would give them to him. He knew they were talented musicians and he put them on the air and teenagers all over the Pittsburgh area wanted to hear more and more of them.

In fact the story is told of when Porky did a live show at the Stanley Theater. An hour before he went on the air, 500 people crowded around the Stanley Theater. Before the show was over, 10,000 people were crowded around the Stanley Theater. Downtown Pittsburgh came to a screeching halt. Kids were stuck on buses in the logjam created by Porky Chedwick. They got off the buses, crossed the bridges on foot to get to the Stanley Theater to see Porky Chedwick.

As a disk jockey, he saw the highest recognition of his career before the Beatles. In 1963, the Beatles came to America. A lot of performing artists saw their careers go downhill and a lot of disk jockeys that had that signature type of music similarly saw music change a great deal. But still, many of the great disk jockeys in America today credit Porky Chedwick with beginning it all.

As Porky said, ''I had more lines than Bell Telephone. I was the original rapper.'' And he probably was.

Mr. Speaker, I say to Porky, ''We are honored for you and your 50 great years in radio. We are honored that you are in the disk jockey portion of the Rock and Roll Hall of Fame, and we hope you are still playing that music for 50 more years. God bless you.''

□ 2100

THE DEATH OF FORMER CONGRESSMAN D. FRENCH SLAUGHTER, JR

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

Mr. BATEMAN. Mr. Speaker, it was with great sadness that I learned of the death of a former House colleague, D. French Slaughter, Jr., who represented Virginia's Seventh Congressional District from 1985 until his retirement due to illness in 1991. He died on Friday, October 2.

French Slaughter was a very able public servant whose friendship I highly valued. During much of the time I served in the Senate of Virginia, French Slaughter served in the Virginia House of Delegates. Among his proudest accomplishments was introducing the legislation in 1966 that established Virginia's strong system of community colleges.

As a Member of the House of Representatives, French and I often worked together on projects and I am proud to say that today I represent several localities that were formerly a part of the old Seventh District served by French Slaughter.

French Slaughter attended public schools in Culpeper, VA, and attended Virginia Military Institute from 1942–43, until he left to serve with the 84th Infantry Division in World War II. He was seriously wounded during the Battle of the Bulge and earned the Bronze Star and Purple Heart.

In post-war years, French Slaughter received a bachelor's degree and law degree from the University of Virginia. He later served on the university's Board of Visitors and as its Rector.

French Slaughter was elected to the Virginia House of Delegates in 1958 and remained a member for the next 20 years. When Kenneth Robinson of Winchester retired from the House of Representatives, French Slaughter succeeded him. His legislative achievements include expanding the boundaries of the four major Civil War battlefield sites in the Fredericksburg, VA region.

French Slaughter was a quiet, reserved man of high intelligence. He had a dry wit and low-key charm that made him a favorite with his colleagues on both sides of the aisle in the state legislature and in Congress. It was my great pleasure to have worked with him in both Richmond and Washington, and to have had him as a friend. During his 73 years, French Slaughter served his State and Nation with distinction and courage. He will long be remembered.

French Slaughter is survived by a son, a daughter, nine grandchildren and a brother. He will be laid to rest alongside his late wife, Kathleen Rowe Slaughter, on Tuesday, October 6 at the Mitchells Presbyterian Church in Mitchells, VA.

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

(Mr. HUNTER addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

BUDGET POLICY IN THE CONGRESS AND AMERICA'S FARM ECONOMY

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

Mr. MINGE. Mr. Speaker, this evening, I rise to address two subjects which I think are of great importance to our Nation and deserve emphasis here on the floor of the House.

The first is the question of our budget policy in Congress and in the United States. The new Federal fiscal year started October 1, 1998. We are 5 days into the new fiscal year. Unfortunately, Mr. Speaker, we do not have a budget resolution in place for this fiscal year to provide guidance to Congress. Unfortunately, the deadline for adopting a concurrent budget resolution was April 15, 1998, almost 6 months ago.

Unfortunately, we have had a failure of leadership in Congress when it comes to budget policy. We essentially have punted. We are talking about the budget being balanced. I submit that is because we do not understand the budget laws that we have adopted in this body. The budget is not balanced. We are still depending on at least $30 billion in the Social Security Trust Fund to offset other Federal spending. We are depending on the Social Security Trust Fund to establish a fiction that we have balanced the budget. We are talking about tax cuts, but we do not have a budget resolution.

This is the first time in the 24 years that we have had budget legislation on the books that establishes a budgeting procedure and calls for a budget resolution to provide guidance to us as a Congress that we have failed in this respect. Mr. Speaker, I submit that this is a grievous mistake in this body, to simply ignore the budget process that we have developed and assume that the American people will overlook it. We have a responsibility to ourselves, to the people of this Nation and to the Federal agencies to establish budget policy as we move ahead into this fiscal year.

The second subject I would like to briefly address is the state of the American farm economy. Last week I had the opportunity to travel back to my district, rural Minnesota. I went to the Cargill Elevator at Litchfield, Minnesota, and visited with farmers as they hauled in soybeans and corn. I asked them about their yields, what the current prices mean with respect to their ability to operate next year; what they think we ought to do.

There were two comments that I heard that were repeated. One was: Where is the marketing loan program that we have talked about and we have pleaded for? Uncap the loan rates. The second was: What has happened to the crop insurance program? We have had a disastrous loss on our farms, but we are finding there are no benefits.

Mr. Speaker, I submit that one of the tragedies of the 1996 farm bill is that we did not use these tools that farmers can access to manage their risk as a cornerstone for Federal farm policy. Instead, they were placed in the second rank of importance. Instead, we had automatic cash payments that we provided that would go out to farmers year by year, whether it was a good year or a bad year, whether they had good crops or poor crops. Now, we are paying the price.

I would like to emphasize that the President is currently working with the Senate in hopes that we can restore these programs to the important function that they could play. I call upon my colleagues to join with me in emphasizing that these tools that farmers in this great Nation can use to manage their risk and to stabilize prices ought to be available to them.

We ought to be investing our budget resources for agriculture in tools such as this. We ought to revisit the 1996 farm bill and be willing to ask where can improvements be made, make those improvements, and enable agriculture to move ahead proudly in 1999 with the prospect that agriculture can again be successful in America.

HMO 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, I just want to mention at the outset that I intend to yield a significant portion of my time later to the gentleman from Missouri (Mr. SKELTON).

Mr. Speaker, tonight I want to talk about the Republicans and their successful effort to block managed care reform in this Congress. And I stress block managed care reform. Congress is now just a few days away from adjourning for the year, and managed care reform, or HMO reform, is essentially dead. And the reason is because the Senate, at this point, has simply refused to take up any HMO or managed care reform bill.

To date, the House Republicans have dutifully carried the water, in my opinion, for the insurance industry. They did pass in the House of Representatives a bill which they labeled managed care reform, but it is a counterfeit bill, a reform bill that is worse than the current law. Of course, not to be out done, the Senate Republicans have rewarded the industry's loyalty to the Republican Party by doing nothing at all. Absolutely nothing. They simply refuse to take up the issue of managed care reform, and they are hopeful that the issue will simply die and everyone will forget about it.

Well, I do not think people are going to forget about it. The Republicans are, in effect, touting their indifference to HMO reform in the public's face. I have to say when I go around in my district at town meetings or forums, or I just talk to people on the street, as we tend to do quite a bit; and now, of course, we are going to be running for election, all of us in the next few weeks, and so we see a lot of people, a lot more people maybe than we even would normally, and I say to my colleagues that the public, not only in my district but throughout the country, is clamoring for HMO reform.

I do not really have to go too far. Today's New York Times. On the front page there was a story that said, ''Reality of the HMO System Doesn't Live Up to the Dream.'' It talks about places around the country where people had high expectations of HMOs and have been basically disappointed because of not only the quality of care that they have lost but also the fact that, in many cases, they have not even been able to get care that their physicians or their health care professional considered necessary.

I am not going to read this whole article, but I just thought it was very interesting because it starts out by talking about Kansas City, Missouri, and how at the start of the 1990s, when employers' health insurance costs were going up, that the giant Sprint Corporation shifted its employees to HMOs in order to try to save money. And they saved a lot of money.

And there is no reason why a corporation that is providing health care benefits for employees should not try to save money. I am not taking away from the fact that HMOs and managed care organizations often save a lot of money. But it is often at the cost of quality and even access to care.

Just as an example, it says in here that Sprint's costs stabilized, and today the comprehensive health program stands as a model of what Congress and industry envisioned 4 years ago when they rejected President Clinton's health plan and left the health care system to the tides of the marketplace.

So Sprint is happy with the fact that they have stabilized their costs. However, it says, and I am reading now from the New York Times story today, along the hallways at Sprint in Kansas City, the great expectations for managed care have dimmed. In a score of interviews with workers and managers, no one recounted the kind of HMO horror stories that make headlines, an example, the wrong leg amputated or a child denied a transplant, but, instead, they said they had found managed care to be exasperating, callous and sometimes just senseless.

I have been on the floor of the House many times talking about some of the horror stories. But what the article is pointing out tonight is that regardless of some of the horror stories, the day-to-day activity of having to deal with HMOs, without the kind of patient protections that I think this Congress needs to put into place, are very difficult.

It mentions in the article Kevin Leroy, a Sprint sales compensation manager, who says his HMO, Cigna, saved his 10-year-old daughter's life with months of hospitalization to help her conquer a mysterious immune system disorder, but it also required him to interrupt 3 days of work to get a third doctor's opinion before authorizing hernia surgery for him.

What we are finding here is that even though in this case the HMO actually eventually authorized the particular procedure here that this individual needed, or that this individual needed for his 10-year-old daughter, he had to go through all kinds of hoops in order to get the procedure approved.

This is another example. The toddler son of Elsa Wong, a project manager, suffered an ear infection for a year before her HMO primary care physician sent him to a specialist. When Phyllis Van Kamp, a secretary, had the fever and deep cough of bronchitis, a clinician told her over the phone to try aspirin for a few days.

So what we are finding is that it is very difficult for people, on a regular basis, who have HMOs or managed care, to oftentimes get the care they need. They have to go through a lot of hoops. Sometimes the care is denied; sometimes it is postponed. In any case, they worry, because the system is not working the way it should be.

And what the Democrats have been saying in the House of Representatives is that if we just put into law a few common sense protections for patients, nothing major, nothing dramatic, just a few common sense protections for patients, then we could make all the difference in the world in terms of HMOs and managed care organizations. Because right now they operate under so few rules and so few requirements and so few protections for individuals; whether they want to have access to a specialist, whether they want to be able to go to an emergency room and not have to fear that it will not be covered, whether or not they want to appeal the denial of a decision and have a very difficult time having a hearing or an opportunity even to be heard, whether or not they want to know what their policy contains and what is covered, and they do not have proper disclosure.

These are the kind of common sense things that need to be corrected, and that is what the Democrats have been saying for the last year or 2 when we put together our Patient's Bill of Rights and demanded that it be considered here in the House of Representatives. Unfortunately, what the House did was to stall and to stall.

The Republicans essentially were not in favor of any kind of HMO reform. And, finally, when their backs were to the wall this summer, and they figured they had to do something, what they did was a bill that is basically a sham and actually takes us backward. And even that bill, the Senate, the other body, does not want to take it up and wants to let die before this session ends within the next few days.

Well, I just wanted to mention again, with regard to The New York Times, in a New York Times poll that was conducted in July, 85 percent of respondents said that the health care system needs fundamental change, barely below the 90 percent who said the same thing in a Times-CBS news poll in 1994, before President Clinton's health care plan died.

This is all in this article that I was quoting from in The New York Times. The article says also, today's article on the front page, says that when asked about health maintenance organizations, 58 percent of respondents said the HMOs had impeded doctors' ability to control treatment, compared with 17 percent who said that they had improved it. And, basically, the article also makes reference to a 1995 Harris poll that found more people saying managed care would improve quality of care rather than harm it. If we compare that 3 years ago to the Times poll now, there was a sharp reversal; 50 percent saying care would be harmed and only 32 percent saying it would be improved. Again, from today's New York Times.

I think the lesson we are seeing is that there was a great expectation that managed care was not only going to save money but even improve the quality of care, or at least not make the quality of care worse, or access to care

worse. And now, not only has the public found that, from their own example, that that is not true, but the polling that has been done and mentioned in this New York Times article today shows rather dramatically most people overwhelmingly feel there are problems with HMOs that need to be corrected.

Almost 6 out of every 10 Americans are saying HMOs are impeding doctors' ability to treat patients, and the Republicans are simply going to let the clock run out on this issue. Basically, what the Republicans are saying to the American people is that they will have to wait until next year for the issue to be looked at again when the new Congress convenes in January. Sorry, they are telling parents of sick children who are trying to get their child to the appropriate specialist, they will have to wait until next year before Congress takes up the issue. Everyone, in fact, who was hoping Congress would pass legislation to improve managed care is out of luck for the indefinite future.

□ 2115

Now, I believe, Mr. Speaker, very strongly, and I know this sounds partisan, but I cannot help it because the Republicans are in control, they are in the majority, the adjournment of Congress without a managed care reform bill is without question, I think, the target that the gentleman from Georgia (Mr. GINGRICH) and the Republican leadership have been aiming for all year. What little they have done on managed care has all been part of a smokescreen that the GOP has set up to create the illusion of serious interest in managed care reform.

Consider now if we could, if I could just take a little time, Mr. Speaker, I would like to consider the GOP health task force original proposal to the gentleman from Georgia (Mr. GINGRICH). I am actually the cochair, along with some of my Democratic colleagues, of our Democratic Health Care Task Force and we came up with the Patients' Bill of Rights as our Democratic proposal.

Well, on the Republican side, there were some Republican Members who were very interested in managed care reform and wanted to come up with a decent bill that they figured would address some of the concerns that the public had to try to correct HMOs. But, if we remember, when that Republican Health Care Task Force came up with their original proposal just a few months ago, the gentleman from Georgia (Mr. GINGRICH) scoffed at what his own colleagues had come up with, and he basically berated them for bringing him a patient protection bill that had too many protections on it, and he sent them back to the drawing board because he and the insurance industry did not like what they saw. They saw a proposal that was very much like our Patient Bills of Rights.

So those Republicans, those colleagues on the other side of the aisle who wanted to do real patient protection, were basically told by the House Republican leadership, no, we do not want that. Go back to the drawing board and come back with something else.

Well, they went back to the drawing board this summer. They came back with something else. But what they came back with, which this time was acceptable to the gentleman from Georgia (Mr. GINGRICH) and the Republican leadership, was a bill loaded with provisions that were purposefully included to draw the President's veto. These are the so-called poison pill measures.

The House Republican leadership did not want a bill that could actually pass. They wanted a bill that was so loaded down with these extraneous provisions unrelated to HMO and managed care reform that they could be sure that the President would veto it. It turns out he did not even have the opportunity because they never sent it to him. But that was the idea. And these poison pills included expansion of the medical savings account, medical malpractice reform, and the subversion of State consumer protection laws through the expansion of health pools.

Now, some of these things some people might even like, but the problem is that they did not belong in this managed care reform. In order to ensure that this bill would not be exposed for the sham that it is, the Republican leadership bypassed the committee process and brought it straight to the House floor only a week after it was introduced by the task force. And aside from the poison pills which I just mentioned, the Republican leadership's bill included a host of so-called protections that are totally worthless.

I just want to give some examples. Then I will yield to my colleague the gentleman from Texas (Mr. GREEN), who is very much involved in putting together this Patient Bill of Rights as part of our Democratic task force. But let me just give my colleagues some examples of why the Republican proposal that passed here was a sham.

For example, the issue of medical necessity, which is really the chief catalyst of the managed care debate reform, in other words, who is going to decide what is medically necessary and needs to be covered by insurance company, is basically the key to what kind of care they are going to have.

Well, again, in today's New York Times article it notes that nearly 6 in 10 Americans believe managed care interferes with doctors' abilities to treat patients. The Republican solution for this problem was to lock the status quo in place. In the bill that House Republicans have already approved, your HMO is allowed to define what ''medical necessity'' means. And this means that if the Republican bill were signed into law, which they are not going to allow it to be, they are not even going to move on it, but if it were signed into law and they had a dispute with their HMO, if their HMO says the treatment they need is not medically necessary, they do not get it.

That is exactly what the problem is. In other words, the solution the Republicans are proposing is to codify the source of the problem into law. What the Democrats do in our Patients Bill of Rights is to define ''medical necessity'' based on generally accepted principles of professional medical practice. So, essentially, doctors are deciding what is medically necessary.

The Republicans use the same kinds of tricks really for everything in their bill. Emergency room care is another example. While they could go to any emergency room under the Republican bill, there is no guarantee that their insurance company would pay for it. So it does not really help to have health insurance if they are not going to pay for it.

Severe pain, for example, under the GOP bill is a standard a reasonable person could use to determine whether or not he or she could get him or herself to the emergency room. In other words, if they feel like they are having pain, the normal person would say, okay, that is a reasonable basis for them to go to the emergency room. But under the Republican bill, that is not a basis for saying that they are entitled to go to the emergency room. If the HMO decides that they do not want to define ''severe pain'' and say that is not a reason to go to the emergency room, then they do not cover it. They go to the emergency room, but they do not get the proper care.

Under the Democratic bill, patients would have the guarantee that if they had severe pain, that would be a reason to go to the emergency room and have it covered.

I do not want to keep going on because I see that my colleague is here, and he has been extremely helpful to us in the Democratic Caucus and to the Committee on Commerce in this effort. And if I could mention to my colleague that one of the things I mentioned here tonight is how this Republican proposal did not even go to committee. So we never even had the opportunity in the Committee on Commerce, which has jurisdiction over health care issues, to even consider this matter before it came to the floor.

Mr. Speaker, I yield to the gentleman from Texas (Mr. GREEN).

Mr. GREEN. Mr. Speaker, I would like to thank my colleague for yielding.

Taking up that, we both serve on the Committee on Commerce, and I serve on the Subcommittee on Health and Environment, and I would look forward to being able to work on a bill bipartisanly for a real Patients' Bills of Rights. But my colleague is right, the bill did not come to our committee. It was drafted in a task force. And we drafted ours in a task force, too. But we do not have the ability to bring bills out to the floor as the minority party here, and so that is the problem.

I want to make a few points about the Republican bill would do to State-passed patient protections and share with my colleagues concerns that have been raised by officials in my own home State. And, again, we discussed this before, that States all over the country have passed patient protection bills to deal with insurance policies that are licensed in that individual State.

We have to pass a national bill because so many of our companies come under ERISA, the Federal law, and so they do not fall under State regulation. So we have really two regulations of health insurance depending on how the policy is drafted. It could be under the State of New Jersey or the State of Texas, or it could fall under ERISA on the Federal level.

Very simply, the bill that we passed here on the floor, and I say ''we'' because we are collectively here, but my colleague and I voted against it and spoke against it, the Republican so-called Patient Protection Act should really be called the Patient Protection Elimination Act.

Texas State Comptroller John Sharp recently urged not only myself, but also Members of Congress from Texas to urge Congress to support the States and respect the work that they have done and not undermine them. Like so many States across the country, Texas has responded to the needs of its citizens and passed real managed care reform and true patient protections.

Unfortunately, the bill that the Republicans recently rushed through the House without committee hearings would preempt these laws and re-expose the very citizens to these laws that were passed to protect them. In other words, it not only does not help us, it actually goes against the reforms that were passed in individual States because it would re-expose us to problems in unregulated hazard health care that the States have been taken care of.

This simply is not right, and each State has a need specific to that State. And while it is sometimes necessary to pass a uniform national law like we have to, we should not overrule what a local State is doing, particularly when they are dealing with their constituents.

So often we hear from our colleagues on the Republican side that government closest to the people works most effectively and listens better. Well, I generally agree with that. Having served 20 years in the legislature, it was actually driven home to me every day. And in this case, I think it is true. The States ought to be able to deal with the insurance policies that are licensed in their State, and we should not, by the bill that we pass, overrule what the State legislatures have done. Doing so strips critical patient protections from the few people who actually have them now by the States passing them.

And let us be clear about the Republican Patient Protection Act. It eliminates patients' protections. I know it does in my home State. And while they may try to tell my colleagues that they have included similar provisions in the bill, I have read the fine print when we had that day-long debate and it became mixed up in all those well-intentioned protections or loopholes that we could literally drive a truck through.

Another letter that my office recently received from State representative John Smithy and Mr. David Sibley, two Republican committee chairmen in the Texas Legislature, who were the sponsors of our Patient Protection Act that passed in the State legislature. As chairman of the committees of jurisdiction over insurance and managed care in Texas that recently passed legitimate patient protections, they have an understanding of these issues.

While many Republicans here in Washington keep saying real reform is too expensive and would be too big a burden on insurance companies, it is important to note that the similar protections and provisions that were passed in Texas raised premiums only 34 cents per month, 34 cents per member per month. That is right. All those extravagant claims about increased costs are simply not true.

We do not have to rely on partisan estimates or even the nonpartisan Congressional Budget Office. Just look at the demonstration project already underway in Texas where recent laws passed that allow patients to sue their HMO. If that HMO makes a decision on the health care, that puts the responsibility with the person who makes it. They have access to binding and independent review. They can communicate freely with their provider without fear of retaliation against their doctor. In other words, they eliminated the gag rule. And they can utilize emergency room services if they experience symptoms that a prudent lay person would consider an emergency, including extreme pain.

And I have used this example before, and all of us particularly at our age smile about it, but how do I know at 10 or 11 o'clock at night when I am having chest pains that it may not be the pizza that I had at 6 o'clock, it may actually be a heart attack. And if we are having extreme pain and discomfort, then that should be part of it, because, again, we are lay people. We are not practitioners of medicine.

And what does that cost in Texas? Thirty-four cents. In fact, it is ironic that that is less than a cup of coffee here in the Capitol. I do not drink coffee, but that is what my staff tells me.

What worries me is it may be too late this year, and I hope not. But this body should make a commitment to real managed care reform in the next Congress and make it one of the top priorities and not put it at the end of the session, but put it at the beginning of the session. And, hopefully, when our constituents go vote on November 3, they will remember who had the actual real Patient Protection Act, and it was Members of Congress who worked and tried to learn from what is going on in our local States and said, okay, let us provide that on a national basis so everybody, no matter if you have a State-licensed insurance plan or policy or one who comes under Federal law, they will still have the basic protections that they should have to protect them through their managed care, their HMO provider.

I want to thank my colleague for, one, requesting this time tonight, because outside of education, there is no other issue that my constituents call about than health care. Managed care, Medicare, which also we have had some problems with some of the proposals under managed care that would be another special order some night that we may want to talk about under Medicare. But this is so important.

I guess the frustration is that senior citizens under Medicare will have these protections because the President signed an Executive Order that covers both Medicare, retired military, and also government managed care plans that cover Federal employees, but the average citizen out there will not have it. And we need to provide for those citizens the same protections and the same insurance that my colleague and I have.

I have heard that from my colleagues on the other side of the aisle, and what is good for the goose is good for the gander, and I think that is what important about it.

Again, I thank my colleague for allowing us to have this special order and taking his time tonight.

Mr. PALLONE. Mr. Speaker, reclaiming my time, I want to thank the gentleman from Texas (Mr. GREEN) not only because he has been so far out really bringing up this issue on a regular basis and making sure that it is addressed and then spending the time on our health care task force, but also because he brought out tonight that the cost of implementing these protections in his home State of Texas was so minimal.

I remember New Jersey has patient protections that are basically similar to Texas from what I have seen, and I remember at the time when they were trying to pass it in New Jersey. And we are getting the same thing here in Washington. The whole drumbeat against it is it is going to cost so much money, and it is going to increase the price of insurance, and the managed care organizations say that our whole purpose was to bring down costs, now we are going to bring them up again. And I think the gentleman said it was 34 cents, which is basically a few pennies for these protections.

Really, again, what we want to emphasize, and that is why I think it is important that my colleague brought up the minimal cost factor, is that these are just common-sense proposals and what they really amount to in most cases is just prevention.

My colleague mentioned the gag rule, how under current law if the HMO decides that they do not want the physicians that are part of their network to tell patients about procedures that are not covered by the HMO, they essentially put in place a gag rule so that their own doctor, in this great democracy that we have, cannot tell them about the type of services that are available because the insurance company will not cover them.

□ 2130

That is a terrible thing to me, because I think most people when they go to a doctor, they think the doctor is going to educate them and tell them what kind of care they need. That is common sense. Yet they cannot. The doctors in many cases cannot. They are under this so-called gag rule. I think most people are shocked to find out that that is the case and that their doctor actually cannot tell them the truth essentially. That is really what we are all about. We are just trying to put in place what as you mentioned and I mentioned are just commonsense proposals.

Before we conclude tonight, I just wanted to reiterate again so that everyone understands that you and I realize that this is not going to happen because the Republican leadership in the Senate will not even bring it up. But the fact of the matter is that we have a week left. You and I know that when the Republicans decided to bring up their bad bill in August, it only took them a day to do it. They did it in one day. They basically noticed it, they had the debate and they passed what was a very bad bill. So there is no question that if the Senate wanted to take it up, even with a week left, they could do it.

Mr. GREEN. And the Senate could take up the bill number that we passed over there and put real reforms in that bill. What we did is wrong because it is a step backwards. But the Senate could change it and pass real patient protections and send it back to us and hopefully we would just concur in the Senate amendments to the bill and it would make it stronger, include an antigag rule, emergency room care and an outside appeals process.

Mr. PALLONE. The bottom line is that we know that the Republican leadership is not going to do that. They not only do not want to bring up the bad bill, they do not want to bring up anything at all because they do not want to address it. So effectively the issue is dead for now.

But I am worried about the individuals who are negatively impacted in the time before we get a chance to bring this up again. I know that it will come up again because the public as you said is just totally in favor of the kind of patient protections that we have put in our Democratic proposal. I may be unfair also in saying that it is just a Democratic proposal because the patients' bill of rights has Republican support as well but the Republican leadership refuses to bring it up.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore (Mr. SHIMKUS). Members are reminded to refrain from characterizing Senate action or inaction.

INTERNATIONAL ENGAGEMENT—WHY WE NEED TO STAY THE COURSE

The SPEAKER pro tempore. Under the Speaker's announced policy of January 7, 1997, the gentleman from Missouri (Mr. SKELTON) is recognized for the balance of the minority leader's time, approximately 30 minutes.

Mr. SKELTON. Mr. Speaker, it has been almost 10 years since the fall of 1988 when the Communist government of Poland agreed, under great popular pressure, to permit free elections, elections which ultimately led to the ''velvet revolution'' throughout eastern Europe. It has been 9 years since the historic fall of 1989, when the border between Hungary and western Europe opened and thousands of east Europeans first swept aside the Iron Curtain and then brought it crashing down. It has been 8 years since the two Germanys agreed to reunification and 7 years since the Soviet Union disintegrated.

For the United States, the events of a decade ago were the beginning of the end of a long struggle, a struggle that was characterized by terrible sacrifices in Korea and Vietnam; by periods of great national confidence and occasional episodes of uncertainty; by debates in the halls of Congress that were sometimes historic and solemn and sometimes partisan and shrill; and above all by a widely shared sense of national purpose that endured despite occasionally bitter internal divisions.

The constancy with which the United States carried out its global responsibilities over the long course of the Cold War is great testimony to the character of the American people and to the quality of the leaders who guided the Nation through those often trying times. In spite of the costs, in the face of great uncertainties and despite grave distractions, our Nation showed the ability to persevere. In doing so, we answered the great question about America that Winston Churchill once famously posed. ''Will you stay the course?'' he asked? ''Will you stay the course?'' The answer is, we did.

Today we need to raise a similar question once again, but this time for ourselves and in a somewhat different form. Churchill's question ''Will you stay the course?'' implied that there might some day be an end to the struggle, as there was to the Cold War, though no one foresaw when and how it would come. Today the key question is perhaps more challenging because it is more open-ended. It is, ''Will we stay engaged?''

The term ''engagement'' has not yet captured as broad a range of support among political leaders and the public as those who coined it, early in the Clinton administration, evidently hoped it would. But neither did the notion of containment capture broad support until several years after it was articulated during the Truman administration. Some political leaders who later championed containment as the linchpin of our security initially criticized the notion as too passive and even timid.

Engagement, while not yet widely embraced as a characterization of our basic global posture, seems to me to express quite well what we need to be about in the post-Cold War era, that we need to be engaged in the world, and that we need to be engaged with other nations in building and maintaining a stable international security system.

Engagement will not be easy to sustain. It has become clear in recent years it will be as challenging to the United States to fully remain engaged in the post-Cold War era as it was to stay the course during the Cold War. We now know much more about the shape of the post-Cold War era than we did 8 or 4 or even 2 years ago. We know that we have not reached the end of history. We know that we face challenges to our security that in some ways are more daunting than those we faced during the Cold War. We know that it will often be difficult to reach domestic agreement on foreign affairs because legitimate, deeply held values will often be hard to reconcile. We know that we will have to risk grave dangers and pay a price to carry out our responsibilities, and because of the costs, it will sometimes be tempting to think that we would be more secure if we were more insulated from turmoil abroad. We know that we will have to struggle mightily not to allow domestic travails to divert us from the tasks that we must consistently pursue. We also know that our political system, which encourages open debate and which constantly challenges leaders to rise to the demands of the times, gives us the opportunity, if we are thoughtful and serious about our responsibilities, to see where our interests lie and to pursue our values effectively.

Mr. Speaker, today I want to say a few things about engagement in the world, why it may sometimes be difficult to sustain, why it is nonetheless necessary, and, finally, how it has succeeded in bolstering our security.

First, why engagement may be difficult to sustain. Just in the past few months, we have had a series of object lessons in the difficulties of international engagement. Last month our embassies in Nairobi and Dar es Salaam were attacked by terrorists who have vowed to wage war against the United States as long as we are engaged in the Middle East. As President Clinton aptly put it, ''America is and will remain a target of terrorists precisely because we are leaders; because