

left to make a life in this isolated area. It is important that their lives be remembered.

Of the some 8,000 former patients buried in Kalaupapa, only some 1,300 have marked graves. A memorial listing the names of those who were exiled to Kalaupapa and died there is a fitting tribute and is consistent with the primary purpose of the park, which is “to preserve and interpret the Kalaupapa settlement for the education and inspiration of present and future generations.”

Ka ‘Ohana O Kalaupapa, a non-profit organization consisting of patient residents at Kalaupapa National Historical Park and their family members and friends, was established in August 2003 to promote the value and dignity of the more than 8,000 persons—some 90 percent of who were Native Hawaiian—who were forcibly relocated to the Kalaupapa peninsula. A central goal of Ka ‘Ohana O Kalaupapa is to make certain that the lives of these individuals are honored and remembered through the establishment of a memorial or memorials within the boundaries of the park at Kalawao or Kalaupapa.

Ka ‘Ohana O Kalaupapa has made a commitment to raise the funds needed to design and build the memorial and will work with the National Park Service on design and location of the memorial.

The House Resources Subcommittee on National Parks held a hearing on the 109th Congress version of this bill, H.R. 4529, on September 28, 2006. I have read the heartfelt and compelling testimony submitted by current patients and family members of former patients who want to make sure not only that the story of Kalaupapa is told but that the patients are recognized as individuals by having the names of each of those exiled to Kalaupapa and buried there recorded for posterity. Families that have visited Kalaupapa and Kalawao searching in vain for the graves of their family members will find comfort in seeing those names recorded on a memorial.

I urge my colleagues to join me in supporting this important legislation.

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INTRODUCING THE QUALITY  
HEALTH CARE COALITION ACT

**HON. RON PAUL**

OF TEXAS

IN THE HOUSE OF REPRESENTATIVES

Thursday, August 2, 2007

Mr. PAUL. Madam Speaker, I am pleased to introduce the Quality Health Care Coalition Act, which takes a first step towards restoring a true free market in health care by restoring the rights of freedom of contract and association to health care professionals. Over the past few years, we have had much debate in Congress about the difficulties medical professionals and patients are having with Health Maintenance Organizations (HMOs). HMOs are devices used by insurance industries to ration health care. While it is politically popular for members of Congress to bash the HMOs and the insurance industry, the growth of the HMOs are rooted in past government interventions in the health care market through the tax code, the Employment Retirement Security Act (ERSIA), and the federal anti-trust laws. These interventions took control of the health care dollar away from individual patients and providers, thus making it inevitable that some-

thing like the HMOs would emerge as a means to control costs.

Many of my well-meaning colleagues would deal with the problems created by the HMOs by expanding the federal government's control over the health care market. These interventions will inevitably drive up the cost of health care and further erode the ability of patients and providers to determine the best health treatments free of government and third-party interference. In contrast, the Quality Health Care Coalition Act addresses the problems associated with HMOs by restoring medical professionals' freedom to form voluntary organizations for the purpose of negotiating contracts with an HMO or an insurance company.

As an OB-GYN who spent over 30 years practicing medicine, I am well aware of how young physicians coming out of medical school feel compelled to sign contracts with HMOs that may contain clauses that compromise their professional integrity. For example, many physicians are contractually forbidden from discussing all available treatment options with their patients because the HMO gatekeeper has deemed certain treatment options too expensive. In my own practice, I tried hard not to sign contracts with any health insurance company that infringed on my ability to practice medicine in the best interests of my patients and I always counseled my professional colleagues to do the same. Unfortunately, because of the dominance of the HMO in today's health care market, many health care professionals cannot sustain a medical practice unless they agree to conform their practice to the dictates of some HMO.

One way health care professionals could counter the power of the HMOs would be to form a voluntary association for the purpose of negotiating with an HMO or an insurance company. However, health care professionals who attempt to form such a group run the risk of persecution under federal anti-trust laws. This not only reduces the ability of health care professionals to negotiate with HMOs on a level playing field, but also constitutes an unconstitutional violation of medical professionals' freedom of contract and association.

Under the United States Constitution, the federal government has no authority to interfere with the private contracts of American citizens. Furthermore, the prohibitions on contracting contained in the Sherman antitrust laws are based on a flawed economic theory which holds that federal regulators can improve upon market outcomes by restricting the rights of certain market participants deemed too powerful by the government. In fact, anti-trust laws harm consumers by preventing the operation of the free-market, causing prices to rise, quality to suffer, and, as is certainly the case with the relationship between the HMOs and medical professionals, favoring certain industries over others.

By restoring the freedom of medical professionals to voluntarily come together to negotiate as a group with HMOs and insurance companies, this bill removes a government-imposed barrier to a true free market in health care. Of course, this bill does not infringe on the rights of health care professionals by forcing them to join a bargaining organization against their will. While Congress should protect the rights of all Americans to join organizations for the purpose of bargaining collectively, Congress also has a moral responsibility to ensure that no worker is forced by law

to join or financially support such an organization.

Madam Speaker, it is my hope that Congress will not only remove the restraints on medical professionals' freedom of contract, but will also empower patients to control their health care by passing my Comprehensive Health Care Reform Act. The Comprehensive Health Care Reform Act puts individuals back in charge of their own health care by providing Americans with large tax credits and tax deductions for their health care expenses, including a deduction for premiums for a high-deductible insurance policy purchased in combination with a Health Savings Account. Putting individuals back in charge of their own health care decisions will enable patients to work with providers to ensure they receive the best possible health care at the lowest possible price. If providers and patients have the ability to form the contractual arrangements that they find most beneficial to them, the HMO monster will wither on the vine without the imposition of new federal regulations on the insurance industry.

In conclusion, I urge my colleagues to support the Quality Health Care Coalition Act and restore the freedom of contract and association to America's health care professionals. I also urge my colleagues to join me in working to promote a true free market in health care by putting patients back in charge of the health care dollar by supporting my Comprehensive Health Care Reform Act.

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IN CELEBRATION OF THE LIFE OF  
THADDEUS EDGAR OWENS, SR.

**HON. STEPHANIE TUBBS JONES**

OF OHIO

IN THE HOUSE OF REPRESENTATIVES

Thursday, August 2, 2007

Mrs. JONES of Ohio. Madam Speaker, I rise in celebration of the life of Thaddeus Edgar Owens, Sr., a great citizen, father, and friend who recently passed away at the age of 88.

Thaddeus was born on January 7, 1919 to Alex Owens and Carrie Brown in Pine Bluff, Arkansas. He enjoyed a happy childhood with his sister, Cleopatra, and a large extended family. An attentive student, he received a scholarship to attend Morehouse College in Atlanta, enrolling at the young age of sixteen. There, he played football and pledged Kappa Alpha Psi Fraternity, Inc.

After graduation, Thaddeus lived and worked in New York until 1941 when he was drafted into the armed forces. He achieved the rank of a sergeant and worked as a clerk in the office of the Quartermaster. In preparation for work with the French Underground, Thaddeus was chosen to participate in a secret project at Hamilton College where he studied and became fluent in French. Despite their training, Thaddeus and his fellow African American soldiers were never permitted to participate in this aspect of the war. Thaddeus confronted the injustices existing within the segregated armed forces protesting the railroading of a fellow soldier. His actions resulted in him being accused of mutiny and reduced in rank. Despite this incident, he was honorably discharged in 1945 after receiving the Asiatic Pacific Service, Good Conduct and World War II Victory Medals.