transformation from a regional to a highly-respected national law school.

Whereas, Dean Richard G. Huber built upon these traditions in expanding the law school faculty and program, and in 1975 secured the eventual move of the Law School to its current site on the Newton campus, providing urgently needed space for the educational component as well as for students and faculty offices and meeting facilities.

Whereas, under the leadership of Deans Daniel R. Coquillette and Aviam Soifer, the University embarked on a campaign to build a new physical plant for the Law School on its present site, which facility would reflect the breadth and statute of the law school's programs, and which would allow for the full integration of technology in legal teaching and research.

Whereas, we also celebrate a revered member of the Law School faculty, Professor Emil Slizewski, who this year retires from his teaching responsibilities at Boston College Law School after 56 years of distinguished service to the Law School and the legal profession.

Whereas, on October 8, 1999, members of the Law School and the Boston College communities join together in celebration of an institution which has launched the careers of illustrious government officials and leaders in the profession, and which has inspired an unwavering commitment to social justice among its esteemed graduates. After 70 years of academic excellence, students, administrators, alumni and faculty join together today to celebrate the opening of a new academic wing at Boston College Law School.

Now, therefore, I, Congressman Edward J. Markey, hereby request that my colleagues in the United States House of Representatives join me in saluting Boston College Law School as it celebrates 70 years of excellence in legal education.

PROFILES OF SUCCESS HONORS MS. LORRAINE LEE

HON. ED PASTOR

OF ARIZONA

IN THE HOUSE OF REPRESENTATIVES

Thursday, October 7, 1999

Mr. PASTOR. Mr. Speaker, I rise before you today to draw attention to the accomplishments of a woman who has long been an activist for all Arizonans and who has is at the ready when it comes to championing for the Latino community and the issues that affect them. The woman of whom I speak is Ms. Lorraine Lee, a good friend and an invaluable community leader in southern Arizona.

Ms. Lee has been the vice president of Chicanos Por La Causa in Tucson for the past 15 years. She is a much esteemed leader who has worked diligently on empowerment, self–sufficiency and goal attainment for not only members of the Tucson community but, Chicanos nationwide.

Recently, Lorraine was recognized at Valle del Sol's Annual Profiles of Success Leadership Awards. Valle's award ceremony is the premiere Latino recognition event in Arizona each year that acknowledges Arizona's leaders and their contributions.

Lorraine received the Special Recognition Award for her efforts in spearheading the anit–Unz initiative in southeastern Arizona and nationwide. This initiative is named after the man who started the movement against bilingual education in California. In Tucson, Unz is trying to bring the same movement to Arizona. But in Tucson, the birthplace of the first official bilingual education program, Lorraine has initiated efforts to raise social awareness in ethnically diverse segments of the community. She is currently working with several community representatives in organizing a coalition to ensure that the Unz initiative does not appear on this year's upcoming ballot. This effort consists of educating citizens from the public and private sector, including politicians and youth, about the importance of bilingual education programs.

But beyond the issue of bilingual education, Ms. Lee has been a well-respected activist in Arizona who does not shy from leadership roles and is ready to take on new challenges to strengthen the Latino community.

That is why I ask you to join me in paying tribute to my friend Lorraine Lee and in wishing her great success.

QUALITY CARE FOR THE UNINSURED ACT OF 1999

SPEECH OF

HON. RON PAUL

OF TEXAS

IN THE HOUSE OF REPRESENTATIVES

Wednesday, October 6, 1999

Mr. PAUL. Mr. Speaker, as an MD, I know that when I advise on medical legislation I may be tempted to allow my emotional experience as a physician to influence my views, but nevertheless I am acting the role of legislator and politician. The MD degree grants no wisdom as to the correct solution to our managed care mess. The most efficient manner to deliver medical services, as it is with all goods and other services, is determined by the degree the market is allowed to operate. Economic principles determine efficiency of markets, even the medical care market; not our emotional experiences dealing with managed care.

Contrary to the claims of many advocates of increased government regulation of health care, the problems with the health care system do not represent market failure, rather they represent the failure of government policies which have destroyed the health care market. In today's system, it appears on the surface that the interest of the patient is in conflict with rights of the insurance companies and the Health Maintenance Organizations (HMOs). In a free market this cannot happen. Everyone's rights are equal and agreements on delivering services of any kind are entered into voluntarily, thus satisfying both sides. Only true competition assures that the consumer gets the best deal at the best price possible, by putting pressure on the providers. Once one side is given a legislative advantage, in an artificial system, as it is in managed care, trying to balance government dictated advantages between patient and HMOs is impossible. The differences cannot be reconciled by more government mandates which will only makes the problem worse. Because we are trying to patch up an unworkable system, the impasse in Congress should not be a surprise.

No one can take a back seat to me regarding the disdain I hold for the HMOs' role in managed care. This entire unnecessary level of corporatism that rakes off profits and undermines care is a creature of government interference in health care. These non-market institutions and government could have only gained control over medical care through a collusion among organized medicine, politicians, and the HMO profiteers, in an effort to provide universal health care. No one suggests that we should have ''universal'' food, housing, TV, computer and automobile programs and yet many of the ''poor'' do much better getting these services through the marketplace as prices are driven down through competition.

We all should become suspicious when it is declared we need a new ''Bill of Rights'' such as a Taxpayer's Bill of Rights, or now a Patient's Bill of Rights. Why don't more Members ask why the original Bill of Rights is not adequate in protecting all rights and enabling the market to provide all services. If over the last fifty years we had a lot more respect for property rights, voluntary contracts, state jurisdiction and respect for free markets, we would not have the mess we're facing today in providing medical care.

The power of special interests influencing government policy has brought us this managed care monster. If we pursue the course of more government management—in an effort to balance things—we're destined to make the problem much worse. If government mismanagement, in an area that the government should not be managing at all, is the problem, another level of bureaucracy—no matter how well intended—cannot be helpful. The law of unintended consequences will prevail and the principle of government control over providing a service will be further entrenched in the nation's psyche. The choice in actuality is government provided medical care and it's inevitable mismanagement or medical care provided by a market economy.

Partial government involvement is not possible. It inevitably leads to total government control. Plans for all the so-called Patient's Bill of Rights are a 100% endorsement of the principle of government management and will greatly expand government involvement, even if the intention is to limit government management of the health care system to the extent ''necessary'' to curtail the abuses of the HMOs. The Patients' Bill of Rights concept is based on the same principles that have given us the mess we have today. Doctors are unhappy, HMOs are being attacked for the wrong reasons, and the patients have become a political football over which all sides demagogue.

The problems started early on when the medical profession, combined with tax code provisions making it more advantageous for individuals to obtain first-dollar health care coverage from third-parties rather than pay for health care services out of their own pockets, influenced the insurance industry into paying for medical services instead of sticking with the insurance principle of paying for major illnesses and accidents for which actuarial estimates could be made. A younger, healthier and growing population was easily able to afford the fees required to generously care for the sick. Doctors, patients and insurance companies all loved the benefits until the generous third-party payment system was discovered to be closer to a Ponzi scheme than true insurance. The elderly started living longer, and medical care became more sophisticated, demands because benefits were generous and insurance costs were moderate until the demographics changed with fewer young people

working to accommodate a growing elderly population—just as we see the problem developing with Social Security. At the same time governments at all levels become much more involved in mandating health care for more and more groups.

Even with the distortions introduced by the tax code, the markets could have still sorted this all out, but in the 1960s government entered the process and applied post office principles to the delivery of medical care with predictable results. The more the government got involved the greater the distortion. Initially there was little resistance since payments were generous and services were rarely restricted. Doctors liked being paid adequately for services that in the past were done at discount or for free. Medical centers, always willing to receive charity patients for teaching purposes in the past liked this newfound largesse by being paid by the government for their services. This in itself added huge costs to the nation's medical bill and the incentive for patients to economize was eroded. Stories of emergency room abuse are notorious since ''no one can be turned away.''

Artificial and generous payments of any service, especially medical, produces a well-known cycle. The increase benefits at little or no cost to the patient leads to an increase in demand and removes the incentive to economize. Higher demands raises prices for doctor fees, labs, and hospitals; and as long as the payments are high the patients and doctors don't complain. Then it is discovered the insurance companies, HMOs, and government can't afford to pay the bills and demand price controls. Thus, third-party payments leads to rationing of care, limiting choice of doctors, deciding on lab tests, length of stay in the hospital, and choosing the particular disease and conditions that can be treated as HMOs and the government, who are the payers, start making key medical decisions. Because HMOs make mistakes and their budgets are limited however, doesn't justify introducing the notion that politicians are better able to make these decisions than the HMOs. Forcing HMOs and insurance companies to do as the policitians say regardless of the insurance policy agreed upon will lead to higher costs, less availability of services and calls for another round of government intervention.

For anyone understanding economics, the results are predictable: Quality of medical care will decline, services will be hard to find, and the three groups, patients, doctors and HMOs will blame each other for the problems, pitting patients against HMOs and government, doctors against the HMOs, the HMOs against the patient, the HMOs against the doctor and the result will be the destruction of the cherished doctor-patient relationship. That's where we are today and unless we recognize the nature of the problem Congress will make things worse. More government meddling surely will not help.

Of course, in a truly free market, HMOs and pre-paid care could and would exist—there would be no prohibition against it. The Kaiser system was not exactly a creature of the government as is the current unnatural HMO-government-created chaos we have today. The current HMO mess is a result of our government interference through the ERISA laws, tax laws, labor laws, and the incentive by many in this country to socialize medicine ''American style,'' that is the inclusion of a corporate level of management to rake off profits while draining care from the patients. The more government assumed the role of paying for services the more pressure there has been to managed care.

The contest now, unfortunately, is not between free market health care and nationalized health care but rather between those who believe they speak for the patient and those believing they must protect the rights of corporations to manage their affairs as prudently as possible. Since the system is artificial there is no right side of this argument and only political forces between the special interests are at work. This is the fundamental reason why a resolution that is fair to both sides has been so difficult. Only the free market protects the rights of all persons involved and it is only this system that can provide the best care for the greatest number. Equality in medical care services can be achieved only by lowering standards for everyone. Veterans hospital and Medicaid patients have notoriously suffered from poor care compared to private patients, yet, rather than debating introducing consumer control and competition into those programs, we're debating how fast to move toward a system where the quality of medicine for everyone will be achieved at the lowest standards.

Since the problem with our medical system has not been correctly identified in Washington the odds of any benefits coming from the current debates are remote. It looks like we will make things worse by politicians believing they can manage care better than the HMO's when both sides are incapable of such a feat.

Excessive litigation has significantly contributed to the ongoing medical care crisis. Greedy trial lawyers are certainly part of the problem but there is more to it than that. Our legislative bodies throughout the country are greatly influenced by trial lawyers and this has been significant. But nevertheless people do sue, and juries make awards that qualify as ''cruel and unusual punishment'' for some who were barely involved in the care of the patient now suing. The welfare ethic of ''something for nothing'' developed over the past 30 to 40 years has played a role in this serious problem. This has allowed judges and juries to sympathize with unfortunate outcomes not related to malpractice and to place the responsibility on those most able to pay rather than on the ones most responsible. This distorted view of dispensing justice must someday be addressed or it will continue to contribute to the deterioration of medical care. Difficult medical cases will not be undertaken if outcome is the only determining factor in deciding lawsuits. Federal legislation prohibiting state tort law reform cannot be the answer. Certainly contractual arrangements between patients and doctors allowing specified damage clauses and agreeing on arbitration panels would be a big help. State-level ''loser pays'' laws, which discourage frivolous and nuisance lawsuits, would also be a help.

In addition to a welfare mentality many have developed a lottery jackpot mentality and hope for a big win through a ''lucky'' lawsuit. Fraudulent lawsuits against insurance companies now are an epidemic, with individuals feigning injuries in order to receive compensation. To find moral solutions to our problems in a nation devoid of moral standards is difficult. But the litigation epidemic could be ended if we accepted the principle of the right of contract. Doctors and hospitals could sign agreements with patients to settle complaints before they happen. Limits could be set and arbitration boards could be agreed upon prior to the fact. Limiting liability to actual negligence was once automatically accepted by our society and only recently has this changed to receiving huge awards for pain and suffering, emotional distress and huge punitive damages unrelated to actual malpractice or negligence. Legalizing contracts between patients and doctors and hospitals would be a big help in keeping down the defensive medical costs that fuel the legal cost of medical care.

Because the market in medicine has been grossly distorted by government and artificially managed care, it is the only industry where computer technology adds to the cost of the service instead of lowering it as it does in every other industry. Managed care cannot work. Government management of the computer industry was not required to produce great services at great prices for the masses of people. Whether it is services in the computer industry or health care all services are best delivered in the economy ruled by market forces, voluntary contracts and the absence of government interference.

Mixing the concept of rights with the delivery of services is dangerous. The whole notion that patient's ''rights'' can be enhanced by more edicts by the federal government is preposterous. Providing free medication to one segment of the population for political gain without mentioning the cost is passed on to another segment is dishonest. Besides, it only compounds the problem, further separating medical services from any market force and yielding to the force of the tax man and the bureaucrat. No place in history have we seen medical care standards improve with nationalizing its delivery system. Yet, the only debate here in Washington is how fast should we proceed with the government takeover. People have no more right to medical care than they have a right to steal your car because they are in need of it. If there was no evidence that freedom did not enhance everyone's well being I could understand the desire to help others through coercive means. But delivering medical care through government coercion means not only diminishing the quality of care, it undermines the principles of liberty. Fortunately, a system that strives to provide maximum freedom for its citizens, also supports the highest achievable standard of living for the greatest number, and that includes the best medical care.

Instead of the continual demagoguery of the issue for political benefits on both sides of the debate, we ought to consider getting rid of the laws that created this medical management crisis.

The ERISA laws requiring businesses to provide particular programs for their employees should be repealed. The tax codes should give equal tax treatment to everyone whether working for a large corporation, small business, or is self employed. Standards should be set by insurance companies, doctors, patients, and HMOs working out differences through voluntary contracts. For years it was known that some insurance policies excluded certain care and this was known up front and was considered an acceptable provision since it allowed certain patients to receive discounts. The federal government should defer to state governments to deal with the litigation crisis

and the need for contract legislation between patients and medical providers. Health care providers should be free to combine their efforts to negotiate effectively with HMOs and insurance companies without running afoul of federal anti-trust laws—or being subject to regulation by the National Labor Relations Board (NLRB). Congress should also remove all federally-imposed roadblocks to making pharmaceuticals available to physicians and patients. Government regulations are a major reason why many Americans find it difficult to afford prescription medicines. It is time to end the days when Americans suffer because the Food and Drug Administration (FDA) prevented them from getting access to medicines that were available and affordable in other parts of the world!

The most important thing Congress can do is to get market forces operating immediately by making Medical Savings Accounts (MSAs) generously available to everyone desiring one. Patient motivation to save and shop would be a major force to reduce cost, as physicians would once again negotiate fees downward with patients—unlike today where the government reimbursement is never too high and hospital and MD bills are always at maximum levels allowed. MSAs would help satisfy the American's people's desire to control their own health care and provide incentives for consumers to take more responsibility for their care.

There is nothing wrong with charity hospitals and possibly the churches once again providing care for the needy rather than through government paid programs which only maximizes costs. States can continue to introduce competition by allowing various trained individuals to provide the services that once were only provided by licensed MDs. We don't have to continue down the path of socialized medical care, especially in America where free markets have provided so much for so many. We should have more faith in freedom and more fear of the politician and bureaucrat who think all can be made well by simply passing a Patient's Bill of Rights.

CONGRATULATING PROFESSOR KAY KAUFMAN SHELEMAY

HON. MICHAEL E. CAPUANO

OF MASSACHUSETTS

IN THE HOUSE OF REPRESENTATIVES

Thursday, October 7, 1999

Mr. CAPUANO. Mr. Speaker, I rise today to extend my congratulations to Professor Kay Kaufman Shelemay. Yesterday, Professor Shelemay was appointed to the Board of Trustees of the American Folklife Center at the Library of Congress; a position she had long sought and no doubt deserved.

Professor Shelemay is profoundly accomplished in the arts. Most of her life has been dedicated to the study and education of music and ethnomusicology. The distinguished author of several publications reflecting the relationship between ethnicity and music, Professor Shelemay has recently served as president of the Society for Ethnomusicology. On two occasions, she has served as a fellow for the National Endowment for Humanities. She was also chairwoman of the Fromm Music Foundation, and she has taught music at several prestigious universities including Harvard, Columbia, and NYU.

Professor Shelemay began her association with AFC as a panelist during 1987 and 1988 in the midst of her burgeoning career. Her involvement with the AFC has spanned over a decade, hence, overseeing operations at the American Folklife Center will come easily for her.

With her background, experience, and passion for ethnomusicology and the folk arts, I am certain Professor Shelemay will be a valuable addition to AFC's Board of Trustees as it pursues programs in the areas of multicultural education, preservation of national archives, and documentation of American Folklife and music.

I wish Professor Shelemay the best of luck in her new role at the American Folklife Center.

RECOGNITION OF OPPORTUNITY, INC.: AN ORGANIZATION THAT LIVES UP TO ITS NAME

HON. JOHN EDWARD PORTER

OF ILLINOIS

IN THE HOUSE OF REPRESENTATIVES

Thursday, October 7, 1999

Mr. PORTER. Mr. Speaker, I am pleased to rise today to recognize Opportunity, Inc., an outstanding organization located in Highland Park, Illinois. This is truly a remarkable enterprise and a magnificent example of the initiative needed to help people move welfare to work and a better life.

Opportunity, Inc. is a unique, not-for-profit contract manufacturer of single-use medical products that has been registered with the FDA since 1977, and that employs persons with developmental physical and/or emotional disabilities. Founded in 1976 by local construction executive John Cornell, who still serves as an Emeritus member of the Board of Directors, the company will hold its annual ''Handicapable Leadership'' Award Dinner in Chicago on Tuesday, October 16, 1999. The keynote speaker will be Ted Kennedy, Jr., a nationally known spokesperson and a leading advocate for the civil rights of people with disabilities.

The company's mission is twofold: (1) to provide a mainstream plant environment in which Handicapable people can work and earn a paycheck as well as the dignity that comes from being employed productively on a full-time basis; and (2) to provide its private sector customers with the best possible quality, price and service.

As everyone understands, budget constraints compel us to look for ways to effectively address important needs without government subsidies, and Opportunity, Inc. is leading the way in this regard. A model of community response and innovation, the company demonstrates how competitive and productive handicapable employees can be. Opportunity, Inc. built and continues to operate the nation's only not-for-profit, certified class 100,000 ''clean rooms'' for medical and surgical packaging.

When I visited Opportunity, Inc., however, I learned that its business success, while impressive, pales in significance to the positive contributions it has made to its employees' lives. I experienced firsthand how proud, dedicated and competitive they are. As one man said to me, ''Congressman, all we need is a fair chance to compete. That's what we get there at Opportunity and just look at the results!'' Clearly, Opportunity, Inc. is an organization that lives up to its name.

Mr. Speaker, I am proud to represent a congressional district that includes enterprises of this caliber. It is my pleasure to salute the employees, management and directors of Opportunity, Inc., and the Grand Marshall of Ceremonies John Cortesi on the occasion of their annual dinner, and to extend my personal congratulations to Sage Products and Allegiance Healthcare, who are the recipient of this year's Handicapable Leadership Award.

CONFERENCE REPORT ON H.R. 2606, FOREIGN OPERATIONS, EXPORT FINANCING, AND RELATED PROGRAMS APPROPRIATIONS ACT, 2000

SPEECH OF

HON. ROBERT WEXLER

OF FLORIDA

IN THE HOUSE OF REPRESENTATIVES

Tuesday, October 5, 1999

Mr. WEXLER. Mr. Speaker, I rise in strong opposition to the Foreign Operations conference report.

America loses when we fail to properly fund our foreign operations budget. The report we are considering is almost $2 billion below the level requested by President Clinton and $1 billion below last year's budget.

Without adequate funding for our international affairs operations, we will not be equipped to protect the security and the prosperity of Americans at home and abroad, and we risk losing our status as the world's remaining superpower.

American foreign policy should not embrace the short-sighted views of isolationists. Instead, we should meet the myriad of challenges facing the global community. America is at its best when we promote our values abroad by supporting struggling democracies and their efforts to make the transition to market economies.

Mr. Speaker, this conference report provides no Wye Aid funding which we promised our partners in the Middle East. It fails to provide adequate funding for emerging democracies in Africa and fails to assist our neighbors in the Western Hemisphere. It also ignores the needs of Asian countries recovering from financial devastation.

But the greatest disgrace of this conference report is our failure to lend a helping hand to the world's children. The children of Sierra Leone, for example, who have suffered the violent amputation of their limbs, sexual abuse, displacement from their homes, and the ravaging to their innocence and youth, lose yet again when we cut our foreign aid and humanitarian assistance. Programs to provide them food and medical intervention and to return them to their homes and neighborhoods can never succeed. And yet, what greater humanitarian purpose can our foreign policy serve than to bring prosthetic arms and hands to babies whose entire lives lie ahead of them?

I urge my colleagues to join me today and defeat this poorly funded conference report. America's front line of foreign policy should not be shortchanged.