hope that we will have similar support in the Senate and the President will sign it. Frankly this is a step in the right direction for protecting this country and for world peace.

I would like to thank the Speaker for this time to address my colleagues and to thank them for their support of this important legislation which came from the Committee on International Relations chaired by the gentleman from New York (Mr. GILMAN).

REQUEST FOR REMOVAL OF NAME OF MEMBER AS COSPONSOR OF H.R. 1704

Mrs. MALONEY of New York. Mr. Speaker, I ask unanimous consent to withdraw my name as a cosponsor from H.R. 1704.

The SPEAKER pro tempore. The unanimous consent request of the gentlewoman to remove her name as a cosponsor of H.R. 1704 cannot be granted because H.R. 1704 has been reported to the House and referred to the Union Calendar.

2000 CENSUS

The SPEAKER pro tempore. Under a previous order of the House, the gentlewoman from New York (Mrs. MALONEY) is recognized for 5 minutes.

Mrs. MALONEY of New York. Mr. Speaker I rise today to discuss the 2000 census and in particular the two lawsuits that have been generated because of the 2000 census.

As many of my colleagues know, Speaker GINGRICH and the gentleman from Georgia (Mr. BARR) each have filed a lawsuit challenging the constitutionality of the use of statistical methods when conducting a census. What my colleagues may not know is that 25 other Members of Congress who support the use of statistical methods when conducting a census have joined those two lawsuits to make sure that our position is represented in the court system.

As a Member of that group of 25, I want to give the Members of this House a status report on the two lawsuits. On Monday, April 6, 1998, the administration moved to dismiss both lawsuits on the constitutional grounds that the plaintiffs, GINGRICH and BARR, lack standing to sue the Census Bureau because they will not be harmed by the proposed plan and that the cases are not yet ripe for adjudication because the census is 2 years away.

The rhetoric from Members opposed to an accurate census suggests that the administration is hiding behind the procedural issues of standing and ripeness. This is simply not the case. As everyone knows, each case brought before a court must be reviewed procedurally before it can be reviewed on its merits. A case cannot go forward if it is not procedurally sound. The administration has repeatedly stated that it is eager to argue the merits of the case; however, it believes it has a legal obligation to also argue standing. Even if the administration did not bring up the issue of standing, a court has an obligation to dismiss a case if it is not procedurally sound, regardless of what the parties to the lawsuit allege.

My colleagues should remember that standing is also a provision of the Constitution. You cannot violate the Constitution, even with a wink and a nod, in order to get a ruling on the use of modern technology in the census.

What is not mentioned by my friends opposed to a fair and accurate census is that the administration in its motion to dismiss also argued the case on the merits, stating that the statistical method plan is both constitutional and in accord with the Census Act. Therefore, in addition to the procedural issues, the administration points out that the two cases should be dismissed on substantive issues as well.

Some of my colleagues may remember that there was a court challenge to the Line-Item Veto Act by some Members of Congress in January 1996. Congress passed the Line-Item Veto Act effective January 1996. Within the act, Congress created the right of expedited judicial review and attempted to create standing for Members of Congress.

Therefore, shortly after the effective date, some Members of Congress filed a lawsuit challenging the constitutionality of the Line-Item Veto Act. The defendants in the line-item veto case filed a motion to dismiss on procedural grounds. In that case, the Supreme Court upheld the Federal court's dismissal of the January 1996 Line-Item Veto Act challenge stating that the Members did not have standing to sue.

Likewise, with regard to the 2000 census, we have the 1998 Commerce, Justice, State Appropriations Act creating the right to expedited judicial review and attempting to create standing for Members of Congress to sue. Just like the January 1996 line-item veto case, these two lawsuits are being challenged on procedural grounds.

Constitutional scholars agree that these two cases lack the necessary procedural requirements to move forward. The courts cannot give advisory opinions as these two cases request. My anti-accurate census friends continually point to the Constitution when discussing the sampling details of the 2000 census but ignore the part of the Constitution that states that there must be a case in controversy in order for it to proceed and considered on the merits. The Constitution is very clear on that point.

I am as eager as anyone to have the courts review the substantive issues surrounding the use of modern statistical methods when conducting a census. I believe that if these cases reach the merits, the courts will determine, and the Supreme Court will uphold, that the 2000 census plan is constitutional and in accord with the Census Act. I would love to have these issues decided by the courts which are in the business of interpreting statutes and the Constitution.

In the meantime, I think it is imperative to set the record straight. Neither the administration nor the 25 Members who have joined the two lawsuits are afraid of discussing the merits of the two cases. We have said it before and we will say it again and again. The Census Bureau will obtain a fair and accurate count only by using statistical, modern methods.

This week in both the District and Virginia courts, there will be hearings at which each side will plead its case. On Thursday, arguments will be heard in Washington, D.C. and on Friday in Virginia. I am confident that we will prevail in the courts and in the court of public opinion. The American people deserve a fair and accurate census in which every person, rich or poor, black or white or Hispanic or Asian, is accounted for. The President has put forward a plan that will account for all Americans. The opponents of this plan want to repeat the errors of the past because they believe it is to their political advantage. The President's plan is true to the Constitution in both word and spirit, and it is the only plan that is fair to all people.

MANAGED CARE REFORM

The SPEAKER pro tempore. Under the Speaker's announced policy of January 7, 1997, the gentleman from New Jersey (Mr. PALLONE) is recognized for 60 minutes as the designee of the minority leader.

Mr. PALLONE. Mr. Speaker, tonight I want to talk about the issue of managed care reform. This issue has without question become one of the most important issues on the minds of Americans today. Accordingly, it has also become one of the most pressing issues before Congress. In the last few weeks, there have been front page articles in the New York Times and in the Washington Post on the fever pitch the debate has assumed on Capitol Hill. This debate, as I will discuss tonight, has assumed a clear and identifiable framework. The debate is now one between supporters of managed care reform and the Republican leadership and insurance industry who are fighting tooth and nail to undermine the various managed care reform proposals that have been introduced. The issue has reached the dimensions it has because patients are being abused within managed care organizations. Patients today lack basic elementary protections from abuse and these abuses are occurring because insurance companies and not doctors are dictating which patients can get what services under what circumstances.

Within managed care organizations, or HMOs, the judgement of doctors is increasingly taking a back seat to the judgment of insurance companies. Medical necessity is being shunted aside by the desire of bureaucrats to make an extra buck and people are literally dying because they are not getting the

medical attention they need and ironically enough are, in theory, paying for their premiums.

Mr. Speaker, this is not an exaggeration. I decided tonight to bring a few examples. Actually there are a number of examples of some pretty horrific examples that have been put together from news clips from various newspapers nationwide to just give some examples of some of the awful stories that have come forward about abuse by managed care organizations. I just wanted to give a few tonight. I have in front of me about 140 of them and I am certainly not going to go through all of them but I would like to give just a few.

This one is actually from the New York Post, September 20, 1995. It describes a 4-year-old girl who ran a high fever following a 5-hour hospital stay for a tonsillectomy, which is considered an outpatient operation by HMOs. Her mother took the girl to her HMO pediatrician who did not take the girl's temperature, did not examine her throat and did not refer the girl back to the surgeon, a routine procedure for postoperative problems. Unfortunately the girl died of a hemorrhage at the surgical site.

I have another example. This is from the Long Island Newsday, February 11, 1996. A mother in Atlanta called her HMO at 3:30 a.m. to report that her 6-month-old boy had a fever of 104 and was panting and limp. The hot line nurse told the woman to take her child to the HMO's network hospital 42 miles away, bypassing several closer hospitals. By the time the baby reached the hospital, he was in cardiac arrest and had already suffered severe damage to his limbs from an acute and often fatal disease and both his hands and legs had to be amputated. A court subsequently found the HMO at fault.

I do not like to give these examples because they really are horrific, but there are so many of them. I am just going to give another couple because I think that it is important for all of us to understand some of the problems that people face out there on a daily basis. This one is from the Enterprise Record from January 21, 1996. It describes a 27-year-old man from central California who was given a heart transplant and was discharged from the hospital after only 4 days because his HMO would not pay for additional hospitalization, nor would the HMO pay for the bandages needed to treat the man's infected surgical wounds. Well, the patient died.

A lot of these examples do not necessarily involve people who have died but who have had severe problems and severe handicaps, lifelong handicaps that have resulted from their experience with HMOs. I have said because of the importance of this issue there are a number of legislative proposals that have been introduced to give patients the protections that they deserve. Working with our Democratic Caucus Health Care Task Force, which I co-chair, the gentleman from Michigan (Mr. DINGELL) introduced legislation which would provide patients with a comprehensive set of protections for managed care abuses. This is the Patients' Bill of Rights, as it is called, that so many Democrats have now co-sponsored, and also some Republicans.

I should say that the Patients' Bill of Rights is not an attempt to destroy managed care. It is an attempt to make it better. Some have suggested that in reforming managed care and putting forth a bill like the Patients' Bill of Rights that somehow we or those of us who support this legislation do not like managed care. That is simply not true. We are simply trying to make managed care better because of the problems that we have faced with managed care and HMOs in the last few years.

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Mr. Speaker, I cannot emphasize that point enough. Supporters of managed care reform want just that, reform, not a dismantling of managed care. The Patients' Bill of Rights would help bring about that reform by putting medical decisions back where they belong, with doctors and their patients, and we have, as I said, seven Republican cosponsors for our bill, so it really has become a bipartisan bill.

Unfortunately the Patients' Bill of Rights does not enjoy the support of the Republican leadership, and that is really the rub here. In fact, if we are to believe what we read in the paper, it is not just the Patients' Bill of Rights that the Republican leadership opposes, they appear to oppose the larger notion of managed care reform. They are simply not willing to cross the insurance industry in order to give patients better protections and doctors greater power over medical choices.

The week before Congress broke for Memorial Day, the chairman of the Republicans' health care task force, the gentleman from Illinois (Mr. HASTERT) announced that he would have a outline of a proposal before the recess, the day before the Congress adjourned for the Memorial Day recess, and Speaker GINGRICH quashed the managed care reform proposal that was put forward by his own Republican task force, the Hastert task force, and I have to say I think this move even surprised some of the Republicans who favored some kind of managed care reform. But following the Speaker's rebuke the Washington Post reported that, and I quote, ''Gingrich's foot soldiers realize that they did not know exactly what he wanted. They weren't quite sure, said Representative HARRIS FAWELL. The Speaker did not like what he saw and sent his fellow Republicans,'' to use their words, ''back to the dugout.''

So now we know it is clear that the Speaker has rejected the Republican proposal, the Republican Task Force on Managed Care Reform proposal, because it had too many patient protections on it, and I have to repeat that. His own task force, speaking here of his own task force, presented him with a proposal that included patient protection similar to the Democrats' Patient Bill of Rights, and he rejected the proposal because of their inclusion.

Last week we had the gentleman from California (Mr. THOMAS), the chairman of the Committee on Ways and Means' Subcommittee on Health and a member of this Republican health care task force, call some of the ideas for patient protection being pushed by his fellow Republicans asinine. What the Speaker and Mr. THOMAS are after here is what I call a cosmetic fix. They understand that the public is clamoring for managed care reform, that the public wants something like the Democratic Patient Bill of Rights, but what they are probably going to do is come up with something that sounds like a patient bill of rights or a patient protection bill without any real patient protections. And that is why I think it is so important for us to keep coming to the floor on a regular basis explaining why patient protections are needed, why we need this managed care reform, and demanding that this House take up this issue and pass it in time before we adjourn and before this Congress runs out of time.

I have a lot more that I could say on this issue, but I do not know, and I see that my colleague is here from the Committee on Commerce, the gentleman from Pennsylvania (Mr. KLINK), and I know that he has been out there on a regular basis talking to his constituents, having forums on this issue of managed care reform, and as I have. We have gotten a tremendous response from our constituents, who really are demanding that we take up this issue. I yield to the gentleman.

Mr. KLINK. Mr. Speaker, I thank my friend from New Jersey for sticking with this message.

The point that I would make is that it does not matter who comes into our office either here in Washington, D.C., or our offices back in our districts. No matter what the issue is that they want to talk to us about, whether it is child care or whether it is farm subsidies or whether it has something to do with an industry, the conversation always gets back to health care and dissatisfaction that people have today across the board in this country that they themselves no longer have the ability to make the choices as it pertains to health care. People today are not empowered to have a conversation with their doctor and make medical decisions. It is someone with an insurance company who too often is making those decisions for them.

And I was very interested yesterday in seeing on the ABC Evening News an interesting look at HMOs. They said forget about the fact that you now have bureaucracies within insurance companies making medical decisions as to whether you can go to a doctor, which doctor you can go to, whether you can go to a hospital, whether you

can go to a physical therapist, if you can to go a hospital, how long you can go to the hospital. Forget about all that.

The one thing they promised us they were going to do with HMOs is control costs. Guess what? They have not even controlled costs. Their costs are going through the roof. People cannot afford it. They are not even doing the one thing that they have promised us they were going to do.

My friend from New Jersey is right. The one fear that everyone has is that those of us who want to hand control back over to patients again, back over to the citizens of this country, hand control to them and their doctors to make these decisions, the one thing that everybody is saying against us is, well, it is going to cost more money.

The fact of the matter is it is already costing us more than we can afford to pay, and we are still losing lives. And I have said it on this floor before, and I will say it again. If you are prolife, you cannot agree with a medical delivery system that causes people to lose their lives because we do not let them go to a hospital when they need to, and the gentleman is right. He has a hundred plus stories; I have got as many from my district.

People are dying, and we are not saying it to be dramatic. It is a point of fact. When I go back to my district, we hold these fact-findings. Someone walks in and says, ''My mother died. They wanted to keep her at the Cleveland Clinic, the doctor wanted to keep her, she wanted to stay, we wanted her to stay, but the insurance company wouldn't let her stay. She was released prematurely, and now she is dead.''

So people are dying. There is case after case where that happens.

So if you are prolife, you cannot be for that. If you are prochoice, you have to want to give people the choice of the doctor that they are comfortable with, the choice of the medical treatment they are comfortable with. Call it healing. It is what is between our ears is that mind. It is feeling safe and secure in who is treating us. And now we have that gatekeeper, that primary care physician who we may not know, we may not have any knowledge of, and there is increased evidence that those primary care physicians too often, not always, but too often are put in those positions with the feeling in the back of their own mind, and maybe it is not so subtle the way it is put to them, if you give too many recommendations out of the network, you will not be in that position very much longer.

And we have got time after time where people are being denied insurance because of preexisting conditions; time after time when doctors are being told you cannot be in the system, and they are not told why they cannot be in the system, just their insurance company said, we already have enough doctors. I would ask is that not restraint of trade if a doctor is not able to see their patients anymore?

What about the providers of other services? What about the visiting nurses who are not included in that system anymore? What about the people who make the prosthetics, the artificial limbs, the artificial legs, and you are told you cannot go to that prosthesis manufacturer anymore, you have to go to somebody 2 hours away, an hour and a half away, 3 hours away that you never heard of before. Why? We do not understand why.

What about the formularies that these HMOs have created where you cannot get the medicine that is the latest, the best medicine? You have to take the cheapest drug in that classification of drugs. Why are we working in this House of Representatives as Republicans and Democrats together to get the latest pharmaceutical products safely on the market again if our constituents do not have access to those drugs?

These are all questions that we have to answer, and what our Patients' Bill of Rights is saying is put that control back in the hands of the patients again. Empower the people of this country to participate in the decisions of their medical care. Do not leave it in the hands of those insurance companies alone.

When the Clinton health care plan was being chastised, when it was being ripped apart, when insurance companies were spending tens of millions upon tens of millions of dollars to talk about the fact that, oh, you do not want the Federal Government to control your health care, well, Mr. Speaker, now you do not have the Federal Government in control, you have the insurance companies in control, completely in control. How does it feel? How does it feel now that we have completely lost control?

My dear friend from New York, I think, was looking for a moment of time, and if the gentleman would continue to yield, we might be able to accommodate her.

DAYS OF REMEMBRANCE

Mrs. MALONEY of New York. Well, I really join the gentlemen with their concern on the Patient Bill of Rights, and I am a strong supporter of it, but I really rise with these few seconds today to remember the more than 6 million men, women and children who perished during the Holocaust.

On Thursday, April 23, we remembered the victims of the Holocaust at the United States Holocaust Memorial Museum's 1998 Days of Remembrance. This year's theme, Children of the Holocaust, their memories, a legacy, paid tribute to the more than 1.5 million children who lost their childhoods, their friends and their families throughout one of the darkest periods in our history.

It is particularly fitting that this year's theme centers on children because of the U.S. Holocaust Memorial Museum's exhibit, the Story of Daniel. The museum has collected the stories of numerous children through their diaries and poetry written throughout World War II and compiled them into one story of a young boy, Daniel. This exhibit was designed to teach our children what the children in World War II experienced. It tells and retells the stories of those children so we may never forget their stories of the Holocaust.

On behalf of the Days of Remembrance Committee of the United States Holocaust Memorial Museum, I would like to submit into the RECORD the speeches delivered in the memory of more than 1.5 million children that lost their lives in the Holocaust.

Mr. Speaker, I enter into the CONGRESSIONAL RECORD the following speeches:

CHILDREN OF THE HOLOCAUST: THEIR MEMORIES, OUR LEGACY

Remarks of Benjamin Meed, Chairman Days of Remembrance Committee, United States Holocaust Memorial Council

Members of the diplomatic corps, distinguished members of the United States Senate and House of Representatives, members of the United States Holocaust Memorial Council, distinguished guests, fellow survivors and dear friends, welcome to the 19th national Days of Remembrance commemoration.

First, let me take this opportunity to express our gratitude to the members of the United States Congress for their strong support of the Holocaust Memorial Museum. The enormous success of the Museum and its educational and Remembrance programs is due, in large part, to your efforts on our behalf. Thank you.

We gather together again to remember those whom we loved and lost in the pit of hell—the Holocaust. We dedicate this commemoration to all the precious children of the Holocaust, their memories, our legacy. More than a million and a half children—almost all of them Jewish—were struck down without pity. They were murdered simply for who they were, Jews.

The young ones, who were silenced forever, were the hope and future of our people. We will never know the extent of human potential that was destroyed—the scientists, the writers, the musicians—gifted talent burned to ashes by German Nazi hate.

At such tender ages, our children grew old overnight. They quickly learned how to conceal pain and how to cover up fear. More importantly, with natural compassion, they comforted those around them. The writer and educator Itazek Katznelson was so touched by an abandoned little girl caring for her baby brother in the Warsaw Ghetto that he composed a poem about her. And I quote:

Thus it was at the end of the winter of 1942
in such a poor house of shelter for children,
I saw the ones just gathered from the streets.
In this station, I saw a girl about five years old.
She fed her younger brother—and he cried.
The little one was sick.
In a diluted bit of jam, she dipped tiny crusts of bread
and skillfully inserted them into his mouth.
This my eyes were privileged to see—
to see this mother of five years, feeding her child
and to hear her soothing words.

How can we survivors forget these martyred children? Their lives, their laughter, their gentle love, their strength and bravery in the face of certain death are still part of our daily lives. Their acts of courage and resistance remain a heroic inspiration. Their

cries to be remembered ring across the decades. And we hear them. They are always in our thoughts, in our sleepless nights, in our pained hearts.

Like all survivors, there are many horrible events that I witnessed, but one particular event deeply troubles me and hounds me. It was in April, fifty-five year ago, almost to this day. Passing as an ''Aryan'' member of the Polish community, I was Krasinski Square near the walls of the Warsaw Ghetto. Inside the Ghetto, the uprising was underway. Guns and grenades thundered; the ghetto was ablaze. From where I was standing, I could feel the heat from the fires. There were screams for help from the Jews inside the walls. But the people surrounding me outside the walls went about their daily lives, insensitive to the tragedy-in-progress. I watched in disbelief as, across the Square, a merry-go-round spun around and around to the joy of my Polish neighbor's children, while within the Ghetto only a few yards away, our Jewish children were being burned to death. To this day, that scene still enrages me. How can one forget the agony of the victims? How can we explain such moral apathy of the bystanders?

Many of us were children in the Holocaust. Whether by luck or by accident, we survived. Liberation by the Allied Armies restored us to life, and our gratitude to the soldiers will always remain. The flags that stand behind me from the liberating divisions of the United States Army and from the Jewish Brigade are far more than cloth. In 1945 and today, they are the symbols of freedom and hope for us survivors. Today we are bringing history together.

Liberation offered new opportunities and we seized them. The transition was very brief. We helped to create a new nation—the State of Israel, which celebrates its 50th anniversary this year. Our history might have been very different if only Israel had existed 60 years ago. Nevertheless, we are here, and Israel is our response and Remembrance of the Holocaust. Mr. Ambassador Ben Elissar, please convey to the people of Israel our commitment and solidarity with them.

Many survivors became part of this great country that adopted us, and we are grateful Americans. Although we are now in the winter of our lives, we look toward the future, because we believe in sharing our experiences—by bearing witness and educating others—there is hope of protecting new generations of men, women and children—who might be abandoned and forgotten, persecuted and murdered. We remember not for ourselves, but for others, and those yet unborn. Knowing that the impossible is possible, there is the chance that history can be repeated—unless we are mindful.

The task of preserving Holocaust memory will soon pass to our children and grandchildren; to high school and middle teachers; to custodians of Holocaust centers; and, most importantly to the United States Holocaust Memorial Museum. But monuments of stone and well-written textbooks are not enough. Personal dedication to Remembrance—to telling and retelling the stories of the Holocaust with their lessons for humanity—must become a mission for all humankind, for all generations to come.

In these great halls of Congress, we see many symbols of the ideals that America represents—liberty, equality and justice. It was the collective rejection of such principles by some nations that made the Holocaust possible. Today, let us—young and old alike—promise to keep an ever watchful eye for those who would deny and defy these precious principles of human conduct. Let us remember. Thank you.

AMBASSADOR BEN-ELISSAR'S ADDRESS

In the late 20s and early 30s of this century no one really paid attention to Hitler. In spite of his growing influence over the masses in Germany, no one really cared to take a good look at his ideas and plans described in detail in Mein Kampf. When the general boycott of the Jews was declared in Germany on April 1, 1933, and subsequently, all Jewish physicians, lawyers, and professionals were prohibited to practice their professions, no one thought it was more than a temporary measure taken by an interim government. No one really reacted when, in 1935, the infamous laws on race and blood were adopted in Nurenberg.

No country in the world declared itself ready, at the Evian Conference on Refugees, in July 1938, to take in a significant number of Jewish refugees from Germany and the recently annexed Austria. The Kristalnacht, in November 1938, opened the eyes of some, but then, when gates to a safe haven were rapidly closing, when for the first time in history Jews were denied even the ''right'' to become refugees, the world remained silent. The only country to recall its ambassador from Berlin was this country—The United States of America.

There is a lesson to be learned—Whenever a potential enemy wants to kill you—Believe him. Do not disregard his warnings. If he says he wants to take away what belongs to you—Believe him. If he claims he will destroy you—Believe him. Do not dismiss him and his threats by saying he cannot be serious—He can!

In 1945, the world was at last liberated from the yoke of the most evil of empires ever to exist in the annals of human history. But for us it was too late. We were not liberated. By then we already had been liquidated.

In 1948, we actually arose from the ashes. Destruction was at last ending. Redemption was at hand. After two thousand years of exile, wandering and struggle the State of Israel was reborn.

We look back with indescribable pain on the terrible tragedy that has left its mark on us forever. Had the State of Israel existed during the 30s, Jews would not have had to become refugees. They could have simply gone home to their ancestral land. They would have not been massacred. They would have had the means to defend themselves.

Yesterday, the general staff of the Israeli army convened in Jerusalem at the Yad Vashem Holocaust memorial. Tough soldiers vowed that the Jewish people will never be submitted to genocide again.

Today, while we are celebrating the 50th anniversary of the State of Israel and commemorating the Holocaust, in the presence of United States senators and representatives, survivors, members of my Embassy and commanders in the Israel Defense Forces, may I state, that for us, statehood and security are not merely words, for us, they are life itself—and we are determined to defend them.

MILES LERMAN'S REMARKS

Distinguished ambassadors, honorable Members of Congress, ladies and gentlemen.

As the Honorable Ambassador, Eliahu Ben Elissar pointed out to you, the State of Israel is celebrating its 50th anniversary of independence.

The United States Holocaust Memorial Council was pleased to mark this occasion by including the flag of the Jewish brigade in the presentation of the flags of the American liberating units.

On behalf of the United States Holocaust Memorial Council, I would like to extend our best wishes on this special anniversary to the people of Israel and to the State of Israel.

It is our most fervent hope that the peace negotiations between the State of Israel and the Palestinian Authority will come to an understanding which will bring peace to this troubled region.

Happy anniversary and may your efforts for a permanent peace agreement be crowned with full success.

The theme of this year's national days of remembrance is remembering the children and fulfilling their legacy.

So let remembrance be our guide.

One of the expert witnesses called to testify at the trial proceedings of Adolf Eichman in Jerusalem was the world renowned historian Professor Salo Baron.

In his expert testimony, Professor Baron made the case not only for the terrible losses that the Jewish people suffered at the hands of the Nazis but he more specifically underscored the great loss that humankind at large has suffered for having been deprived of the potential talents and brain power of the one and a half million children who perished in the Holocaust.

Professor Baron stressed a point that the world is much poorer today because of these great losses.

He was bemoaning the losses of the future scientists and scholars who did not get to research. He was bemoaning the future composers who did not get to compose; the teachers who did not grow up to teach; and the doctors who never got to heal.

One and a half million murdered children is such a staggering number that it is most difficult to comprehend. This is why I thought that perhaps singling out and remembering the tragedy of one child would symbolize the great loss of all the children who were annihilated by the Nazis.

So today let us remember Deborah Katz.

In the Holocaust archives there is a letter written in 1943 by a Jewish girl by the name of Deborah Katz. She was nine years old when she and her family were taken out of the ghetto and loaded into cattle trains destined for the death camp of Treblinka.

Her parents managed to pry open a small window of the box car and threw the child out hoping that a miracle would happen and she would survive.

A Catholic nun happened to pass by and found the injured child. She brought her to the convent and hid her among the sisters who gradually nursed Deborah back to health.

The child was in comparative safety and she had a good chance to survive.

One morning, however, the nuns woke up and found a letter on Deborah's bed and this is what the nine year old child wrote.

It's bright daylight outside but there is darkness around me. The Sun is shining but there is no warmth coming from it. I miss my mommy and daddy and my little brother, Moses, who always played with me. I can't stand being without them any longer and I want to go where they are.

The following morning Deborah Katz was put by the Gestapo on the next trainload * * * destination * * * the gas chambers of Treblinka.

Today, I want to say to little Deborah, if you can hear me, poor child, and I know that you can. I want you to know that there is no more darkness, thank God. The Sun is shining again and warming little children like you. And what is most important, dear child, I want you to know that you did not die in vain. You have touched the hearts of many decent people, far, far away from the place where you lived and died.

There is a museum in Washington where within the last five years more than 10 million visitors came to remember the horrors of those dark days.

You are not forgotten, little Deborah, and you will serve as an inspiration to many children throughout the world to make sure that in years to come, no child of any people, in any country, should ever have to go through the agonies and pains that you have suffered.

''BLESSED IS THE MATCH * * *''

(Keynote Address by, Richard C. Levin)

The main camp at Auschwitz was situated, not in remote isolation, but in a densely populated region. To the east, immediately adjacent to the camp, was a pleasant village, complete with a hotel and shops, built to house SS troops and their families. One mile farther east was the town of Auschwitz, intended by the very men who worked the construction of the camps to be a center of industrial activity, a focus on German resettlement at the confluence of three rivers, with easy access to the coal fields of Upper Silesia.[1]

In his chilling work on the origins of Auschwitz, Robert-Jan van Pelt documents the Utopian vision that drove the systematic planning for German colonization of the East. In December 1941, Hans Stosberg, the architect and master planner, sent his friends a New Year's greeting card. On the front he wished them ''health, happiness, and a good outcome for every new beginning.'' The card's central spread depicted his drawings for a reconstruction of the central market place in Auschwitz. The inspiration on the back of the greeting card connected Stosberg's current project with National Socialist mythology:

''In the year 1241 Silesian knights, acting as saviors of the Reich, warded off the Mongolian assault at Wahlstatt. In that same century Auschwitz was founded as a German town. After six hundred years [sic] the Führer Adolf Hitler is turning the Bolshevik menance away from Europe. This year, 1941, the construction of a new German city and the reconstruction of the old Silesian market have been planned and initiated.''

To Stosberg's inscription, I would add that during the same year, 1941, it was decided to reduce the space allocated to each prisoner at the nearby Auschwitz-Birkenau camp from 14 to 11 square feet.

How, in one of the most civilized nations on earth, could an architect boast about work that involved not only designing the handsome town center depicted on his greeting card but the meticulous planning of facilities to house the slave labor to build it?

This is but one of numberless questions that knowledge of the Holocaust compels us to ask. In the details of its horror, the Holocaust forces us to redefine the range of human experience; it demands that we confront real, not imagined, experiences that defy imagination.

How can we begin to understand the dehumanizing loss of identity suffered by the victims in the camps? How can we begin to understand the insensate rationality and brutality of the persecutors? How can we begin to understand the silence of the bystanders? There is only one answer: by remembering.

The distinguished Yale scholar, Geoffrey Hartman, tells us, ''the culture of remembrance is at high tide. * * * At present, three generations are preoccupied with Holocaust memory. There are the eyewitnesses; their children, the second generation, who have subdued some of their ambivalence and are eager to know their parents better; and the third generation, grand-children who treasure the personal stories of relatives now slipping away.''[2]

The tide will inevitably recede. And if there are no survivors to tell the story, who will make their successors remember and help them to understand?

Holocaust Memorial Museum in Washington, along with those of sister museums in other cities, are educating the public about the horrors of the Shoah. Museums, university archives, and private foundations are collecting and preserving the materials that enable us to learn from the past, and it is the special role of universities to support the scholars who explore and illuminate this dark episode in human history. Our universities have a dual responsibility: to preserve the memory of the Holocaust and to seek a deeper understanding of it.

This is a daunting and important responsibility. To confront future generations with the memory of the Holocaust is to change forever their conception of humanity. To urge them to understand it is to ask their commitment to prevent its recurrence.

In the words of Hannah Senesh, the 23-year-old poet and patriot executed as a prisoner of the Reich in Budapest, ''Blessed is the match that is consumed in kindling a flame.'' May the act of remembrance consume our ignorance and indifference, and light the way to justice and righteousness.

REMARKS BY RUTH MANDEL

The most vulnerable of victims, the children of the Holocaust speak to us in a very special way. Some of the most powerful echoes to survive that terrible time come to us from their voices. Captured in diaries, in poetry, in art, and later, in the reminiscences of those few who survived, their memories still engage and teach us. Their struggle and their spirit document their time, but serve as a poignant lesson for our own. Among us in the Capitol Rotunda are many reminders of them, and of the importance of securing a different future for the children of today.

In a few moments you will hear readings from diaries kept by children even as the safe, predictable world they knew shattered in the face of the Nazi onslaught. Their authors, exhausted and hungry, terrified and lonely, and certainly bewildered by their fate, were sometimes too desperate to write, then, having found some small reason for hope, recovered to write again, their words tell us that they were also resourceful, courageous, defiant, and, even at times, humorous.

You will hear these words from young people themselves—a young man who has worked intensively for two years with the Museum's Fannie Mae Holocaust Education Project, and a young woman, whose grandparents' rescuers were recognized by Yad Vashem as righteous among the nations at the time or her Bat Mitzvah last year. As they read from these diaries, another young woman will assist the memorial candle lighters and place a rose amid the tapers. Romani herself, she is here to commemorate the tragic fate of those gypsies, who, along with their children, were murdered by the Nazis and their collaborators.

And, you will hear from a Roman Catholic high school teacher whose growing engagement with Holocaust history led to his appointment to the museum's Mandel Teacher Fellowship Program which develops a national corps of highly skilled secondary teachers to serve as community leaders in Holocaust education.

Also gathered here are some of those who survived the Holocaust as children and teenagers—in ghettos, in camps, in hiding or by fleeing as my parents did with me. As we listen to the voices of children from over 50 years ago, we who survived are heartened that their voices are joined by those of the students and teacher with us today who are representative of the millions of students and thousands of teachers served by the United States Holocaust Memorial Museum in its first five years. With this joining of voices, we forever link the children of the past to the children of the future in a solemn pact of memory and education and charge you with that most sacred task, remembrance.

THE HARDEST STORIES TO TELL

By Daniel C. Napolitano

My daughter is four years old. Her name is Elena. Each night when I put her to bed she asks, ''Daddy, tell me a story''. So I tell her stories. I tell her stories of heroes and villains; of wise and foolish animals; of good hearted people and of people who know too much for their own good. Sometimes she'll interrupt me and say, ''no, no, Daddy, just tell me a story about what you did at work today'', and that is always the hardest story to tell.

You see, I am a teacher, and I teach a course on the Holocaust. Everyday I go to work and tell the story of how a society forgot about the importance of honoring the individual life and dignity of every human being; about how the vanities of nationalism superseded the moral wisdom of the ages, and about how people became so concerned with their own welfare that they failed to consider the welfare of their neighbors.

As a child I never heard the story of the Holocaust. In fact for the first thirty years of my life I heard very little about the Holocaust, and absolutely nothing about the history of antisemitism. Then 8 years ago my life changed. I was asked to teach a course on the Holocaust, and, suddenly, found myself immersed in courses and books on the Holocaust. I began to hear the story, Hearing and telling the story of the Holocaust over the past 8 years has radically altered the way I see my life as a Catholic and as a teacher. As a Catholic I have come to realize that the history of antisemitism and the history of The Holocaust are essential to understanding ourselves as Catholics, Christians and humans; and to appreciating the fullness of Judaism and its rich heritage.

Hearing and understanding the legacy of our antisemitic actions and teachings gives us a more complete picture of ourselves as Catholics and Christians. Through the study of our ancient and modern failures, our students come to see the import of their moral choices in our own times. In turn they become more committed as individuals, and more committed as people of faith dedicated to bearing witness to the redeeming presence of God in the world.

As a teacher I have learned the value and power of telling the whole story of life's most tragic events. James Carroll of ''The Boston Globe'' recently noted that ''memory is less a neutral accident of the mind than a conscious interpretation of history, marked as much be deletion as by selection. How a community remembers its past is the single most important element in determining its future.'' I believe that it is in telling the whole story of the Holocaust that we most honor those who lived their lives with dignity, and it is in hearing the whole story that our students and children will learn to live their lives with integrity.

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[1] Robert-Jan van Pelt, ''Auschwitz: From Architect's Promise to inmate's Perdition,'' Modernism/Modernity, I:1, January 1994, 80–120. See also Deborah Dwork and Robert-Jan van Pelt, Auschwitz: 1270 to the Present, New York: W.W. Norton, 1996.

[2] Geoffrey Hartman, ''Shoah and Intellectual Witness,'' Partisan Review, 1998:1, 37.

When my daughter calls out in the middle of the night and I run to her room, she sometimes says, ''I had a bad dream. Will you hold me?'' As I hold her I think about the mothers and fathers who died in the Holocaust, and were not able to hold their children in the middle of the night. I think about the children who called out and waited for parents who did not come.

As I hold her I am reminded of the young girl in ''Schindler's list''; the one in the red coat. As she crawls under the bed, she knows that if she can just hide long enough her father and her mother will come take care of her. She knows that parents take care of their children; She knows that adults love children, and want them to be safe. As she crawls under the bed she thinks of the stories her father has told her, and she waits for her daddy to come.

Sometimes our children are four years old; sometimes they're twelve or sixteen. Regardless of their years, our children long to hear the stories we have to tell them. Do we know enough about the story of the Holocaust and the History of antisemitism to tell it to our children? Do we have the courage to tell them the whole story? We are here not only to remember the lives of those who perished in the Holocaust, but also to reflect upon the lives our children will live. The lives they lead will build upon the stories we decide to tell them. At times these stories will be easy to tell. At other times they will not. Let us not forget that sometimes the most important stories are the ones that are the hardest to tell.

Thank you very much.

Mr. KLINK. I thank our friend and would also wish to focus on that, but you know, as you were talking, I am also thinking, you know, we have got a very shameful situation in our own country right now. This is, you know, we kind of call ourselves the land of the free and home of the brave, we stand up for the lowest among us, and now we find ourselves here in the greatest democratic institution in the world, and we cannot get the leadership on the other side to work with us on solving this problem so that Americans can have access to the kind of health care that they deserve; in fact, the kind of health care that we have invested in with our tax dollars, the tax dollars on the appropriations bills that we vote on each year whether the Republicans are in charge or the Democrats are in charge.

We are putting funding into medical research. We are pitting funding into NIH so that we can develop new and great methods of healing. And in the Pittsburgh area where I happen to come from, we were able to see tremendous successes back in 1950s. Jonas Salk, the University of Pittsburgh, Dr. Sabin and others cured polio. What a phenomenal day that was. And Dr. Thomas Starville and others led the world and pioneered in transplant surgery so that now some body parts are changed like automobile parts.

It is absolutely amazing. Yet my constituents, who may live almost across the street or around the corner from these wonderful medical institutions, cannot have access to those places of healing. Our constituents cannot get access to those new miracle drugs that are finding their way into the marketplace because there is a formulary within the HMO that says you cannot have those drugs.

And here we stand, and we cannot get, and we have, I will say, some of our friends on the Republican side have done yeoman work on this duty, but they, like us, are foot soldiers; they, like us, are voices in the wilderness if we cannot get the leadership to work with us to say enough is enough.

We stand for the lowest people that cannot be here on the floor of the House themselves, that their children, their spouses, their parents, their neighbors, everyone in their community deserves to have access to that medical care. They deserve to make the choices, not the insurance company, not a manufacturing plant somewhere who comes in to see us to say, ''Well, we don't want the medical costs to go up.''

I would ask them are they not concerned when their employees are on the phone managing an illness in their family? They cannot be productive when they are doing that, and people are forced to do that today. There are hidden costs because we are not providing people with adequate choices where they and their doctors can make the right choice to heal them, to make them and their family better.

Mr. PALLONE. Mr. Speaker, I want to thank the gentleman so much for his comments because I know how strongly he feels, and there is no question that he is absolutely right about what is going on out there.

☐ 2115

I just wanted to give two examples, if I could, following up on what the gentleman mentioned. I do not have the specific physician, but there was something on TV that I watched one night, and I do not even remember what channel now, but the gentleman was talking about in Pittsburgh how so many medical breakthroughs took place, polio and some of the other things a few years ago.

In many cases, what is happening now with managed care and the way that it is operating is that those physicians who are on the front line and who are coming up with new ways and new techniques of doing things are almost penalized.

We had the example with the physician, and I do not have his name in front of me, unfortunately, who had grown up with a deformed ear or deformed ears, and he had gone to medical school and made it his life's ambition that he was going to develop a way of cosmetic surgery to do cosmetic surgery to make particularly children's ears so that they would look normal, so to speak, again. He had developed this surgical method, and was doing a great job and handling these specialty cases, and all of a sudden found that the HMOs would not pay for it. They would rather send someone, a young person, to another physician who had perhaps not developed this breakthrough technique because it was costing less to do so.

He actually ended up spending most of his time on cosmetic surgery, not to denigrate it, but with people who were trying to lose weight or take material off their thighs or whatever to make themselves look better, and could not devote his time to cases of children who had these kind of deformities.

This is what we are seeing now. We are seeing those physicians who have developed new techniques, new technologies, who are the best of the bunch, basically not allowed to practice their profession anymore because of decisions that are made by these insurance companies. It is an awful thing.

Mr. KLINK. If the gentleman will yield further, then it goes even deeper. The gentleman hit the nail so squarely on the head. It even gets worse than that.

I have heard from doctors in my area who say, in their forties, ''We are walking away from the practice of medicine. We are going to go do something else. Not because we made so much money, but because we cannot afford, with the education that we have, to continue to work at this profession.

''Not only that, we are in this healing profession because we believe in it, we think it is a calling, it is an art, it is a healing art, it is a science. We would like to encourage other young people, the best and the brightest coming up through high school, to go to college, and those in college, go to medical school, become healers.'' They can no longer in good conscience recommend to the young people coming up to do that.

I am saying this: We are in danger of losing a generation and a half of what would potentially be our finest healers in this Nation. They are walking away from the field of medicine, or not even getting in it.

Mr. PALLONE. The other thing the gentleman mentioned that I wanted to bring up is this whole issue of cost, because we know that those who are against the managed care reform and the patient protections keep talking about costs.

We have numerous studies that show that legislation like the Patients' Bill of Rights will not result in any additional costs. To be honest, even if it did cost an extra dollar or two a month, which is probably the most it would cost, I do not think the average person would even care. But, interestingly enough, these same health insurance executives that are out there talking about the costs of managed care reform are the ones that are benefiting so much and getting these huge salaries.

It will not take too much time, but I had this document given to me that was put out by Families USA, called Corporate Compensation in America's HMOs, and it is long, but I just wanted to give you some of the summary here.

It says in keeping with the industry's extenuated focus on costs, this report analyzes the very different facets of

managed care cost, namely the costs associated with compensation for high-level HMO executives. The report examines 1996 executive compensation for the 20 for-profit publicly traded companies that own HMOs with enrollments over 100,000.

These were the key findings. The 25 highest paid executives in the 20 companies studied made $153.8 million in annual compensation, excluding unexercised stock options. In 1996, the average compensation for these 25 executives was over $6.2 million per executive. The median compensation for the 25 was over $4.8 million.

Of the 25, the one with the largest unexercised stock option package in 1996 had stock options valued at $337.4 million. The average value of unexercised stock options for these 25 executives was $13.5 million.

The last thing it says, in conclusion, which I thought was interesting, it says that publicly traded for-profit managed care insurance companies are considerably more cost conscious when they oppose the establishment of consumer rights than when they approve compensation for their top executives. For a publicly traded managed care company, remuneration in annual compensation and unexercised stock options for top executives routinely reaches millions of dollars; indeed, for many, reaches tens of millions of dollars. The managed care insurance industry's protestations about costs appear to be highly selective. While they argue they will need to raise premiums to be able to provide basic protections for consumers, their top executives make millions of dollars each year.

I am not trying to begrudge anybody making $1 million. The economy is good, so be it. But in the case of the managed care organizations, the bottom line is more and more of the premiums are going to pay for profits and for top executives' salaries, and the squeeze is coming in terms of the quality of care provided. So they have no business complaining about costs, which I do not think are really going to go up anyway. But it is interesting, I think, the selectivity and the way they go about it.

I yield to the gentlewoman from Texas.

Ms. JACKSON-LEE of Texas. I thank the gentleman for yielding, and I thank the gentleman from Pennsylvania for his passion, but also his insight, into this extremely crucial issue. I appreciate his leadership.

As well, I do believe that we are, in essence, doing important work, for I think we must cease and desist the trend of moving away from health care and basically providing Americans with tolerance care.

In our community, sometimes we have a phrase that is used not so much as it will sound tonight. Sometimes mothers will say it about their children, or a child that has gone astray, or sometimes someone will say it about an incident that has occurred. But I am going to say it tonight. Managed care for Americans will be the death of us. Sometimes someone says this incident or this child's behavior, or something happens, it is going to be the death of me.

I think managed care as it is now presently structured in America is, frankly, going to be the death of us. Although that declaration may sound a little bit far stretched, let me share with you that it is actually not.

It is comforting, yet it is distressing, to find so many physicians in my community raising their voices about managed care. No matter what community they serve in, each one says repeatedly, I cannot treat my patients.

We are in a country where we were used to the friendly doctor that came to our homes. He may not have or she may not have had all of the most extensive technology and science at their fingertips, but we knew when we called Dr. Jones or Dr. Smith, Dr. Jackson, Dr. Pallone, any manner of doctor, that they would come and give us the very best that they could. If we needed admitting to a hospital, we would get that.

I do not know if those doctors of early years filled their pockets with dollars. Some of the accusations that are made, doctors are the most wealthiest or wealthy population; every doctor is not. I know good doctors who are in county hospitals in rural communities, and they are not raking in the dollars. They truly took the oath because they believed in being nurturers and healing people and helping people to fulfill the good health promise of their life. Managed care now stands not as the gatekeeper, but the actual block to good health care in America.

I think I read a report that my good friend from Pennsylvania might have mentioned, or the gentleman was also commenting on. We have in this country good science. We have in this country good medical technology. In fact, every day someone is discovering some new medical technique in order to make us better. But I was listening to a late night television program where a physician was saying the reason why our health care system is not competitive as it relates to other countries around the world is because we have the technology and the medical research, but it does not translate to care for Americans.

Why? Because there is a block. And the block now has gotten stronger and uglier with HMOs. Constantly physicians are having to ask the bureaucrats lodged somewhere, where no one knows where they are, whether or not she can stay an extra day in the hospital, whether or not this mother with a C-section can stay 72 hours to 4 days or 5 days because of complications. There is no longer the decision to be made by that patient and physician relationship.

I had a member of the Federal staff say to me that they had to leave and fly down to Florida where their father was discharged from a hospital. He was under managed care. That person was calling long distance here in Washington trying to make arrangements for the care for their parent. The only thing they could get was we are sending him home out of the hospital in a taxi. We are giving him a walker and sending him home to his trailer.

That person had to fly down to Florida simply to ensure that that father had the kind of day-to-day care that was necessary, because the HMO sent him out of the hospital, threw him out, literally, if you will, did not provide him with any home care, did not provide him with the kind of physical necessities that he needed for someone who was suffering from a broken hip. Simply a walker, a taxi ride, and dropped off.

What about the elderly person who was in need of staying the extra days in the hospital? Yet because of their attitudes about not being in hospitals when the physician came, the elderly person said ''Oh, I do not need any more care.'' What was written down hastily? ''Refused service.'' Out of that refusal of service came a dastardly ailment that could have been detected if someone said, I am not governed by the HMO, I think this person needs more testing.

So we have to find a way to fix this broken system. We are one of, or at least considered, the richest country in the world, the United States of America, one where physicians have the best training. And I agree with my good friend from Pennsylvania, we may be discouraging a generation of nurturers, because they cannot practice their trade and their talent.

I believe that we have to fix the managed care system. It is long overdue. We must put the physician and patient relationship, as Humpty Dumpty, back together again. Otherwise, we are going down, down, down, and managed care will in fact be the death of us.

I think the legislation that we are looking at at this point, I would say to my good colleagues that managed care and good health and good managed care, if you will, is a bipartisan issue. Helping out physicians is a bipartisan issue. Dealing with senior citizens who cannot help themselves, children who cannot help themselves, people needing transplants who cannot help themselves, needs good bipartisan leadership.

So I would thank the gentleman for this special order and for his leadership, and ask my colleagues in the House to join unanimously, if you will, to raise their voices to get the managed care legislation that would fix a broken system, so that we could save more lives, and not be known as a country that has a system that is the death of those of us who are attempting to make a better quality of life.

Mr. PALLONE. I want to thank the gentlewoman again. I know that she has spoken out on this issue many

times and how important it is to her, and I appreciate her joining us again this evening.

The gentlewoman mentioned the bipartisan nature of this. We have an example here on the other side of the aisle, the gentleman from Iowa (Mr. GANSKE), who is a physician, who has been outspoken on this issue of the need for patient protections. I would like to yield to him at this time.

□ 2130

Mr. GANSKE. Mr. Speaker, I appreciate joining my colleagues from Texas and from New Jersey on this important issue. As the gentlewoman mentioned, this should be a bipartisan effort. This is not something for Republicans or Democrats. It cuts across every segment of our society. Everyone needs health care.

What we are dealing with right now is that about 5 percent of the people who receive their insurance from their employer are now in managed care organizations. Very frequently, they are not given a choice. They are simply told by their employer, here it is. This is our plan. It is the cheapest we could find on the market. Take it or leave it.

So when I hear from my colleagues about, well, just let the market work out the problems in this, I just have to say, you know, the market is not working. There is a disconnect between who buys the insurance and who uses the insurance.

When you are only offered one choice from your employer, then it turns out that your only choice for health insurance may be that you have to quit your job and find a different one.

I am reminded of the fact that there is a very popular movie going around the country now. It is As Good As It Gets. In this movie, we had a waitress, Helen Hunt, who had a boy with asthma. She was in an HMO. She was not getting the proper care, having to take her child to the HMO all the time. Her appeals for specialist care were denied.

So in the movie, Jack Nicholson, who is an elderly gentleman who is squiring this waitress, very kindly gets her an appointment with a private physician to find out what is wrong with her son with asthma.

The physician says, well, what were the results of his skin tests? Standard procedure to find out what may or may not be causing asthma. Helen Hunt's face is blank. She says, well, it was not authorized. The doctor kind of looks at her, and then it is like a light bulb goes on. She gives a string of expletives about her HMO.

All across the country, this happened in Des Moines when I saw the movie, people cheer and clap. It is the most amazing phenomenon. I have never seen it in another movie.

Why would that be? Why would you get that type of universal response to mismanagement by managed care? It is because the public is realizing that there are some serious problems that need to be fixed in managed care. As an example of that, humor, which needs a universal medium, is being applied to HMOs.

Here is a cartoon that was in a newspaper. Here we have a medical reviewer for an HMO. The medical reviewer is on the telephone taking a call from somebody phoning in with a problem from the HMO.

The medical reviewer says, Kuddlycare HMO. My name is Bambi. How may I help you?

You are at the emergency room, and your husband needs approval for treatment?

Gasping, writhing, eyes rolled back in his head? Gee, does not sound all that serious to me.

Clutching his throat, turning purple, uh-huh. Have you tried an inhaler?

He is dead. Well, then, he certainly does not need care, does he?

Then she finishes up after she has hung up by saying: Gee, people are always trying to rip us off.

Does that seem overly harsh to you? Let me give you a real-life example. This is a woman who is 28 years old who was hiking in the Shenandoah Mountains. She fell off of a 40-foot cliff. She fractured her skull, was comatose, broke her arm, broke her pelvis. This is a picture of her just before she is airlifted to a hospital. She is taken to the hospital where she is in the intensive care unit, comatose, for weeks.

When she finally gets better, she is presented with a $12,000 bill by her HMO. They refused to pay for her care. Can you guess why? Because she did not phone for prior authorization. I mean, can you believe that? What was she supposed to do? Wake up from her coma when she is lying at the bottom of that cliff, reach into her pocket with her nonbroken arm, pull out a cellular phone, and make a phone call to an HMO a thousand miles away, say, oh, by the way, I just fell off a 40-foot cliff? I broke my skull, my arm, and my pelvis, will you authorize me to go to the hospital?

Then the HMO would not pay later on because they said that she did not give them timely notice when she got to the hospital. She was in the ICU on a morphine drip for weeks.

This is the type of problem that affects real people. These are not just anecdotes. The reason that this issue resonates with so many people is because almost everyone has had either a family member or a friend who has had an outrageous denial of treatment or delay in treatment or other problem related to their HMO.

Here is an anecdote. This is a woman who is no longer alive today because her HMO denied her the care that she needed. Talk to her two children and her husband about how she is just an ''anecdote.''

I mean, I am reminded of a scene from Shakespeare where a character says, ''Do these anecdotes not bleed if you prick their finger?''

This is a real problem that we are facing in this country, and I am very glad to be able to join my colleagues on this. There are two bills before Congress right now. One is called the Patient Bill of Rights, and the other is called the Patient Access to Responsible Care Act. Both of them are very similar in many regards, and they are both bipartisan bills. Yet, we have a situation where, as my colleagues have outlined earlier tonight, we cannot get these bills to the floor, even though one of them has more than enough votes just from the sponsorship to pass.

Let me tell you about a bill that I have had for 3 years; 3 years I have had a bill in this House that has nearly 300 cosponsors, bipartisan bill, dealing with an aspect of managed care that would ban gag clauses.

Do you know what gag clauses are? These are contractual arrangements that HMOs have on provider contracts that say, before you can tell a patient what their treatment options are, you first have to get an okay from the company.

Think about that. Let us say that a woman has a lump in her breast. She goes in to see her doctor. He has got a gag clause in his contract. We know that these clauses exist all across the country, because we had congressional testimony before our committee on this.

So the doctor does her history and physical exam. She has got three options, one of which might be more expensive than another, but he has got a gag clause in his HMO contract. What does he have to do? He has to say, excuse me, leave the room, get on the phone and find out if it is okay with the HMO if he tells that lady all of her treatments.

That is an infringement upon first amendment rights. It is also a terrible infringement on doctor/patient relationships. Patients need to trust their physicians that their physicians are going to tell them the whole story, not just what their HMO wants them to tell the patient. Doctors should be patients' advocates. They should not be the company doctor.

Both of these bills have protections for patients in them that even some of the nonprofit HMOs have said are very good pieces of legislation and have called for Federal legislation.

I would just like to enter into this discussion with my colleagues because I think we need to explain to our colleagues here why we need Federal legislation. Why can we not just leave this to the State insurance commissioners or the State legislatures? I wonder if my colleague from New Jersey would like to address that issue.

Mr. PALLONE. Absolutely.

Mr. Speaker, if I can comment on that, and one other thing that the gentleman said so eloquently, the reason is because when we talk about insurance plans that are basically for the self-employed, if you will, we have the ERISA preemption.

Essentially what that means is that if the State, like my home State of

New Jersey, passes a patient protection act, if they will, which they did, I should say, is now law, it does not apply to the majority of people who have health insurance in the State because of the Federal preemption, so to speak.

So if we do not pass a Federal bill like the two that you have mentioned, then the majority of people in New Jersey are not actually impacted by the State Patient Protection Act. So that is why we need Federal legislation.

Mr. GANSKE. Mr. Speaker, I know my colleague from Texas is an attorney, and I wonder, is this not a result of prior Federal law that we have this exemption, this exclusion?

Ms. JACKSON-LEE of Texas. Mr. Speaker, we have to correct it. Part of the additional reason, unlike my good friend from New Jersey, I am not sure of your State, Doctor, I like to call you doctor, because you have clearly outlined for us the real crux of the problem, my State as well has dealt with the question on a State level.

I think the problem is and why this is raised to a level of a Federal need is, one, because there is a lot of interstate commerce, if you will, between HMOs. Frankly, there needs to be consistency on the Federal level as far as the problem that was mentioned by my good friend in New Jersey. But because we created a problem federally, we now have to fix it federally.

It is much more apropos because, in many instances, our physicians are calling out of State for approval because they are under this HMO or that HMO. Many HMOs have put their offices in different States. Some have moved to the more popular States. But many times, they are calling out of State.

To add to the consistency and not be subject to the individual State laws, we need the Federal correction of this problem, which is the problem of how you deal and protect the patient/physician relationship. It is key.

Mr. PALLONE. Mr. Speaker, my understanding is that the self-insured that come under the Federal law are actually a majority in many cases. The gentleman can tell us a little more about that.

Mr. GANSKE. Mr. Speaker, the problem that we have is that 25 years ago Congress passed a law primarily to deal with uniformity of pension standards that was then applied to health plans. An exemption from State insurance regulation was in that, that legislation.

So what we have happen is we have had a large amount of our health care now delivered by health plans that are not under State insurance quality regulation, and there is no Federal legislation. So they are basically totally unregulated.

That is why I and others who, in a bipartisan fashion, have supported this type of legislation, that 300 or so that are signed onto the Patient Right to Know Act which would ban gag clauses, are getting so frustrated with the leadership of this House and of the other body for not bringing this to the floor when it could pass overwhelmingly this type of legislation. It is why I think that it is very important that our constituents demand that Congress deal with this problem.

We are not talking about something radical here. We are simply talking about some uniform quality standards so that, when you have insurance and you get sick, that it actually means something, that you can actually use it.

I hear my colleagues say, just let the market work. Competition. I would liken this to buying an automobile. All of us buy an automobile that has Federal standards related to headlights, brakes that work, turn signals, seat belts. These are minimum safety standards that we know when we go out and buy a car, that is what we are going to have. Has that resulted in a nationalized auto industry? For heaven's sakes, no. There is tons of competition out there.

It is just that you know, when you buy your car, you are going to have some minimum safety standards. The same thing should apply, doggone it, for health insurance when you have got health plans that are making life and death decisions. It may be even more important in some respects than safety standards for some of the other things that Congress has legislated on.

Mr. PALLONE. Mr. Speaker, the reason that I was so impressed with the gentleman's comments earlier is because he was pointing out, really, how basic these patient protections are. I think that we cannot emphasize enough how this is really a floor. We are not doing anything radical here. These are basic patient protections that I think most people probably think are already there until they are faced with the reality of how to deal with the managed care organizations in certain circumstances.

I loved the gentleman's analogy of the emergency room situation, because that is really so typical. I do not think people can imagine that, if they need a hospital or other kind of care in an emergency, that they have to get prior authorization.

What we do in the Patient Bill of Rights, and I think that the Parker bill does the same thing, is to basically say that you use the prudent layperson standard. In other words, if I am in an emergency situation, I have to go to an emergency room, then the standard about the level of care that should be ensured is what the average layperson would think should be ensured in those circumstances.

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Of course, the average person is not going to think that they have to have prior authorization or that they have to go to a hospital that is 40 miles away, the example I used before. The average person would think that they would go to the closest emergency room, and they would just walk in and get the care, because it is an emergency. It is a pretty simple phenomenon. It is very basic. It is nothing really abstract.

Those are the kinds of patient protections, the sort of floor, if you will, of patient protections that we are talking about here which make sense, I think, to the average person. That is why, I think, we are getting so much support from our constituents saying, do something about this, because it is not acceptable, what we have to face now.

Ms. JACKSON LEE of Texas. If the gentleman will continue to yield, Mr. Speaker, the gentleman raises the obvious. That is what we hear when we go home. I just want to raise a Texas issue.

Many of the Members are aware that there were fires burning in Mexico. There was the glaze that was reported in the news, I think the national news, a small glaze that was covering Texas, and it may come back again, with heavy air, and causing a lot of symptoms for our asthmatic citizens down there and our constituents down there.

Under HMOs, the other point of their fiscal responsibility is to limit the number of visits one can go to a physician for during a certain period of time. There are certain regulations along those lines. You are then interfering, because of an environmental problem that was exacerbating those people with asthma or respiratory illness. They were filling up the emergency rooms. They were not heart attack cases, they were not accident cases, not the comatose case, which obviously rings a bell with everyone, but they were coming in because they were in a confined situation, a bad haze, and it was exacerbating their problem.

In those instances, the questions of whether or not they would be accepted as having an HMO service because they were in there repeatedly, or they did not seem to be really an emergency case, this is what is happening around the country when we have a system that is not responsive to the physician treating the patient, the responsible physician treating the patient.

My Indian doctors from India, doctors who treat a particular clientele in Houston, a very diverse community, have raised concerns about them being on an HMO list. I do not know if we have discussed that this evening, about the difficulty, sometimes, of physicians being able to get on a list, and particularly a lot of physicians in the inner city.

These physicians who treat a certain patient clientele have had difficulty in maintaining their names on HMO lists so they can treat their patients and their patients can choose them; all kinds of problems that I believe reasonable men and women can come together and fix, so that the tragedies that the gentleman has mentioned, the

humor that the gentleman has mentioned, that does not make it funny, can stop.

Because the question becomes, who are we as a Nation if we cannot provide the kind of health care to live up to our own reputation, with the excellent physicians? My own doctor, Michael DeBakey, traveled to Russia, and I think President Yeltsin is as fine and fit as I have seen him. That was a United States physician, trained in America, Dr. Michael DeBakey, who left here to supervise that open heart surgery. Today the President of Russia is considered healthy and robust physically, as Dr. DeBakey shared with me after his last check-up.

I think it is extremely important that we do not diminish what we have here in this country. We have it. We have the ability to be fiscally responsible with health care, and I understand that is important, and at the same time using the resources that we have to make our country one of the healthiest around.

What a tragedy, and the gentleman is a physician and he knows, that we have such a high death rate in certain instances because we are not getting the care and the technology and the expertise to the patient. If the doorkeeper is in there diminishing that access, that is why people cry out for universal access. They throw up their hands.

Mr. GANSKE. Mr. Speaker, if the gentleman would yield further, let me relate another example. I recently had a woman pediatrician in my office. She left her medical practice, which involved running a pediatric intensive care unit, partly because she could no longer handle the types of things, the demands that were being placed on her from managed care. Let me give an example that she told me about.

One day she had a 5-year-old boy come into her ICU. The boy was a victim of drowning, so he was attached to a ventilator. He had his IVs running. All the medicines were being given. He had been in the ICU, been in the hospital, about 4 hours. This team of doctors and nurses and other health professionals were standing there, doing everything they could for this little 5-year-old boy, with the parents standing there.

Think of how you would feel if this were your 5-year-old boy who had been in that hospital for about 4 or 5 hours. They were basically standing around the bedside holding hands, praying for a sign of life, and the telephone rings. It is an HMO reviewer from some distant place.

So this pediatrician gets on the line and she tells this nonphysician reviewer what the situation is, and how it does not look very promising. Do you know what that reviewer suggested? The reviewer said, well, if the prognosis is so bad, have you thought about sending the child home on a ventilator in order to save money?

Mr. PALLONE. That is incredible.

Mr. GANSKE. That is an incredible but true story. It shows that that reviewer did not know what she was talking about, or he was talking about, I do not know which.

But I know how it happened. This reviewer was sitting at a computer terminal, and she saw ''Respiratory distress''; moved up the algorithm, ''Ventilator''; moved up the algorithm, ''Poor prognosis.'' The next question you ask is, have you thought about home ventilation?

Let me tell the Members, that is a situation where this little boy's life was hanging in the balance. There is nobody that I know of, including myself or my wife, who is a physician, that could take a child in that situation home without all the technology that you would need in that intensive care unit and have a chance of that little boy surviving. Yet that is the kind of recommendations that we are getting from people that should not be giving the recommendations.

That is why part of this legislation we are talking about says that if you are going to deny care, the denial of care has to come from somebody who is legitimate and qualified to understand the situation in order to deny the care.

Then the legislation says that if you do not agree with that denial of care, you can appeal it, but the appeal has to be adjudicated on a timely basis, not 6 months from now, when, like this poor unfortunate lady, you may no longer be in this world.

Mr. PALLONE. What the gentleman is bringing up again is so important, because we had a forum in New Jersey with Senator TORRICELLI and myself in my district, and the people that came and talked about the problems they had with managed care, their biggest concern was the bureaucracy of having to deal with a denial; in other words, denial of certain services, denial of certain equipment, and how they had to go about appealing that or finding someone who would hear their case.

I just could not believe the hours and hours parents or a relative would spend trying to get through that bureaucracy to try to have someone hear their case on appeal, or whatever the grievance procedure is. I think that that is a very important part of the legislation that we are talking about here today, because how many people can do that? A mother maybe can do it for her child if she is not working, but most of the time you have to call during the day, and a lot of people just cannot take the time to go through the morass that has been set up in these organizations.

Again, I just want to say to the gentleman from Iowa (Mr. GANSKE) that the reason it is so valuable to have the gentleman here tonight if he is just pointing out how common-sense these patient protections are.

The gag clause, again, I think most people would not believe that their physician is not allowed to tell them what the proper treatment should be or make recommendations because of some gag clause, or the circumstance the gentleman just described. We are only talking about things that I think most people would expect would be the norm, but unfortunately, they are not. That is the problem.

Mr. GANSKE. If the gentleman will yield further, Mr. Speaker, we always hear from opponents to this that this legislation will cost so much. It is going to make premiums double.

Phooey on that. As far as I know, there is one independent study that has been done by Coopers & Lybrand, a well-respected actuarial firm, by a nonpartisan group that has looked at the cost of a Patient Bill of Rights, exclusive of the liability provision, and the cost to a family for a year would be about $31. All sorts of surveys across the country have shown people would be willing to have their premiums go up more than that in order to have their insurance mean something.

Mr. PALLONE. Mr. Speaker, I want to thank everyone for joining us. This was certainly worthwhile. We have to keep pressing to have patient protection legislation brought to the floor.

Ms. JACKSON-LEE of Texas. I thank the gentleman. I think America deserves it.

GROWING THREAT TO NATIONAL SECURITY

The SPEAKER pro tempore. Under the Speaker's announced policy of January 7, 1997, the gentleman from California (Mr. ROHRABACHER) is recognized for 60 minutes as the designee of the majority leader.

Mr. ROHRABACHER. Mr. Speaker, I came to the floor on April 30 as the chairman of the Subcommittee on Space and Aeronautics. As someone who holds that title, I have the responsibility to oversee NASA and America's space effort.

My purpose in that April 30 speech was to disclose what appeared to be a horrible threat to our national well-being. American companies, I charged, may have upgraded Chinese strategic missiles, compromising the safety of the American people, putting every man, woman, and child in our country in greater vulnerability to nuclear attack, a nuclear attack launched from the mainland of China.

Technology transfers, at the least, may have undercut our country's ability to deal with an aggressive Chinese Communist regime in the future. Even worse, of course, our gallant defenders in the future may be shot out of the sky or die in their submarines, victims of weapons researched and developed by the American taxpayer and delivered to our potential totalitarian foe by greedy American businessmen.

Since my initial warnings in that April 30 speech, information that has emerged suggests the horror story that I described of our country being more vulnerable to nuclear attack from the Communist Chinese and the upgrading of other weapons systems, that horror story that I described is much worse than I originally imagined, as I have continued to look into this matter.