

would not be excluded if the search or seizure were carried under an objectively reasonable belief that it was in conformity with the fourth amendment. In other words, the bill permits the use of evidence obtained without a search warrant in Federal proceedings, if law enforcement officers believe they were acting in good faith compliance with the fourth amendment.

The good faith exception to the exclusionary rule has been in effect since 1984. At that time, the Supreme Court ruled that, so long as evidence is seized in reasonable good faith reliance on a search warrant, that evidence is admissible, even if the warrant is subsequently found to be defective, so long as the officer's reliance is objectively reasonable. As a result, officers were given the leeway to discharge their duties in good faith, without having to check with a judge or magistrate. This good faith exception perseveres today.

I supported the amendment offered by my colleague from Michigan, Mr. CONYERS, which would enact into law the Court's ruling regarding the good faith exception for searches with warrants. It would also enact into law the Court's later ruling that extends the exception to evidence that is obtained in an officer's good faith reliance on a statute, even if that statute is later held to be unconstitutional.

Because the exclusionary rule protects all of our citizens against unreasonable searches and seizures and the invasion of privacy by law enforcement officers, I am concerned with attempts to erode its protections. Broadening the limited good faith by exception to include searches without warrants, as H.R. 666 does, would eviscerate the rule itself and leave Americans open to the very violations of our constitutional rights that the rule is designed to prevent. For this reason, I cannot support H.R. 666, as written.

The roots of the exclusionary rule were planted during the British occupation of the American colonies—when illegal search and seizure were commonplace. Our Founding Fathers enacted the fourth amendment to protect us from arbitrary and unjust searches of our homes and private property. Tampering with this fundamental American right is dangerous. Without the perfecting amendment which I support, H.R. 666 leaves average American citizens wide open to abuses of authority by overly zealous law enforcement officers who, in their eagerness to uphold the law, may find themselves violating the most basic rights of American citizens. I hope my colleagues will carefully weigh the far-reaching effects of creating such a broad loophole in the fourth amendment. If we seriously consider the intent of the Framers of our Constitution, we must ultimately decide to leave this basic, constitutional protection intact.

INTRODUCTION OF THE WOUNDED KNEE NATIONAL TRIBAL PARK ESTABLISHMENT ACT OF 1995

HON. TIM JOHNSON

OF SOUTH DAKOTA

IN THE HOUSE OF REPRESENTATIVES

Thursday, February 9, 1995

Mr. JOHNSON of South Dakota. Mr. Speaker, today I am introducing legislation to establish a Wounded Knee National Tribal Park in the State of South Dakota. The purpose of this memorial is to acknowledge the historic significance of the sites of the 1890 Wounded Knee tragedy.

In December of 1890, Chief Big Foot and his band of Minneconjou Sioux journeyed from the Cheyenne River Indian Reservation to the Pine Ridge Indian Reservation. A tragic incident ensued which claimed the lives of over 300 Lakota—Sioux—Indian men, women, and children, and 31 U.S. soldiers, marking the last military encounter of the Indian Wars period.

During the 101st Congress, the House adopted House Concurrent Resolution 386, which recognized the 100th anniversary of the Wounded Knee tragedy. This resolution also expressed support for the establishment of a suitable and appropriate memorial to those who were so tragically slain. This legislation will bring reality to those words of support.

The Wounded Knee National Tribal Park Establishment Act of 1995 will recognize the sites relating to the 1890 Wounded Knee tragedy and Ghost Dance Religion located on the Pine Ridge Indian Reservation and the Cheyenne River Indian Reservation. The act will establish appropriate national monuments at both units of the Wounded Knee National Tribal Park. In addition, the act will authorize feasibility studies to establish as a national historic trail the route of Chief Big Foot from the Cheyenne River Indian Reservation to Wounded Knee, and a visitor information and orientation center on the Cheyenne River Indian Reservation.

It is my hope that enhancing a national awareness of the Wounded Knee tragedy will promote a greater understanding between Indian and non-Indian cultures and people. This legislation is the culmination of years of study and input from the many interested parties, including the tribes and other supporters of this long-overdue recognition. I appreciate the fact that Congress has shown support for recognizing the historical importance of the Wounded Knee site over the past few years, and I look forward to the continued support of my colleagues and the Congress.

TRIBUTE TO MR. JOHN J. SULLIVAN

HON. BARBARA B. KENNELLY

OF CONNECTICUT

IN THE HOUSE OF REPRESENTATIVES

Thursday, February 9, 1995

Mrs. KENNELLY Mr. Speaker, I rise today to recognize an outstanding citizen, constituent, and friend, John J. Sullivan, upon his selection as the 1995 Irishman of the Year for the central Connecticut, Greater Hartford area.

It has often been said that there are two kinds of people in the world—the Irish and those who want to be Irish. On Saturday, March 11, 1995, when John J. Sullivan leads the annual St. Patrick's Day parade down Main Street in my hometown of Hartford, we can all enjoy what it means to be Irish. It will be another reminder of the many blessings derived from the great Emerald Isle.

Over the years, John has served the Greater Hartford region as both community servant and friend to many. We have all witnessed his commitment and dedication to civic duty and community responsibility from his memberships on the Irish-American Home Society and the Manchester St. Patrick's Parade Committee; to his dedication to the Connecticut Spe-

cial Olympics, and Leukemia Society; and to his service as a deputy sheriff.

He has been a member of the Democratic State Central Committee of Connecticut for more than 22 years, and the Manchester Democratic Town Committee for 37 years. John has dedicated himself to all these activities, and received the support of his wife Ada and their daughter Maureen.

Mr. Speaker, I, and all who know him, hold John in the highest regard. He gives tirelessly of himself and is a great citizen. It is only fitting that he lead the annual St. Patrick's Day parade in Hartford, since he has already led so many of us through his example.

MANAGED CARE: DOLLARS FOR MANAGERS

HON. FORTNEY PETE STARK

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Thursday, February 9, 1995

Mr. STARK. Mr. Speaker, managed care can be defined as a system that spends money on managers.

That's OK, if the managed care plans also deliver quality health care to the plan's enrollees. The problem is that we don't have enough consumer safeguards, protections, and information available to the consumer to help the public buy into a good plan. During the 104th Congress, we should enact managed care consumer protections and require disclosure of managed care plan information. Such legislation will help the industry in its dealings with the public and weed out those who are managing people to death through the denial of services.

Health care in America is in a state of tension. Fee-for-service medicine is subject to gross overutilization, abusive unnecessary testing and surgery, and runaway charges. Managed care medicine is subject to gross underutilization, denial of needed, life-essential services, and health care dollars drained away to pay managers, ad-men, and posh corporate overhead. What we need in America is moderation and a good middle ground in both fee-for-service and managed care. We need a system where fee-for-service cannot overutilize and where managed care can't deny necessary services. Achieving this balance will always be a tension and a difficult path to find.

The newest hot solution to the Nation's unacceptable health care inflation, of course, is managed care. Managed care firms have been growing like weeds. Following is a staff review of 15 managed care company financial reports, generally for calendar 1993, that shows the percent they spend on health for their patients, the percent they take for general and administrative expenses, and their profit levels. Roughly 20 percent of every health care dollar in these firms is going for overhead, managers, and profit.

I think the consumer should know how much of his health care dollar is spent on providing health care for himself, and how much is spent making sure he doesn't get unnecessary care—managing or controlling his or her access to doctors, nurses, and hospitals. Each consumer needs to decide for himself where the fine line is between medical efficiency and

cost savings versus denial of care and the loss of peace of mind.

These overhead figures are particularly troubling when compared to the overhead figures

in a not-for-profit HMO like Kaiser—about 5 percent—and in Medicare—less than 3 percent.

Mr. Speaker, I will provide periodic updates to these figures. In the meantime, caveat emptor.

The table follows:

COMPANIES PROVIDING MANAGED CARE SERVICES

(Dollar amounts in thousands)

Name and period	Enrollees	Gross this yr.	Prior yr.	Net this yr.	Prior yr.	In percent					
						G&A		Health		Profit	
						This yr.	Prior	This yr.	Prior	This yr.	Prior
1. FHP—7/1/93–6/30/94	1.7M	\$2,472,958	\$2,005,854	\$59,310	\$44,166	13.4	13.4	83.2	83.8	2.4	2.2
2. Oxford—1/1/93–12/30/93	217,300	311,938	155,722	14,900	11,289	21.8	21.0	69.8	70.2	4.8	7.2
3. Physicians Health Svcs—1/1/93–12/30/93	158,984	280,230	268,895	11,891	8,561	12.0	10.6	80.7	83.4	4.2	3.2
4. Value Health (9 months)—1/1/94–9/30/94	41M	706,931	499,769	34,009	23,529	10.4	11.6	78.7	78.4	4.8	4.7
5. Foundation Health Corp—7/1/93–6/30/94	3.5M	1,717,821	1,517,339	83,153	61,908	11.6	11.0	77.3	75.9	4.5	4.1
6. Wellpoint—1/1/93–12/31/93	2.3M ¹	2,449,175	2,275,155	165,384	174,758	11.2	12.1	73.0	63.6	6.7	7.7
7. Employees Benefit Plan 1/1/93–12/31/93	1.1M	251,618	240,071	5,656	(10,571)	36.9	31.2	56.1	61.5	5.4	(4.6)
8. Caremark—1/1/93–12/31/93	(?)	1,783,200	1,461,200	77,700	27,300	10.8	10.6	77.9	78.2	4.4	1.9
9. Sierra Health Svcs, Inc.—1/1/93–12/31/93	138,356	258,724	234,373	17,433	13,603	20.8	20.2	72.3	74.3	6.7	5.8
10. MidAtlantic Medical Svc—1/1/93–12/31/93	950,000	646,777	579,355	24,833	13,460	8.4	7.5	86.4	90.0	3.9	2.3
11. Maxicare—1/1/93–12/31/93	308,000	440,186	414,454	5,588	(3,071)	9.3	9.2	89.7	87.5	1.3	—7
12. Healthwise—1/1/93–12/31/93	90,000	119,395	63,526	4,828	3,283	13.2	9.2	76.1	75.6	4.0	5.2
13. United Health Care—1/1/93–12/31/93	36M	2,527,325	1,759,865	194,574	125,657	16.1	17.8	80.8	81.4	12.1	11.1
14. Wellcare—1/1/93–12/31/93	70.2M	75,915	41,380	4,648	2,215	12.7	14.9	77.0	76.3	6.1	5.4
15. Physician Corp of America—1/1/93–12/31/93	472,000	545,967	354,342	40,094	14,437	15.0	14.0	72.8	79.4	7.4	4.1

¹ Medical. ² Pharm. and dental. ³ Not reported.

QUOTES FROM COMPANIES PROVIDING MANAGED CARE SERVICES

1. FHP International Corp, Fountain Valley, CA:

p. 10: "Take Care's percent of revenue spent on health care improved from 82.2% to 80.9%." (emphasis added)

p. 29: "The cost of health care, however, improved to 82.6% as a percent of revenue in the 4th quarter of fiscal year 1993 . . ."

2. Oxford Health Plans, Inc., Norwalk, CN:

p. 22: "The medical loss ratio declined because revenue per member per month increased at a greater rate than medical expenses per member per month. Per member per month revenue increased 8.5% . . . and per member per month medical expenses increased 6.1%."

3. Physicians' Health Services, Trumbull, CN:

p. 16: "Health care expenses as a percentage of premium revenue decreased to 82.9% . . . due to the combined impact of premium rate increases and decreases in inpatient hospital utilization."

5. Foundation Health:

p. 18: "The improvement in the company's HMO medical loss ratio from FY 1992 to FY 1993 resulted from strict underwriting controls and appropriate setting of premium rates, strong utilization review controls and favorable provider reimbursement rates, including an increase in capitation arrangements with physicians." (p.18)

10. Mid Atlantic Medical Services, Rockville, MD:

p. 2: "To this end, we began a review of M.D.IPA's groups and their profitability. Those groups that were marginally profitable or unprofitable were either brought up to par, or not renewed." (M.D. IPA is their federally qualified HMO)

14. The Wellcare Management Group, Kingston, NY:

p. 16: "Medical expenses increased . . . representing a 3.3% increase on a member per month basis, but decreased as a percentage of premiums earned (the medical loss ratio) to 80.2% in 1993...primarily as a result of favorable medical utilization and cost controls."

15. Physician Corporation of America, Miami, FL:

p. 29: "This 5% increase in the weighted average medical costs per member was due to (i) medical cost increases of 7% for commercial members, 27% for Medicare members, and a 6% decrease for Medicaid members, and (ii) the significant increase in Medicaid membership as a percentage of overall mem-

bership which has lower per member medical costs than the Company's other membership. As a result of these factors, the Company's medical loss ratio improved to 72.8% from 79.4%" (emphasis added).

TEMPLE B'NAI B'RITH OF WILKES-BARRE CELEBRATES 150TH ANNIVERSARY

HON. PAUL E. KANJORSKI

OF PENNSYLVANIA

IN THE HOUSE OF REPRESENTATIVES

Thursday, February 9, 1995

Mr. KANJORSKI. Mr. Speaker, it is my distinct pleasure to recognize the sesquicentennial of the Temple B'nai B'rith of Wilkes-Barre. I am pleased to join in the celebration commemorating the congregation's 150 years of leadership and community participation in the Wyoming Valley.

Although historical records cannot determine the exact organizational beginning of the temple, it is known that the first Jewish families emigrated to the Wyoming Valley as early as the 1830's. Because the records show its founding to be somewhere between 1840 and 1848, B'nai B'rith has chosen to observe its founding year as 1845. With the support of all denominations, the first temple was erected in Wilkes-Barre and dedicated in 1884. It was northeastern Pennsylvania's first permanent synagogue. An orthodox temple until 1860, the B'nai B'rith became a pioneer in reform Judaism in the United States.

In 1960, a new temple was built across the river in Kingston with modern architecture and furnishings. In 1972, along with most of the Wyoming Valley, the building was devastated by the floods of Hurricane Agnes. The sanctuary was filled with more than 8 feet of water. Many irreplaceable records and objects were lost. Luckily, temple members saved the sacred Torahs just before the Susquehanna River spilled its banks. As was the case throughout the Wyoming Valley following the disaster, the community joined together and helped rebuild and refurbish the temple.

Mr. Speaker, I am extremely proud of the ecumenical unity and spirit which has become a tradition in northeastern Pennsylvania. B'nai B'rith is an active participant in the many inter-

faith projects which promote the understanding and tolerance for which our area is known. As we pay tribute to B'nai B'rith's founders during this celebration, we also pay tribute to its 275 families who continue to strengthen the tradition of Reform Judaism and who play an active role in the ecumenical spirit and community in the Wyoming Valley.

VICTIM RESTITUTION ACT OF 1995

SPEECH OF

HON. RANDY "DUKE" CUNNINGHAM

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Tuesday, February 7, 1995

The House in Committee of the Whole House on the State of the Union had under consideration the bill (H.R. 665) to control crime by mandatory victim restitution.

Mr. CUNNINGHAM. Mr. Chairman, I rise in strong support of H.R. 665, the Victim Restitution Act. This bill, which is part of our Contract With America, will help to bring real justice to the millions of Americans victimized by crime each year.

Too often, our criminal justice system ignores the victims of crime. Americans are justifiably outraged by a system that guarantees cable television and other creature comforts to criminals, while leaving the victims of crime facing recuperation from injuries or massive financial loss. Insurance rates are increased by a need to provide health care for victims of crime or compensating victims for losses from theft. Meanwhile, no mechanism exists to insure that criminals bear a financial penalty for their actions. This bill will change Federal criminal proceedings to insure that the victims are compensated by their assailants.

The Bureau of Justice Statistics has reported that from 1973 through 1991, there were 36.6 million people injured as a result of violent crime. In 1992, almost 34 million Americans were victims of crime. Crime against people and households resulted in an estimated \$19.1 billion in losses in 1991. Each year, injuries from crime cause some 700,000 days of hospitalization. The human costs of crime are real and growing.