

APPRECIATION FOR FEDERAL DISASTER RELIEF

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

Mr. ALLEN. Mr. Speaker, Maine people are no strangers to tough winters, but the ice storm we just endured struck a terrible blow. Damage will exceed \$100 million. When Vice President GORE toured the State, he said it looked like we had been hit by a neutron bomb. And that is a pretty accurate description. The damage from the ice storm which accumulated over several days snapped off telephone poles. We had 2,500 telephone polls in the State which needed to be replaced. It essentially dropped the forest canopy about 25 feet, the hardwoods broke off at the top, branches broke off, and they took power lines down with them all across the State. Some roads were impassable, blocked by fallen trees and downed power lines. Thousands of people were left in the dark and cold. Mr. Speaker, 600,000 people, one-half of the residents of the State of Maine, were without electricity for some time, and some of them had no power for as long as 2 weeks. As my colleagues can imagine, that can try the patience of even the toughest Yankee who has faced some very tough nor'easters. Thousands of families with no heat found themselves stoking up old wood stoves and huddling in front of fireplaces. For those who depend on well water, no electricity meant no pump, no pump meant no water. Those close to a pond or river hauled water in buckets. No running water meant no toilets, no bathing, no washing dishes or washing clothes.

I have to say that all of this produced a very brisk business in chain saws, generators and kerosene space heaters. Not only was the power out, but it was very cold. Our schools were closed for up to 2 weeks in different parts of Maine and daily life was disrupted for thousands of families.

During those 2 weeks, I went to a number of shelters in Maine and I want to tell my colleagues, there are some wonderful stories, hundreds of stories of people pulling together to help each other and make a community humanitarian effort. I will never forget certain aspects of my experience going into those shelters. There would be some older people, some on oxygen, on cots on one side of the room, a gym or some other facility, there would be younger kids being taken care of by their parents, there would be a soccer game in the middle of the gymnasium or the shelter, but I will also remember most, what I will carry with me as long as I live, is the look on the faces of the teenagers, many of whom had not volunteered I suspect for anything like this for a long period of time, but there they were, cutting up carrots, moving cots, bringing blankets, helping to move equipment, and making sure that other people were well cared for. It was

for them an experience that may help them understand their connection to others and the importance of community.

Fire and rescue crews went door to door in some places checking on townspeople, seeing who was okay; others took generators and portable generators and moved around from home to home warming up one home, unplugging the generator, going to another home, trying to keep as many people as possible warm, and as many pipes as possible from freezing. Our radio stations canceled normal programming and took calls around the clock; that was real helpful for building a sense of community, and television stations had special programs and hotlines.

We could not have done this without outside help, and I am here today to say thank you to the rest of the country.

Let me give some examples of how we were helped. Central Maine Power Company, our major utility, usually has 92 crews, and during the height of our resistance to this storm, we had 1,000 utility crews working. They came from Maryland and Delaware and North Carolina and South Carolina; they came from Pennsylvania, Connecticut, Rhode Island and New York, they came from all over the East Coast and they provided an invaluable service. One truck had on it a sign on the side: Maine or bust. And they showed up. Some of those folks arrived from North Carolina at the Brunswick Naval Air Station and they were given jackets from L. L. Bean, donated by L. L. Bean. They had worked on utility lines all their lives, some of those people, never in such cold, and I just want to say that we could not have done it without the assistance of people from other States.

I would also say that the response of FEMA, the Federal Emergency Management Agency, was outstanding. James Lee Witt came to the State, he and his people did an extraordinary job. The Federal Government stepped forward when it was needed and helped Maine people when they needed it most.

I just will say in conclusion, I will never see scenes on television of a flood or hurricane and not remember how the people of this country stood up for people in Maine when we needed help.

□ 1445

MANAGED HEALTH CARE REFORM

The SPEAKER pro tempore (Mr. SNOWBARGER). 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, I just wanted to start out this afternoon by saying how happy I was with the President's State of the Union address last evening and the reaction of Congress on both sides of the aisle.

The President stressed his pro-family, pro-child message. It is an agenda that I think that everyone can get behind. It will have the strong support of the American people. And it is very important, I think, that in order for us to enact this agenda, that we get the Republicans, both the leadership and the rank and file, together with my Democratic colleagues so that we can enact what are essentially common sense proposals in 1998.

I, along with several of my colleagues who will join me this afternoon, just wanted to call attention to two points that the President raised with regard to health care reform which I think are particularly important.

One is managed care reform. The gentleman from Pennsylvania (Mr. KLINK), who is going to be joining us soon here, stressed that during the break, during the congressional district work period. Congressman KLINK, myself, and others had a number of forums in our districts where we heard from our constituents about the problems with managed care, with HMOs and managed care organizations.

I thought it was particularly interesting last evening that when the President mentioned the need for consumer protections and a consumer Bill of Rights to deal with managed care organizations, that the response was overwhelming. I think it had a better response from the Congress, again on a bipartisan basis, than almost anything else that he talked about. I think that is because we are hearing from our constituents and they are telling us the problems and the horror stories that exist with regard to existing managed care organizations.

Mr. Speaker, I would like to at this point yield to the gentleman from Pennsylvania who I was listening to his comments before and they are really appropriate in terms of some of the problems that we hear from our constituents.

Mr. KLINK. Mr. Speaker, I thank my distinguished friend from New Jersey.

The gentleman from New Jersey (Mr. PALLONE) and the gentlewoman from Connecticut (Ms. DELAURO) and I and others have had these discussions for years. We have watched as this situation with insurance and availability of insurance, choice of doctors, all of this has deteriorated greatly.

But it was 1995 when probably the most horrendous story that I had ever come into contact with occurred. I became aware of a 4-year-old boy named Sean Brake from a place outside of my district called Plum Borough. The local TV station was doing a story about the fact that Sean's father worked for the insurance company and Sean at the age of 4 had gotten a rare form of cancer, but it was a highly treatable form. With a bone marrow transplant which would cost somewhere around \$200,000 or more, there was a 90 percent chance that Sean would survive, according to the people at Children's Hospital in Pittsburgh,

one of the most renowned children's hospitals in the Nation.

Yet the insurance company would not pay for this. I heard this on the television; and I said, This is amazing. Being a father, here is a 4-year-old child who has a 90 percent chance of treatment if he gets the treatment or he is going to die. And so I called the family and asked if they minded if we got involved. It took me personally, and my staff members, 3 days on the phone.

The problem was that the insurance company that Sean's father worked for would only cover the first \$125,000. They said, Congressman KLINK, it is not that we do not want to pay out this money, but we need to know that our catastrophic carrier will pick up the remainder or why bother?

So I called that other carrier, and they would not talk to me. As a Member of Congress, or as anyone else, they would not speak to me. I could only talk to their lawyer in Chicago.

So I talked to the lawyer; and he said, Look, we view this as experimental. It is too bad. That is a decision we have made, and he was very cold. I could not believe I am talking to another American that is going to let a 4-year-old child die when there is a 90 percent chance to survive. I was appalled, but I could not reach this individual through the phone.

I could not also understand why, if the child was going to have a 90 percent chance of success with this treatment, why is that experimental?

Finally, we found out that the Health Care Finance Administration in its manual says that if an insurance company wants to bid to provide insurance for any Federal employee, it must cover this procedure. It is not experimental according to HCFA.

So we called them back and said, Being good citizens of this good United States, if you do not cover this we are going to have to inform the Federal Government. Every contract you have with the Federal Government will be canceled, and you will not be able to bid for any more.

Mr. Speaker, very quickly they called us back and said, We will take care of Sean Brake.

I had a wonderful opportunity a year ago to sit with Sean Brake and his mother. He is alive and thriving, and the bone marrow transplant worked. But why did it take a Member of Congress and his entire staff 3 days to get this child the care in the United States of America that every child should be able to get?

We have had people sitting in front of us. A lady who was a diabetic sat there. Her husband had to take an early retirement from Sears & Roebuck. Under COBRA, he is covered; and she is sitting there with tears streaming down her face.

She said, There are two things that I love more than anything in the world: Number one, I love my husband; and, number two, I am a real flag waver. I love my country.

But I am going blind from diabetes. My husband and I are not old enough for Medicare yet. We cannot afford insurance because I have a previous condition, and after the COBRA runs out I will not have health care coverage. So my choice is either go blind and die or I can divorce my husband who I love and go on Medicaid. Or I can leave this country, go to Canada, become a citizen and then I will have socialized medicine.

What choices are we giving the citizens of this Nation today?

I have to thank the gentleman from New Jersey (Mr. PALLONE). The gentleman has led this fight here in Congress. He has informed many of us, his colleagues and friends, of things that are going on. The gentleman brings great knowledge and emotion to this debate and discussion.

Mr. Speaker, I would simply say to the insurance industry around this Nation that the people are leading and the leaders will follow. People are angry. They are upset. They pay increasingly more of their money in premiums and the insurance companies give them less in service, less in access, no choice of medications.

Last night, Members in a bipartisan fashion reacted favorably to the President's comments. This is just the beginning. They had better straighten up. They better start thinking about managing real care, not just moving dollars around. Stop giving these seven- and eight-figure salaries to their top executives while they are not giving care to the people who pay the premium for the policy.

Mr. Speaker, I thank the gentleman for yielding; and I thank him for his leadership on this issue.

Mr. PALLONE. Mr. Speaker, reclaiming my time, I want to thank the gentleman from Pennsylvania for his comments. I think that what the gentleman is pointing out, and obviously what we all must do but he has done it so well today and, I know, beforehand, is to give the individual cases of how people are individually impacted by managed care and the problems that we are hearing from our constituents. Because everyone can relate to it. It is direct.

The gentleman mentioned again about last night in the State of the Union address how, when the President spoke about this, how there was such a positive reaction on both sides of the aisle. But we know that the Republican leadership, unlike many of the Republican colleagues, rank and file colleagues, have already joined together with this coalition of certain business and insurance interests. They are starting this million dollar campaign to try to fight the consumer protections that we are talking about and that the President talked about last night.

My understanding is that next week some of these special interests are going to be down here, and we are going to have a battle. We know we are

going to have a battle. It is just like we had with kid's health care and with the portability provisions of Kennedy-Kassebaum.

We know that the people and most of our colleagues support this, but we are going to get these special interests and big money campaigns supported by the Republican leadership against it, and we are just going to have to keep bringing up these cases and the problems that our constituents talk about.

Mr. Speaker, I want to thank the gentleman from Pennsylvania again. I know it is just the beginning.

Mr. KLINK. Mr. Speaker, if my friend would again yield, I think my point on that would be we know that there is a tremendous amount of money and power and influence. This is a trillion dollar industry. The profits that are to be made in denying people their health care and pocketing the money is an extraordinary amount of money.

In 1993 and 1994, those insurance interests were able to put the Harry and Louise ads on television, spend tens of millions of dollars, and they could make the public believe they do not want government health care.

Today in America everyone knows the kind of health care that is available, but they also understand it is not available to them. Everyone we talk to has a horror story. Even those people who can afford the best health care know that when they go to the hospital, the hospitals have had to cut back on the number of nurses so they cannot get care. They ring the call button and no one shows up.

I had a gentleman who manages billions of dollars of securities at one of the largest investment firms in Pittsburgh who told me a horror story about having a back operation. He has got money. That is not a problem.

He goes to the hospital and because of the cutbacks forced by the HMOs saying to the hospital that they will take less of a reimbursement because all of these patients are ours; we are taking our piece off the top. He had to be turned X-number of degrees every so many hours or he will go crippled. He said, Congressman KLINK, I could not get a nurse.

People know this, no matter how much money they spend against us, the kind of care they are denied. And they cannot get the medication they want because deals have been made between the insurance companies and the pharmaceutical companies that they will only sell our drugs. Patients do not even get the generic brand anymore; they get the cheapest in that classification of drugs.

Mr. Speaker, people know this. They are feeling this every day. The public will carry this battle on their shoulders. We just need to be there with them as the voice in the people's House to say to the special interests who are making billions of dollars, the people of this country deserve health care.

If patients are pro-life, people are dying. If patients are pro-choice, they

should have a choice of their own doctor; they should have a choice of their own medication; they should have a choice to stay in the hospital if their doctor thinks they need to.

It does not matter where people stand on these arguments. Both sides can find something that is going to bring us to the argument that the system as a status quo is not working.

In 1993, 53 percent of the people who were working in this Nation were in HMOs. Today, 85 percent of the public are in HMOs. They have captured the market, but they are not delivering the service.

Mr. Speaker, I thank the gentleman from New Jersey for his leadership.

Mr. PALLONE. Mr. Speaker, I thank the gentleman again. We are obviously going to continue with this over the next few weeks and months until we get this legislation passed.

Mr. Speaker, I yield to the gentlewoman from Connecticut (Ms. DELAURO).

Ms. DELAURO. Mr. Speaker, I thank my colleague from New Jersey; and it is good to be back talking about issues that are facing the American public and critical issues.

And I would say to the gentleman from Pennsylvania, I had the opportunity to read through the newspaper clippings of the forum that the gentleman held on managed care, and it is heartrending what is going on in people's lives. The gentleman really is eloquent and a champion of people who are looking, desperately looking for some way in which they can figure out the system or not have the system be detrimental to their health. That is not what it is about. That is not the goal in health care.

Mr. Speaker, I thank both of my colleagues; and I know that we are going to be joined by my colleague from New York.

This is a critical debate in the country today. I think, as both of my colleagues have said, I think the President laid out a challenge to all of us last night when he said that we must address the issue of managed care reform. And I think in this body, on both sides of the aisle, there was a cheering and people who are ready to take on this challenge. I think this ought to be one of the first issues that we address, since there is good, solid bipartisan support and it is a problem, as we have all concluded, that is affecting so many Americans.

I think why there is such tremendous bipartisan support on this issue is because every single Member of this body is listening very carefully to those who put their faith and their trust in us to represent them on the serious issues that they are facing. Everyone is hearing about the horrors of managed care. My hope is that we respond and that we respond quickly.

□ 1500

Today it seems that HMOs are valuing the healthy profits over healthy pa-

tients. We understand that there has to be costs that are cut. Everybody wants to try to make health care and health insurance more affordable, but you have to take a look at what price and if you are sacrificing the health and safety of the American people, then that is not the goal, that is not the goal.

I was over at a large senior housing complex in my district last week, a place called Bella Vista, which means good vistas, good life. And there were about 100 people in the room. I was just talking to them about the changes in Medicare, what they might be looking forward to and also about the extension of Medicare to people who are 55 to 64, et cetera. One woman raised her hand. She was carrying around an oxygen cart. She told me her story of her husband, middle of the night, rushed to the hospital, cancer patient, had a stomach blockage, goes to the emergency room. They examined him, said, you are fine, you do not have to stay.

I said, you should have made a fuss there. She said, I did. I did.

She said, they told me that my husband did not have to stay, that he is fine, that he is all right, that they would not admit him. I tried.

And within several days her husband was dead. She said to me, what should I have done? You are left standing there.

This is real life. She said he was a cancer patient. So you are hard-pressed. I can get back to her and say, and I said to her, we are working on that. Well, that is great. She lost her husband. You do not feel like you are really doing your job when you are standing there trying to cope or trying to be empathetic and sympathetic to what is going on in people's lives.

My colleagues here know we have all worked together on the issue of breast cancer patients, women being treated as outpatients for mastectomies. We have a good piece of legislation here with 214 of our colleagues who have signed on. Unfortunately we have not been able to get the leadership in this House to give us the opportunity for a hearing. But over and over again I hear from Members that say, we cannot legislate body part by body part. I understand that. I really do. But we have to address an issue when it comes before us, and we have to take action.

In the same way that we are talking about the Breast Cancer Patient Protection Act to prevent that kind of outpatient treatment for women who are undergoing mastectomies, we need to have an overarching set of principles, which we do have in a consumer Bill of Rights for people, something that the President has proposed. There is a piece of bipartisan legislation in this House which we can move on. It is only right. It is only just. It is only what people have every right to expect, that they in fact can get good quality health care, that doctors are not given a gag rule that says that they cannot talk about all the medical options that

are available to people with a specific illness that they have, that they cannot get emergency care because someone is deciding what is emergency care for people when you are sick and you use the emergency room. When you go in and you truly are sick, doctors can determine whether or not someone is seriously ill versus someone that has gone in for something that is minor. But to curtail the medical profession in this regard I believe is wrong, and we have it within our power within this year to pass comprehensive managed care reform so that in fact people are the beneficiaries of the very best in health care that this country has to offer.

I know we want all of our colleagues to participate.

I want to thank the gentleman from New Jersey for taking this time and look forward to participating in the conversation.

Mr. PALLONE. I want to thank the gentlewoman. As you mentioned, the President basically put out the challenge last night, and it is our obligation now to get the Congress to enact these consumer patient protections. I think what we are just going to do over the next few weeks is basically bring out all these examples and point out how so many of our constituents are negatively impacted and need some kind of Federal regulation or patient protection in order to have quality care.

Mr. Speaker, I yield to the gentlewoman from Connecticut.

Ms. DELAURO. We are looking at medical science today. I am a cancer survivor, 12 years ago, and I thank God every day for giving me my life back. But we now have the capability with science to look at genes and to look at someone's genetic predisposition to cancer or to diabetes, to any of the diseases that have plagued us. And yet at the same time there is a fear that if you have a genetic predisposition to one of these illnesses, you do not want to say anything, you do not want to tell anybody, because you are fearful that you are going to lose your insurance or you will not be able to get insurance.

Now, this is madness. We are about and the President also talked last night about putting so much more money, millions of dollars more, into research, health research. We will have the capacity to look at these areas. And yet people may not be able to get the kind of health care coverage that they will need if they have this predisposition to illnesses. We cannot go down this road. We just cannot.

Mr. PALLONE. I agree.

I want to yield now to the gentleman from New York (Mr. ENGEL) who is on the Committee on Commerce with me and who for a long time now has expressed concern over this issue.

Mr. ENGEL. I want to thank my colleague from New Jersey for giving us this opportunity and my colleague from Connecticut. You are both so

right. When we talk about health care, it strikes me there is no Democratic health care or Republican health care. There is an American health care, and all Americans of all political stripes, of all persuasions, of all races and creeds and colors and regions of the country are all concerned about their health care. When I speak to my constituents, I know that health care is right up there in terms of things that people are very much concerned about.

My mother, her name is Seroy Engel, she lives in Tamarac, Florida. She is actually in the hospital now as we speak. She is my best advisor in terms of health care and Medicare and she tells me, what are people to do? People in this country, senior citizens who have worked hard all their lives, played by the rules, are retired and they do not have adequate health coverage. Medicare does not pay for prescription drugs. People have to decide whether they are going to eat or take their pills. Sometimes they eat half as much as they should eat and only take half as many pills as they need to take for medical reasons because they simply cannot afford it.

What is happening is that we are not doing the job. The government is not doing the job.

I want to really take my hat off to the President of the United States because I think that last night he made some very bold statements about health care. Several years ago when he put forth his program for health care reform, I supported that program. I am a supporter of the single payer plan as well because I believe that we need to cover every American in this country, that it is a national scandal that 40 million Americans have no health coverage whatsoever. Of those 40 million Americans, people do not realize, 20 percent of them are working people. It is not people who are unemployed. It is working people that do not have health care coverage. To me that is a national disgrace. We could do better in 1998, as we approach the 21st century in this country.

I want to commend President Clinton for raising the issue of health care. When his health care plan was shot down for a few years, no one wanted to touch health care with a 10-foot pole. But now we understand that we have to do it. I am just so proud of the Democrats here in the House because we are grabbing the bull by the horns and we are saying to the American people, we think health care is a priority.

We talked about managed care reform. We are listening to our constituents. Our colleague, the gentlewoman from Connecticut, is so right. Many of these decisions should be made by medical doctors based on what is best for the patient, not what is best for the private dollar, the almighty dollar or the bottom line.

We understand that people are in business to make money, but if you are providing health care, the bottom line, the most important thing is the health

care of that patient. That is really what it should be. So I think that we have a lot of problems to tackle in terms of health care.

We participated in a forum several weeks ago about the President's proposed expansion of Medicare. It was very interesting because yesterday when the President mentioned it during the State of the Union and said he was for expanding Medicare for people who are 62 to 65 or people who are over 55 who have lost their jobs and that these people would pay their own premiums so it would cost the government nothing, the Democrats stood up and applauded. I was really very surprised that on the other side of the aisle the Republicans did not applaud. They just sat there as if they were in opposition to his program.

I have to tell you, when I speak to my constituents, they all think it is marvelous because people who are 62 and have no coverage, they are at great risk. And people who have lost their jobs at 55, they are at great risk. And the Medicare program, we know we have to improve it. And we know we have to get at waste, fraud and abuse.

But we do know that before there was a Medicare program, the vast majority of senior citizens in this country had inadequate or no health care coverage whatsoever. And since Medicare they do have health care coverage. Some of it is inadequate, but at least it is coverage. If we can extend that and at no cost to the government or even a minimal cost to the government, it is not so terrible. If it is a minimal cost to the government, I am all for it. I think the American people are all for it.

I think the Democratic Party has shown that it is on the side of the people, the Democrats in this House, by coming out very forthrightly in support of it. So when we talk about the whole issue in this Congress, and I hope we will, talk about managed care reform, talk about Medicare expansion, talk about giving health care to 40 million Americans that do not have it, I think we ought to be proud to tackle these issues because health care affects everybody, and everybody is concerned with health care.

And so I want to really just commend my colleague for raising the issue, and the President yesterday again brought it to the fore. I think it is something the American people care about and want to talk about.

I think hand in hand the other issue that the President mentioned which I think goes hand and glove with health care is Social Security, because as people get older, they care about Social Security and they care about health care. I think the President saying that if there is any kind of surplus that every dollar of surplus would go to shore up the Social Security system, I think 90 percent at least of Americans would agree with that.

So I look forward to working in this Congress to shore up the Social Security system, if there is a surplus, and if

there is not a surplus we know we need to shore it up anyway and to work on improving health care in this country. We have the greatest system in the world in terms of health care, but we know along the way there are still some problems. I believe that a country that can do so much, as we can do, ought to very basically provide decent health care for all of our citizens.

I look forward to working with the White House and with the President and with the Democrats in Congress, and hopefully the Republicans will come along and work with us in a bipartisan fashion so that we can provide the kind of health care to all Americans that all Americans know we need.

Mr. PALLONE. I want to thank the gentleman. I just want to say again with regard to two points, you said about the near elderly. I did not start out this afternoon talking about the near elderly proposal, but that, I think, was just as important in terms of what the President mentioned last night. And one of the things that really aggravates me is that so many of our colleagues on the other side, not so much maybe individuals, but certainly Republican leadership, keep bashing Social Security, keep bashing Medicare. We went through the whole Medicare debate where they talked about how bad Medicare was. The reality is that Medicare is a very good program and Social Security works. People are getting their checks. They get their COLA every year. Medicare works.

And if we can institute a program for the near elderly, for people 55 to 65 or 62 to 64, depending on their circumstances, if they lose their job or their spouse is no longer covered, if we can somehow manage to get the people who need this Medicare coverage into Medicare without any additional cost to the Medicare program, which is what the President is talking about, because they would be paying the premium, why not?

Let some of these people take advantage of the Medicare program, particularly since we know about downsizing, we know about layoffs, we know what is going on out there now so that people in this age bracket, where they are close to 65, increasingly have problems keeping or getting health care coverage.

I would say the same thing about Social Security. Social Security is great. It was a democratic initiative passed by the Democrats. And yes, I think the President is absolutely right. If there is a surplus, when there is a surplus, it should be used for Social Security.

But again I keep hearing on the Republican side about Social Security is broken, we cannot fix it. All these suggestions out there to maybe privatize and move to another way of doing things. I think it is wonderful that the President not only stood up and said, look, Social Security is out there and it is working, but also said that if we have extra money, we should use it to shore up the system.

The difference between the President's approach and the Democrats' approach and what we hear from a lot of the leadership on the Republican side is that we want to improve these programs, Medicare and Social Security. We want to improve them. We know that we can improve them and we are going to put our dollars where our mouths are in terms of improving these programs rather than just say they are not working when they are. They are working.

□ 1515

I wanted to yield again to the gentlewoman from Connecticut.

Ms. DELAURO. I think it is important, so that there is no misconception about what the health care Bill of Rights is, what it contains, so that in fact it is pretty basic. Because the gentleman mentioned that next week there are going to be groups up here who are rallied and organized and very well financed to try to come in with a steamroller, if you will, and just try to knock out this issue of managed care reform.

Also, my colleague from New York made a very good point. Illness is not partisan. It is not gender related. It is not age related. Everyone gets ill. And people do not want to get sick. People would like to be healthy. But there are going to be a group of very, very powerful special interests arrayed with lots and lots of money against this notion of managed care reform.

So in stepping back, very simply, what is the President's challenge? What is it that will have both Republicans and Democrats in this body galvanized around? And, as I say, I think we could move, and move quickly, on this issue. The health care Bill of Rights would simply ensure that patients have access to health care specialists; access to emergency services when and where the need arises; an assurance that medical records will be kept confidential; an access to a meaningful appeals process to resolve differences with health plans and providers; to remove that gag rule that prevents physicians from talking to patients about treatments that might not be covered by their plan, even the treatments that could give them a shot at beating a deadly disease.

These are some of the pieces of the health care Bill of Rights. And it seems to me that this only says people should get the health care that they deserve.

Mr. PALLONE. Will the gentlewoman yield?

Ms. DELAURO. I would be happy to yield to my colleague.

Mr. PALLONE. I am so glad that the gentlewoman went through the list. And, of course, that is sort of general; we could get into the details.

Ms. DELAURO. Right.

Mr. PALLONE. But it is so basic and it so simple, and that is why there was so much support here last night.

Ms. DELAURO. Right.

Mr. PALLONE. And the most amazing thing, if the gentlewoman will re-

member last night when the President spoke and he mentioned the importance of having confidential medical records, and there was a huge roar of applause. And I said to myself, you know, such a simple concept that your medical records should be confidential and should not be available to everyone.

Ms. DELAURO. Everybody.

Mr. PALLONE. And we cannot even guarantee that. We have people spending millions of dollars coming here to Washington next week to start advertising campaigns not to keep your records confidential. It is amazing how basic these things are and yet we are getting the opposition from the other side.

Ms. DELAURO. And that is what the public needs to know, is that there will be an array of very, very powerful special interests that are organizing, taking their resources, vast resources, to try to put an end to managed care reform.

And what the public needs to know is if they do not want that to happen, that they need to get engaged in this process; that they need to be in touch with those of us who serve on their behalf; that they do not want this to happen; that they do in fact want managed care reform and that opportunity for choice, for confidentiality, and for knowing what their options are when they are ill, no matter whether their insurance plan covers that particular option.

Mr. PALLONE. And such a simple concept. I want to yield to the gentleman, but even the disclosure part. We had a hearing last week in New Jersey, Senator TORRICELLI and I, and it was amazing how many of the stories just revolved around people's not knowing what their health plan consisted of. Just a simple statement so that they know what their coverage consists of.

I yield to the gentleman from New York.

Mr. ENGEL. I wanted to again raise the issue of the President's proposal for expanding Medicare, because I think that that is really one of the new proposals that we are going to really have to deal with in this Congress. And I really think that the American people really are interested in it and I think are overwhelmingly in support of it. And I would hope that it does not get buried in the general discussion of health care.

Again, and my colleague was with us when we had the hearings, we had three witnesses all in the category of the 62 to 64 range, age range, and they pointed out that they are the most vulnerable in terms of having no health coverage whatsoever. These are all, again, working people.

There is nothing that aggravates me more, because I represent a working class, a middle class district in New York, of people who have worked hard all their lives, who have played by the rules, who are not looking for hand-

outs, who do not want anything to which they are not entitled, who suddenly find themselves in need, after playing by the rules all their lives, and we say to them, sorry, we cannot help you. That is wrong. And the people who fit into that category, between 62 and 64 and 65, ought to be helped. And people who are 55 and older, who are retired or laid off or unemployed, ought to be helped as well.

You know, there are many, many people who retire after age 55 and their companies promise them that their health care coverage will continue once they retire. And then they retire and suddenly find out that the company revokes it or something happens, and the President's proposal would extend this COBRA coverage which would allow these people to again buy in with their own resources and to have a continuation of the health coverage that they had when they were working.

Who could object to that? Especially if we can find innovative ways and people can pay the premiums so the cost to the government would be minimal. It would seem to me like apple pie and motherhood. It should be something that everybody supports.

It is very disheartening to see that the same forces who opposed Medicare in the 1960s are the same ones who are now saying, no, no, we cannot expand it, we should not expand it, let it wither on the vine, or whatever the speeches are. Everybody should be embracing this Medicare expansion because it is good for people and it is good for America.

And, after all, we are 435 of us here, Democrats and Republicans, we were all elected to do what is good for America. And I can think of nothing better that is good for America than to try to expand health care coverage to average people who have worked hard all their lives, who have played by the rules, who do not look for handouts, just look for fairness and equity.

And I want to again say how proud I am of the Democrats in the House of Representatives for putting forward these proposals and the President of the United States for putting forward these proposals and for us to say we are going to make this health care coverage, these health care proposals our number one priority in this Congress, and let the American people decide what they want and let the American people see who is really acting in their interests.

So, again, I am proud to stand with the Democrats in this House to say that we will not stop until we expand coverage for Americans, until we make sure that Americans get adequate health coverage and we make sure that decisions are made based on what is best for the patient, not what is best for the bottom line or the profit or the almighty dollar.

We, again, understand people need to make profits, but the bottom line is health care for the sick, health care for all Americans, quality care. That is the most important thing.

Mr. PALLONE. I want to thank the gentleman, and while he was talking about the hearing that we both attended, where Secretary Shalala, the Secretary of Health and Human Services, spoke, I was just looking over a summary of what she outlined as to briefly why this near elderly proposal was necessary and the specifics, which is pretty basic, of who would be covered.

If I could just mention it very briefly, what she said is that a lot of people in this age bracket lose their coverage because an older spouse becomes eligible for Medicare and retires, ending their work-based coverage. That is one category. Then we have, of course, we mentioned others who lose their coverage because of downsizing or layoffs, which of course happens very frequently. And then the third are the people who lose their insurance when employers either unexpectedly drop their retirement health care plans or somehow change the plan. And as the gentleman knows, a lot of people expect that they will continue to have coverage but all of a sudden their employer decides to drop it or change it.

There were three components that Secretary Shalala mentioned to the proposal. One is that Americans aged 62 to 65 can buy into Medicare by paying the full premium. Second, displaced workers over age 55, who have involuntarily lost their jobs and their health care coverage, can buy into Medicare by paying the full premium. And last, that Americans age 55 and older, whose companies reneged on their commitment to provide retiree health benefits, are given a new option through extending the COBRA.

Now, the President's proposal does not get into this, but when the gentleman and I were at that hearing that day, we also mentioned the possibility, which I know the two of us would like to see, of probably providing some sort of sliding scale subsidy so that people who could not afford the full premium would still be able to buy into it. And I think that in the context of the tobacco settlement or other monies that might be available, we could probably do something like that and still keep the budget balanced.

Mr. ENGEL. Let me say also, I think we could probably cut back on waste, fraud and abuse in the Medicare system and find the money to finance what the gentleman just described.

Mr. PALLONE. True.

Mr. ENGEL. I go to senior citizen centers in my district and I always get a lot of heads nodding when I say there is a problem with something with Medicare. And sometimes we have difficulty where we get, we are in a hospital stay and we get a printout afterwards and we see the monies that Medicare has spent. And we see listings sometimes of doctors' names, and we say who are these doctors I do not know who they are. I did not see them. And it is the doctor who pokes his head in the door and asks how you are feel-

ing today and then leaves and bills Medicare. And when people say that, or when I say that, people nod all the time.

I am sure all our colleagues have countless stories that constituents have told them about waste, fraud and abuse in the Medicare system, where people are told that they can get certain things, and they get them and they do not need them. I really believe if we crack down on waste, fraud and abuse we could save billions. And by saving that money, we could put it into ensuring that everybody gets expansion of health care coverage and that people that do not have it can get it.

So I think where there is a will there is a way. We certainly are capable of looking at it. And we know there is waste, fraud and abuse, and we can get at it.

So I again think that the President's proposal is something that has a lot of merit. I know the American people, I have seen polls, are all for it. I know my constituents in New York are for it. And I think, again, that those of us in Congress who understand the necessity for the expansion of Medicare, particularly on the Democratic side, and I hope again our colleagues on the Republican side will embrace it as well, but I know on the Democratic side we are embracing it and that we will continue to push for Medicare expansion in this Congress and hopefully get a bill that the President will sign into law.

Mr. PALLONE. I want to thank the gentleman again, and I will yield to the gentleman from Connecticut.

Ms. DELAURO. Just two points. I think on the expansion of the Medicare coverage, while it is specific to the age groups of 55 to 64, there is not anyone who is 47, 48, 49, 50, 51 who is not thinking about, my gosh, if I get ill or if something happens to my family am I going to be wiped out by illness. These are people who are near that period of time.

So there are a lot of people who are immediately facing the circumstance, but there are those who are fairly soon going to face the circumstance and they are scared. They are scared. And this seems like an equitable way, with the purpose of not draining Medicare funds, which no one wants to do, we want to make sure those funds are safe, and, at the same time, allowing people the opportunity to pay in. It is not getting something for nothing. We will pay in. In this way we are in some way protected.

I think we have some very, very important health care issues that are critical in the lives of our families today, which is exciting to me and I think to my colleagues. We have a real challenge, we do, on the Medicare expansion issue and with the discussion, and we need to build that support. And I think that the support is out there for doing this, particularly in the country, but we have to build the support here.

But there is, on the managed care side, a great deal of bipartisan support

here. I think we have a perfect opportunity very quickly in this session of Congress to take advantage of that support and the external pressure to get something done in this area.

And what it says ultimately, it says to middle class families in this country, we are there to help you. We are there for people in the country to say you need to have health care coverage, we want to make sure that you have it. We also want to keep the cost contained, but we can do that without somehow putting your health in jeopardy.

And at the same time, a very, very important message to the insurance companies and to the providers; that, in fact, we are willing, we are willing and we are going to stand up to set limits on what they can do and what they cannot do when it regards the health and the safety of Americans in this country.

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That needs to be what our obligation is. And the faster we get to it in this session of the Congress, the faster we are going to make Americans believe that what we do here in Washington is not focus on the problems we have here, but we are focusing on the problems that they have in their lives. That is what our obligation is. That is why we were elected to serve.

Mr. PALLONE. Mr. Speaker, I appreciate the remarks of the gentleman. I think she is right on point.

Mr. ENGEL. Mr. Speaker, will the gentleman yield?

Mr. PALLONE. I yield to the gentleman from New York.

Mr. ENGEL. Mr. Speaker, I just want to say that the gentleman from Connecticut (Ms. DELAURO) is so right that this is not an issue that people think about when they are 62. All of us down the line are thinking about it right now, and so many millions and millions of Americans are thinking about health care. It goes back to what I said when I opened my remarks, that health care is something that affects all Americans and it is really up there on the lists of concerns of people.

The hearing we attended, if my colleagues remember those three people that were between 62 and 65, they all said that they could not afford to buy health coverage, that they desperately need it but they simply could not afford to buy it. If we could expand the Medicare program and allow them to buy in at a reasonable cost that they could afford, I mean, are we not then doing something meaningful for people's lives?

Again, average Americans, middle-class people who work hard all their lives, play by the rules, something happens and they get a little older and they suddenly find themselves abandoned. So the gentleman from Connecticut is so right.

I think we in Congress have to show that we are listening to our constituents, to the people out there in America, that in Washington, inside the

Beltway, there are all kinds of things that come into play and there is politics and there is rumor mongering and everything else. The American people are not interested in that. The American people are interested in what is Congress, what is the President, what is Government in Washington doing to affect their lives, to help them in their lives.

Again, I can think of nothing more that we can do to help the average American than to expand health care coverage and to make sure that every American has decent, quality health care; and that is what I think we ought to do in this Congress.

Mr. PALLONE. Mr. Speaker, I want to thank both of my colleagues.

I think that the President sent a very strong message last night on a number of issues, managed care reform, expansion of Medicare to the near elderly. These are common sense ideas that have the support of the American people; and so we are going to pledge, as Democrats in this House, that we are going to fight to make sure that these proposals get enacted. And if we have to drag along the Republican leadership, we will just drag them along.

Mr. Speaker, I yield back the balance of my time.

STATE OF THE REPUBLIC

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

Mr. PAUL. Mr. Speaker, the first session of the 105th Congress has been completed and the third year of the conservative revolution has passed. Current Congressional leadership has declared victory and is now debating on how to spend the excess revenues about to flow into the Treasury.

As the legislative year came to a close, the only serious debate was over the extent of the spending increases negotiated into the budget. The more things changed, the more they stayed the same. Control over the Congress is not seriously threatened, and there has been no clear-cut rejection of the 20th century welfare state. But that does not mean that there is no effort to change the direction of the country. It is just that it is not yet in progress.

But many taxpayers throughout the country are demanding change, and today there are more people in Washington expressing a sincere desire to shrink the welfare state than there were when I left 13 years ago. The final word on this has not yet been heard.

In contemplating what needs to be done and why we have not done better, we should consider several philosophic infractions in which Members of Congress participate that encourage a loss of liberty and endanger our national security and the republic while perpetuating the status quo.

Following are some of the flaws or errors in thinking about issues that I

find pervasive throughout the Congress:

Foreign affairs. Although foreign affairs was not on the top of the agenda in the last session, misunderstanding in this area presents one of the greatest threats to the future of America. There is near conformity, uniformity of opinion in the Congress for endorsing the careless use of U.S. force to police the world. Although foreign policy was infrequently debated in the past year and there are no major wars going on or likely to start soon, the danger inherent in foreign entanglements warrants close scrutiny.

The economy, crime, the environment, drugs, currency instability, and many other problems are important. But it is in the area of foreign policy and for interventionism that provokes the greatest threat to our liberties and sovereignty. Whenever there are foreign monsters to slay, regardless of their true threat to us, misplaced patriotic zeal is used to force us to look outward and away from domestic problems and the infractions placed on our personal liberties here at home.

Protecting personal liberties in any society is always more difficult during war. The uniformity of opinion in Congress is enshrined with the common cliches that no one thinks through, like foreign policy is bipartisan; only the President can formulate foreign policy; we must support the troops and, therefore, of course, the war, which is usually illegal and unwise but cannot be challenged; we are the only world's superpower; we must protect our interests like oil. However, it is never admitted, although most know, our policy is designed to promote the military industrial complex and world government.

Most recently, the Congress almost unanimously beat the drums for war, i.e., to kill Hussein; and any consideration of the facts involved elicited charges of anti-patriotism. Yet in the midst of the clamor to send our planes and bombs to Baghdad, cooler heads were found in, of all places, Kuwait.

A Kuwaiti professor, amazingly, was quoted in a proper pro-government Kuwaiti newspaper as saying, "The U.S. frightens us with Saddam to make us buy weapons and sign contracts with American companies," thus ensuring a market for American arms manufacturers and United States' continued military presence in the Middle East.

A Kuwaiti legislator was quoted as saying, "The use of force has ended up strengthening the Iraqi regime rather than weakening it."

Other Kuwaitis have suggested that the U.S. really wants Hussein in power to make sure his weak neighbors fear him and are forced to depend on the United States for survival.

In spite of the reservations and reasons to go slow, the only criticism coming from congressional leaders was that Clinton should do more, quicker, without any serious thought as to the consequences, which would be many.

The fact that of the original 35 allies in the Persian Gulf War only one remains, Great Britain, should make us question our policy in this region. This attitude in Washington should concern all Americans. It makes it too easy for our presidents to start a senseless war without considering dollar costs or threat to liberty here and abroad. Even without a major war, this policy enhances the prestige and the influence of the United Nations.

These days, not even the United States moves without permission from the UN Security Council. In checking with the U.S. Air Force about the history of U-2 flights in Iraq, over Iraq, and in their current schedules, I was firmly told the Air Force was not in charge of these flights, the UN was. The Air Force suggested I call the Defense Department.

There is much to be concerned about with our current approach to foreign policy. It is dangerous because it can lead to a senseless war like Vietnam or small ones with bad results like in Somalia.

Individual freedom is always under attack; and once there is any serious confrontation with a foreign enemy, we are all required to rally around the President, no matter how flawed the policy. Too often, the consequences are unforeseen, like making Hussein stronger and not weaker after the Persian Gulf War.

The role of the military industrial complex cannot be ignored; and since the marching orders come from the United Nations, the industrial complex is more international than ever.

But there is reason to believe the hidden agenda of our foreign policy is less hidden than it had been in the past. In referring to the United States in the international oil company success in the Caspian Sea, a Houston newspaper recently proclaimed, "U.S. views pipelines as a big foreign policy victory."

This referred to the success of major deals made by giant oil companies to build pipelines to carry oil out of the Caspian Sea while also delivering a strong message that, for these projects to be successful and further enhance foreign policy, it will require government subsidies to help pay the bill. Market development of the pipelines would be cheaper but would not satisfy our international government planners.

So we must be prepared to pay, as we already have started to, through our foreign aid appropriations. This promotes on a grand scale a government business partnership that is dangerous to those who love liberty and detest fascism. And yet, most Members of Congress will say little, ask little, and understand little, while joining in the emotional outburst directed towards the local thugs running the Mideastern fiefdoms like Iraq and Libya.

This attitude, as pervasive as it is in Washington, is tempered by the people's instincts for minding our own