

shredding. I bleed for the folks at WorldCom today, who are suffering through layoffs because their corporate executives participated in an apparent scheme to cook the books, and now their company is on the verge of bankruptcy.

We should bleed for those workers, but we also bleed for the American public who invested in those companies and who trusted them.

So what is the work product we have to come out with? We have to come out with a work product that literally strengthens our regulations, strengthens our laws, strengthens the enforcement agencies, but also does something the President called upon, and that is reinstills in corporate America, in those companies who may have lost their way, an understanding that character counts and that truth-telling is important. When they sign on the dotted line what the value of their company is, it should be a true value.

It says to accountants, when they go and audit the books, they ought to do a fair auditing. They ought not hide debt and inflate income, and they ought to give people the truth about how well their corporation is doing.

The good news is that most American corporations, the vast majority of American corporations, are not experiencing these problems. They have good boards and good managers, and the American public can have faith in them. But for those who have violated the trust of the American investors and the laws of our land, there are laws to punish them today, without us passing a single new law. There is justice coming, and there is reform in the wind.

Again, I think the Firestone story tells the truth about this situation. When we shed light on the problem honestly, faithfully, get all the facts on the table, put the witnesses in front of the American public, let them tell their stories, when we do that, Congress acts, the regulatory agencies act, and the American public responds.

Corporate America is waking up, I believe, to their responsibilities. I believe they are going to learn out of this horrible experience how important it is to keep, not just to build and to have, but to keep the trust of the folks who put their money into those corporations; who fund them, essentially, in their businesses through their investments and their pensions and 401(k)s, and the daily buying and selling of stock in our major markets.

Mr. Speaker, again I want to thank the gentleman for the great work that the Subcommittee on Oversight and Investigations has done. The Committee on Financial Services, led by the gentleman from Ohio (Mr. OXLEY), is doing a good job; and the combination of that and the work the gentleman from Ohio (Mr. BOEHNER) is doing in the Committee on Education and the Workforce on pension reform, I think that work together with what the Senate will do on the Sarbanes bill and what may

happen yet on our FASB legislation and other bills that may make it through in terms of strengthening the criminal penalties against bad behavior.

All that work will complement, I hope, the good work that is going on in corporate America now to clean up their act, and the good work that is going on in the accounting field to make sure that aggressive accounting is a thing of the past and that honest accounting is the way of the future.

Mr. GREENWOOD. Mr. Speaker, I thank the gentleman from Louisiana (Mr. TAUZIN), the chairman, for joining us again on this Special Order.

Mr. Speaker, there has been a fear, a nervousness, that if we continued these investigations, if we brought these corporate moguls before our Subcommittee on Oversight and Investigations, that somehow that would rock the markets and it would shake the confidence of the investors and make things worse instead of better.

We thought long and hard about that in our subcommittee, but we decided to continue on with our investigations and to continue to pursue these matters because we cannot, we cannot get the reforms that are required to protect the investor in this country until we lance the boil. We have to pick the scab. We have to open the wound, look at it, allow it to be seen by the American people, to show the American people that the United States Congress understands that this cannot stand and it will not stand, and that we will move to make reforms.

There are those who want to do too little. I think, frankly, some of the most conservative Members of the Congress want to do too little. They are afraid that these reforms are too much of an invasion into the private sector. They are not.

The marketplace of this country that drives our economy, that provides our wealth and provides our greatness, does not spring up like Topsy. It is the result of the laws and the regulations that we impose on the marketplace to keep it honest, to maintain its integrity so that investors can make smart decisions, so money can move efficiently to smart ideas and efficient companies and products, and make us wealthy as a result.

There are those who would do too much. There are those who would create a new Department of Auditing and make sure that every auditor in every company was a Federal employee. That would be bureaucratic and costly and invasive and wrong.

So we do have to find the middle way. We do have to find that which separates the most liberal Members of Congress from the most conservative Members of Congress, and I think we are well on our way.

I think the legislation that we passed in this House in April, the bill of the gentleman from Ohio (Mr. OXLEY), was the middle way. I think what Mr. SARBANES did yesterday with 100 percent

support in the Senate represents the middle way. I think the President's bold remarks of 2 days ago were right on and illustrated the things that the executive branch particularly needs to do to bring us these reforms.

The only thing we need to worry about now is what we began this Special Order with, and that is the fear of partisanship. If Members of Congress and if political consultants and if leaders in political parties decide that, rather than solve this problem, rather than do the things that we need to do in a bipartisan fashion to restore confidence in the marketplace, they want to exploit this issue, create fear among the American people, try to cast false blame on particular individuals in the Congress or in the White House or elsewhere, then we will fail.

□ 1830

Then we will fail to meet our obligation to the American people and solve this problem. When this Congress, the 107th Congress of this country's history, concludes its work at the end of this year, I think two things must occur. We must be able, as we wish each other well for the holidays, clap each other on the back and say I think, number one, we have done everything we could in a bipartisan fashion to win the war on terrorism and provide security for America's people, and, secondly, we must say, as we leave this body for our Christmas holidays, I think that we have done everything we possibly could in bipartisan fashion to restore the confidence in the marketplace that this country so relies upon, that we did that in bipartisan fashion and that we can feel good about beginning a new year with growth in the economy and with security for the American people, not only physical security but economic security as well.

#### UNINSURED AMERICANS

The SPEAKER pro tempore (Mr. REHBERG). Under the Speaker's announced policy of January 3, 2001, the gentlewoman from Wisconsin (Ms. BALDWIN) is recognized for 60 minutes as the designee of the minority leader.

Ms. BALDWIN. Mr. Speaker, I am pleased to have the next hour on the floor to discuss with my colleagues a grave situation in our country, the issue of the uninsured. I would like to set the stage on this topic before calling on a number of my colleagues who are equally committed and tenacious about fighting to bring this issue back to the forefront.

We are facing an extremely serious health crisis. I listen carefully to those that I represent in Congress. I hear from constituents every day who have lost their health insurance and have nowhere to turn. I hear from mothers and fathers who are afraid that their healthcare premiums will become so expensive that they simply cannot afford them any more. I hear from small business owners who are facing skyrocketing premium increases and may

not be able to offer health care coverage to their employees any more.

I believe that it is time once again to bring the issue of the uninsured and health care for all back to this House floor. I believe we need to act soon if we are going to save those families teetering on the edge of losing their health insurance, and I believe that it is unconscionable that in our country, the richest country on earth, that almost 40 million Americans have no health care coverage at all.

During 1999, about 15 percent of our population was uninsured. The Government defines being uninsured as being uninsured for a full year, but almost three out of every 10 Americans, more than 70 million people, were uninsured for at least a month over a 3-year period between 1993 and 1996. Although the uninsured population decreased slightly in 1999, the long-term trend has been growing of uninsured people. Without substantial restructuring of the opportunities for coverage, this trend is likely to continue. It is clear that the time to take action to solve this crisis is now.

I am sure many are aware of the recent reports issued by the Institute of Medicine of the National Academy of Sciences regarding the uninsured in America. The Institute of Medicine is in the process of conducting a 3-year study on the uninsured. It has two major objectives. The first is that the study will assess and consolidate evidence about the health and economic consequences of being uninsured for persons without health insurance and their families, for health care systems and institutions, and for communities as a whole.

Secondly, the study will raise awareness and improve understanding for the public and the policymakers about the magnitude and nature of the consequences of lacking health insurance.

The 16-member committee on the consequences of the uninsured has already issued two reports and plans to issue four more by September of next year. The first report, *Coverage Matters: Insurance and Health Care*, concluded, and I should mention not surprisingly, that the high cost of health insurance along with public policies prevent tens of millions of Americans from obtaining health care coverage. The Institute on Medicine report also found that there are persistent misperceptions about the uninsured that present obstacles to addressing the issue constructively.

I would like to talk briefly about some of these misconceptions. First, many people may think that the number of uninsured in the United States is not large and that it might not have increased in the recent years. But despite a very modest dip at the end of the 1990s and in 2000 following an obviously extended period of economic prosperity and growth and low unemployment in our country, the number of uninsured people has grown over the long term.

According to the Institute of Medicine report, the number of uninsured people is greater than the combined population of Texas, Florida and Connecticut.

In 1992 Congress debated health care reform and a plan that would guarantee every American the health care they needed. That vision was never realized. And now we have more Americans who are uninsured than we did back in 1992.

The second misperception is that it is assumed that the people who are uninsured do not live in families that work. This is incorrect. According to the Institute on Medicine study, 80 percent of the uninsured children and adults live in working families. Included among the uninsured are parents who are working two, sometimes three, jobs just to make ends meet. But increasingly they work in sectors of our economy like small business, family farms, the service sector or maybe part-time employment that do not offer health insurance coverage to their employees or that require them to pay so much of it that they simply cannot afford it and do not take the coverage. Even families with two full-time wage earners have a one-in-ten chance of being uninsured.

The third myth is that it is improper to assume that the uninsured get adequate medical attention. A report by the Kaiser Commission on Medicaid and the Uninsured found that the uninsured receive less preventative care and are diagnosed at more advanced stages of diseases. The uninsured are less likely to see a doctor within any given year and have fewer visits annually, and they are less likely to have a regular source of medical care. Uninsured persons receive fewer preventative services and less care for chronic conditions than those who have health insurance. This ultimately adds to the costs because in many cases their medical conditions become much more serious, producing adverse outcomes that will need extensive follow-up care.

It is clear that the costs associated with the delay of care for the uninsured could be prevented if they had access to affordable coverage.

Another problem we are facing in our system is that the cost of health care services and insurance premiums have been steadily increasing and more employers and consumers are viewing coverage as prohibitively expensive. A gap in the ability to purchase health care coverage has been growing ever since the growth in the cost of health insurance has outpaced real income. This gap has added almost 1 million people to the ranks of the uninsured every year.

Now many employers absorbed premium increases during the economic boom of the 1990s, but they cannot be expected to continue this practice in our current economy. Many lower wage workers pass up on coverage because they cannot afford their share of the premium. On average, workers pay 14

percent of the costs of individual coverage and 27 percent of family coverage. Over the past 20 years, private sector employers have become less likely to cover part-time workers or new employees. And small businesses are faced with hurdles such as higher group premium rates and frequently do not offer coverage these days to their employees.

A business owner in my district could no longer provide health insurance to her employees because of the high costs of the premiums. Nancy Potter owned a bakery in New Glaris, Wisconsin for 25 years. Her health insurer left the region, and when she sought coverage from other companies, the quotes she received represented a 180 percent increase in premiums. She would have had to pay an additional \$50,000 each year to continue offering coverage. Unfortunately, she had to tell her 20 employees that she could no longer provide health insurance to them and their families. Even more devastating to her was the knowledge that one of her employees had recently been diagnosed with cancer and was undergoing treatment. This tragic state of affairs is not isolated and it is simply wrong.

On that note I would like to recognize one of my colleagues who has been a champion of the uninsured and of health care for all. We have worked very closely together and it is my privilege to yield to the gentlewoman from California (Ms. LEE).

Ms. LEE. Mr. Speaker, I would like to thank the gentlewoman from Wisconsin (Ms. BALDWIN) for her leadership on health issues as well as on each and every issue that affects Americans on a daily basis, and also I want to just thank the gentlewoman for organizing this special order, because oftentimes health care remains under the radar, and I thank the gentlewoman for raising the level of awareness of this issue for all Americans, because for the wealthiest country in the world which claims liberty and justice for all, the fact that there are 44 million people without health insurance is really a shame and disgrace.

The fact that the bulk of the uninsured are low income and people of color is really no surprise. Although our Nation has a record low unemployment level, we still have one in six Americans who do not have health insurance. How fair and how just is that? Most Americans receive health insurance through their employers, but millions lack coverage because their employers do not offer insurance or simply cannot afford to pay it. Medicaid covers 40 million low income individuals, but millions more do not meet its limiting income and eligibility requirements because of really, quite frankly, savage welfare reform restrictions, leaving the most vulnerable uninsured.

Although State Children's Health Insurance Program is supposed to cover all low income children, 16 million low

income children still remain uninsured. Who are the uninsured? The uninsured are predominantly workers and their families, low income people, and oftentimes people of color. Fifty-six percent of the uninsured population is low income and nearly one in five of the uninsured are low income children.

Although people of color comprise only 34 percent of the population, over half of the Nation's uninsured are minorities. Twenty percent of those uninsured are African-Americans and 34 percent are Hispanic. In my own district we have one of the only organizations studying the disparities in the minority community. The Ethnic Health Institute is a community service of Summit Medical Center engaged in coordinating health education, research, health provider training and community outreach and awareness for the entire community with a very special focus on the underserved and community of color.

We must correct this imbalance in access which results in racial and ethnic disparities in care, and I am very proud that the Ethnic Health Institute is a wonderful example of an organization committed to this goal. People of color and the underserved bear a real disproportionate burden of mortality and morbidity rates across a wide range of health conditions. Mortality is a cruel indicator of health status and demonstrates how critical these disparities are for minorities. For African-Americans and Latinos, these disparities begin early in life and they persist. African-American infant mortality rates are more than double those of whites, 14 percent versus 6 percent; and the rate for Latinos is 9 percent compared to 6 percent for whites. The death rate for African-Americans is 55 percent higher for whites, with AIDS being the sixth leading cause of death for African American males.

I could go on and on with the multitude of statistics that clearly illustrates the stark disparities that exist for people of color. Yet the point remains that these disparities are the result of a lack of insurance, lack of access to health care, and, of course, still we are dealing with the economic divide.

Health insurance is important because it impacts health outcomes. Nearly 40 percent of the uninsured have no regular source of health care and use emergency care more due to avoiding higher costs of regular business. This situation creates an ongoing cycle of adults and children skipping routine checkups for common conditions, recommended tests, and treatments because of the financial burden resulting in serious illnesses that are, of course, more costly. The uninsured are more likely than those with insurance to be hospitalized for conditions that could have been avoided such as the flu.

I would ask my colleagues, are the people dying who have no access to health care, are they really important to you? Is it because mainly that they

are maybe children or poorer people of color or the working class that really blinds us all to their importance?

□ 1845

I do not believe that this is the message that any of us want to send, but that is the message that is being communicated.

The message that we must have then, however, is that universal health care, which provides high quality health care, should be provided without discrimination.

This challenges us as Americans to take another look at the fundamental role of government. We must do this if we are ever to achieve an equitable health care system, and I am totally convinced that sooner or later we must really come to grips with the fact that as long as the profit motive is central to our own health care system, and as long as health care remains big business, an industry, we will never have equal access to health care.

Universal health care is the only way we can provide equal access and fairness to our health care system. The uninsured are suffering, and if we do not acknowledge health care, sooner or later, as a basic human right, our society's most vulnerable will continue to grow.

Our Nation is the only industrialized nation that does not have a health insurance program for everyone and our health care system is truly failing. So we should make health care accessible. We should make health care affordable. We should really make health care a guarantee, and I want to once again thank my colleague from Wisconsin for continuing to beat the drum on health care and for calling us all down here tonight so we can ensure that our country knows that there are many Members of Congress who are going to insist that this be part of our legislative agenda.

Ms. BALDWIN. Mr. Speaker, I would next like to recognize a physician Member of this House of Representatives, and a distinguished member of the Committee on Ways and Means, and a champion for universal health care, the gentleman from Washington (Mr. McDERMOTT).

Mr. McDERMOTT. Mr. Speaker, I thank the gentlewoman very much for yielding to me. I am pleased that she has called this special order today. Of the lady from Wisconsin, from the day she ran, do not, they told her, do not run on universal health care. She ran on it, anyway, and she is here. That tells us something about what is out there in this country. The American people know that there is really no excuse for what is going on in this country, and my colleague from California (Ms. LEE) just gave us the statistics about the unfairness and the inadequacy of our health care system in this country.

I think the fact that we are the richest country in the world and that 72 percent of the uninsured are from a

family where somebody works full time, and, in fact, 13 million or 16 percent are in a family where two people work full-time and still do not have health insurance is simply a disgrace to this country.

I know there are people out there who say, well, it is going to cost so much money and we cannot handle it. Let me tell my colleagues what the real facts are, because a lot of what we will hear and see in advertisements is simply misleading.

Today, the United States spends \$1.2 trillion on health care. That averages out to \$4,350 a person. The average in the next 29 industrialized countries in the world, Sweden, Norway, France, Japan, Australia and so forth and so on, the average is \$1,760. We spend \$4,350. They spend an average of \$1,760.

Switzerland, which is the next one below us in amount of expenditure, only spends \$2,853, about 60 percent of what we spend, and none of those people have the problem we have in the United States that a person can be bankrupted by an illness or an injury at any time because we do not have health assurance of insurance.

We take care of people, oh, yes, we do. We take care of them in the emergency room, in the absolutely most inefficient way, when they have had a major catastrophe, no prevention, in an attempt to deal with it when it is a small problem. But when it is a catastrophe, they come into the emergency room. We see the strokes, the heart attacks. We see all of the things that could have been dealt with by medication for blood pressure or heart medication, a variety of other things.

Low birthweight children in this country. We spend a quarter of a million dollars on a child that is born at two or three pounds. If we had taken care of that young woman during the time the child was being developed, we would have had a normal child without the expenditure of a quarter of a million dollars. We could have done it for nickels and dimes.

So it is simply not that we do not have enough money in our health care system, it is that we spend it inefficiently and very wastefully.

A recent article in Health Affairs highlighted that most of the money for health care comes from, where do my colleagues suppose? Government spending. Either through direct expenditures of Medicare and Medicaid, but also through public employees' health benefits and tax breaks offered to businesses that give insurance.

That means that \$720 billion out of the \$1.2 trillion that we spend every year, remember that, \$1.2 trillion, and \$720 billion of it is tax-financed. That is about 60 percent. More than half is presently paid for by the government. \$213 billion comes from Medicare. That is about 18 percent of the spending. \$186 billion is for Medicaid, which is 15 percent of the spending. \$65 billion is spent on public employee benefits between Federal and State and local people, and then there is \$110 billion worth

of tax subsidies to businesses to provide health insurance for those companies that do it for their employees. If they do not, of course they do not get the benefit.

When we take that, that is over \$2,600 that we spend on average in this country from the government. The average, remember, in industrialized countries is only \$1,760. So we already spend more money in our country from the government than they spend in any country in the world.

So then the question we ask ourselves is, why, if we spend that much money and we still have forty some million people without insurance, how can this be? What is going on? We have the best technology in the world, the best physician training. Doctors come from all over the world to train here. We have the most advanced services in the world. Those are good things. So we have good things for our money, and then what do we pay for it? Well, we pay for the profit of a myriad of health care companies and two groups, I think, deserve special attention.

One is insurance companies. Every time there is an attempt to deal with a health insurance program for the country, we suddenly see the insurance companies throwing millions of dollars out there as they did when Mrs. CLINTON in 1993 and 1994 tried, they spent \$110 million advertising at the American people that you do not want the government to get into your health care. We are in health care. We are paying 60 percent of the bill right now.

The insurance companies get 15 percent or more for their overhead costs. Medicare, for example, the government program, gets 1 percent, 1 percent; insurance companies, 15 percent. So right there we have got heaps of dough. We have got way more than \$100 billion right there that we waste on insurance company overheads, and then they have to take away a profit, of course. So we have got all kinds of ways.

The argument that they help control costs may have worked in the mid-1990s, but they do not hold up today. Premiums have increased 50 percent in the last 5 years and are projected to go up as much as 15 to 20 percent per year in the foreseeable future. So the insurance companies, everybody says, well, oh, they are so efficient and they are so creative and the private sector can do all this. They are not doing a thing. It is totally out of control.

The second place that we spend more money than we need to is with drug companies. They are the single most profitable industry in this country. We have seen recently two companies that have had to go back and kind of recalculate because they were playing with the numbers a little bit, but the profit margin as an industry has been 16 percent. If we put money into the drug industry, we can get 16 percent a year. That has been the average over the last few years. On revenues of about \$200 billion a year, they make money. Do not ever listen to their crying.

They are right out there. They had a fundraiser for the Republicans the other day. The president of a British company, his pharmaceutical company came in, laid down a quarter of a million dollars, and they said, well, if you are going to lay down that much, why do you not be chairman. They raised \$30 million. If my colleagues do not think that affects what goes on the floor of this House, they do not understand how this place works.

The argument that they need these profits to continue research into new drugs is very questionable, not when so much money for the development of the drugs has been done by the Federal Government itself through the National Institutes of Health and the government pays for the trials and everything else.

They spend three times as much on marketing as they do on research and development. Every time a person opens the newspaper and there is a full-page ad that says if you feel this in your stomach, you should go to your doctor and get X, Y, Z drug, that is where that advertising is going. They are direct-advertising to the American people. The people then go to the doctor and say, well, I should have that drug I saw in the newspaper, it is right there, here is the ad, doctor.

That costs us money. Whether that is necessary or not, they are doing advertising just like selling cars and Coca-Cola and new clothes and whatever. They are just like every other company and they are using three times as much. Do not forget that, three times as much for advertising as they spend on research. They always say, well, if we clamp down on our profits, we will not have any money to develop any more new magic drugs. Nonsense. They are taking us for a ride.

I think it is time, and I think the gentlewoman from Wisconsin (Ms. BALDWIN) is absolutely correct in bringing up the issue again of a universal health care plan for this country. We should have health insurance that can never be taken away. We can do it a lot of different ways.

I have one plan that I have been pushing for 10 years, but there are other ways to do it. Why do we not say in Medicare, if you are 50 years old, between 50 and 65, you can buy into Medicare. If you get laid off by your company or you get an early out for retirement or whatever, you can buy into Medicare. It is a good deal and you have guaranteed coverage. My brother is, I forget, 56 or 57. He is at Boeing. Boeing's laid off 30,000 people. My brother's 57 years old and he is going to go out and he is going to find insurance as an individual? How? Do my colleagues know how much it costs? Most people cannot afford it even when they are working to buy an individual policy. That is why we buy group policies, but to do it on an individual policy, on our own, when a person is unemployed, is simply not possible.

So why not let my brother buy into Social Security early or buy into Medi-

care early? Or we could say, let us start with all the children and we could work our way up. There are many ways to do it. It is simply what is lacking in this House is the will to do it.

We know it can be done. It is done all over the world, and yet when it comes to this issue, we will not look over and see how the Germans do it or how the Canadians do it or how the British do it or how the Australians do it or the Japanese. We say no, our way is the best way, and we have got 44 million people without health insurance and we have got people bankrupted all the time. It is a disgrace, and we must begin to work on this, and I commend the gentlewoman for bringing this issue to the floor.

Ms. BALDWIN. Mr. Speaker, next I would like to recognize the gentlewoman from Indiana (Ms. CARSON), a colleague who has been a tremendous champion on advocating for the uninsured and advocating for universal health care.

□ 1900

Ms. CARSON. Mr. Speaker, let me first and foremost enthusiastically and with a great deal of appreciation commend the gentlewoman from Wisconsin (Ms. BALDWIN) for her leadership in bringing this issue to the fore, to the United States House of Representatives, and certainly to the United States of America.

It is unconscionable, I believe, that there are over 40 million people in the country who are living without insurance. That is over 14 percent of the population of the most advanced nation of the world.

I am a Member of the Democratic Party. This House represents, for the most part, a two-party system, and of course, we have a list of sundry Independents and Libertarians, et cetera, but it is like the mathematical axiom that the whole equals the sum of its parts, and there is not a Member in this House who does not have universal health care.

We pay a pittance of a fee on an annual basis and we have top-drawer medical care, emergency care, we get all kinds of physical examinations, and it is just wonderful. So if anyone wonders why we stay here sometimes until 2 a.m. in the morning debating issues that have nothing to do with anything, it is probably because we have good insurance and we do not want to walk off and leave it. I am just going to be perfectly honest about it.

I am very concerned about all the women in this country. We had welfare reform, which was needed in a lot of ways, but we threw a lot of women out into the job market with no insurance. They have children who are uninsured.

I come from the State of Indiana, where there are countless people who are in dire need. Something happens unexpectedly and they need emergency medical attention. Our urban hospitals are on the brink of bankruptcy right now. We have one large caregiver of the

indigent, a hospital, who can dispatch an ambulance out to an emergency situation. When the ambulance returns, if that person is uninsured, oftentimes that person gets turned away at the emergency room even though they are in dire need of emergency medical care.

In Indiana, there are over 625,000 non-elderly people without access to insurance. I say nonelderly because those over the age of 65 have access to medical care through Medicare, no matter what their income level might be. One constituent wrote to me saying that in the span of 18 months her husband died, she broke her ankle and foot in two different accidents, and she could no longer walk. She is losing her job. She has not been able to find a new job. Her preteen child was diagnosed as having a moderate mental handicap. She cannot get insurance. Her bills are piling up. If it were not for her church, she would not be able to even feed her daughter and herself.

These are the kind of people that represent a major segment of the population, not just in my district of Indianapolis or in my State of Indiana, but in the United States as a whole.

We have corporate greed that has knocked so many people out of work. WorldCom, 17,000 people, boom, unemployed. People who wanted to work, who enjoyed going to work and being responsible, American citizens who paid their taxes, abruptly, suddenly, without notice, unemployed and uninsured.

The number of young people under the age of 18 who are uninsured in Indiana is like 167,600 people. Now, how can we expect these young people to be productive members of society if, in fact, they have a medical condition that could be reversed with proper medical care and yet they are uninsured?

Now, there is a tendency of some to accuse doctors of being insensitive, and it is true that a lot of doctors are no longer interested in the medical field because they cannot even get reimbursed for the expenses that they apply to a patient. We have to be realistic about what is right in terms of how we reimburse medical providers.

This country has a major, acute shortage of nurses, and we do not have the wherewithal to insist and provide opportunities for people to go to nursing school if they do not have the resources.

We in this House last week raised the debt ceiling for some reason. I am still trying to figure out why Congress voted to raise the national debt ceiling. For what? It certainly was not for we the people of the United States.

According to the nonpartisan Congressional Research Service, people who lack health insurance differ totally from the population as a whole. They are more likely to be young adults, poor, Hispanic, other minority cultures, or employees in small firms. More than 17 percent of the uninsured were 19 to 24 years of age, even though this age group represents less than 9 percent of the under-65 population.

For the first time since 1994, when the Congressional Research Service first began this annual analysis, the percentage of the uninsured who were white fell below 50 percent. Also for the first time since 1994, more than three-quarters of the uninsured were above the poverty level. The poor accounted for 12 percent of the under-65 population, but represented 24 percent of the uninsured.

About 76 percent of the uninsured were native citizens, and 27 percent worked or were dependents of workers in small firms. More than half were full-time, full-year workers or their dependents; 27 percent had less than full-time attachment to the labor force; and 17 percent had no labor force ties at all.

We need to ensure that even women who have cardiovascular disease, even though they may not be insured, can have access to quality medical care. I stand here today as an example of the benefits of quality medical care when a woman like me finds herself confronted with a very critical and serious medical situation diagnosed as a cardiovascular problem. More women than we can count are dying every year with cardiovascular disease and heart attacks. Many of them are uninsured, and they avoid going to see about how they are feeling and why they are having the symptoms because they cannot afford it.

A lot of people who work lost their insurance and are now losing their assets because of the spiraling costs of medical insurance, which wiped them out. They do not have any way to compensate for their medical needs. We need to make sure that the uninsured have access to health care, that it is affordable, and that it covers all the people all of the time within this great country of ours.

When I first came to Congress, I introduced legislation calling for universal health care. I believe that this country of ours, this superpower nation, can actually access the resources when it needs the resources. It makes it happen. And certainly one of the priorities that this Congress should have is to ensure that we the people, all of the people, regardless of who they are, where they are, how they look and how they do not look have access to insurance and that they become insured for the benefit of getting quality medical care whenever and however it may be needed.

I applaud the gentlewoman once again for her keen interest, her compassion, her concern, and her incredible leadership in this regard.

Mr. BALDACCI. Mr. Speaker, I appreciate my colleagues who have joined me this evening to share their concerns about this issue and offer practical solutions to the problem.

Before I close, I would like to discuss a couple of measures that are or have the capacity to reignite the debate on the uninsured and health care for all. One was just referenced by the gentle-

woman from Indiana, and that is House Concurrent Resolution 99. It is a resolution that was crafted by the Universal Health Care Task Force, of which I am a member.

This resolution directs Congress to enact legislation by October of 2004 that provides access to comprehensive health care for all Americans. The resolution designates 14 separate principles that would guide us in that process. They include issues such as affordability and removal of financial barriers to access to care, cost efficiency, comprehensive care, including making mental health parity a priority, and promotion of prevention and early intervention. Our health care system should eliminate disparities in access to quality health care.

One of the other guiding principles is that it should address the needs of people with special health care needs and underserved populations in rural and urban areas. These are basic guiding values that we should look to as we reform our health care system.

Now, my colleagues and I mentioned various approaches to assuring health care for all and addressing the needs of the uninsured. I have offered universal health care legislation, as have a number of our speakers here this evening, and I have certainly cosponsored many of their bills. All of these bills abide by the principles that I just outlined and are an effort to reach the goal of health care coverage for all.

The legislation that I have offered achieves this goal by allowing the States to decide for themselves how to provide quality, affordable health care to all of their residents, and it provides broad Federal guidelines and financial assistance. My Health Security for All Act will secure health insurance for all Americans, guarantee affordable health care by limiting out-of-pocket expenses, and provide comprehensive health care by guaranteeing a minimum benefit package equal to the benefits offered to Members of Congress. It would also ensure the quality of health care benefits by providing very strong patient protections.

This is a proposed answer to our uninsured crisis, and I know my colleagues with me tonight share my commitment to addressing the needs of the uninsured and those underinsured in this country.

I would like to reiterate the point that being uninsured is not a choice. Over 40 million people do not have access to quality, affordable health care in America not because they choose that, but because circumstances beyond their control result in their inability to access affordable health insurance. Our country has the most expensive health care system in the world, and the gentleman from Washington (Mr. McDERMOTT) brilliantly outlined that in his remarks. This is in terms of absolute costs, per capita costs, and percentage of gross domestic product.

Despite being the first in spending in the United States, the World Health

Organization has ranked the United States number 37 among nations in this world in terms of meeting the health care needs of its people. More and more people are slipping through the cracks in the system of health care coverage in our Nation.

So what are the consequences for all of us in having tens of millions of Americans uninsured? We have a sicker population, we as a society have to assume the loss of productivity and the costs for serious medical conditions that go undiagnosed and untreated. We suffer the shame of being the richest nation on Earth that cannot provide basic health care to all of its citizens.

In just a few decades, we have put astronauts on the moon, we have created a global village united by computer technology, we have perfected travel from one end of the world to the other in mere hours, and yet 40 million of us cannot afford or cannot get health care. And there are tens of millions of Americans who have lost faith in this system, lost faith that comprehensive, quality health care will be available to them without a struggle when they need it, where they need it, and from whom they want it.

My colleagues, it is time to put health care for all at the top of our national agenda. Many people have called for it and many more believe it should happen. But universal health care will never happen until we create the national will to make it so. We know that if 40 million uninsured people found their political voice tomorrow, and spoke as one and demanded universal health care, that we would have it.

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Mr. Speaker, I ask my colleagues to join me in helping them find their voices. The voters in my district are tired of hearing "we cannot." They reject the cynicism of the naysayers and the keepers of the status quo. I ask these naysayers if you are not for health care for all, who would you leave behind? If you agree that everyone should have health care and affordable access to quality comprehensive health care, then let us talk about the best way to achieve that. That is why we are here tonight. Together we must reignite the debate about extending quality, affordable, comprehensive health care to everyone in our country.

#### JUSTICE FOR WORLD WAR II POWS

The SPEAKER pro tempore (Mr. KIRK). Under the Speaker's announced policy of January 3, 2001, the gentleman from California (Mr. HONDA) is recognized for 60 minutes.

GENERAL LEAVE

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

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

There was no objection.

Mr. HONDA. Mr. Speaker, it is an honor to be here today to address the situation of our former American POWs who fought in the Pacific Theater during World War II. My commitment to addressing these issues is deep-seated. I am proud to be a co-author of the bill H.R. 1198, the Justice for U.S. Prisoners of War Act of 2001, with the gentleman from California (Mr. ROHR-ABACHER). We are joined by 226 of our House colleagues on this bill.

I am a teacher by training, and I am not an expert on the issue of war and the atrocities that all too often accompany the prosecution of war between nations. I want to share with Members why I think it is important to pay attention to events that happened over 50 years ago.

My involvement in the pursuit of justice for American POWs stems from something that is deeply personal and uniquely American. It is a view that is held by a great many of us that are part of the new generation of Asian Americans whose parents were born in the United States.

The roots of my involvement in the POW reparation movement was embedded in me as a youth, well before I had any idea about the atrocities that some Japanese companies visited upon our servicemen during World War II.

Like many Japanese American families, my family and relatives were interned in a camp in Amache, Colorado, in 1942. We were eventually able to leave the camp because my father volunteered to serve in the Navy's military intelligence service.

Later in the 1970s and 1980s, the Japanese American redress movement focused the United States on coming to terms with the injustices of the internment of Japanese Americans during World War II. This shaped my desire to set the record straight.

It was once taboo in my community to discuss the internment issues. The redress movement brought the issue out into the open and allowed the healing process to begin, and this enabled many of us to put aside our bitterness and understand clearly what happened to us in our own country during World War II.

Just as the healing process began in my community, it is my great hope that this historic bill will bring some measure of closure for our brave soldiers, sailors, airmen and Marines who were so severely mistreated as prisoners of war while educating our Nation about what really happened during World War II so that together we can learn from the lessons of those dark times.

As we go forward, it is critical to remember that the relationship between the U.S. and Japan is important to our national interests and that nothing in this bill is intended to harm the strong friendship the United States and Japan have enjoyed for these many decades. But we cannot ignore the past and sweep the events of the past under the rug.

When I think about forgiveness, I think about a friend, Dr. Lester Tenney, an American veteran and POW who once told me as he was recalling a conversation he had with a fellow POW, his friend said I cannot forgive nor forget, and he told his friend if you cannot forgive, you are still a prisoner.

Dr. Tenney's story mirrors what many of the POWs went through. He became a prisoner of war on April 19, 1942, with the fall of Bataan in the Philippines. A survivor of the Bataan Death March, he was sent in a hell ship to Japan where he became part of the slave labor force in a Mitsui company coal mine. Dr. Tenney has stated and I quote, "I was forced to shovel coal 12 hours a day, 28 days a month for over 2 years, and the reward I received for this hard labor was beatings by the civilian workers in the mine. If I did not work fast enough or if the Americans had won an important battle, the beatings would be that much more severe."

It is important to stress that this legislation we have introduced, H.R. 1198, is by no means an instrument to further anyone's agenda that fosters anti-Asian sentiments, racism, or Japan bashing. What this bill will do is to give our veterans their long-awaited day in court, restore some measure of dignity to them, and set the record straight. Our intention in pushing for this bill, the Justice for U.S. Prisoners of War Act of 2001, is to support our former prisoners of war held in Japan during World War II. These heroes survived the Bataan Death March only to be transported to Japan in death ships, forced to work for private companies under the most horrendous and horrific conditions.

Private employees of these companies tortured and physically abused our GIs while the corporations withheld essential medical and even the most minimal amounts of food.

After the war, approximately 16,000 POWs returned, all battered and nearly starved to death, many permanently disabled, all changed forever. More than 11,000 POWs died in the hands of the Japanese corporate employers, among the worst records of physical abuse of POWs in recorded history.

Now, like many other victims of World War II era atrocities, the remaining survivors and their heirs are seeking justice and historical recognition of their ordeal. The former POWs do not seek any action or retaliation against the current Japanese Government or against the Japanese people, nor do they seek to portray Asian Americans in any sort of negative light. Rather, they simply seek just compensation from the Japanese companies who were unjustly enriched by the slave labor and sufferings.

The main problem these POWs face today has been the way in which the peace treaty with Japan has been interpreted by our State Department. To date, the State Department has asserted that former POWs can claim no benefits due to the State Department's