

to human rights, our Bill of Rights, not only has domestic implications for Americans, but it also has inspired and encouraged countries around the world in their own quest for freedom, democracy, and human rights. Successive American Administrations have recognized our nation's strong national commitment to human rights as a guiding principle and as one of the highest obligations of our nation's foreign policy. The United States has freely accepted our obligation to protect human rights under international law by signing and ratifying various international human rights treaties and covenants. It is also fundamental to any democratic system of government that the public be fully informed about policies directly affecting these most fundamental rights in order for the people to make meaningful decisions with regard to their government and to participate fully in the democratic process. The timely declassification of documents pertaining to human rights violations abroad, therefore, ought to be a paramount obligation of any U.S. government agency.

Second, our nation's commitment to the promotion and protection of human rights and democracy around the world has led us to make tremendous diplomatic, economic, and military efforts to end systematic human rights violations abroad. The United States government's efforts are supported by numerous American and foreign non-governmental organizations (NGOs) in the promotion of human rights and democracy. These efforts would be in vain if we do not do all we can to uncover and legally prosecute those who commit human rights abuses with impunity. Only full investigation of human rights abuses in these areas can really bring about the full accountability needed to develop respect for human rights and to rebuild a peaceful and reconciled civil society after civil conflict.

Third, democracy and human rights can flourish only where information is fully available, and information is essential to the rule of law. Without information and the rule of law, we will see human rights violations and the erosion of democracy. Even in countries where progress has been made, there is danger of regression if full information and the rule of law are not scrupulously enforced.

A country currently facing this danger is Guatemala. As my colleagues may know, just a few weeks ago, three gunmen entered the house of Ronald Ochaeta, the director of the Catholic Church's human rights office. They put a gun to the head of his 4-year old son and left a box with bricks behind. The bricks are an allusion to the assassination of Bishop Gerardi a year ago, who was killed by a brick only days after the Bishop issued his report on human rights violations during the period of the Guatemalan Civil War. The investigation of the Bishop's death has not yet produced any results. In Guatemala recently, President Clinton gave his word that the United States will never forget its obligation to those people whose lives have been affected by our policies, and who are now rightfully seeking the most basic of all information which was not included in the recently released report by the Guatemalan Truth Commission—What happened to their relatives and loved ones, where are their bodies, and which individuals were responsible for the disappearances and deaths?

Mr. Speaker, let me briefly outline the provisions of H.R. 1625:

Our bill specifies that 120 days after enactment of the legislation, each U.S. government

agency shall identify, review and organize all records and documents relating to human rights abuses in Guatemala and Honduras after 1944. The provisions of the legislation would also apply to human rights violations in other areas of the world, but because of the particularly serious problems of Guatemala and Honduras and the reconciliation efforts currently under way there, these two countries these are given particular focus in the bill.

The legislation would apply the declassification procedures of the previously enacted JFK Assassination Records Act to human rights records. This will assure that legitimate National Security concerns are protected, but at the same time it will also assure that human rights documents are given special priority. In order to assure that records are not withheld for trivial reasons, those records which agencies seek to withhold would be reviewed by the Interagency Security Classification Appeals Panel (an organization which was established by Presidential Executive Order 12958) or any entity subsequently established which fulfills the same functions of the Appeals Panel. Our legislation would add two new members to the Appeals Panel (or the entity that replaces it). These two positions would be filled by the President with human rights experts who meet the security requirements for membership on the panel. The President would be required to invite recommendations for these positions from the human rights community.

Mr. Speaker, our legislation is an effort to assure that human rights records and documents—which are essential for the identification and prosecution of individuals involved in gross human rights abuses—are made available to other countries in their pursuit and punishment of human rights violators. At the same time the legislation recognizes and carefully balances the national security and intelligence needs of the United States.

I invite our colleagues in the House to join as cosponsors of this important piece of legislation.

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#### THE TAX FAIRNESS FOR THE STATES ACT OF 1999

**HON. PETER J. VISCLOSKEY**

OF INDIANA

IN THE HOUSE OF REPRESENTATIVES

*Thursday, May 13, 1999*

Mr. VISCLOSKEY. Mr. Speaker, I rise today in support of bipartisan legislation that I am introducing with Representatives ISTOOK, SANDLIN, LAHOOD, and 17 of my colleagues. The Tax Fairness for the States Act of 1999 will restore millions of dollars of lost revenue for the states, and establish an incentive program for those Native Americans who play by the rules.

The Supreme Court has continuously upheld the states' power to levy taxes on non-tribal members within Native American Tribal Trust Lands. The problem that remains, however, is the mechanism to collect these taxes. Our bipartisan measure would solve this problem.

The Tax Fairness for the States Act would authorize the Secretary of the Interior to promulgate rules to remove those Native Americans lands from the Tribal Trust on which a retail establishment exists that is not collecting

the proper state excise taxes. This is not a discriminatory piece of tax legislation aimed at harming Native Americans. Rather, it focuses on the collection of excise taxes that, according to the Supreme Court, should have been collected in the first place. This legislation does not affect transactions between tribal members; it would only impact those retail establishments that are not collecting and passing on these legal taxes on non-tribal members.

The Tax Fairness Act would protect the rights of Native Americans by requiring the Secretary of the Interior to promptly notify any tribe that is under investigation for not forwarding applicable state taxes and gives them a chance to respond. This notification would set out the time and manner in which a tribe has to answer the allegations, including a 90-day comment period in which interested parties could submit statements and request a formal hearing before the Department of the Interior. These important provisions will ensure due process for all tribal members.

Furthermore, our legislation contains incentives for tribes who operate establishments in accordance with the law. The Tax Fairness bill awards Native Americans who play by the rules by giving priority among Native American tribes competing for federal grants to those tribes that can certify their compliance with state law.

This measure ensures equity in the process of state taxation. This is not about Native American sovereignty, nor is it about discrimination. This measure will give back the hundreds of millions of dollars that states lose annually because these taxes are not collected. Support this measure, support tax equity for the states.

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#### IN SUPPORT OF NATIONAL POLICE WEEK

**HON. JACK QUINN**

OF NEW YORK

IN THE HOUSE OF REPRESENTATIVES

*Thursday, May 13, 1999*

Mr. QUINN. Mr. Speaker, I am honored to rise today on the floor of this House in recognition of National Police Week, which began May 9 and will run through May 15.

As you know, in 1962, President John F. Kennedy signed Public Law 87-726, designating May 15 as Peace Officers' Memorial Day, and the week in which it falls as National Police Week.

During this week, we not only pay tribute to the brave men and women who have given their lives in service to our community, but we show our unending gratitude to the police officers who daily risk their lives for our protection.

It is important that we all know and understand the problems, duties and responsibilities of our police department, and that members of our police department recognize their duty to safeguarding life and property, by protecting them against violence or disorder, and by protecting the innocent against deception and the weak against oppression.

Mr. Speaker, I rise today to call upon all citizens of Western New York and the Nation, and upon all patriotic, civic, and educational organizations to observe this week as National Police Week, and join in commemoration of

police officers, both past and present, who by their faithful and loyal devotion to their responsibilities have rendered a dedicated service to their communities and, in doing so, have established for themselves an enviable and enduring reputation for preserving the rights and security of all citizens. I further call upon all citizens to observe Staturday, May 15, as Peace Officers' Memorial Day in honor of those peace officers who, through their courageous deeds, have lost their lives or have become disabled in the performance of duty.

THE MEDICARE CHRONIC DISEASE  
PRESCRIPTION DRUG BENEFIT  
ACT OF 1999

**HON. BENJAMIN L. CARDIN**

OF MARYLAND

IN THE HOUSE OF REPRESENTATIVES

*Thursday, May 13, 1999*

Mr. CARDIN. Mr. Speaker, I rise today to introduce legislation that addresses one of the most pressing problems facing America's older and disabled citizens today—access to comprehensive medical care. Medicare, the federal health insurance program for the elderly and disabled, covers a large number of medical services, inpatient care, physician services, skilled nursing facilities, and home health and hospice care are all covered by the Medicare program. Despite the success of this program in eliminating illness as a potential cause of financial ruin, the burden of high prescription drug costs remains a source of hardship for many beneficiaries.

When Congress created Medicare in 1965, prescription drugs were not a standard feature of most private insurance policies. But health care in the United States has evolved considerably in the last 34 years. Now most private health plans cover drugs because they are an essential component of modern health care. They are viewed as integral in the treatment and prevention of diseases. But Medicare, for all its achievements, has not kept pace with America's health care system. It's time for Medicare to modernize.

Because Medicare does not pay for prescription drugs, Medicare beneficiaries, 80% of whom use a prescription drug every day, must either rely on Medicaid if they qualify, purchase private supplemental coverage, join a Medicare HMO that offers drug benefits, or pay for them out-of-pocket.

Medicaid does provide prescription drug coverage. But nearly 60% of Medicare beneficiaries with incomes below the federal poverty level were not enrolled in Medicaid as recently as 1997. And even Medicaid enrollees with drug benefits must forgo some medications. For example, eleven state Medicaid programs have imposed caps on the number of prescriptions covered each month.

The drug coverage available through Medigap leaves much to be desired. Only 3 of the 10 standardized Medigap plans offer drug coverage, and the plans that do have limits on the benefits and high cost sharing. Two plans have caps of \$1250, and the third has a cap of \$3000. In addition, all three policies require that beneficiaries pay a 50% coinsurance for prescription drugs. The high cost of Medigap policies puts them out of reach for most low-to-moderate income Medicare enrollees. In my home state of Maryland, a 70 year-old bene-

ficiary buying a Medigap policy with drug benefits would have to pay between \$1100 and \$3550 per year.

Some beneficiaries get drug benefits through employer-sponsored retiree plans. Although between 60 and 70% of large employers offered retiree health benefits in the 1980s, fewer than 40% do so today. Of these, nearly one-third do not provide drug benefits to their retirees.

So that leaves Medicare HMOs. Nearly one-quarter of Medicare+Choice enrollees—1.5 million beneficiaries—do not have drug benefits today. Nine of ten plans that do offer drugs impose annual caps, some of which are as low as \$600. In fact, some seniors in Medicare HMOs are relying on pharmaceutical samples from their physicians to get sufficient supplies of medications. Twenty-five percent of enrollees with drug coverage pay a monthly premium to join the HMO, and these premiums are certain to rise next year. Last October, four of the eight HMOs offering Medicare coverage in Maryland exited the program, abandoning 34,600 seniors. In all but the metropolitan areas, only one HMO was left and it went from a zero premium to \$75 a month.

Finally, the benefits offered by Medicare+Choice plans are not permanent. Because they are not part of the basic Medicare benefit package, which by law must be included in Medicare+Choice plans, drug benefits are considered "extra" and as such can change from year to year. On July 1, just 50 days from now, HMOs will submit their proposals to the Health Care Financing Administration for 2000. HCFA estimates that 16 million seniors, or 40% of all beneficiaries, will lack drug coverage as of next year.

All of these statistics make us painfully aware of the gaping hole in Medicare's safety net. This Congress can move now to patch it before more elderly and disabled citizens fall through. Today, Mr. Speaker, I am introducing legislation to accomplish this. My bill, the Medicare Chronic Disease Prescription Drug Benefit Act, recognizes the importance of preventive care and provides coverage for drugs that have been determined to show progress in treating chronic diseases. Why chronic diseases? Because the average drug expenditures for elderly persons with just one chronic disease are more than twice as high than for those without any chronic conditions. And because we know from years of advanced medical research that treating these conditions will reduce costly inpatient hospitalizations and expensive follow-up care. Furthermore, this bill addresses those beneficiaries who need assistance with their medications: a review of the Medicare+Choice program reveals that seniors who join HMOs—whom HMOs market to—are younger and healthier than those in fee-for-service Medicare. This tells us that the older, sicker seniors are not getting drug benefits.

My bill addresses their needs. It begins with five chronic diseases that have high prevalence among seniors and whose treatment will show improvement in beneficiaries' quality of life and reduce Medicare's overall expenditures. This bill provides coverage after an annual \$250 deductible is met, with no copayment for generics and a 20% copayment for brand-name drugs. The Agency for Health Care Policy and Research will review available data on the effectiveness of drugs in treating these conditions, and based on AHCPR's review, the Department of health and Human

Services will determine the drugs to be covered. Pharmacy Benefit Managers (PBM) under contract on a regional basis with the Health Care Financing Administration will negotiate with pharmaceutical companies to purchase these drugs and will administer the benefit.

This bill covers five major chronic conditions, but we know that there are others that should be covered as well. The legislation provides a process for the Institute of Medicine to determine the effectiveness of this benefit and the Medicare savings it produces, and to recommend additional diagnoses and medications that should be considered for coverage.

Mr. Speaker, modern medicine has the capability of doing extraordinary things. But no medical breakthrough, no matter how remarkable, can benefit patients if they can't get access to it. This bill is a matter of common sense: if Medicare beneficiaries can secure the medications they need, they will be able to managed their conditions, and will be much less likely to require extended and costly inpatient care. This legislation is a first step, a major step, toward making this happen. I urge my colleagues to join me in providing a solid package of prescription drug benefits that will modernize Medicare for the 21st century for the millions of Americans who depend on it.

HAPPY 100TH ANNIVERSARY LUTHERAN CHILD AND FAMILY SERVICE OF MICHIGAN

**HON. JAMES A. BARCIA**

OF MICHIGAN

IN THE HOUSE OF REPRESENTATIVES

*Thursday, May 13, 1999*

Mr. BARCIA. Mr. Speaker, nothing is more precious than our children, and nothing is more important than our families. An organization that celebrates and assists both of these assets is one truly worthy of recognition. I am very happy to tell you that this Sunday, May 16th, Lutheran Child and Family Service of Michigan will hold its 100th Anniversary Worship Service in Frankenmuth, celebrating the organization's founding on May 9, 1899, and its century of accomplishment.

A resolution adopted by the Saginaw Valley Pastors' Conference of the Lutheran Church, Missouri Synod, led to the establishment of Lutheran Child and Family Service of Michigan. It was a response to the need for assistance to children who were left homeless by a terrible fires in the Thumb area of Michigan. This was the initial chapter in a proud history of serving tens of thousands of Michigan's children and families through twenty-two service sites in the Lower Peninsula.

During this past century of championship, Lutheran Child and Family Service of Michigan was developed specialized foster care services to assist children with intensive treatment needs, and has become one of the largest providers of foster care services throughout Michigan. It is the largest provider of intensive in-home family preservation through its "Families First" program. It maintains three residential facilities throughout the state for adolescent women, emotionally and mentally impaired boys and girls, and its Lutheran Home in Bay City that provides treatment for adolescent boys. It is the largest private provider in Michigan in the placement of state wards into