

more help from Washington, D.C., not more requirement that they administer particular programs that are being transferred from Washington.

A third point: we often talk about representing the interests of people whose voices are not heard in our society. It is crystal clear to me that among the most unrepresented people that we have are the children who are living in poverty and the children who are living in families that are standing at the edge of economic security.

Just one week ago, this House failed to pass a child tax credit, a manageable child tax credit bill that would have helped a lot of those families. It would be a shame if next week or in the weeks to come that we decided that we were going to attack those families in just one more little way, by changing this program that has benefited so many of them.

In conclusion, Mr. Speaker, when this issue comes on the floor, when we begin to talk as a body about Head Start, I hope that we understand it has been a success, and I hope we understand that so many families in districts like mine around this country look to this program; and we ought to be finding a way to preserve it, we ought to be finding a way to help connect with these children, because if we lose them, as the gentleman from Maryland (Mr. CUMMINGS) said so well a few minutes ago, we are losing a potential talent base that we have not discovered. We are losing people that have the chance to do an enormous amount in their lives.

We need to be nurturing them, helping them; and this program has been an example of what government can do at its best. There are some of us in this body, Mr. Speaker, who still believe that government has a high and noble purpose. Not that it is the only answer, but that it can do something to touch and connect with the lives of people who have been left behind.

THE IMPORTANCE OF HEAD START

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

Mr. PAYNE. Mr. Speaker, as we continue to discuss the importance of Head Start, the Head Start program to our communities, I want to draw attention to a resolution that I offered, H. Res. 238, expressing support for the Head Start program, which has had such a positive impact on the lives of millions of children nationwide.

This resolution not only recognizes the contributions of Head Start; it also supports maintaining its current designation at the Department of Health and Human Services.

Earlier this week, I participated in a hearing convened by our chairman, the gentleman from Maryland (Mr. CUMMINGS) of the Congressional Black Caucus, where we had an opportunity to hear from those who are directly in-

involved in administering the program, including Maxim Thorne, executive director of the New Jersey Head Start Association. He expressed his concern about the effort to block grant the program, which he said would have a devastating impact on New Jersey's Head Start children.

The majority backed off of the block grant to all of the programs, but selected eight States, one of which is New Jersey. The eight States carry about one-third of the children, as was indicated by the gentleman from Illinois (Mr. DAVIS).

Most of the States selected are States that have financial problems, as we have in New Jersey. In New Jersey, we are already grappling with the Abbott decision, which was a decision where our Supreme Court of New Jersey said that every child in New Jersey is entitled to a thorough and efficient education.

The State administration is before the courts asking for relief from that decision, saying that the budget is tight, they have constraints, they cannot fully fund this court order; and they are asking to be allowed to delay and defer programs under the Abbott decision.

What will happen when the Head Start money comes? It will be very tempting to see if perhaps this money can go further and be used in trying to comply with the Abbott decision. I think it is wrong, and I definitely oppose it, as do all of the members of the Democratic Party on the Committee on Education and the Workforce.

Also echoed by our executive director of the Head Start program was the provision which would allow for open discrimination of Head Start workers based on religion. This goes against everything our Nation stands for.

Mr. Speaker, Head Start has a proud and successful history. In 1964, President Lyndon Johnson gave his State of the Union Address before Congress and our Nation with an announcement to declare war on poverty. In his declaration, he believed, for the first time in history, poverty could be eradicated, and offered his proposal, the Economic Opportunity Act of 1964.

Despite opposition that believed poverty was on the decline from the heights of the Great Depression, President Johnson was undaunted. He declared the act does not merely expand old programs or improve what is already being done, it takes a new course. It strikes at the causes, not just the consequences of poverty. It can be a milestone in our 180-year search for a better life for our people.

After the bill was signed into law, an Office of Economic Opportunity was created to fulfill its mission. At the same time, a pediatrician by the name of Dr. Robert Cooke was asked by the head of this new office to lead a steering committee to come up with specialists to find out what should be done.

The Cooke memorandum outlined what we know as the Head Start pro-

gram. Launched as an 8-week summer program, Head Start was designed to help break the cycle of poverty by providing preschool children of low-income families with a comprehensive program to help meet their emotional, social, health, nutritional, and psychological needs.

Since its inception, Head Start has served over 20 million children. Today it is a full-day, full-year program providing pre-school children of low-income, working families with a comprehensive program to meet their emotional, social, health, nutrition, and parental support needs.

Head Start's focus on the whole child extends to recognizing the importance of the family, not the institution. Throughout its history, Head Start has included parents in both their child's education and membership in the Head Start Policy Council, which serves as a vital link between the community and the public and private agencies. Parental involvement is a critical and integral part of the program. Economically deprived families are no longer seen as passive recipients of service, but rather as active, respected participants and decision-makers.

So, as I conclude, with the average child care cost in my State of New Jersey over \$5,000 a child, thousands of children across the State and others would not have had access to an exceptional program that has them ready to learn by the time they enter kindergarten if Head Start was not there to serve them. Terms such as "State options" and "coordination" will mean shortchanging and ending a 38-year program which has proven to be successful to millions of children.

We need to move towards full funding of Head Start. We need to support and preserve the Head Start program. I look forward to working with my colleagues to accomplish this goal.

EXPANDING MEDICARE

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

Mr. RUSH. Mr. Speaker, today in the Committee on Energy and Commerce we are marking up the most critical expansion of Medicare since its inception 37 years ago.

As you might have expected, Mr. Speaker, in my opinion, the bill is not perfect. It needs work. There are two amendments that I will introduce to strengthen the Medicare Prescription Drug and Modernization Act of 2003.

My first amendment will ensure that diseases that disproportionately affect the African American community will be highlighted in the disease management component of the bill. The diseases that need to be highlighted include prostate and colon cancer, hypertension, and obesity.

The current language in the chairman's mark does not include enough diseases that should be highlighted in

the preventive care management portion of the bill. There is disease management capacity in the bill, and it requires preventive care in Medicare. So, in my opinion, Medicare must address the diseases that proportionately affect minority populations.

We have to address a population who has been told that their life expectancy is 15 years lower than that of their white counterparts. African American men have a 34 percent greater chance of being diagnosed with prostate cancer and a 123 percent greater chance of dying from prostate cancer than white men.

African Americans' overall cancer rate is 33 percent higher than for whites overall. The incidence of this disease among African American men is among the highest in the world. From 1973 to 1992, the rates of death from prostate cancer among African American men increased by 41 percent. Blacks are more likely to get cancer and to die from this dreaded disease than other racial or ethnic groups.

It should not be difficult to understand my insistence at this opportune time in the Committee on Energy and Commerce that we address this particular matter. It is my hope that seniors will become educated about what they can do to lower their risk for cancer.

Medicare should serve as an educational vehicle. Seniors will learn how to eliminate stress, how to eat properly, and how to incorporate exercise in their lives. They must learn how they can lower their own risk and improve health care through their own behavior.

My amendment also addresses preventive care for hypertension. Hypertension, Mr. Speaker, is a leading cause of stroke. I am sure that we all know people, loved ones, who live dramatically different lives following a massive stroke. I am sure that we know people who have lost their lives prematurely following a massive stroke.

Whether the stroke impedes speech, or it requires that an amputation must take place, or just general paralysis is the prognosis, we must do what we can to curb the indicators for stroke.

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Preventative care and hypertension is so critical to minorities in the Medicare population. In 2001, 2,500 African Americans died from stroke, the third leading cause of death for all racial and ethnic groups. African Americans were 40 percent more likely to die of strokes than whites in 2001, when differences in age distribution were taken into account.

Mr. Speaker, the prevalence of high blood pressure in African Americans is among the highest in the world. That is why my amendment is so critical to ensure the longevity of African American lives.

The final component of my amendment addresses the overarching impediment to good health, and that is

obesity. Obesity is a trigger for both hypertension and cancer. We would be remiss not to address cancer and hypertension and neglect to draw the connection to a healthy diet and exercise. Therefore, we must examine the how and the why obesity is a trend in minority communities and among many minority populations.

I can answer the how and the why partially from my own experience. As I drive around my own communities in my own district, I see a scarcity, Mr. Speaker, of places that have grocery stores that have fresh fruits and vegetables. In my community, in my district, there is an abundance of fast food restaurants, and the proliferation of these establishments and the lack of healthy food choices spell disaster for a healthy population and for healthy relationships with food and exercise.

The bottom line, Mr. Speaker, is a serious Medicare program must provide a comprehensive preventative care program. This care must be multi-layered. It must address all diseases and, in the case of my amendment, must address diseases that are disproportionately killing people of color.

My amendment would ensure that diseases that disproportionately affect the African American community will be highlighted in the disease management component of the Medicare modernization bill.

APPOINTMENT OF MEMBERS TO THE COMMISSION ON SECURITY AND COOPERATION IN EUROPE

The SPEAKER pro tempore (Mr. FRANKS of Arizona). Pursuant to 22 U.S.C. 3003, the Chair announces the Speaker's appointment of the following Members of the House to the Commission on Security and Cooperation in Europe:

Mr. SMITH of New Jersey, acting chairman;
Mr. WOLF of Virginia;
Mr. PITTS of Pennsylvania;
Mr. ADERHOLT of Alabama;
Mrs. NORTHUP of Kentucky;
Mr. CARDIN of Maryland;
Ms. SLAUGHTER of New York;
And Mr. HASTINGS of Florida.

CORRECTION TO THE CONGRESSIONAL RECORD OF MONDAY, JUNE 16, 2003, AT PAGE H5407

By Mr. THOMAS (for himself and Mr. TAUZIN). H.R. 2473. A bill to amend title XVIII of the Social Security Act to provide for a voluntary program for prescription drug coverage under the Medicare Program, to modernize the Medicare Program, and for other purposes; which was referred jointly to the Committee on Energy and Commerce and Ways and Means, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.

SPECIAL ORDERS GRANTED

By unanimous consent, permission to address the House, following the legis-

lative program and any special orders heretofore entered, was granted to:

(The following Members (at the request of Ms. JACKSON-LEE of Texas) to revise and extend their remarks and include extraneous material:)

Ms. JACKSON-LEE of Texas, for 5 minutes, today.

Mr. BROWN of Ohio, for 5 minutes, today.

Mr. DEFAZIO, for 5 minutes, today.

Mr. FILNER, for 5 minutes, today.

Mr. RUSH, for 5 minutes, today.

Ms. LOFGREN, for 5 minutes, today.

Ms. LEE, for 5 minutes, today.

Ms. KAPTUR, for 5 minutes, today.

Ms. WOOLSEY, for 5 minutes, today.

Mr. TAYLOR of Mississippi, for 5 minutes, today.

Mr. MCDERMOTT, for 5 minutes, today.

(The following Members (at the request of Mr. MCCREY) to revise and extend their remarks and include extraneous material:)

Mrs. BIGGERT, for 5 minutes, today.

Mr. BURTON of Indiana, for 5 minutes, June 25.

Mr. BURGESS, for 5 minutes, today.

(The following Members (at their own request) to revise and extend their remarks and include extraneous material:)

Mr. DAVIS of Alabama, for 5 minutes, today.

Mr. PAYNE, for 5 minutes, today.

BILL PRESENTED TO THE PRESIDENT

Jeff Trandahl, Clerk of the House reports that on June 17, 2003 he presented to the President of the United States, for his approval, the following bill.

H.R. 1625. To designate the facility of the United States Postal Service located at 1114 Main Avenue in Clifton, New Jersey, as the "Robert P. Hammer Post Office Building".

ADJOURNMENT

Mr. RUSH. Mr. Speaker, I move that the House do now adjourn.

The motion was agreed to; accordingly (at 6 o'clock and 33 minutes p.m.), the House adjourned until tomorrow, Thursday, June 19, 2003, at 10 a.m.

EXECUTIVE COMMUNICATIONS, ETC.

Under clause 8 of rule XII, executive communications were taken from the Speaker's table and referred as follows:

2723. A letter from the Principal Deputy Associate Administrator, Environmental Protection Agency, transmitting the Department's final rule — Methoprene, Watermelon Mosaic Virus-2 Coat Protein, and Zucchini Yellow Mosaic Virus Coat Protein; Final Tolerance Actions [OPP-2003-0159; FRL-7309-5] received June 3, 2003, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Agriculture.

2724. A letter from the Principal Deputy Associate Administrator, Environmental Protection Agency, transmitting the Agency's final rule — Glyphosate; Pesticide Tolerance [OPP-2003-0155; FRL-7308-8] received