

## PERSONAL EXPLANATION

**HON. MIKE COFFMAN**

OF COLORADO

IN THE HOUSE OF REPRESENTATIVES

*Thursday, March 12, 2009*

Mr. COFFMAN. Madam Speaker, on rollcall No. 100 I was not recorded because I was absent so that I might testify at a public hearing before the Colorado Ethics Commission. Had I been present, I would have voted "no."

On rollcall No. 101 I was not recorded because I was absent so that I might testify at a public hearing before the Colorado Ethics Commission. Had I been present, I would have voted "yes."

On rollcall no. 102 I was not recorded because I was absent so that I might testify at a public hearing before the Colorado Ethics Commission. Had I been present, I would have voted "yes."

On rollcall no. 103 I was not recorded because I was absent so that I might testify at a public hearing before the Colorado Ethics Commission. Had I been present, I would have voted "yes."

On rollcall no. 104 I was not recorded because I was absent so that I might testify at a public hearing before the Colorado Ethics Commission. Had I been present, I would have voted "no."

On rollcall no. 105 I was not recorded because I was absent so that I might testify at a public hearing before the Colorado Ethics Commission. Had I been present, I would have voted "no."

On rollcall no. 106 I was not recorded because I was absent so that I might testify at a public hearing before the Colorado Ethics Commission. Had I been present, I would have voted "yes."

On rollcall no. 107 I was not recorded because I was absent so that I might testify at a public hearing before the Colorado Ethics Commission. Had I been present, I would have voted "no."

On rollcall no. 108 I was not recorded because I was absent so that I might testify at a public hearing before the Colorado Ethics Commission. Had I been present, I would have voted "yes."

On rollcall no. 109 I was not recorded because I was absent so that I might testify at a public hearing before the Colorado Ethics Commission. Had I been present, I would have voted "yes."

RECOGNIZING WOMEN OF NORTHERN VIRGINIA IN HONOR OF WOMEN'S HISTORY MONTH

**HON. GERALD E. CONNOLLY**

OF VIRGINIA

IN THE HOUSE OF REPRESENTATIVES

*Thursday, March 12, 2009*

Mr. CONNOLLY of Virginia. Madam Speaker, I rise today to recognize Women's History Month by bringing my colleagues' attention to some of the remarkable women of the Eleventh Congressional District of the proud Commonwealth of Virginia. These women, like so many in our District and throughout this nation, worked tirelessly for their families and communities at great personal expense, and deserve recognition for their exceptional contributions to our region's more recent history.

One such example is that of Barbara Varon. A native of Germany, Varon immigrated to America as an adult and was devoted to her adopted land. As a world traveler who could speak several languages, she worked as a translator. Joining the Fairfax County General Registrar's Office, she was committed to a voter registration outreach program for high school students. Using her linguistic skills, she wrote brochures and designed pamphlets to inform the voting public. Her dedication led her to the position of chairman of the Fairfax County Electoral Board, a position in which she faithfully continued to serve her goal of seeing every citizen involved in the electoral process. Varon also donated her time to many volunteer organizations and frequently made generous anonymous donations to those in need. Varon fought valiantly for the rights and privileges of all residents to participate in the electoral process, and today, an award is granted annually in her name to a Fairfax County resident whose dedication to improving the community through volunteer service honors her memory.

Phyllis Campbell Newsome, another exemplary woman from Virginia's Eleventh District, devoted her life to bringing together nonprofit organizations in the Greater Washington area. As the Center for Nonprofit Advancement's Director of Advocacy and Community Relations, Newsome understood the power and strength of coalitions. It was frequently the power of her persuasion that brought together those with the strongest of convictions and convinced them to put aside differences, enabling a powerful nonprofit community bent on positive change. Additionally, she was a consistent and reliable source for the media and other community leaders who needed to know how the nonprofit community would be affected by anything from a hot button issue to a broad policy change. Often quoting Tip O'Neill's, "All politics are local," she felt she could be most effective helping those she especially cared about — the poor and underserved communities—by working with local elected officials rather than at the state or even federal levels. A true community advocate, Phyllis Newsome is also memorialized by an annual award that is granted to an outstanding group of public servants for their dedication to the region's nonprofit community.

While neither of these outstanding women are with us today, their legacy lives on through the recognition of the ongoing contributions of the noble men and women of our District that occur annually in their name. The arrival of Women's History Month serves to remind us that we are fortunate to have such a legacy of service in our rich historical tapestry. I ask that my colleagues join me in applauding the contributions of Barbara Varon, Phyllis Campbell Newsome, and the women of the Eleventh Congressional District of the Commonwealth of Virginia, past and present, in honor of Women's History Month.

INTRODUCING THE QUALITY HEALTH CARE COALITION ACT

**HON. RON PAUL**

OF TEXAS

IN THE HOUSE OF REPRESENTATIVES

*Thursday, March 12, 2009*

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. For over a decade, 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 something 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 patents 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.

IN MEMORY OF MARGARET GRAY

**HON. IKE SKELTON**

OF MISSOURI

IN THE HOUSE OF REPRESENTATIVES

*Thursday, March 12, 2009*

Mr. SKELTON. Madam Speaker, it is with deep regret that I inform the House of the death of Margaret Louise Gray of Lexington, MO.

Margaret was born October 27, 1931, in Ottawa, Kansas. She was married to William R. Gray, who preceded her in death on September 27, 1986. She is survived by a brother, Stephen Swaim, and two sisters, Doris Boyd and Betty Chatman.

Margaret was a member of the First Baptist Church of Lexington, the Lexington Business and Professional Woman's Club, War Dads, Elks, and a member of SORT. She was the Director of Family Services in Lafayette County for many years. Both her husband and she

were active in developing the Lexington Senior Center and subsequently the 4-Life Center. The senior center was later named the Margaret Gray Senior Center in honor of her hard work and financial support.

Madam Speaker, Margaret L. Gray was an influential member in the Lexington community. I know the members of the House will join me in extending their heartfelt condolences to her family and friends. She will be greatly missed.

SUPPORTING THE GOALS OF  
INTERNATIONAL WOMEN'S DAY

SPEECH OF

**HON. CAROLYN B. MALONEY**

OF NEW YORK

IN THE HOUSE OF REPRESENTATIVES

*Wednesday, March 11, 2009*

Mrs. MALONEY. Mr. Speaker, I rise today in support of H. Res. 194, a resolution to support the goals of International Women's Day. I'd like to take this opportunity to commend the work of my colleague, Rep. JAN SCHAKOWSKY, for introducing this resolution again in the 111th Congress, and for her invaluable work in support of women's rights as co-chair of the Congressional Caucus on Women's Issues.

In the United States and in countries around the world, women are agents of change, development, and prosperity, contributing in so many ways to the well-being of their families and communities. There is clear and abundant evidence that when women thrive, the entire world thrives as well.

However, the benefits of women's full participation in economic, political, and social life are not being realized in many parts of the world. In all regions, women are less likely than men to receive pay commensurate to the value of their work, be given a voice in their national governments, or have access to basic human rights such as the right to an education. In many countries, the United States included, domestic violence is further reducing the opportunities available to women and girls to lead happy, healthy lives. H. Res. 194 is an important step towards guaranteeing the basic rights of women and girls worldwide by calling for an end to this discrimination.

Throughout my time in Congress, promoting women's rights has been one of my top legislative priorities. For years I have worked tirelessly with likeminded colleagues to restore funding to UNFPA, an organization whose mission is to promote the right of every woman to enjoy a life of health and equal opportunity. I commend the new Administration for recognizing the value of this goal by committing to funding UNFPA, including \$50 million in the FY09 Omnibus Appropriations Bill.

However, more needs to be done in the 111th Congress to further women's rights. That is why I will be introducing a resolution condemning the actions of the Taliban to restrict girls' access to education in Swat, Pakistan, as well as H.R. 606, the International Women's Freedom Act. This bill reflects the goals of International Women's Day in many ways, as it calls for concerted action on the part of the State Department and Executive Branch to advance the rights of women, including creating an Office of International Women's Rights within the State Department, establishing a women's rights Internet site,

and requiring that Foreign Service Officers receive women's rights related training.

This resolution in support of International Women's Day recognizes the strength, leadership, and capability demonstrated by women in every village, city, and country. I ask my colleagues to join me in reaffirming their commitments to protecting the rights of women and girls around the world, by observing International Women's Day, and by honoring women's contributions every day.

INTRODUCTION OF THE MAJOR  
DRUG TRAFFICKING PROSECUTION  
ACT OF 2009

**HON. MAXINE WATERS**

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

*Thursday, March 12, 2009*

Ms. WATERS. Madam Speaker, today I am introducing the Major Drug Trafficking Prosecution Act of 2009. This legislation will refocus federal prosecutorial resources on major drug traffickers and eliminate racial disparities created by the mandatory minimum sentences for powder and crack cocaine.

In the 1980s, Congress passed two Anti-Drug Abuse Acts with the goal that federal prosecutors would go after major drug traffickers at the top of the food chain, instead of low-level drug offenders at the bottom. Lengthy mandatory minimum prison sentences were passed for most drug crimes. These mandatory terms are triggered based solely on the type and weight of the drug involved, and, with very few exceptions, the courts cannot sentence below them.

Twenty years later, mandatory drug sentences have utterly failed to achieve Congress's goals.

First, these sentences are not stopping major drug traffickers. Huge quantities of drugs enter our country each year, but in 2005 the majority of crack and powder cocaine offenses, for example, were street-level dealers, mules and lookouts and users, 61.5 percent and 53.1 percent, respectively. Mandatory minimums lock up thousands of small-time sellers and addicts for decades.

Second, mandatory minimums have lengthened drug sentences, creating the need for more prisons and more taxpayer money to pay for them. Before the advent of mandatory sentences, drug offenders served an average of 22 months in prison; by 2004, that average sentence had nearly tripled, to 62 months in prison. Because of mandatory minimums, the federal prison budget has ballooned from \$220 million in 1986 to \$5.4 billion in 2008.

Longer sentences and more people in prison haven't translated into safer streets. At some point, the effectiveness per dollar in promoting increased public safety will decrease. For example, when crime dropped dramatically between 1992 and 1997, imprisonment was responsible for just 25 percent of that reduction. Seventy five percent was attributed to factors other than incarceration.

Finally, mandatory minimums have a disproportionate impact on African Americans, who comprise 12 percent of the U.S. population and 14 percent of drug users, but 30 percent of all federal drug convictions. African American drug defendants are 20 percent more likely to be sentenced to prison than