

Mayor and Councilman. He was responsible for developing the Amanda Acres senior-citizen facility and the village municipal building. He also assisted in developing the town's infrastructure from his position on the Public Works District Integrating Committee.

Robert W. Groh is the heart and soul of Amelia and has made this town a wonderful place in which to live and work. He has unselfishly given his time and energy to the community and to our country. Robert Groh is a special man to Amelia and its citizens and he will always be a valued member of the community. I am proud to know Mayor Groh, have him as a constituent, and call him a friend.

Mr. Speaker, Members of the House of Representatives, please join me in saluting Robert W. Groh for his many years of service and wishing him the best for many years to come.

IN SUPPORT OF FDA LEGISLATION

HON. CHARLES W. STENHOLM

OF TEXAS

IN THE HOUSE OF REPRESENTATIVES

Thursday, February 1, 1996

Mr. STENHOLM. Mr. Speaker, I am pleased to be an original cosponsor of the Food and Drug Administration [FDA] legislation introduced today by Congressman BURR, which would provide some regulatory relief for health professionals. The legislation would allow the holder of an approved new drug application to provide health professionals a reprint of a medical journal article which includes information about the drug that is not in the FDA-approved package insert.

While I certainly support the basic health and safety mission of the FDA, I have heard numerous concerns from my constituents about the FDA approved process and the frustrations they have in dealing with the Federal bureaucracy in general. As a representative of a rural district, I am very aware of the feeling of isolation that rural providers experience. Many times, rural providers find themselves with limited access to information they are unable to find someone to cover their practices so that they can attend conferences or meetings at which new medical technology is discussed. I believe Representative BURR's legislation is a good first step in addressing some of my constituents' frustrations.

Current law allows doctors to prescribe drugs for the users they feel most appropriately meet their patients' needs. For instance, if a doctor reads a journal article showing the effectiveness of a particular drug treating an illness for which it was not originally approved, the doctor is not prohibited from prescribing the drug for that use.

However, current FDA regulations prohibit drug manufacturers from providing doctors with information about any use of the drug that has not been previously approved by the FDA. Therefore, while studies might have shown the safety and effectiveness of the drug for additional uses, manufacturers are not allowed to share this information with doctors. Representative BURR's legislation attempts to address this issue in a fair way that will maintain the FDA's mission of protecting consumers from unsafe, ineffective drugs.

I believe it is important for the committees of jurisdiction to consider this legislation and all of its ramifications, particularly with regard to consumer safety. I feel very confident that liability responsibilities shouldered by physicians more than adequately ensure that they will not carelessly prescribe inadequately proven drugs.

Many agree that the FDA approval process, while attempting to ensure consumers have safe and efficient drugs, may actually delay the availability of some breakthrough drugs. This bill may not contain all of the answers, but it is a productive first step and it should receive a hearing in the regular committee process, so that interests on all sides of the issue can be heard and considered. It is important that we reform the FDA with an awareness of the agency's responsibility, which is to see that the medicines we use are safe and effective.

PERSONAL EXPLANATION

HON. PETER G. TORKILDSEN

OF MASSACHUSETTS

IN THE HOUSE OF REPRESENTATIVES

Thursday, February 1, 1996

Mr. TORKILDSEN. Mr. Speaker, I requested and was granted on January 23, 1996, leave of absence for that day, the 23d, as well as the 24th and 25th, as I was on my honeymoon.

However, I would like to enter in the RECORD how I would have voted on the three suspension votes had I been here.

On rollcall vote No. 13—H.R. 2657, I would have voted "yes."

On rollcall vote No. 14—S. 1341, I would have voted "yes."

On rollcall vote No. 15—H.R. 2726, I would have voted "yes."

Additionally, I would also like it to be noted that on rollcall vote No. 16—S. 1124 a non-suspension vote, I would also have voted "yes."

BURDENSARING LEGISLATION

HON. JIM CHAPMAN

OF TEXAS

IN THE HOUSE OF REPRESENTATIVES

Thursday, February 1, 1996

Mr. CHAPMAN. Mr. Speaker, this summer the world celebrated the 50th anniversary of V-J Day and the end of World War II. For thousands of veterans who fought to defend democracy in Europe, North Africa and the Pacific, it recalled a proud moment in American history.

For America's veterans and the widows of America's fallen heroes, the observance of this anniversary was laced with poignant irony. Those who made the sacrifices 50 years ago are being asked by some in our Government to make sacrifices again.

Since the United States won victories in Europe and Japan more than 50 years ago, and in Korea more than 40 years ago, we have continued our military presence in those nations. At a vast cost to the American taxpayer,

we have preserved the peace, assured victory over global communism and allowed war-ravaged economies to prosper and grow.

America did the right thing in building world stability, freedom and hope. But America can no longer afford to bear the financial burden imposed on our people by protecting Europe, Japan and Korea.

I am introducing legislation today to require the host nations of NATO, Japan and Korea to share the burden of the direct costs of the United States military presence in those nations. My legislation also provides that the revenues resulting from those burdensharing agreements be deposited in the Medicare trust fund. The revenue generated by my bill will guarantee the solvency of the Medicare trust fund through 2007, eliminating the need for the huge cuts in Medicare services that have been approved by the Republican Congress and vetoed by President Clinton.

It is not fair that the United States continues to pay for the defense costs of these countries while they continue to pour billions into subsidizing industries that compete with American jobs, and provide social services to their citizens that the American taxpayer cannot afford for our own. It is not fair to the American taxpayer or the American worker.

It is not fair that the United States continues to pay the defense costs of these countries while our Nation cuts billions from services provided to the people who won World War II on the front lines and the homefront. The soldiers who fought at Iwo Jima and the Battle of the Bulge and Inchon now receive Medicare benefits. The future of that program has been jeopardized by huge reductions in services approved by the House but vetoed by the President. My legislation guarantees the solvency of Medicare by generating up to \$90 billion in revenue from burdensharing agreements.

My bill gives the administration a hammer to force the host nations to share this burden by requiring the withdrawal of our troops if agreements are not reached by the end of 1997. I do not expect one company of troops, one wing of aircraft or a single tank to be withdrawn as a result of this legislation. The host nations involved want the American military presence in their countries. We have failed in the past to achieve adequate burden-sharing agreements because there was no credible incentive to force them to the table. My bill gives the host nations every possible motivation to bargain in good faith because a failure in negotiations delivers results unacceptable to them. If I am wrong about the wishes of the host nations, my bill will still protect Medicare by investing the savings that result from a troop withdrawal into the Medicare trust fund.

It is time, Mr. Speaker, that those who won World War II and contained communism at the 38th Parallel stop paying the price for our victory through unacceptable cuts in health care. It is time that the United States force the host nations of NATO, Japan, and Korea to pay the bills for their own protection. It is time that the U.S. taxpayer stop subsidizing foreign industries that compete with American jobs. It is time that the U.S. taxpayer stop subsidizing better health care and social security for our allies than American can afford for our own. It is time, Mr. Speaker.

CHARITABLE MEDICAL CARE ACT OF 1996

HON. BOB GOODLATTE

OF VIRGINIA

IN THE HOUSE OF REPRESENTATIVES

Thursday, February 1, 1996

Mr. GOODLATTE. Mr. Speaker, I would like to bring to my colleagues' attention the Charitable Medical Care Act of 1996 which I am today introducing with Representatives MOORHEAD, MCCOLLUM, SMITH of Texas, HOKE, and BRYANT of Tennessee. This important legislation will make it easier for free medical clinics to recruit medical professionals to volunteer their services for the poor.

Free clinics have developed as a privately funded, grass-roots effort to provide outpatient health services primarily to the working poor. There are over 200 free clinics in the United States which have evolved with no Federal support and little local government support.

My District is privileged to be home of several outstanding free clinics including one of the finest free clinics in the country, the Bradley Free Clinic of Roanoke, VA. The Bradley Free Clinic is also headquarters of the Free Clinic Foundation of America, which has been working to provide services to assist and establish free clinics across the country.

My friends at the Bradley Free Clinic brought to my attention the problems free clinics nationwide encounter finding medical staff willing to volunteer their time and services because of concerns over medical liability. Medical professionals who would like to provide free care for the poor are discouraged by the possibility that doing so will put their medical malpractice coverage at risk. Retired medical professionals don't have liability coverage and therefore can't volunteer. As a result, the poor don't get the care they need.

In response I am introducing a bill similar to legislation passed in Virginia in the 1980's to exempt health care professionals who provide free services in connection with a free clinic from liability for simple negligence only. In fact, Virginia is one of eight States which have laws in place exempting doctors who voluntarily provide free care in good faith from liability for simple negligence.

While Medical liability suits against health care professionals who volunteer their services at free clinics are very rare, under this legislation health care professionals would not be protected if they commit gross negligence or willful misconduct. In addition, the exemption would only apply if the patient received the care at no charge, there was no reimbursement to the health care professional for providing the service and the patient had informed consent before the service was rendered that any liability incurred by their health care provider would be limited to gross negligence and willful misconduct.

With over 30 million uninsured Americans, the need for privately sponsored free clinics and health services has never been more acute. It is estimated that charitable medical care provides care to 30 percent of the Nation's uninsured and is an important alternative to expensive emergency room care which is far too often the only care available for the uninsured or underinsured. This legislation would help ensure that free clinics continue to fulfill this important role by making it possible for them to attract volunteers.

The Free Clinic Foundation and the Catholic Health Association are strong supporters of this legislation. Senator MOSELEY-BRAUN has sponsored companion legislation in the Senate. I urge my colleagues to support this bipartisan effort and cosponsor the Charitable Medical Care Act of 1996.

DISPUTE SETTLEMENT IN THE WORLD TRADE ORGANIZATION

HON. PHILIP M. CRANE

OF ILLINOIS

IN THE HOUSE OF REPRESENTATIVES

Thursday, February 1, 1996

Mr. CRANE. Mr. Speaker, the World Trade Organization [WTO] recently ruled against the United States in a case involving the Environmental Protection Agency's [EPA's] regulations on reformulated gasoline to achieve the standards of the Clean Air Act. Unfortunately, this decision has been portrayed by some as an assault on U.S. environmental laws. Nothing could be further from the truth.

To begin, it should be pointed out that the case involved an EPA regulation, not U.S. law, U.S. air quality standards, as legislated in the Clean Air Act, were not at issue. Rather, the case dealt with the different set of regulations that are imposed on imports of reformulated gasoline from those imposed on domestically refined reformulated gasoline. In the WTO, the case was filed under the national treatment clause which says that you cannot have one regulatory standard for imports and a different one for domestic products. This is a principle of trade that the United States, as the world's leading exporter, has espoused for years in our efforts to open new markets to U.S. goods and services. It works to protect the competitiveness of U.S. goods and services overseas by ensuring that our trading partners treat our exports in their markets in the same manner that they treat their own products.

I urge my colleagues to carefully study this decision and, more importantly, to learn the facts before urging action which would damage U.S. credibility in the short term and our trading relationships in the long run. Indeed, the United States fought to establish the WTO dispute settlement process because of the way it will help us pry open foreign markets to our products. Under the old GATT dispute settlement procedure, the United States filed the greatest number of cases of any member country. However, because countries could block the old dispute settlement process, we sometimes could not get decisions in cases that would have helped us remove barriers to our exports overseas. The new process established in the WTO removes the possibility of such obstruction and ensures that the procedure will work on a predictable timetable and that a decision will be rendered. Based on our history of using the GATT dispute settlement process, the new procedure is likely to be used frequently by the United States in the future to help us achieve our trade liberalization goals.

As chairman of the Ways and Means Subcommittee on Trade, I am proud of the great strides that the United States has made in recent years toward opening markets and removing barriers to trade around the world. As we work to ensure that our trading partners fulfill their WTO commitments, it is critical that we set an example by living up to our own.

In sum, I would like to quote from an editorial from the January 21, 1996 issue of the New York Times. The editorial, entitled "Winning, by Losing on Trade," concludes:

The ruling helps establish the W.T.O. panels as deliberative judicial bodies willing and able to enforce rules of fair trade. That is beneficial to the United States, which brings more complaints to trade-dispute panels than any other country. Washington will win more than its cases in the years ahead. The W.T.O. has shown it can keep trading honest. That is a welcome development.

HONORING MRS. ANNA GAYLE

HON. DAN MILLER

OF FLORIDA

IN THE HOUSE OF REPRESENTATIVES

Thursday, February 1, 1996

Mr. MILLER of Florida. Mr. Speaker, I would like to thank you for this opportunity to honor a remarkable person and a wonderful citizen. I am sad to report that this past Tuesday, one of my most admired constituents, Anna Gayle, passed away at the age of 99. Now Ms. Gayle was known for many great things in Manatee County. She was a deaconess and missionary at St. John First Baptist Institutional Church in Palmetto, FL. She served as the director of the Senior Citizens Centers of Manatee County in Bradenton and Palmetto for over 10 years. And she also in 1984 received a national award from the National Council on Aging for her advocacy.

But the qualities that everyone attributed most to her were her strong character, her kindness, and above all, her willingness to help those that were less fortunate. As stated by one of her many fans, "If people were sick, she helped them. If a child needed care, she saw that he got it. If you needed a hand, she was there." It was this commitment to provide for those less fortunate and her drive to better surrounding neighborhoods which led to the Anna Gayle Resource Center—a neighborhood center for families experiencing drug and crime problems in her much loved community of Palmetto, FL. Her legacy of improving the quality of life will long be remembered by many for years to come.

I have always found such commitment to help others inspiring, and mourn deeply the passing of such an outstanding human being. We will all miss her.

TRIBUTE TO KWEISI MFUME

SPEECH OF

HON. JAMES F. SENSENBRENNER, JR.

OF WISCONSIN

IN THE HOUSE OF REPRESENTATIVES

Wednesday, January 31, 1996

Mr. SENSENBRENNER. Mr. Speaker, I rise to pay tribute to our departing colleague from Maryland, Congressman KWEISI MFUME.

For the past 10 years, the people of Maryland's Seventh District have benefited from the representation of Congressman MFUME.

Representative MFUME's political career began as a Baltimore City Council member where he promoted the causes of his inner-city constituents. He was elected to the House of Representatives in 1986 and recently