

disabled housing development built by the Diocese of Rockville Center on Long Island and, initially at least, a controversial plan. Many residents in this middle class area resisted the notion of a subsidized apartment complex in their community. But St. Joseph's Village proved to be an outstanding neighbor and a model for the developments that followed it. Villagers often visit the nearby Hawkins Elementary School and read to students. This unique program, called "Reading Buddies," pairs up seniors with young children for mutual literary enjoyment. Other seniors devote their time preparing and serving to their fellow senior citizens at the local Senior Nutrition Center. Sixty other residents organized a project to donate money each month to improve the lives of three underprivileged children living abroad in Third World nations.

Mr. Speaker, words can hardly express the deep debt of gratitude we on Long Island owe to the residents of St. Joseph's Village for all they have done to serve our community and improve the lives of our neighbors. I ask my Congressional colleagues to join me, the community and all who have benefited from their generosity in thanking the residents for their good work. And on this day of their 20th anniversary, we wish them many more years of success and good fortune.

FAIRNESS FOR FOSTER CARE
FAMILIES ACT

HON. RON LEWIS

OF KENTUCKY

IN THE HOUSE OF REPRESENTATIVES

Thursday, March 18, 1999

Mr. LEWIS of Kentucky. Mr. Speaker, today I am introducing a bill that ensures that all foster care families are treated fairly under the Tax Code.

The Fairness for Foster Care Families Act simplifies the current rules for foster care payments and recognizes the increasing role that charitable tax exempt agencies and private for-profit agencies play in the placement of foster care children and adults.

In 1983, Congress amended the Internal Revenue Code to permit certain foster care families to exclude from taxable income payments they receive to cover the additional expenses incurred for caring for the individual. Unfortunately, the exclusion depended on a complicated analysis of three factors: the age of the foster care individual, the type of foster care placement agency and the source of the foster care payment.

Congress revisited the tax treatment of foster care payments in 1986. Although the process was simplified to an extent, some families were still left out. Those families could only receive a tax deduction if they maintained detailed expense records to support such deductions.

Under the Fairness for Foster Care Families Act, foster care providers would avoid this burdensome record keeping process. This bill guarantees that the payment is tax-free regardless of the age of the foster care individual or the type of agency that places the individual provided that the agency is licensed and certified by the State.

I hope my colleagues will join me in supporting this legislation.

HAPPY 300TH ANNIVERSARY TO
THE SIKH NATION

HON. JOHN T. DOOLITTLE

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Thursday, March 18, 1999

Mr. DOOLITTLE. Mr. Speaker, Dr. Gurmit Singh Aulakh, President of the Council of Khalistan, has brought it to my attention that on April 13, the Sikhs will be celebrating their 300th anniversary. Sikhs have been significant contributors to America in several sectors of life, but their anniversary is significant for another reason. The Sikh Nation is currently one of several nations struggling to reclaim its freedom from Hindu India.

It is an interesting coincidence that April 13, the Sikhs' anniversary, is also the birthday of Thomas Jefferson, the author of our Declaration of Independence. This symmetry of events highlights the Sikh Nation's desire to be free. It is time that the Sikhs enjoy the freedom that we enjoy here in America.

In the Declaration of Independence, Jefferson wrote that all people "are endowed by their Creator with certain unalienable rights; that among these are life, liberty, and the pursuit of happiness; that whenever any form of government becomes destructive of these ends, it is the right of the people to alter or abolish it." In India, the government allows 70,000 Sikh political prisoners to rot in jail without charge or trial, some since 1984. They should be released on or before April 13 as a goodwill gesture. Instead, I fear that even more Sikhs will be endangered as "democratic, secular" India tries to maintain what it calls its "territorial integrity."

In the spirit of Jefferson, let the 300th anniversary of the Sikh Nation be an occasion to do whatever we can to support the Sikhs and the other nations of South Asia in their struggle to live in the glow of freedom. By stopping U.S. aid to India (which is one of the top five recipient countries) until human rights are universally respected, by declaring our support for self-determination through a free and fair plebiscite, and by imposing the same sanctions on India that we would impose on any other religious oppressor, we can share the blessings of liberty with the people of South Asia. This is the best thing that we can do to celebrate this important occasion with the Sikh Nation.

THE AMERICAN HEALTH SECURITY
ACT OF 1999

HON. JIM McDERMOTT

OF WASHINGTON

IN THE HOUSE OF REPRESENTATIVES

Thursday, March 18, 1999

Mr. McDERMOTT. Mr. Speaker, I rise today to once again introduce the American Health Security Act. The single payer plan I propose is the only plan before Congress that will guarantee health care universality, affordability, security and choice.

While this Congress lacks the political will to enact comprehensive health reform, the underlying needs for reform remain prevalent: health care costs are more unaffordable to more people and the number of people without health insurance continues to rise. These

problems are compounded by increasing loss of health care choice and autonomy for those people who have insurance leading to disruptions in care and in relationships with providers.

The American Health Security Act I am introducing today embodies the characteristics of a truly American bill. It will give to all Americans the peace of mind—the security—to which all citizens should be entitled. It creates a system of health care delivered by physicians chosen by the patient. No one will have to leave their existing relationships with their doctors or hospitals or other providers. It is federally financed but administered at the state level, so the system is highly decentralized. And it provides new mechanisms to improve the quality of care every American receives.

The American Health Security Act (the Bill) provides universal health insurance coverage for all Americans as of January 1, 2000. It severs the link between employment and insurance. The federal government defines the standard benefit package, collects the premium, and distributes the premium funds to the states. The states, through negotiating panels comprised of representatives from business, labor, consumers and the state government, negotiate fees with the providers and the government controls the rate of price increases. The result is health care coverage that never changes when your personal situation does, never requires you to change the way you seek health care, and never causes disruption in your relationships with your providers.

The bill provides the coverage under a mechanism of global budgets to achieve controllable and measurable cost containment that will yield scorable savings over the next five years. Unlike other single-payer proposals of the past, it provides for almost exclusive state administration provided the states meet federal budget, benefit package, guarantee of free choice of provider, and quality assurance standards. This bill explicitly preserves free choice of provider by providing a mechanism for fee-for-service delivery to compete effectively with HMOs. It will not force Americans into HMO models.

The insurance mechanism of the American Health security Act is easy to use and understand. Quite simply, a patient visits the doctor or other provider. The provider then bills the state for the services provided under the standard benefit package and the state pays the bill on the patient's behalf, just as insurance companies pay medical bills on the patient's behalf now. The difference is that complicated and expensive formulas for patient copayments, coinsurance, and deductibles in addition to premium costs are eliminated.

The standard benefit package is in fact extremely generous. It covers all inpatient and outpatient medical services without limits on duration or intensity except as delineated by outcomes research and practice guidelines based on quality standards. It provides for coverage of comprehensive long-term care, dental services, mental health services and prescription drugs. Cosmetic procedures and other "frill" benefits such as private rooms and comfort items are not covered.

The extent of state discretion is substantial. The federal budget is divided into quality assurance, administrative, operating, and medical education components. The system is financed 86% by the federal government and

14% by the states. That federal pie is then apportioned among the states. For example, states with large elderly populations can be expected to require a larger volume of higher intensity services and will receive a larger federal contribution. However, the states are free to determine how that money is allocated among types of providers and to negotiate those allocations according to the state's individual needs, provided federal standards are met. The ability of HMOs to operate and compete on a capitated basis is preserved.

The states must demonstrate the efficacy of their methodologies or federal models will be imposed. However, states are not required to seek waivers in advance. While the federal government will not make separate allocations to states for capital and operating budgets, the states are free to allocate capital separately to assure adequate distribution of resources throughout the state and to develop their own mechanisms for doing so.

The financing package reflects the CBO scoring of this bill's predecessor, H.R. 1200, in the 103d Congress. The numbers were provided by the Joint Committee on Taxation (JCT) on the basis of the CBO scoring. Accordingly, the bill is fully financed. In fact, JCT estimates that the American Health Security Act will lead to deficit reduction approximating \$100 billion per year by the year 2004.

Everyone will contribute to the health insurance system, except the very poor. Employers will pay 8.7% of payroll and individuals will pay 2.2% of their taxable income. A tobacco tax equal to \$0.45 per cigarette pack is also imposed. These payroll deductions are lower than current insurance costs for most businesses and individuals, even while providing universal coverage and a more generous benefit package than exists in the private market today. The key is that the money necessary to provide coverage to people who cannot afford it comes from the administrative savings achieved through the elimination of the insurance company middle man. Americans are freed from the hassle of obtaining and keeping their insurance and have a federal guarantee that their health care costs will be paid for, regardless of who their employer is, where they move, or how their personal or family situation changes.

In addition to providing realistic and affordable financing, the bill provides quality assurance mechanisms that enhance system-wide quality and truly protect the consumer. It attempts to end the interference between doctor and patient. It establishes a system of profiling practice patterns to identify outliers on a systematic basis. Pre-certification of procedures and hospitalization (getting permission from insurers before your doctor can treat you) is prohibited except for case management of catastrophic cases.

Practice guidelines and outcomes research are emphasized as the main quality and utilization control mechanisms which gives physicians latitude to deviate from cookbook medicine where required for individual cases without going through intermediaries. Only if practitioners consistently deviate are they subject to review to ascertain the basis for the pattern of practice. This system includes mechanisms for education and sanctions including case-by-case monitoring when the review indicates serious quality problems with a specific provider.

The need for a 1:1 ratio of primary care physicians to specialists is explicitly set forth.

Federal funding to graduate medical education is tied to achieving this ratio. Funding to the National Health Service is also provided to achieve this goal.

Special grants are provided to meet the needs of underserved areas through enhanced funding to the community health centers, both rural and urban, to enable outreach and other social support mechanisms. In addition, states have discretion to make special payment arrangements to such facilities to improve local access to care. It is anticipated that the revenue streams established for the public health service, community health centers, and education of primary care providers will double the primary care capacity of rural and other underserved areas in this country.

In summary, the American Health Security Act will provide all the citizens with the health care they need at a price both they and their country can afford. It is clear that we cannot afford the price of doing nothing.

EXPOSING RACISM

HON. BENNIE G. THOMPSON

OF MISSISSIPPI

IN THE HOUSE OF REPRESENTATIVES

Thursday, March 18, 1999

Mr. THOMPSON of Mississippi. Mr. Speaker, in my continuing efforts to document and expose racism in America, I submit the following articles into the CONGRESSIONAL RECORD.

OFFICERS ACCUSED OF USING RACIAL SLURS, BREAKING BOY'S ARM

LAS VEGAS (AP).—Two Las Vegas off-duty police officers are accused of taunting schoolchildren with racial slurs and breaking the arm of a 12-year-old boy while arresting him.

The Metropolitan Police Department is investigating, and the mother of Parrish "Pookie" Young Jr., whose arm was broken, has contacted an attorney.

Police Department spokesman Lt. Rick Alba said Thursday the department began an internal investigation after the Wednesday morning incident through Tammy Lyons, Pookie's mother, has yet to file a complaint with the department's Internal Affairs Bureau.

Lyons' aunt, Caroline Lyons, said Pookie was cited for resisting arrest and impeding traffic, both misdemeanors. She said her great-nephew's arm was broken between the elbow and the shoulder.

Twelve-year-old Alex Solomon said the incident began when he, Dwayne Childs, 13, and Pookie met to go to school about 7 a.m. Wednesday. After making their morning trek to a doughnut shop, they walked to their school bus stop at Mojave Road and Charleston Boulevard.

Alex said their friend, Zaya Thompson, 12, had a can of potato chips, which she tossed to them. The can went into the street, Alex said, and he and Pookie chased after it. Then, he said, they started "play fighting" over it.

An unidentified woman stopped her car at that time and told them to stay out of the road because they could get hurt.

Just behind her was a Las Vegas police squad car and a white vehicle. An officer in uniform got out of the squad car, and another man, who identified himself as an officer, got out of the white vehicle.

The officers scolded the children for running into the street at the school bus stop, but Alex and another student, Candance

Reynard, 11, said the officers then started using racial slurs. All the children involved in the incident are black.

One of the girls at the bus stop yelled an expletive to the officers. Another girl repeated the derogatory rebuff, and Pookie started laughing.

"I said, 'A-hahaha,'" the 12-year-old said. "One of the men said, 'This ain't no joke. Bring your little ass over her.'"

Pookie said he dropped his school books and walked toward the two. When he was within arm's reach, they grabbed him and slammed him against the police car, he said.

"Pookie walked over to the cop, to the car, and as he was walking over, as soon as he got near them, they took him," said Gary Hamilton, 26, who was driving the school bus the children were waiting to board.

"And one cop has his head down, and the other tried to get, I guess, what looked like an arm bar," he said, referring to a method of immobilizing someone's arms.

Pookie's left arm then "just gave away," Hamilton said. The officers then took Pookie to University Medical Center.

FREE SPEECH AT HEART OF CASE INVOLVING STUDENT DENIED LAW LICENSE

(By Tara Burghart)

EAST PEORIA, IL. (AP).—In three years of law school Matt Hale made decent grades, participated in student groups, played violin in two orchestras—and worked to revive a white supremacist group that advocates "racial holy war."

A state panel that reviews the "character and fitness" of prospective lawyers says that's reason enough to refuse Hale a law license. That ruling in turn has prompted debate about the balance between free speech and an attorney's obligation to uphold the nation's bedrock belief of equal justice under the law.

"The idea that I can't be lawyer because of my views is ludicrous. Plain and simple," Hale says, sitting in a home office where an Israeli flag serves as a doormat, swastika stickers decorate the walls and the flag of Hale's group, the World Church of the Creator, hangs from a window.

Hale's effort to gain a law license has attracted some unlikely supporters, including the Anti-Defamation League and renowned attorney Alan Dershowitz, who says he may help Hale appeal the inquiry panel's ruling.

"Character committees should not become thought police," Dershowitz said. "It's not the content of the thoughts I'm defending, it's the freedom of everybody to express their views and to become lawyers."

Hale, 27, grew up in East Peoria, a blue-collar town on the Illinois River. By his own account he was immersing himself by age 12 in books about Nazis and formed a "Little Reich" group at school. In high school and at Bradley University he attended "white power" rallies and sent letters filled with racial slurs to newspapers.

He also had a few brushes with the law, including a citation for littering after trying to distribute racist newspapers to homes in Pekin.

While attending Southern Illinois University law school Hale was elected head of the World Church of the Creator. The Anti-Defamation League says the group was one of the most violent of its kind in the early 1990s; one member was convicted of killing a black Gulf War veteran in 1991 in a Florida parking lot.

After the veteran's family won \$1 million from the church in a lawsuit and its founder died, the church flourished, only to experience a resurgence under Hale, according to the league. Hale's claim of up to 30,000 supporters cannot be verified.

Hale graduated from SIU in May 1998, passed the bar exam and was hired by a