

1965, Inge Genefke looked ahead to a conventional practice in her home country, Denmark. She settled on neurology as her specialty at the University Hospital in Copenhagen. Her career path appeared to be set.

In 1973 it veered sharply, in a direction that took Genefke into what was then, and largely remains, one of the least known branches of medicine: the examination and treatment of torture victims.

Earlier this year, Genefke, who is the medical director of both the Rehabilitation and Research Center for Torture Victims and the International Rehabilitation Council for Torture Victims in Copenhagen, testified here before the House International Relations subcommittee on international operations and human rights. It was one of many stops this past year, an itinerary that has taken this physician of uncommon conscience to South Africa, Romania, Nepal, Palestine, Sri Lanka, Croatia and other areas of the world where survivors of torture are receiving medical care.

Genefke's work began in 1973 when Amnesty International issued a plea to the world's physicians for help in treating people who were tortured. The first response, and one that has proven to be deep and lasting, came from a group of Danish doctors. They faced an epidemic. Governments—and not only dictatorships—were using torture as a matter of policy. Police forces, armies and death squads were the low-level functionaries of dungeon brutality carrying out high-level orders of state violence.

The mid-1970s were years when China, Cuba, the Soviet Union and Vietnam were the core communist nations relying on torture. These were also years when such U.S.-backed military juntas as Greece, Chile and Argentina were at work.

Among the imprisoned was Maria Piniou-Kalli, a Greek physician who joined Genefke's mission in 1989 by forming the Medical Rehabilitation Center for Torture Victims in Athens. She wrote recently of the years following the military coup in 1967: "Though this might appear far in the distant past, I dare say that the aftermaths of such a violent abolition of democracy are still painfully felt even today. Twenty-two methods of torture were employed as a means to repress every opposition. Among them were rape, electric shocks, psychological abuse and phalanga (beating soles of the feet), which can be describe as our national way of torture."

Greeks, along with Chileans, were among the first victims coming to Copenhagen for help. Other nationalities followed, and inpouring so large that Genefke began traveling the world to rally other doctors. She became known as the "Florence Nightingale" of torture treatment. Today her own centers, which have grown to a staff of 80, are linked with 60 similar operations in 45 countries, including one in Minneapolis that has treated more than 800 people since 1988.

When I visited the Minneapolis center four years ago, several staff members repeatedly mentioned Genefke and her singular work. It was not a large leap to place the Danish doctor in the company of other 20th century women—Jane Addams, Maria Montessori, Eleanor Roosevelt, Mother Teresa—who not only had a vision but also the drive to organize it into reality.

At the House hearings, Genefke supplied the basic information about her work in Copenhagen and the affiliated centers around the world. Services range from psychological supportive therapy to medical help to restore injured muscles and limbs.

Of the 72 governments that systematically used torture in 1995, Genefke told Congress: "One of the most horrible things when you hear about torture is . . . to realize that so

many governments use it with the purpose of staying in power. Torture victims always tell us that we, who have not been tortured, can never understand what happened to them. . . . I do not think we should try to understand what happens—but we should know why it happens, the motive behind torture, and then fight against it with all our strength."

Some of that strength is money. Here, too, Denmark leads the way. Its government provides more than \$5 million a year to the Copenhagen centers, about \$1 per Dane. The United States contribution to the U.N. Voluntary Fund for Victims of Torture is \$1.5 million, about a half-cent per person a year.

Genefke believes that few Americans are aware of that paltriness, or who is being tortured or where. She plans to return to tell us again. Information is the medicine for indifference.

PARTIAL-BIRTH ABORTION BAN  
ACT OF 1995—VETO MESSAGE  
FROM THE PRESIDENT OF THE  
UNITED STATES (H. DOC. NO. 104-  
198)

SPEECH OF

HON. PHILIP M. CRANE

OF ILLINOIS

IN THE HOUSE OF REPRESENTATIVES

Thursday, September 19, 1996

Mr. CRANE. Mr. Speaker, opponents of H.R. 1833, the Partial-Birth Abortion Ban Act, justified their support of this form of infanticide by stating that the procedure was medically necessary in some cases. In fact, President Clinton, as he vetoed the bill, ensured that his photo-ops included women who had survived this gruesome procedure.

As my distinguished colleague HENRY HYDE mentioned in his closing remarks of the veto override debate, proabortion forces are disturbed by our attempt to outlaw these acts because the legislation shifts the focus from the woman's choice to the brutal and fatal act of the abortion procedure. In their attempt to justify all abortions, abortion advocates have fully exposed their agenda by lobbying to protect this form of baby murder. Apparently, they are ignoring the health risks to women who have been or could be subjected to the medically necessary procedure we seek to outlaw.

In fact, supporters of H.R. 1833 included many trained in the medical profession. Our colleague, Dr. TOM COBURN, a practicing obstetrician, assisted in writing the bill. Other well-trained physicians, true to their Hippocratic oath, lent their support to outlaw partial-birth abortions and exposed the serious health dangers inherent in such a brutal procedure.

Four physicians, all of whom are experts in obstetrics or fetal health, explained their support for H.R. 1833 in the September 19, 1996 Wall Street Journal article entitled, "Partial-Birth Abortion Is Bad Medicine". As our colleagues in the other body this week attempt to override the veto of this most humane legislation, I commend the article to their attention and urge them to follow the lead of the House, override the President's veto and make H.R. 1833 law.

[From the Wall Street Journal, Sept. 19, 1996]

PARTIAL-BIRTH ABORTION IS BAD MEDICINE  
(By Nancy Romer, Pamela Smith, Curtis R. Cook, and Joseph L. DeCook)

The House of Representatives will vote in the next few days on whether to override

President Clinton's veto of the Partial Birth Abortion Ban Act. The debate on the subject has been noisy and rancorous. You've heard from the activists. You've heard from the politicians. Now may we speak?

We are the physicians who, on a daily basis, treat pregnant women and their babies. And we can no longer remain silent while abortion activists, the media and even the president of the United States continue to repeat false medical claims about partial-birth abortion. The appalling lack of medical credibility on the side of those defending this procedure has forced us—for the first time in our professional careers—to leave the sidelines in order to provide some sorely needed facts in a debate that has been dominated by anecdote, emotion and media stunts.

Since the debate on this issue began, those whose real agenda is to keep all types of abortion legal—at any stage of pregnancy, for any reason—have waged what can only be called an orchestrated misinformation campaign.

First the National Abortion Federation and other pro-abortion groups claimed the procedure didn't exist. When a paper written by the doctor who invented the procedure was produced, abortion proponents changed their story, claiming the procedure was only done when a woman's life was in danger. Then the same doctor, the nation's main practitioner of the technique, was caught—on tape—admitting that 80% of his partial-birth abortions were "purely elective."

Then there was the anesthesia myth. The American public was told that it wasn't the abortion that killed the baby, but the anesthesia administered to the mother before the procedure. This claim was immediately and thoroughly denounced by the American Society of Anesthesiologists, which called the claim "entirely inaccurate." Yet Planned Parenthood and its allies continued to spread the myth, causing needless concern among our pregnant patients who heard the claims and were terrified that epidurals during labor, or anesthesia during needed surgeries, would kill their babies.

The latest baseless statement was made by President Clinton himself when he said that if the mothers who opted for partial-birth abortions had delivered their children naturally, the women's bodies would have been "eviscerated" or "ripped to shreds" and they "could never have another baby."

That claim is totally and completely false. Contrary to what abortion activists would have us believe, partial-birth abortion is never medically indicated to protect a woman's health or her fertility. In fact, the opposite is true: The procedure can pose a significant and immediate threat to both the pregnant woman's health and her fertility. It seems to have escaped anyone's attention that one of the five women who appeared at Mr. Clinton's veto ceremony had five miscarriages after her partial-birth abortion.

Consider the dangers inherent in partial-birth abortion, which usually occurs after the fifth month of pregnancy. A woman's cervix is forcibly dilated over several days, which risks creating an "incompetent cervix," the leading cause of premature deliveries. It is also an invitation to infection, a major cause of infertility. The abortionist then reaches into the womb to pull a child feet first out of the mother (internal podalic version), but leaves the head inside. Under normal circumstances, physicians avoid breech births whenever possible; in this case, the doctor intentionally causes one—and risks tearing the uterus in the process. He then forces scissors through the base of the baby's skull—which remains lodged just within the birth canal. This is a partially "blind" procedure, done by feel, risking direct scissor injury to the uterus and laceration of the cervix or lower uterine segment,

resulting in immediate and massive bleeding and the threat of shock or even death to the mother.

None of this risk is ever necessary for any reason. We and many other doctors across the U.S. regularly treat women whose unborn children suffer the same conditions as those cited by the women who appeared at Mr. Clinton's veto ceremony. Never is the partial-birth procedure necessary. Not for hydrocephaly (excessive cerebrospinal fluid in the head), not for polyhydramnios (an excess of amniotic fluid collecting in the women) and not for trisomy (genetic abnormalities characterized by an extra chromosome). Sometimes, as in the case of hydrocephaly, it is first necessary to drain some of the fluid from the baby's head. And in some cases, when vaginal delivery is not possible, a doctor performs a Caesarean section. But in no case is it necessary to partially deliver an infant through the vagina and then kill the infant.

How telling it is that although Mr. Clinton met with women who claimed to have needed partial-birth abortions on account of these conditions, he has flat-out refused to meet with women who delivered babies with these same conditions, with no damage whatsoever to their health or future fertility.

Former Surgeon General C. Everett Koop was recently asked whether he'd ever operated on children who had any of the disabilities described in this debate. Indeed he had. In fact, one of his patients—"with a huge omphalocele [a sac containing the baby's organs] much bigger than her head"—went on to become the head nurse in his intensive care unit many years later.

Mr. Koop's reaction to the president's veto? "I believe that Mr. Clinton was misled by his medical advisers on what is fact and what is fiction" on the matter, he said. Such a procedure, he added, cannot truthfully be called medically necessary for either the mother or—he scarcely need point out—for the baby.

Considering these medical realities, one can only conclude that the women who thought they underwent partial-birth-abortions for "medical" reasons were tragically misled. And those who purport to speak for women don't seem to care.

So whom are you going to believe? The activist-extremists who refuse to allow a little truth to get in the way of their agenda? The politicians who benefit from the activists' political action committees? Or doctors who have the facts?

#### THE COMPUTER SOFTWARE DEPRECIATION CORRECTION

HON. BILL BAKER

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Wednesday, September 25, 1996

Mr. BAKER of California. Mr. Speaker, today I am introducing a bill to change current tax law to allow computer software acquired in the purchase of a business to be subject to the same tax depreciation rules as most other computer software available to the general public. My bill also shortens the depreciable life of computer software to 2 years, to better reflect its true value to a small business or a corporation.

Current law considers software acquired in the purchase of a business to be an "intangible asset," under Internal Revenue Code section 197. As such, it is subject to a punitive 15-year depreciation rule. My bill first places all computer software, regardless of its origin,

composition, or means of acquisition, on equal footing with typical off-the-shelf software technology currently available to most consumers.

My bill then lowers the current 36-month "useful life" standard for computer software deduction down to 2 years. This shorter period is a much more fair concept of "useful life." The 2-year deduction is weighted in the first year to allow a 70-percent deduction, followed by a second-year 30-percent deduction. This also reflects the value of the software to a business in a much more fair way.

Shortening the depreciable life of computer software—and especially subjecting the most technical and sophisticated programs to the same treatment as commercially available software—will have substantial economic impact. It will lower the cost of operation for thousands of small businesses which may currently purchase hundreds of programs a year. It will also restore a measure of equity for small businesses vis-a-vis larger corporations which can afford to write their own software and expense the costs that year as a research and development expenditure.

While on the vanguard of our technology sector, computer software has an increasingly short product life cycle, often about 1 to 2 years, depreciating much more rapidly than most products. My bill will help spur further innovation in this growing sector of our economy. And as many new companies involved in emerging technology markets must acquire new technologies in order to grow, my bill will enhance the competitiveness of U.S. firms with foreign firms that may enjoy much more favorable tax treatment of acquired assets like software.

An in-depth economic analysis will have to be made on my bill's impact, a preliminary examination of the legislation indicates its cost will be minimal, compared to its benefit to the technology sector. I encourage my colleagues to join me in this effort by cosponsoring this important bill.

#### TRIBUTE TO LOUIS TRAVIS AMVETS POST 14 50TH ANNIVERSARY CELEBRATION

HON. GERALD D. KLECZKA

OF WISCONSIN

IN THE HOUSE OF REPRESENTATIVES

Wednesday, September 25, 1996

Mr. KLECZKA. Mr. Speaker, I rise today to pay tribute to the Louis Travis Amvets Post 14 as they celebrate the 50th anniversary of their post charter on Saturday, October 26, 1996.

After the end of World War II, thousands of veterans throughout our country had the need for an organization which would bring them together under a common bond. In Bay View, a World War II veteran by the name of Edward Cialdini understood this need and sought to find such an organization. Ed came into contact with an organizer for the American Veterans of World War II, also known as AMVETS, and on March 27, 1946 they met with 14 other Bay View veterans to create an AMVET post.

Once the new post was created, the founders decided it should be named in the memory of a local veteran, Louis Travis of Bay View. He was the sixth child of Mr. and Mrs. Paul Travis, born in January 20, 1925. In 1943 Louis joined the Navy and participated in many Pacific campaigns aboard the U.S.S.

Minneapolis and U.S.S. Pensacola where he saw combat in the Iwo Jima operation. During this bombardment, his ship was struck by enemy shells and he was killed on February 17, 1945. He was posthumously awarded the Purple Heart, American Campaign Medal, Asiatic-Pacific Campaign Medal with one silver and three bronze stars, and the World War II Victory Medal. The organizers were proud to name their new post after this true American hero.

For several years, the Travis Post held its meetings at the local club where it was formed. However, as the organization grew, so did the need for their own clubhouse. After the war ended, the Travis Post purchased a messhall from the German prisoner-of-war stockade built at Mitchell Field. After many years of hard labor by its members and several local community volunteers, and financial troubles, the post was finally completed and operational by 1952. That building served Bay View area veterans for 43 years. In 1995, the building was sold, and Travis Post meetings are now being held at the same club where it was formed.

Over the past 50 years, the Travis Post has met the needs of all Bay View veterans. The Louis Travis AMVET Post has a history filled with sacrifice, hard labor, and ultimately success. I applaud all of the veterans who helped to organize, build, and sustain the Travis Post over these past 50 years.

#### ENERGY AND WATER DEVELOPMENT APPROPRIATIONS ACT FOR FISCAL YEAR 1997

HON. CALVIN M. DOOLEY

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Wednesday, September 25, 1996

Mr. DOOLEY of California. Mr. Speaker, recently the House passed the conference report to accompany H.R. 3816, the Energy and Water Development Appropriations Act for Fiscal Year 1997. This legislation includes a long-sought solution to resolve the issues concerning costs of the Kesterson Reservoir Cleanup Program. This language directs the Secretary of Interior to collect repayment of the cost of the Kesterson drain as described in the report entitled "Repayment Report, Kesterson Reservoir Cleanup Program and San Joaquin Valley Drainage Program, February 1995".

While all parties involved in the Kesterson cleanup issue are pleased with the solution of the repayment situation, there are several landowners who are involved in a lawsuit—Sumner Peck Ranch—that stems from the closing of the drain. The closing of the drain has led to the degradation of land in the area. In some cases this land has become incapable of being farmed. The basis of the lawsuit is that the landowners believe that the Federal Government should provide them with monetary compensation for the loss of the productive use of their land because the Federal Government is not operating a drain as promised in past contracts with the Bureau of Reclamation.

The case has not been resolved, and mandatory settlement discussions before the Ninth Circuit's chief mediator are ongoing. I want to make clear that the language contained in the fiscal year 1997 energy and water development appropriations bill in no way was intended to affect the outcome of the Sumner