

the message you send to the enemies of freedom, democracy, and liberty through the world.

This country should be united when we have troops abroad. We should be united when we have people trying to assist Iraqis to find freedom and defeat the terrorists who persist to bring the war on terrorism to Iraq after we won the war against Saddam Hussein. I urge my colleagues to follow Congressman MARSHALL's injunction: Do not play politics anymore on Iraq.

I yield the floor and suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The assistant legislative clerk proceeded to call the roll.

RECESS SUBJECT TO THE CALL OF THE CHAIR

The PRESIDING OFFICER. Without objection, the quorum call is rescinded and the Senate stands in recess subject to the call of the Chair.

Thereupon, the Senate, at 7:04 p.m., recessed subject to the call of the Chair and reassembled at 7:06 p.m. when called to order by the Presiding Officer (Mr. TALENT).

The PRESIDING OFFICER. In my capacity as a Senator from the State of Missouri, I suggest the absence of a quorum.

The clerk will call the roll.

The assistant legislative clerk proceeded to call the roll.

Mr. FRIST. Mr. President, I ask unanimous consent that the order for the quorum call be rescinded.

The PRESIDING OFFICER. Without objection, it is so ordered.

NATIONAL MINORITY CANCER AWARENESS WEEK

Mr. DASCHLE. Mr. President, last week was National Minority Cancer Awareness Week, an annual event for the past 18 years. Though we have been monitoring disparities in cancer for nearly two decades, the gap in some cancer mortalities has widened rather than narrowed.

One of the most important reasons for this disparity is poor access to health care. People who do not get mammograms, colon exams, and Pap tests on schedule are more likely to be diagnosed with cancer at a later stage of the disease, when survival rates are lower. And why don't they get these necessary tests on time? Members of racial and ethnic minority groups are more likely to be poor, have lower education levels, and less likely to have health coverage or a source of primary care.

Recently, I told the story of a young Indian girl who was misdiagnosed with heartburn at an under-funded Indian Health Service clinic. It turned out that she really had stomach cancer that had already spread and was, therefore, untreatable. I will remind you that this is not some rare exception.

For Native Americans and other minority communities across the country, the miracles of modern medicine—and sometimes even the most basic primary care—are beyond their reach.

The disparities within our health care system have reached a crisis point, and the consequences for America's minority communities are staggering.

Overall, African Americans are more likely to develop cancer than persons of any other racial or ethnic group.

Cervical cancer incidence in Hispanic women has been consistently higher at all ages than for other women.

Only 52 percent of American Indian/Alaska Native women aged 40 years and older have had a recent mammogram.

American Indians and Alaska Natives have the poorest survival rate from all cancers combined when compared to other racial and ethnic groups.

I am grateful that National Minority Cancer Awareness Week causes us to reflect on these facts. America faces few more important or complex challenges than building a world-class health care system for everyone, regardless of race, income, or geography.

There are no quick fixes. The factors that have led to these inequities in our health system are complex and interrelated.

Minorities are far less likely to have health insurance or a family doctor, making regular preventive visits less likely. And many of those who do have insurance report having little or no choice in where they seek care.

Minority communities are more frequently exposed to environmental risks, such as polluted industrial areas, cheap older housing with lead paint, or asbestos-laden water pipes.

For Hispanics, Native Americans, and others who do not speak English as a first language, the lack of translators and bilingual doctors makes it more difficult to communicate with doctors and nurses.

The Native American community has been forced to cope with a system suffering from decades of neglect and underfunding of the Indian Health Service. The IHS has consistently grown at a far slower rate than the rest of the HHS budget, and at only a fraction of health care inflation.

America is obligated, by statute and by treaty, to provide health care for American Indians—a commitment the U.S. Government made to the Indian people in exchange for their lands. America is not honoring that commitment. The White House's budget this year included only \$2.1 billion for IHS clinical services. That is more than 60 percent below the bare minimum needed to provide basic health care for people already in the IHS system.

The problems run still deeper. Even when minorities and white Americans have roughly the same insurance coverage, the same income, the same age and the same health conditions, minorities receive less aggressive and less effective care than whites.

The racial and ethnic disparities in our health care system are not merely minority issues or health care issues. They are moral issues. A health care system that provides lesser treatment for minorities offends every American principle of justice and equality.

The Republican Leadership has promised to address these issues.

After seeing no action for almost a year, House and Senate Democrats, led by the House Minority Caucuses, introduced the Healthcare Equality and Accountability Act of 2003.

This legislation would reduce health disparities and improve the quality of care for racial and ethnic minorities. There are several elements of this bill that would specifically address minority cancer rate reduction. I would like to highlight four particularly important issues.

First, this bill will provide adequate funding for the Indian Health Service—so that we can finally stop the shameful underfunding of Indian health needs.

Second, it will provide funds to increase cancer prevention and treatment programs. This includes the development of screening guidelines for minority populations for chronic diseases, including prostate, breast, and colon cancer.

Third, this bill will provide funding through the Health Research and Services Administration, the Indian Health Service, and the National Cancer Institute for patient navigators. Patient navigators work in underserved communities to bring individuals into the health care system sooner, so they can learn about preventing and detecting diseases—especially cancer—before they become ill. Patient navigators also help individuals overcome language and cultural barriers to setting up appointments and understanding their doctors' instructions. Patient navigators can also be important resources to individuals living in rural areas, since they often have to travel outside their communities to receive certain health services. The American Cancer Society notes that "Patient navigator programs offer a low-cost, tangible fix in a part of our health care system that is broken, giving hope to millions of medically underserved individuals, saving lives and reducing health care costs."

The last item I would like to highlight in this bill is the focus on improved health literacy, the degree to which individuals can obtain, process, and understand basic health information. The bill will provide funds to support programs that remove language and cultural barriers. Just two weeks ago, the Institute of Medicine released its report on health literacy and recommended that "Government and private funders should support the development and use of culturally appropriate new measures of health literacy."

On that same day, the Agency for Healthcare Research and Quality released findings that showed that individuals with low literacy—lower-than-average reading skills—are less likely than other Americans to get potentially life-savings screening tests such as mammograms and Pap smears.

In addition, Secretary Thompson remarked that, "We must ensure that all Americans get the prevention and health information that they can understand and use to keep themselves and their families healthy." He pointed out, "Health literacy can save lives, money, and improve the health of millions of Americans."

The Healthcare Equality and Accountability Act would move us closer to the goal of ensuring equal access to quality health care.

Last year, the majority leader said, "Inequity is a cancer that can no longer be allowed to fester in health care."

I agree. We know what happens when cancer is allowed to spread.

Too many Americans in minority communities have lost their lives because they are not getting the care they need. We cannot afford to wait any longer to confront the minority health gap in our country.

Americans are asking for our leadership on a challenge that is quickly becoming a national emergency. We have an obligation to answer their call.

EL DÍA DE LOS NIÑOS: CELEBRATING YOUNG AMERICANS

Mr. DASCHLE. Mr. President, every year on the 30th day of April, nations throughout the world, especially in Latin America, honor and celebrate the importance of children to families and communities. Many Latino families honor their children on this day by celebrating El Día de los Niños in their homes. Today, nearly 45 million children under the age of 18 reside in the United States, and one in four of these children are of Hispanic descent. The El Día de los Niños holiday provides a wonderful opportunity for all Americans to pay tribute to those who represent the future of our great country—our Nation's youth. A growing number of cities, schools, libraries, museums, churches, and other community organizations across the nation observe this holiday by planning activities and events that celebrate children.

While El Día de los Niños recognizes the importance of children, the holiday also provides an occasion to shed light on the unique challenges currently facing Latino children in America. Every day nationwide, 751 Latino children are born into poverty; 518 are born without health care; and 561 Latino high school students drop out of school.

As every parent knows, our children are a gift we have been given in exchange for a commitment to put their well-being above all else. It is our covenant to meet our children's needs be-

fore our own and to work and plan so that they may have a better future.

The Bush administration's fiscal year 2005 budget proposal breaks that covenant by giving tax cuts for the wealthy higher priority than investments in our children. His administration has created record deficits that mortgage our children's future.

The choices contained in the President's budget fail to address the basic needs of children in key areas such as health care, education, Head Start, child care, housing, child nutrition, and the prevention of, and treatment for, child abuse and neglect.

The number of Americans without health insurance increased by 2.4 million between 2001 and 2002, the largest jump in a decade, to a total of almost 44 million. Among those 44 million are more than 9 million children under age 19, almost 90 percent of whom live in working families. However, the administration's budget proposal does nothing to significantly expand health insurance coverage.

Latinos are the most likely of all groups to lack health insurance. One-third of Latinos, 33.2 percent, lack health insurance, and nearly one-quarter, 24.1 percent, of Latino children are uninsured. Since a significant reason for the low level of insurance coverage among Hispanic children is the result of current law that bars them from participating in Medicaid and State Children's Health Insurance Program, SCHIP, removing these barriers to health care is key to ensuring that Latino children have access to health care services. Yet, the administration's budget does not recommend taking this important step, leaving millions of children without coverage.

Just when schools are struggling to meet the new requirements of the No Child Left Behind Act, NCLB, President Bush has proposed the smallest increase in Federal education funding in 9 years. Since 2002, the NCLB program has been shortchanged by \$26.5 billion. This year alone, President Bush has proposed a budget that would underfund the NCLB program by \$9.4 billion.

The administration's budget shortchanges education programs that are particularly important for Latino students. Dropout assistance, bilingual education funding, Migrant Education, HEP and CAMP and the parent assistance program—all of which help migrant students—are all significantly underfunded.

The President's budget proposal would virtually freeze Head Start funding even though the program currently reaches only 3 out of 5 eligible preschoolers, and only 3 percent of infants and toddlers eligible for Early Head Start.

At a time when the Migrant and Seasonal Head Start Services Programs serve only 19 percent of eligible migrant and seasonal children, the President's budget provides \$269.4 million—far short of what is needed to meet demand.

The President's budget proposal would flat-fund child care assistance at a time when only 1 out of 7 eligible children currently receives a child care subsidy; when States are making significant cuts to child care services due to State budget crises that are exacerbated by recent tax cuts; and when more than 550,000 children across the country are on waiting lists for child care assistance. The Senate recently voted 78 to 20 to increase the Federal investment in child care so that low-income working families can succeed in the workplace and make sure their children have safe, high-quality, appropriate care.

The President's budget proposal cuts section 8 housing assistance by \$789 million, intensifying the unmet need for affordable housing. Of the 2 million households that receive section 8 rental vouchers, 52 percent are families with children, making section 8 the main source of housing assistance for low-income children.

The President's budget proposal provides no significant increase in funding for child nutrition programs, while 22 million children live in households suffering from hunger or living on the very edge of hunger.

More than 900,000 children were abused and neglected in 2001, yet the investments proposed for preventing child abuse and neglect and assisting children and families in crisis, totaling \$151 million, fall far short of the need.

As we look to the future, we must do more than simply hope that our country will be in good hands. We must take steps to ensure that each child growing up in America has access to world-class health care and a quality education. El Día de los Niños allows us to celebrate the hopes and dreams of our children while reflecting on their many accomplishments and assisting them in reaching their future goals.

As a proud father and grandfather, I happily celebrate El Día de los Niños. However, my commitment to young Americans and the Latino Community will not end today. I am committed to championing legislation that will help families realize the vision of El Día de los Niños increased access to health care; higher investments in Head Start, education, and child care; access to decent housing; stronger child nutrition programs; and more child abuse prevention and treatment programs. By working to meet our children's needs today, we are building a better future for all Americans.

Mrs. CLINTON. Mr. President, I speak in celebration of El Día de los Niños, a traditional Latin American holiday celebrating the future of children. This holiday honors Latino children and other children throughout the United States. In my home State of New York a number of important celebrations are taking place in honor of this important day.

Today, there are nearly 45 million children under 18 living in the United States and one in four of these children