

Mr. BILIRAKIS. Mr. Speaker, I yield 2½ minutes to the gentleman from Maryland (Mr. CUMMINGS).

Mr. CUMMINGS. Mr. Speaker, this afternoon I rise in support of H. Con. Res. 388, a resolution to designate April as National Minority Health and Health Disparities Month.

In 2000, the Department of Health and Human Services and the U.S. Surgeon General established National Minority Health Month to promote national health and disease prevention. The goal was to build a public-private partnership, foster cultural competency among health care providers, encourage health education and training, and expand the use of state-of-the-art technology.

It is intended to be an inclusive initiative that addresses the health needs of African Americans, Hispanics, Asians, Native Americans, Pacific Islanders, Alaskan Natives and Native Hawaiians. Because the month will be nationally recognized, it will serve to raise awareness and reduce the problem of minority health disparity.

Mr. Speaker, a few weeks ago, the Congressional Black Caucus held its annual Health Braintrust. This year's focus was on minority health disparities. Testifying at the hearing from my district were Dr. Martha N. Hill, Dean of the Johns Hopkins School of Nursing; Professor Thomas E. Perez, who was the immediate past director of the Office on Civil Rights at HHS; and Dr. Thomas LaVeist, Johns Hopkins University, and an active health care researcher, including the role of race in health care services.

Also testifying were the authors of the Institute of Medicine's report, "Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care." The primary finding of this report publication, "Unequal Treatment," states that due to disparities in health care treatment, blacks and other minorities do not live as long as Caucasians.

Why is that? Because according to the Institute of Medicine's publication of "Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care," even those of us who are fortunate enough to have health insurance receive inferior medical care compared to our caucasian counterparts, even when insurance coverages are the same.

I would like to cite some of the specific facts for the record, and I think my colleagues might find them very, very disturbing.

African Americans were 1.5 times more likely to be denied managed care authorization in an urban emergency room. For senior citizens, African American patients were four times less likely than Caucasians to receive needed coronary bypass surgery. Black male seniors were nearly two times less likely to receive treatment for prostate cancer. And this is incredible, but black seniors were 3.6 times more likely to have lower limbs amputated due to diabetes. Think about it. Due to

poor health care, African Americans and other minorities do not live as long as Caucasians. Blacks are 24 percent less likely to receive life-preserving medications for HIV and AIDS; 20 percent of blacks and 33 percent of Hispanics lack health insurance. This is two and three times greater than the rate for Caucasians. These disparities permeate in minority communities.

For example, as a Social Security issue, blacks collect fewer retirement benefits because we die earlier. I guess on the upside, while we comprise about 12 percent of the United States population, we collect about 23 percent of the Social Security disability benefits. Think about it. This is not a Social Security issue; it is a health issue.

Mr. Speaker, if there were equity in health care, African Americans would be able to work longer and live longer. Think about it. The economic impact of poor health care created for all Americans is crucial.

Mr. Speaker, I urge all Members to vote in favor of this. I thank the gentlewoman from the Virgin Islands (Mrs. CHRISTENSEN), and I thank the other side for their courtesy and kindness.

Mr. DINGELL. Mr. Speaker, I rise to voice my strong support for H. Con. Res. 388, establishing a National Minority Health and Health Disparities Month. This resolution has been crafted by my good friend and colleague, Representative CHRISTENSEN. The resolution was reported unanimously by the Committee on Energy and Commerce last week.

Mr. Speaker, this resolution will help to keep our attention focused on a disturbing fact of life. That fact is that people of color face devastating disparities in research, quality, access, and other measures of health care. Women are particularly hard hit, as reflected in the statistics. The prestigious Institute of Medicine recently published yet another study that shows we still have a long way to go before we can say that all Americans share equally in the benefits of modern medicine.

Mr. Speaker, I am pleased that this resolution specifically mentions the Minority Health and Health Disparities Research and Education Act of 2000. I was proud to join my colleagues, including Representatives JOHN LEWIS and JESSE JACKSON, JR., in that effort. That bill recognized that disparities exist throughout the development and delivery of health care. It was a good step, but clearly much more needs to be done. The entire health care system, from "bench to bedside," needs to be vigilant and to address disparities wherever and however they occur.

I applaud Representative CHRISTENSEN for bringing this resolution to the floor. I urge my colleagues to support her work and to support substantive efforts to eradicate health disparities in all programs that come before this body.

Ms. WATERS. Mr. Speaker, I rise to support H. Con. Res. 388, which would support the establishment of a National Minority Health and Health Disparities Month. The United States is a nation with a health system marked by its disparities. Too often, low-income Americans, racial minorities and individuals who lack health insurance find that quality health care is unavailable to them. At the request of Congress, the Institute of Medicine

released a report this year confirming the existence of serious racial disparities in American health care.

Racial disparities in access to cancer screening contribute to higher cancer death rates for minorities. Black and Hispanic women are less likely to receive breast cancer screening with mammograms than white women, and black and Hispanic men are more likely to be diagnosed with more advanced forms of prostate cancer than white men. Last year, I introduced H.R. 3336, The Cancer Testing, Education, Screening and Treatment (Cancer TEST) Act, to provide cancer screening and treatment services for minorities and low-income populations. This bill now has 49 cosponsors.

Racial minorities have been disproportionately impacted by the HIV-AIDS epidemic. They now represent a majority of new AIDS cases and a majority of Americans living with AIDS. I am circulating a letter to the Chairman and Ranking Member of the House Subcommittee on Labor, Health and Human Services and Education Appropriations to request an appropriation of \$540 million for the Minority AIDS Initiative in fiscal year 2003. Ninety Members of Congress have agreed to sign my letter.

Unfortunately, the problems in our nation's health system are only getting worse. A survey of California employers by the Kaiser Family Foundation shows that health insurance premiums increased by 9.9 percent in 2001. That is more than double California's 4.3 percent inflation rate. Furthermore, Calpers, the State of California's employee benefits system, plans to raise rates for its HMO premiums by 25 percent next year.

I urge my colleagues to vote in favor of H. Con. Res. 388 and support legislation that will guarantee every man, woman and child in America quality health care services, regardless of race, level of income or place or employment. Quality health care should be for everyone.

Mr. BILIRAKIS. Mr. Speaker, I have no further requests for time, and I yield back the balance of my time.

Mr. BROWN of Ohio. Mr. Speaker, I yield back the balance of my time.

The SPEAKER pro tempore (Mr. WHITFIELD). The question is on the motion offered by the gentleman from Florida (Mr. BILIRAKIS) that the House suspend the rules and agree to the concurrent resolution, H. Con. Res. 388.

The question was taken; and (two-thirds having voted in favor thereof) the rules were suspended and the concurrent resolution was agreed to.

A motion to reconsider was laid on the table.

#### HEMATOLOGICAL CANCER RESEARCH INVESTMENT AND EDUCATION ACT OF 2001

Mr. BILIRAKIS. Mr. Speaker, I move to suspend the rules and pass the Senate bill (S. 1094) to amend the Public Health Service Act to provide for research, information, and education with respect to blood cancer.

The Clerk read as follows:

S. 1094

*Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,*

**SECTION 1. SHORT TITLE.**

This Act may be cited as the "Hematological Cancer Research Investment and Education Act of 2001".

**SEC. 2. FINDINGS.**

Congress finds that:

(1) An estimated 109,500 people in the United States will be diagnosed with leukemia, lymphoma, and multiple myeloma in 2001.

(2) New cases of the blood cancers described in paragraph (1) account for 8.6 percent of new cancer cases.

(3) Those devastating blood cancers will cause the deaths of an estimated 60,300 persons in the United States in 2001. Every 9 minutes, a person in the United States dies from leukemia, lymphoma, or multiple myeloma.

(4) While less than 5 percent of Federal funds for cancer research are spent on those blood cancers, those blood cancers cause 11 percent of all cancer deaths in the United States.

(5) Increased Federal support of research into leukemia, lymphoma, and multiple myeloma has resulted and will continue to result in significant advances in the treatment, and ultimately the cure, of those blood cancers as well as other cancers.

**SEC. 3. RESEARCH, INFORMATION, AND EDUCATION WITH RESPECT TO BLOOD CANCER.**

Part C of title IV of the Public Health Service Act (42 U.S.C. 285 et seq.) is amended by inserting after section 419C the following: "**SEC. 417D. RESEARCH, INFORMATION, AND EDUCATION WITH RESPECT TO BLOOD CANCER.**

"(a) **JOE MOAKLEY RESEARCH EXCELLENCE PROGRAM.**—

"(1) **IN GENERAL.**—The Director of NIH shall expand, intensify, and coordinate programs for the conduct and support of research with respect to blood cancer, and particularly with respect to leukemia, lymphoma, and multiple myeloma.

"(2) **ADMINISTRATION.**—The Director of NIH shall carry out this subsection through the Director of the National Cancer Institute and in collaboration with any other agencies that the Director determines to be appropriate.

"(3) **AUTHORIZATION OF APPROPRIATIONS.**—For the purpose of carrying out this subsection, there is authorized to be appropriated such sums as may be necessary for fiscal year 2002 and each subsequent fiscal year. Such authorizations of appropriations are in addition to other authorizations of appropriations that are available for such purpose.

"(b) **GERALDINE FERRARO CANCER EDUCATION PROGRAM.**—

"(1) **IN GENERAL.**—The Secretary shall direct the appropriate agency within the Department of Health and Human Services, in collaboration with the Director of NIH, to establish and carry out a program to provide information and education for patients and the general public with respect to blood cancer, and particularly with respect to the treatment of leukemia, lymphoma, and multiple myeloma.

"(2) **ADMINISTRATION.**—The Agency determined by the Secretary under paragraph (1) shall carry out this subsection in collaboration with private health organizations that have national education and patient assistance programs on blood-related cancers.

"(3) **AUTHORIZATION OF APPROPRIATIONS.**—For the purpose of carrying out this subsection, there is authorized to be appropriated such sums as may be necessary for fiscal year 2002 and each subsequent fiscal year. Such authorizations of appropriations are in addition to other authorizations of ap-

propriations that are available for such purpose."

The **SPEAKER** pro tempore. Pursuant to the rule, the gentleman from Florida (Mr. **BILIRAKIS**) and the gentleman from Ohio (Mr. **BROWN**) each will control 20 minutes.

The Chair recognizes the gentleman from Florida (Mr. **BILIRAKIS**).

**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 S. 1094, and to insert extraneous material on the bill.

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

There was no objection.

Mr. **BILIRAKIS**. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I rise today to encourage my colleagues to support S. 1094, the Hematological Cancer Research Investment and Education Act, introduced by Senator **KAY BAILEY HUTCHINSON** in the Senate, with a companion legislation in the House, H.R. 2629, introduced by the gentleman from Illinois (Mr. **CRANE**). Senator **KAY BAILEY HUTCHINSON** is present with us today, which is an indication of how significant the gentlewoman considers this legislation.

Blood cancers affect over 110,000 Americans. These devastating diseases are in desperate need of a cure. I am pleased to support the efforts of the National Institutes of Health to increase the research activities on these diverse cancers. Taxpayer dollars are wisely spent on research to help cure, and even better, prevent disease. For the past 5 years, Congress has committed to doubling the budget of the NIH. Last year alone, Congress dedicated over \$23.3 billion to NIH. As we double the budget of any agency, we must ensure that these funds are appropriately focused at finding cures to our Nation's health problems.

The Hematological Cancer Research Investment and Education Act ensures that the Federal Government focuses appropriate resources on programs to address blood cancers, particularly leukemia, lymphoma and multiple myeloma. In particular, the bill directs the NIH to coordinate all blood cancer programs under the newly named "Joe Moakley Research Excellence Program." The bill establishes the "Geraldine Ferraro Cancer Education Program," to provide detection and treatment options for blood cancers, and I might add that the former Congresswoman Geraldine Ferraro is with us here today.

I thank both Senator **KAY BAILEY HUTCHINSON** and the gentleman from Illinois (Mr. **CRANE**) for their tireless efforts to raise public awareness about blood cancers. And I also recognize the health staff of the gentleman from Illinois (Mr. **CRANE**), Shalla Ross, who has worked diligently to ensure passage of this important legislation. I urge my colleagues to support S. 1094.

Mr. Speaker, I reserve the balance of my time.

Mr. **BROWN** of Ohio. Mr. Speaker, I yield myself 2 minutes.

Mr. Speaker, I rise in support of this legislation which sets the stage for a coordinated Federal research effort to combat blood cancers and launches a patient and public education campaign to get the word out on these cancers.

The death of our colleague, the esteemed Joe Moakley, raised the profile in this institution of leukemia and other blood cancers for all of us. More than 100,000 Americans will be diagnosed with blood cancers this year, and more than 60,000 will lose their lives to one of these cancers.

Former Congresswoman Geraldine Ferraro, who has joined us today, was diagnosed with multiple myeloma a few years ago. Since her announcement, she has turned a very private battle with cancer into a public campaign, educating Americans and policy makers, making a difference in their lives, educating us all about the disease and the need for enhanced research on cancer.

The bill we are considering today includes two important initiatives in honor of these two remarkable American leaders. It establishes the Joe Moakley Research Excellence Program to expand and intensify NIH research on blood cancers; and the Geraldine Ferraro Cancer Education Program, which will establish education programs designed for patients and for their families. It is an excellent bill. I urge my colleagues to support this legislation.

Mr. Speaker, I reserve the balance of my time.

Mr. **BILIRAKIS**. Mr. Speaker, I yield such time as he may consume to the gentleman from Texas (Mr. **BARTON**).

(Mr. **BARTON** of Texas asked and was given permission to revise and extend his remarks.)

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Mr. **BARTON** of Texas. Mr. Speaker, I rise today in strong support of the Senate bill, S. 1094, presented in the Senate by my good friend, the Senator from Texas, Senator **KAY BAILEY HUTCHINSON**, who is on the floor with us today. Without her untiring work, we would not be here passing this bill on Blood Cancer Day. She has worked, I think, in a very positive, cooperative way. It is very rare for the Longhorns and the Aggies to work together, but on this bill the head Longhorn came to one of the head Aggies and we have made it happen.

There are a number of other people we need to thank: Obviously, the gentleman from Florida (Mr. **BILIRAKIS**) for allowing the bill to come on the suspension calendar; the full committee chairman, the gentleman from Louisiana (Mr. **TAUZIN**); the ranking member, the gentleman from Michigan (Mr. **DINGELL**); the gentleman from Ohio (Mr. **BROWN**); and the majority leader, the gentleman from Texas (Mr. **ARMEY**) has worked on this.

We have a number of distinguished visitors watching the proceedings today, I am told, including Senator HUTCHINSON's brother, Alan Bailey, who has a form of blood cancer. We also have the distinguished former Congresswoman and Vice Presidential candidate, Geraldine Ferraro, who has fought a courageous battle against blood cancer. Kathy Guisti is the President of the National Myeloma Association. And, as we pointed out, this is named in honor of former Congressman, Joe Moakley, and former Congresswoman Geraldine Ferraro, who is with us today.

Various forms of blood cancer afflict over 100,000 Americans every year. 60,000 Americans die of the disease. It is a disease that can strike with sudden swiftness and extreme ferocity. Some of the more common forms we know of are leukemia, lymphoma and multiple myeloma. If you have this disease in your family, it is a heartache to have to try to face up to it. My brother, the late John Barton, died of liver cancer, so I know from a personal perspective how tragic any kind of cancer is.

But with the passage of this bill that Senator HUTCHINSON has worked so hard for, we are going to begin to fight back. This would create an educational program, a research program, the Joe Moakley Research Excellence Program, and the Geraldine Ferraro Cancer Education Act. We can educate Americans all around the country. We can encourage the National Institutes of Health to provide more funding for research and education and outreach, and hopefully some day find a cure and find treatments for those that are already afflicted with the disease.

So I want to thank my good friend from Dallas, Texas, Senator HUTCHINSON, for moving the bill, I want to thank my good friend the gentleman from Florida (Mr. BILIRAKIS), for putting it on the suspension calendar, and I would encourage all Members to vote for it in the affirmative when we are given that opportunity.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore (Mr. WHITFIELD). The Chair will remind all Members that it is not in order to refer to a Senator visiting the House Chamber.

Mr. BROWN of Ohio. Mr. Speaker, I yield 3 minutes to my friend, the gentleman from Massachusetts (Mr. MCGOVERN), who was a long-term colleague, friend and employee of Mr. Moakley.

Mr. MCGOVERN. Mr. Speaker, I want to first thank the gentleman from Florida (Chairman BILIRAKIS) and ranking member, the gentleman from Ohio (Mr. BROWN), for bringing this bill to the floor today. I want to thank our distinguished colleague from the other body, the junior Senator from Texas, for moving this bill forward. We are honored by her presence on the House floor today.

This bill, quite simply, directs the NIH to direct more funds to research,

information and education on blood cancer diseases. As my colleagues here on the floor know so well, while less than 5 percent of Federal funds for cancer research are spent on blood cancers, they cause 11 percent of all deaths. One of those deaths was our colleague, Joe Moakley.

As many in this Chamber know, I worked for Joe Moakley for many years, from 1982 to 1996. He served not only as my teacher and mentor, but he was also my dear friend, in fact, my best friend.

Joe was a guy who, in many respects, represented the miracles of medical research and science. During years I knew him, he survived kidney cancer, a gangrenous gall bladder, prostate cancer, skin cancer, and hepatitis, that ultimately led to a successful liver transplant. Through it all, Joe Moakley emerged with flying colors, stronger and better than ever. However, when he was diagnosed with leukemia, it was a disease that he just could not beat.

There is not a day that goes by, Mr. Speaker, that I do not miss Joe Moakley, and I wish he were still here with us fighting the good fight, standing up for the causes that he believed in, and even entertaining us with his humor. I wish there had been a cure for the leukemia that took his life, and I believe that some day there will be a cure. The issue is not can there be a cure, rather, the issue is when, and that will depend on the money and resources that we invest in medical research.

One section of this bill will establish the Joe Moakley Research Excellence Program at NIH to expand, intensify and coordinate programs that support research on blood cancers, particularly leukemia, lymphoma and multiple myeloma. This, Mr. Speaker, is a honorable legacy, but, as Joe Moakley would say, the name means nothing if we do not put the money down, and I hope that we will do that.

I also want to say I am honored that former Congresswoman Geraldine Ferraro is with us today. I was a staff person when she was a Member of this House, and, being from Massachusetts, I remember what Tip O'Neill once said about her when she was nominated to be the Vice Presidential candidate for the Democrats, he said she will be not only a great vice president, but some day she will be a great president. I think he was right in that assessment. I admire her courage for coming forward with her own health challenges. She indeed is the inspiration for another section of this bill which would result in disseminating information on blood cancer diseases throughout this country.

Mr. Speaker, I urge my colleagues to pass this bill, and I hope the funds are there to carry out this important authorization.

Mr. BILIRAKIS. Mr. Speaker, I continue to reserve my time.

Mr. BROWN of Ohio. Mr. Speaker, I yield 4 minutes to the gentlewoman from Texas (Ms. JACKSON-LEE).

(Ms. JACKSON-LEE of Texas asked and was given permission to revise and extend her remarks.)

Ms. JACKSON-LEE of Texas. Mr. Speaker, it was just a couple of months ago when a few current Members of Congress had the honor and pleasure of gathering to listen to the Honorable Geraldine Ferraro. It was a joyous occasion, and it was a delight to be able to fellowship with our colleague, someone that many of us admired, some who had the opportunity to serve with her, and some, like myself, who did not. But certainly her history and her leadership are well-known to women around the Nation.

Her remarks were instructive and inspiring. But, as she concluded, she made an announcement that caused a pause, and many of us stopped midway in our thoughts and our speech and caught our breath. But she did not allow us to linger on our thoughts about what we perceived to be a catastrophic illness which she had announced that she had. She began energizing us and speaking about living, and how we could support their legislation before us to help some lives.

So today I come to the floor of the House in tribute to Congresswoman Geraldine Ferraro, and as well, to acknowledge my support for S. 1094, focusing on the blood cancer diseases that have taken the lives of so many, and, yes, to likewise thank the Committee on Energy and Commerce and its leadership, the chairman and ranking member of the full committee and chairman and ranking member of this subcommittee, and to acknowledge my colleague-friend from the other body, the junior Senator from Texas, thanking both of them as women to acknowledge that we can fight these diseases.

We can fight the fact that an estimated 109,500 people in the United States will be diagnosed with leukemia, lymphoma and multiple myeloma in 2002. We can fight the fact that these devastating blood cancers will cause the deaths of an estimated 60,000 persons. We can fight the fact that while less than 5 percent of Federal funds for cancer research are spent on these blood cancers, these blood cancers cause 11 percent of all cancer deaths.

That is why I am proud to support legislation that creates the Congressman Joe Moakley Research Excellence Program, our friend and colleague, who was such a fighter. It will now instruct the director of NIH to expand, intensify and coordinate programs for the conduct and support of research in this area. Then, as well, to be able to affirm the Geraldine Ferraro Cancer Education Program, that will direct the secretary to direct the appropriate agency within the Department of Health, in collaboration with the director of NIH, to provide education and information and encouragement to those who would understand better.

The aspects of this bill are powerful, research and education, and I cannot

thank enough those who saw fit to carry this legislation in an expedited manner. Just sharing with both proponents on the floor of the House it was brought to my attention that those of us in the minority community may even be impacted in a more devastating manner. But this bill speaks to all of us as Americans, and it focuses on saving lives, for those who have suffered with blood cancer diseases, those who have lost their lives.

This is, in fact, an enormous tribute, but, most importantly, it shows we are going to act. I would encourage both the passage and the funding of this legislation, for tribute comes by action and not just words. I thank the distinguished members of this committee.

I ask my colleagues to support this legislation.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. The Chair would remind all Members that a proper reference to a Senator is as a sponsor of the measure.

Mr. BROWN of Ohio. Mr. Speaker, I have no further requests for time, and I yield back the balance of my time.

Mr. BILIRAKIS. Mr. Speaker, I have no further requests for time, and I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Florida (Mr. BILIRAKIS) that the House suspend the rules and pass the Senate bill, S. 1094.

The question was taken; and (two-thirds having voted in favor thereof) the rules were suspended and the Senate bill was passed.

A motion to reconsider was laid on the table.

SUPPORTING NATIONAL CHARTER SCHOOLS WEEK

Mr. CASTLE. Mr. Speaker, I move to suspend the rules and agree to the concurrent resolution (H. Con. Res. 386) supporting a National Charter Schools Week, and for other purposes

The Clerk read as follows:

H. CON. RES. 386

Whereas charter schools are public schools authorized by a designated public body and operating on the principles of accountability, parental involvement, choice, and autonomy;

Whereas in exchange for the flexibility and autonomy given to charter schools, they are held accountable by their sponsors for improving student achievement and for their financial and other operations;

Whereas 37 States, the District of Columbia, and the Commonwealth of Puerto Rico have passed laws authorizing charter schools;

Whereas 37 States, the District of Columbia, and the Commonwealth of Puerto Rico will have received substantial assistance from the Federal Government by the end of the current fiscal year for planning, startup, and implementation of charter schools since their authorization in 1994 under the Elementary and Secondary Education Act of 1965 (20 U.S.C. 6301 et seq.);

Whereas 34 States, the District of Columbia, and the Commonwealth of Puerto Rico are serving over 580,000 students in more

than 2,431 charter schools during the 2001-2002 school year;

Whereas charter schools can be vehicles for improving student achievement for students who attend them, for stimulating change and improvement in all public schools, and for benefiting all public school students;

Whereas charter schools must meet the same Federal student achievement accountability requirements as all public schools, and often set higher and additional goals, to ensure that they are of high quality and truly accountable to the public;

Whereas charter schools assess and evaluate students annually and often even more frequently, and charter school student achievement is directly linked to charter school existence;

Whereas charter schools give parents new freedom to choose their public school, charter schools routinely measure parental approval, and charter schools must prove their ongoing and increasing success to parents, policymakers, and their communities;

Whereas two-thirds of charter schools report having a waiting list, the average size of such a waiting list is nearly one-half of the school's enrollment, and the total number of students on all such waiting lists is enough to fill another 1,000 average-sized charter schools;

Whereas students in charter schools nationwide have similar demographic characteristics as students in all public schools;

Whereas charter schools in many States serve significant numbers of students from families with lower income, minority students, and students with disabilities, and in a majority of charter schools, almost half the students are considered at risk or are former dropouts;

Whereas charter schools have enjoyed broad bipartisan support from the Administration, the Congress, State Governors and legislatures, educators, and parents across the Nation; and

Whereas charter schools are laboratories of reform and serve as models of how to educate children as effectively as possible: Now, therefore, be it

Resolved by the House of Representatives (the Senate concurring), That—

(1) the Congress honors the 10th anniversary of the opening of the Nation's first charter school;

(2) the Congress acknowledges and commends the charter school movement and charter schools, teachers, parents, and students across the Nation for their ongoing contributions to education and improving and strengthening the Nation's public school system;

(3) the Congress supports the goals of National Charter Schools Week, an event sponsored by charter schools and charter school organizations across the Nation and established to recognize the significant impacts, achievements, and innovations of the Nation's charter schools; and

(4) it is the sense of the Congress that the President should issue a proclamation calling on the people of the United States to conduct appropriate programs, ceremonies, and activities to demonstrate support for charter schools in communities throughout the Nation.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Delaware (Mr. CASTLE) and the gentleman from Indiana (Mr. ROEMER) each will control 20 minutes.

The Chair recognizes the gentleman from Delaware (Mr. CASTLE).

GENERAL LEAVE

Mr. CASTLE. Mr. Speaker, I ask unanimous consent that all Members

may have 5 legislative days within which to revise and extend their remarks on H. Con. Res. 386.

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

There was no objection.

Mr. CASTLE. Mr. Speaker, I yield 4 minutes to the distinguished gentleman from Florida (Mr. KELLER), who is the author of this legislation.

Mr. KELLER. Mr. Speaker, I thank the gentleman from Delaware for yielding me time.

Mr. Speaker, I rise today in support of my resolution to honor National Charter Schools Week House Concurrent Resolution 386. This resolution recognizes the many contributions charter schools have made to strengthen America's public school system. I introduced this resolution because of my firm conviction that charter schools work to benefit all students and all schools.

This resolution honors the 10th anniversary of the opening of the Nation's first charter schools. It acknowledges and commends the charter school movement and it honors the parents, teachers and students across the Nation for their ongoing contributions to education and for strengthening the Nation's public school system.

Since 90 percent of the children in this country go to public schools, it is critical that we do what we can to strengthen the public school systems. Charter schools have done just that. In just 10 short years, there are already almost 2,500 charter schools serving half a million students across the country.

Currently, 37 States, D.C. and Puerto Rico have passed charter school laws. Florida's public school system already has over 200 charter schools serving almost 30,000 children. There are 11 charter schools in my districts alone. I often hear of the successes of Lake Eola Charter School and Hope Charter School in Orlando, Florida.

What are charter schools and why do they offer alternatives for our parents and children? Charter schools are public schools established under State law that are given varying degrees of autonomy from State and local regulations. Charter schools must meet the same Federal student achievement accountability requirements as all other public schools, and they often set higher and additional goals to ensure that they are a high quality and truly accountable to the public.

□ 1730

This flexibility and exchange for accountability often translates into higher test scores and innovative practices. They provide an option to parents, often from low-income families, who desire an alternative to their local school.

Charter schools, by their very nature, place more emphasis on parental involvement, increased instruction, higher academic standards, and character education. They routinely measure parental approval and student