the Year'' award from Chelsea's school system.

Mr. Speaker, there are far too many teachers to mention everyone by name, however I'd like to take a moment to thank all the teachers in Belmont, Boston, Somerville, Cambridge, Chelsea, and Watertown for tirelessly giving of themselves to educate our future leaders.

Tomorrow, I will visit the Dr. Martin Luther King, Jr. school and the King Open school in Cambridge, and then I will attend a ground breaking at the Boston Latin school. Since becoming a Member, I have visited schools all over my district. However I am always amazed at the warm greeting I receive from students, and from teachers. For them, it does not matter who the visitor is, but rather that someone cares and recognizes the hard work they do.

Mr. Speaker, while we discuss education priorities this year, I hope each Member of Congress will reflect upon the valuable commodity each and every teacher in his or her district represents, and work to include rewards for teachers as a part of the education agenda. I know I will.

A COURAGEOUS DRUG FIGHTER AND HIS MEN

HON. BENJAMIN A. GILMAN

OF NEW YORK

IN THE HOUSE OF REPRESENTATIVES

Thursday, May 6, 1999

Mr. GILMAN. Mr. Speaker, today's Miami Herald recounts the battle by the Colombia National Police (CNP) in a real war on drugs in that troubled nation. In attacking a major cocaine complex in Colombia, the anti-drug police (DANTI) under the leadership of General Jose Serrano and Colonel Leonardo Gallego took hostile fire, yet they managed to destroy a complex capable of producing tons and tons of deadly drugs, and seized a ton of cocaine and large quantities of precursor chemicals. The lab complex was capable of producing 8 tons of cocaine per month.

The DANTI used aged Huey helicopters without the proper Forward Looking Infra Red (FLIR) equipment that could have foretold the trouble that they would face on the ground from the right wing paramilitary run cocaine complex. Despite the lack of adequate helicopters and what the police really need in defensive equipment, they still prevailed. We are indeed fortunate to have allies like this in our common battle against illicit drugs in our hemisphere.

Just last Friday, along with my colleagues in the House, Representatives BURTON, MICA and DELAURO and Senator DODD, I traveled to the Sikorsky plant in Connecticut to attend the ceremony giving General Serrano what he and his anti-drug police need to fight a real war on drugs. The log book for six of the world renown and effective Sikorsky Blackhawk utility helicopters were turned over to General Serrano and Colonel Gallego, the head of DANTI. These Blackhawk choppers will give these brave, courageous men what they need and should have had years ago.

One can only wonder what results we might have seen from the CNP if we had provided these Blackhawks sooner rather than later. I ask that the Miami Herald account of yesterday's operations in Colombia be inserted at this point in the RECORD, and I ask my colleagues to note what good and courageous men do in a real war on drugs.

[From the Miami Herald, May 5, 1999]

COLOMBIAN POLICE FIGHT OFF GUNFIRE TO DESTROY COKE LABS

(By Tim Johnson)

BOGOTA, COLOMBIA—Fighting off gunfire from paramilitary forces, an anti-narcotics strike force on Wednesday raided what police described as one of the most sophisticated cocaine-processing complexes in Colombia's history.

Police said they destroyed three cocaine-processing laboratories capable of producing eight tons of cocaine a month.

''This is impressive. in my professional life, I have seen a lot of laboratories. But this is beyond imagination,'' said National Police Chief Rosso Jose Serrano, soaked in sweat after leading 300 officers on the jungle raid.

Serrano said the laboratories, discovered in a wooded area in the Magdalena River Valley near the town of Puerto Boyaca, were protected by rightist paramilitary forces.

Paramilitary forces have long been rumored to be involved in Colombia's huge drug trade, but their direct link to such a major processing site provides starting evidence of how deeply they are enmeshed.

The discovery further complicates Colombia's dismal security situation and underscores the difficulties of fighting the cocaine trade. The 15,000-member Revolutionary Armed Forces of Colombia—bitter enemies of the paramilitary forces—also derive hundreds of millions of dollars a year from protecting coca crops and laboratories, mostly in the eastern plains.

Backed by 10 artillery-equipped helicopters, 300 members of an anti-narcotics force swooped down on the complex around dawn, police said.

''In the precise moment we arrived, they were in the middle of processing cocaine. We couldn't tell how many people were there, but there was an exchange of gunfire,'' police Col. Ramon Pelaez said.

Workers fled the scene as helicopters landed a little less than a mile from the laboratories, Serrano said. No arrests were made.

The laboratories, some up to four stories high, were covered by thick forest, Serrano said. Sleeping facilities indicated at least 200 people were employed at the site.

Serrano said the stench of ether—used to process the drug—hung over the complex.

Police said they found 150 tons of chemicals, a ton of pure cocaine, generators capable of providing power to a town of 5,000 people, gas ovens to process the cocaine and documents that provided valuable clues.

''We made an estimate that the structure is worth $5 million,'' Serrano said. ''It impressed me because I've seen a lot. But these were very well camouflaged. You passed over in a helicopter and you couldn't see them.''

Serrano said the site included a sophisticated quality-control facility.

He said the laboratories, each one protected by control towers, were spread over more than seven square miles.

Serrano said he believed the laboratories were run by paramilitaries with remnants of the dismantled Cali and Medellin cartels, which at their height were the largest criminal organizations in the world. Colombia produces about 80 percent of the world's cocaine.

The site appeared to rival two other huge complexes destroyed by police in the past.

In March 1984, authorities were stunned by a massive jungle complex known as Tranquilandia, with a network of 19 laboratories. Police found 13.8 tons of cocaine at the facility, worth more than $1 billion in street sales. They later calculated that the complex could produce 300 tons of refined cocaine a year.

In early 1997, authorities found more than eight tons of cocaine at a processing facility in eastern Meta state that became known as Villa Coca.

That complex was also virtually an entire village, with 22 crude buildings, an all-weather airstrip, a control lower and 455 tons of chemicals used in refining cocaine.

In other news, the head of the National anti-Narcotics Office, Ruben Olarte Reyes, was forced from office by President Andres Pastrana amid charges that his brother had laundered money for drug traffickers.

An angry Olarte contended that he was being railroaded out of office and that his brother had rented a house without knowing that its owner was sought by authorities as a suspected drug dealer.

BOSTON'S TEACHING HOSPITALS

HON. JOHN JOSEPH MOAKLEY

OF MASSACHUSETTS

IN THE HOUSE OF REPRESENTATIVES

Thursday, May 6, 1999

Mr. MOAKLEY. Mr. Speaker, I submit to the CONGRESSIONAL RECORD an article from today's New York Times which details the financial difficulties facing Boston's teaching hospitals. Many of the Boston teaching hospitals, which are located in my district, are experiencing serious Medicare cuts as a result of the Balanced Budget Act as well as from continuous cuts from managed care payments. These cuts threaten the important mission that our teaching hospitals provide—training physicians, caring for the sickest patients and providing care for the indigent.

I would ask my colleagues to read this important article and to take these points in mind as we debate the future of the Medicare program.

[From the New York Times, May 6, 1999]

TEACHING HOSPITALS SAY MEDICARE CUTS HAVE THEM BLEEDING RED INK

(By Carey Goldberg)

BOSTON—Normally, the great teaching hospitals of this medical Mecca carry an air of white-coated, best-in-the-world arrogance, the kind that comes of collecting Nobels, of snaring more federal money for medical research than hospitals anywhere else, of attracting patients from the four corners of the earth.

But not lately. Lately, their chief executives carry an air of pleading and alarm. They tend to cross the edges of their palms in an X—with one line symbolizing rising costs and the other dropping payments, especially Medicare payments—and say they simply cannot go on losing money this way and remain the academic cream of American medicine.

Dr. Mitchell T. Rabkin, chief executive emeritus of Beth Israel Hospital: ''''Everyone's in deep yogurt.''

Jeffrey Otten, president of Brigham and Women's Hospital: ''Most of the hospitals are losing money at a rate between a half-million and a million dollars a week,'' though their beds are mostly full.

Dr. Samuel O. Thier, president of the group which owns Massachusetts General Hospital: ''We've got a problem, and you've got to nip it in the bud, or else you're going to kill off some of the premier institutions in the country.''

The teaching hospitals here and elsewhere have never been fully immune from the turbulent change sweeping American health

care —from the expansion of managed care to spiraling drug prices to the fierce fights for survival and shotgun marriages between hospitals with empty beds and flabby management.

But they are contending that suddenly, in recent weeks, a federal cutback in Medicare spending has begun putting such a financial squeeze on them that it threatens their ability to fulfill their special missions; to handle the sickest patients, to act as incubators for new cures, to treat poor people and to train budding doctors.

The budget hemorrhaging has hit at scattered teaching hospitals across the country, from San Francisco to Philadelphia. New York's clusters of teaching hospitals are among the biggest and hardest hit, the Greater New York Hospital Association says. It predicts that Medicare cuts will cost the state's hospitals $5 billion through 2002 and force the closure of money-losing departments and whole hospitals.

Here in Boston, with its unusual concentration of academic medicine and its teaching hospitals affiliated with the medical schools of Harvard, Tufts and Boston universities, the cuts are already taking a toll in hundreds of eliminated jobs and pockets of miserable morale.

Five of Boston's top eight private employers are teaching hospitals, Mayor Thomas M. Menino notes. And if five-year Medicare cuts totaling an estimated $1.7 billion for Massachusetts hospitals continue, Menino says, ''We'll have to lay off thousands of people, and that's a big hit on the city of Boston.''

Often, analysts say, hospital cutbacks, closings and mergers make good economic sense, and some dislocation and pain are only to be expected. Some critics say the hospitals are partly to fault, that for all their glittery research and credentials, they have not always been efficiently managed.

''A lot of teaching hospitals have engaged in what might be called self-sanctification—'We're the greatest hospitals in the world and no one can do it better or for less'—and that may or not be true,'' said Alan Sager, a health-care finance expert at the Boston University School of Public Health.

But hospital chiefs argue that they have virtually no fat left to cut, and are warning that their financial problems could mean that the smartest edge of American medicine would get dumbed down.

With that message, they have been lobbying Congress in recent weeks to reconsider the cuts that they say have turned their financial straits from tough to intolerable.

''Five years from now, the American people will wake up and find their clinical research is second rate because the big teaching hospitals are reeling financially,'' warned Dr. David G. Nathan, president of the Dana-Farber Cancer Institute here.

In a half-dozen interviews around the Boston medical-industrial complex known as the Longwood Medical Center and Academic Area and elsewhere, hospital executives who normally compete and squabble all espoused one central idea: Teaching hospitals are special, and that specialness costs money.

Take the example of treating heart-disease patients, said Dr. Michael F. Collins, president and chief executive officer of Caritas Christi Health Care System, a seven-hospital group affiliated with Tufts.

In 1988, Collins said, it was still experimental for doctors to open blocked arteries by passing tiny balloons through them; now, they have a whole bouquet of expensive new options for those patients, including springlike devices called stents that cost $900 to $1,850 each; tiny rotobladers that can cost up to $1,500, and costly drugs to supplement the reaming that cost nearly $1,400 a patient.

''A lot of our scientists are doing research on which are the best catheters and which are the best stents,'' Collins said. ''And because they're giving the papers on the drug, they're using the drug the day it's approved to be used. Right now it's costing us about $50,000 a month and we're not getting a nickel for it, because our case rates are fixed.''

Hospital chiefs and doctors also argue that a teaching hospital and its affiliated university are a delicate ecosystem whose production of critical research is at risk.

''The grand institutions in Boston that are venerated are characterized by a wildflower approach to invention and the generation of new knowledge,'' said Dr. James Reinertsen, the chief executive of Caregroup, which owns Beth Israel Deaconess Medical Center. ''We don't run our institutions like agribusiness, a massively efficient operation where we direct research and harvest it. It's unplanned to a great extent, and that chaotic fermenting environment is part of what makes the academic health centers what they are.''

Federal financing for research is plentiful of late, hospital heads acknowledge. But they point out that the government expects hospitals to subsidize 10 or 15 percent of that research, and they must also provide important support for researchers still too junior to win grants.

A similar argument for slack in the system comes with teaching. Teaching hospitals are pressing their faculties to take on greater loads of patients to bring in more money, said Dr. Daniel D. Federman, dean for medical education of Harvard Medical School. A doctor under pressure to spend time in a billable way, Federman said, has less time to spend teaching.

''Good teaching stops to ask the question 'Why?—Why is this patient anemic?'—and explore the science,'' Federman said. ''That gets squeezed now.

''If you don't ask 'Why?,' nothing moves forward,'' he added.

The Boston teaching hospitals generally deny that the money squeeze is affecting patients' quality of care, students' quality of education or research. But they say that if the current losses swell as expected, deterioration in all three will inevitably follow.

The Boston hospitals' plight may be partly their fault for competing so hard with each other, driving down prices, some analysts say. Though some hospitals have merged in recent years, Boston is still seen as having an oversupply of beds, and virtually all hospitals are teaching hospitals here.

Whatever the causes, said Stuart Altman, professor of national health policy at Brandeis University and past chairman for 12 years of the committee that advised the government on Medicare prices, ''the concern is very real.''

''What's happened to them is that all of the cards have fallen the wrong way at the same time,'' Altman said. ''I believe their screams of woe are legitimate.''

Among the cards that fell wrong, begin with managed care. Massachusetts has an unusually large quotient of patients in managed-care plans. Managed-care companies, themselves strapped, have gotten increasingly tough about how much they will pay.

Boston had also gone through a spate of fat-trimming hospital mergers, closings and cost cutting in recent years. Add to the troubles some complaints that affect all hospitals: expenses to prepare their computers for 2000, problems getting insurance companies and the government to pay up, new efforts to defend againt charges of billing fraud.

But the back-breaking straw, hospital chiefs say, came with Medicare cuts, enacted under the 1997 balanced-budget law, that will slash more each year through 2002. The Association of American Medical Colleges estimates that by then the losses for teaching hospitals could reach $14.7 billion, and major teaching hospitals will lose something about $150 million each. Nearly 100 teaching hospitals are expected to be running in the red by then, the association said last month.

For years, teaching hospitals have been more dependent than any others on Medicare. Unlike some other payers, Medicare has consistently compensated them for their special missions—training, sicker patients, indigent care—by paying them extra.

For reasons yet to be determined, Altman and others say the Medicare cuts seem to be taking an even greater toll on the teaching hospitals than had been expected. Much has changed since the 1996 numbers on which the cuts were based, hospital chiefs say; and the cuts particularly singled out teaching hospitals, whose profit margins used to look fat.

Frightening the hospitals still further, President Clinton's next budget proposes even more Medicare cuts.

Not everyone sympathizes, though. Complaints from hospitals that financial pinching hurts have become familiar refrains. Critics say the Boston hospitals are whining for more money when the only real fix is broad health-care reform.

Some propose that the rational solution is to analyze which aspects of the teaching hospitals' work society is willing to pay for, and then abandon the Byzantine old Medicare cross-subsidies and pay for them straight out, perhaps through a new tax.

Others question the numbers.

Whenever hospitals face cuts, said Alan Sager of Boston University, ''they claim it will be teaching and research and free care of the uninsured that are cut first.''

If the hospitals want more money, Sager argued, they should allow independent auditors to check their books rather than asking Congress to rely on a ''scream test.''

For many doctors at the teaching hospitals, the screaming is preventive medicine, meant to save their institutions from becoming ordinary.

Medical care is an applied science, said Dr. Allan Ropper, chief of neurology at St. Elizabeth's Hospital, and strong teaching hospitals, with their cadres of doctors willing to spend often-unreimbursed time on teaching and research, are essential to helping move it forward.

''There's no getting away from a patient and their illness,'' Ropper said, ''but if all you do is fix the watch, nobody ever builds a better watch. It's a very subtle thing, but precisely because it's so subtle, it's very easy to disrupt.''

A TRIBUTE TO MARCY VACURA SAUNDERS

HON. TOM LANTOS

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Thursday, May 6, 1999

Mr. LANTOS. Mr. Speaker, I rise today to pay tribute to Marcy Vacura Saunders, the first woman to serve as Labor Commissioner in the State of California. Ms. Saudners' much deserved appointment to this position is an important milestone for working people and to Californians, and a tribute to her remarkable career and lifelong commitment to organized labor.

Ms. Saunders began her professional life as a flight attendant, and achieved the esteemed rank of Acting Chairperson of the Independent Federation of Flight Attendants. She led a successful National Boycott of Conscience