

Our goal in the area of science and technology is improve the level and quality of technical assistance provided to the Caribbean region, to support improvements in the access, development and use of science and technology across all sectors, and the increased access of disadvantaged communities in the Caribbean to information technology. Our current agenda is the support of Computer centers in disadvantaged centers in the Caribbean and the development of exchange and linkages programs to support science education in the Caribbean such as support for the establishment of children's science centers.

Our goals in education and health include increasing transfer of technology to the Caribbean region; ensuring Caribbean Americans equity in health care; and supporting the provision of increased educational opportunities to disadvantaged populations in the Caribbean. This includes assisting in the establishment of linkage programs between historically Black colleges and universities.

Our goal in sociology and culture include: assisting the Caribbean-American community to participate in U.S. democratic processes; promoting the conservation and development of Caribbean arts and culture, and promoting an understanding of Caribbean culture in the U.S. Our current focus in this area is the establishment of June as Caribbean Heritage Month in the Washington, DC metropolitan region and the production of the DC Caribbean Film Festival.

**THE CONVICTION OF EDGAR RAY
KILLEN ON JUNE 21, 2005, IN
NESHOBA COUNTY, MISSISSIPPI**

HON. JOHN LEWIS

OF GEORGIA

IN THE HOUSE OF REPRESENTATIVES

Thursday, June 23, 2005

Mr. LEWIS of Georgia. Mr. Speaker, it is so strange. It is so ironic. It is almost eerie that Edgar Ray Killen was convicted today exactly 41 years to the day that James Chaney, Mickey Schwerner, and Andy Goodman were found missing in Philadelphia, Mississippi. I knew these three young men, these brave and courageous fighters for freedom. They did not die in Vietnam. They did not die in the Middle East. They did not die in Eastern Europe. They did not die in Africa or South America; they died right here in the United States. And they were killed simply for helping Americans exercise their constitutional right to vote.

They were killed, not just by vicious members of the Ku Klux Klan, but they were also killed by an evil system of tradition and government that perpetuated segregation, racial discrimination, and deliberately and methodically denied African Americans the right to vote. Their murder was a sad and dark hour for the whole Civil Rights Movement, and especially for those of us who participated in the Mississippi Summer project. When we realized that these three young men were missing, it broke our hearts, but it did not destroy our determination to continue the struggle to gain the right to vote.

For more than a thousand young people who risked their lives in Mississippi that summer, and for the mothers and the families of James Chaney, Mickey Schwerner, and Andy Goodman, maybe, just maybe, what happened today will offer some degree of closure. It took a long time to bring some resolution to this case, but justice is never too late. I hope that

this conviction will have a cleansing effect on our nation's dark racial past.

I also hope that the state of Mississippi and the American people will do more. I hope that we will seek and find appropriate ways to honor the sacrifices of these three young men. I hope that as a nation and as a people we will always remember that the struggle for civil rights in America is littered by the battered and broken bodies of countless men and women who paid the ultimate price for a precious right—the right to vote. We must not take that right for granted. We have a mandate from these three young men who gave their lives for our freedom in the red clay of Mississippi. We must continue the struggle for justice in America and around the world.

**INTRODUCTION OF THE MEDIKIDS
HEALTH INSURANCE ACT OF 2005**

HON. FORTNEY PETE STARK

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Thursday, June 23, 2005

Mr. STARK. Mr. Speaker, it is with great pride that I join my colleagues in the House today to introduce the MediKids Health Insurance Act of 2005. This bill is also being introduced in the Senate by my good friend, Jay Rockefeller.

Mr. Speaker, this year we are honoring the 40th anniversary of Medicare, our nation's health insurance program for the elderly and people with disabilities. At the time we created Medicare, our nation's seniors were more likely to be living in poverty than any other age group. Most were unable to afford needed medical services and unable to find health insurance in the market even if they could afford it. Today, as a result of Medicare's success, seniors are much less likely to be shackled by the bonds of poverty.

Now it is our nation's children who are most likely to be poor. Kids in America are nearly twice as vulnerable to poverty as adults. This travesty is not only morally reprehensible, it also denotes grave consequences for the future of our country. Poor children are often malnourished and have difficulty succeeding in school. Untreated illnesses only worsen the chance for success. The future of our country rests in our ability to provide our children with the basic conditions to thrive and become healthy, educated, and productive adults. Guaranteeing continuous health coverage is a critical component of realizing this potential.

The MediKids Health Insurance Act of 2005 assures that every child in the United States has health insurance by 2012. Modeled after Medicare—with benefits appropriate to children, simplified cost sharing, and comprehensive prescription drug coverage—MediKids covers America's kids from birth until age 23.

MediKids assures that families will always have access to affordable health insurance for their children. Parents retain the choice to enroll their kids in private plans or government programs such as Medicaid or S-CHIP. However, if a lapse in other insurance coverage occurs, MediKids automatically fills in the gap. MediKids is the ultimate safety net, available nationwide, with maximum simplicity, stability, and flexibility.

Many children's advocates and health care professionals who care for children are united

in their support for MediKids, including: the American Academy of Pediatrics, the Children's Defense Fund, the American Academy of Family Physicians, the American Academy of Child and Adolescent Psychiatry, the American Nurses Association, Consumers' Union, FamiliesUSA, the March of Dimes, the National Association of Children's Hospitals, the National Association of Community Health Centers, National Association of Public Hospitals and Health Systems, and the National Health Law Program. I am submitting a sampling of letters from these groups along with my statement.

I can think of no better use of Congress' time than to provide health insurance to every child. While some are fixated on flag burning, Terri Schiavo and banning gay marriages, my colleagues and I are offering solutions to real problems facing American families. Providing a simple, stable, and flexible health insurance option will afford millions of parents the peace of mind of knowing that their children will be cared for when they are sick. Our nation's priorities should be centered on creating a bright future for our children, and MediKids helps to achieve this goal.

I look forward to working with my colleagues and the many endorsing organizations to enact the MediKids Health Insurance Act of 2005.

**MEDIKIDS HEALTH INSURANCE ACT OF 2005—
BILL SUMMARY**

The MediKids Health Insurance Act provides health insurance for all children in the United States regardless of family income level by 2012. The program is modeled after Medicare, but the benefits are improved and targeted toward children.

MediKids is the ultimate safety net, with maximum simplicity, stability, and flexibility for families. Parents may choose to enroll their children in private plans or government programs such as Medicaid or S-CHIP. However, if a lapse in other insurance coverage occurs, MediKids automatically picks up the children's health insurance. MediKids follows children across state lines when families move, and fills the gaps when families climbing out of poverty become ineligible for means-tested programs.

ENROLLMENT AND ELIGIBILITY

Every child born after 2007 is automatically enrolled in MediKids. Older children are enrolled over a 5-year phase-in as described below. Children who immigrate to the U.S. are enrolled when they receive their immigration cards. Materials describing the program's benefits, along with a MediKids insurance care, are issued to the parent(s) or legal guardian(s) of each child. Once enrolled, children remain enrolled in MediKids until they reach the age of 23. There are no re-determination hoops to jump through because MediKids is not means tested.

PHASE-IN

Year 1 = the child has not attained age 6;
Year 2 = the child has not attained age 11;
Year 3 = the child has not attained age 16;
Year 4 = the child has not attained age 21;
Year 5 = the child has not attained age 23.

BENEFITS

The benefit package is based on the Medicare and the Medicaid Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) benefits for children, with simplified cost sharing mechanisms and comprehensive prescription drug coverage. The benefits will be reviewed annually and updated by the Secretary of Health and Human Services to reflect age-appropriate benefits as needed with input from the pediatric community.