home to go to school because in Louisiana EVERYONE (but us, it seems) has guns and hunts. My older son tells me that all of the kids in his 6th grade class hunt with guns. I am not ok with that as a mom or as an American.

Responsible gun laws means waiting periods, limits on sale AND limits on the ages of those using them. NO CHILD SHOULD USE A GUN. Any parent who says they want to teach correct use of guns to a child is asking for trouble and putting my child at risk. I am with MMM 100% as a woman, mom, social worker, and human being!"—Barbara Pierce, Natchitoches, LA

"A close friend of mine once found a little boy that had been accidentally shot in the head by a friends' dad's gun. To this day she will never in a million years forget what it felt like to have that little boy tug and pull at her shirt during his last few moments alive. Had there been a trigger-lock on that firearm his life could've been saved. . . . As well as so many others . . ."—Angelique, Imperial Beach, CA

"As a physician assistant, I have had ample opportunity to see just what a bullet, fired by a gun, does to human flesh. Believe me, it is thoroughly disgusting, wholly obscene, sinful. Now, relate that description to the body of a child. Lastly, think of your own child. . . .

Do you still want to do nothing?"—Patricia Hoppen, Saugerties, NY

"At 16 years old I was shot while baby-sitting and suffered permanent damage to my wrist. Now that I have a one month old son I want to insure that he, or any other child, doesn't suffer as I did."—Carol, Alpharetta, GA

"We have been quiet for too long. I'm tired of watching the NRA dictate arms control. I think there are more of us than them, and we need to get more vocal about it."—Stephanie, NY

"As a former ER nurse, never once did I see a robber shot by a home owner! All of the shootings were by people who knew each other."—Ivy, PA

SPECIAL ORDERS

The SPEAKER pro tempore. Under the Speaker's announced policy of January 6, 1999, and under a previous order of the House, the following Members will be recognized for 5 minutes each.

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

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

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

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

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Michigan (Ms. STABENOW) is recognized for 5 minutes.

(Ms. STABENOW addressed the House. Her remarks will appear hereafter in the Extensions of Remarks.)

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from North Carolina (Mr. JONES) is recognized for 5 minutes.

Mr. JONES of North Carolina addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

INTRODUCTION OF THE U.S. CAPITOL FIRE PROTECTION ACT OF 2000

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

Mr. HOYER. Mr. Speaker, as the Twenty-first century dawns, fire remains a serious threat to life and property, especially for the U.S. Capitol, House and Senate office buildings, the Library of Congress, and their occupants and visitors. Today, with the gentleman from Pennsylvania (Mr. WELDON), co-chair of the Congressional Fire Caucus, and the gentleman from New Jersey (Mr. ANDREWS), I am introducing a bill intended to enhance fire protection of the United States Capitol complex and the safety of the thousands who work in or visit the complex every day.

No one can deny that the Architect of the Capitol, the official responsible for operation and maintenance of the complex, has taken steps to improve fire safety on Capitol Hill. However, recent reports warn that much work remains in order to make these buildings safe. A December 1998 report by the House Inspector General found the condition of House's fire-protection systems, such as alarms and sprinklers, to be "deficient." A follow-up report just issued by the Inspector General warns that the AOC continues to take a "haphazard approach" to fire protection throughout the House complex.

A January 2000 complex-wide inspection by the Office of Compliance identified numerous violations of occupational safety and health standards made applicable to the Congress by the 1995 Congressional Accountability Act. The Compliance Office subsequently issued eight citations requiring corrective actions, including two requiring prompt implementation of a program of inspection, testing and maintenance for key fire-protection systems and equipment.

This Congress must take every reasonable step to make fire protection of the Capitol complex and its occupants a top priority. To assist the Architect in fulfilling his responsibilities in this area, and to enhance the status of fire-safety and protection efforts, our bill will create within the Architect's office the position of Director of fire Safety and Protection. Reporting directly to the Architect, The Director will coordinate and take charge of fire-protection activities and work to bring the Capitol complex into compliance with the applicable codes and standards established by the prestigious National Fire Protection Association. The work of the NFPA acknowledges the difficulties associated with protecting historic buildings like the Capitol from fire, and our bill provides the Architect the flexibility he needs to preserve the Capitol's historic character. The measure requires the Architect to report regularly to key House and Senate committees on his fire-safety and protection efforts.

Mr. Speaker, there are doubtless several reasons progress on fire protection of the Capitol complex has not been more rapid, but the simple reason is that the subject has not received sufficient attention. By creating a high-level official within the Architect's office to carry out all fire-safety duties, this bill will correct that problem, expedite progress, and make clear that Congress is serious about protecting the complex and its occupants from fire. I urge my colleagues to support this important measure.

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

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

LACK OF PRESCRIPTION DRUG INSURANCE COVERAGE IN MEDICARE, AN INTOLERABLE SITUATION IN AMERICA TODAY

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

Mr. FILNER. Mr. Speaker, I rise today to discuss an intolerable situation in America today, the lack of prescription drug insurance coverage in our Medicare program. Seniors are simply not receiving the prescription drug coverage that they so desperately need. Prescription drugs did not play a significant role in health care when Medicare was created back in 1965, but today the advances in pharmaceuticals have made prescription drugs a fundamental part of the typical senior's health care.

While seniors represent only 12 percent of the population, they account for more than one-third, more than one-third, Mr. Speaker, of the prescription drugs used in our country each year.

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The typical American who is 65 or older uses 18 prescription drugs a year, and 85 percent of the beneficiaries of

Medicare fill at least one prescription per year for such conditions as osteoporosis, hypertension, heart attacks, diabetes, or depression. It is obvious, Mr. Speaker, that the need is there for prescription drug coverage.

We must defend the seniors of America from the rising costs of medicine, which monthly worsens the situation for those without prescription drug coverage. The price for the 50 drugs most commonly used by seniors increased at nearly twice the rate of inflation last year. The prices for prescription drugs rose faster than any other category of health care, increasing by more than 15 percent, while total health care costs rose by less than 6 percent.

In my San Diego Congressional District on the United States-Mexico border, thousands of our citizens are forced to cross the international border to find the drugs they need at a much lower cost. Why is such a trip necessary for American citizens? How can seniors find the money that they need to purchase these vital drugs? Many are on fixed incomes. Many do not have the choice of a high paying job with good private medical plans.

Think about your parents; think about your grandparents. We are forcing them to choose between food on the one hand and essential prescription drugs that protect their quality of life on the other. Mr. Speaker, this is a choice that no American should have to make.

The President has proposed a plan that would extend prescription drug coverage to all seniors, provide lower premiums for Medicare beneficiaries and contain the rising costs of pharmaceuticals. Let us work together to make life-saving prescription drugs available to all of America's seniors.

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The SPEAKER pro tempore (Mr. MILLER of Florida). Under a previous order of the House, the gentleman from New York (Mr. NADLER) is recognized for 5 minutes.

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

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ENSURING THAT CHILDREN RECEIVE NEEDED IMMUNIZATIONS

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

Mr. GREEN of Texas. Mr. Speaker, most Americans are surprised to learn that in some States one in four children are not receiving the immunizations they need to prevent disease and death. Yet despite gains in recent years, we are still not doing enough to make sure that children get the right immunizations when they need them.

As this chart shows, in some States, like my home State of Texas, Michigan, and Nevada one in four children are not receiving one or more of the

immunizations they need by the time they are 2 years old. In Houston, we share seven Members of Congress in Houston, and that is my district, over 44 percent of our children do not receive one or more of the immunizations. Over 44 percent of the children receive less than one or more of their immunizations.

I am introducing two bills that will help correct this situation. The first is the sense of Congress that calls for increase in funding to crucial State immunization infrastructure programs. The second bill, the Comprehensive Insurance Coverage of Childhood Immunization Act, will require health plans to begin providing immunizations to children as a covered benefit.

America's children need our help. In recent months, some have questioned why vaccines are needed at all. Some have linked them to adverse effects, such as autism. While there is no scientific link between immunizations and autism, and I will repeat, no scientific link between immunization and autism, I support efforts to completely and thoroughly research this issue to put the minds of parents at rest.

We should not lose our focus, however, on the huge health gains that have resulted from immunizations. The Centers for Disease Control list vaccinations for children as the number one public health achievement of the last century. Before we had the smallpox vaccine, 48,000 Americans per year had this disease; 1,528 died. Before we had a measles vaccine, close to one-half million children a year got this disease, and over 400 died. Before we had the mumps vaccine, close to 150,000 died each year of this disease. Before we had diphtheria vaccination, over 175,000 children got sick each year.

None of these diseases have been eliminated. Only smallpox has been eradicated. An epidemic of unvaccinated children is entirely possible, as we saw with measles in 1989.

Children still die of the measles, mumps, rubella, and whooping cough. These are dangerous and harmful, painful and sometimes fatal diseases. Measles can lead to seizures and death. Mumps can lead to deafness. Polio causes paralysis that can lead to permanent disability and death. Diphtheria can result in coma and death. Whooping cough can result in death for infants.

Providing access to lifesaving vaccines should be one of our Nation's top priorities. Tracking children who have not been vaccinated, in order to prevent future outbreaks, should be another priority.

To meet these goals, the sense of Congress resolution I have introduced with my friend and colleague, the gentleman from Pennsylvania (Mr. GREENWOOD), calls for an increase in Federal funds to the Public Health Service's Section 317 infrastructure program. A similar resolution was approved by the Senate Budget Committee in March. These funds are used by States and cit-

ies to support a complex array of programs and activities, including implementation of registries, community outreach, management of vaccines, quality assurance services, and surveillance and outbreak control.

As this chart of funds illustrates, infrastructure funds have reduced rather dramatically in the last 5 years, from \$271 million in 1995, to \$139 million today. That is a 40 percent decrease in funds for infrastructure immunization. Yet the need for outreach and registry and infrastructure development is greater today than it was in 1995.

If you have not heard from your State health director on this issue, you will. Cuts in infrastructure funding have meant different things in different States. In Florida, for example, the State reports that it has reduced surveys on pockets of need and has reduced monitoring due to lack of adequate staffing. The State has reduced community outreach staffs and reduced the number of reminder cards it sends. Florida has also reduced its school-based immunization clinics and has had to cut back on efforts at day care centers.

In California, where infrastructure funds have been reduced from \$27 million in 1997 to \$14.9 million in 1999, only 35 percent of children have been vaccinated against chicken pox, and the State has no system to monitor chicken pox cases.

In California, a targeted immunization information campaign aimed at Latino, African and American Southeast Asian families has been eliminated.

The need for increased infrastructure funding is particularly important in light of a recent journal of the American Medical Association showing that 50 percent of America's children are either over- or under-vaccinated.

Mr. Speaker, the JAMA study shows that 21% of toddlers received at least one extra immunization while 31% missed at least one. In other words, over 50% of American children are receiving too few or too many vaccinations. We should do a better job of tracking these children.

A Section 317 funding increase is supported by: the American Academy of Family Physicians, the American Academy of Pediatrics, and the American Public Health Association.

The increase is also supported by the Association of Maternal and Child Health Programs, Every Child by Two, the Association of State and Territorial Health Officials and the Association of County and City Health Officials.

My second legislative initiative, the Comprehensive Insurance Coverage of Childhood Immunization Act of 2000, requires all health plans governed by the Employee Retirement Income Security Act (ERISA) to provide coverage of immunizations for children 18 years old and younger.

The vaccines required to be covered are those recommended by CDC's Recommended Childhood Immunization Schedule, issued periodically by the CDC's Advisory Committee on Immunization Practices.

This schedule is approved by the American Academy of Pediatrics and others and serves