

medical decisions and that we don't resort to unnecessary litigation.

Republicans have also supported the patient protections which included the emergency room issue and access to specialist issues Mr. GORE mentioned. We have basic bipartisan agreement on these issues and could easily have such legislation alone.

Let's look at the remaining disagreements. The White House and the trial lawyers want uncapped liability and litigation. Employers around the country are opposed to these features of Norwood-Dingell because they would increase litigation, drive up costs, and would force many employers to drop health insurance. That is the opposite of what we want.

We are also concerned about interfering with State patient protection programs. We need to make sure that States can implement their own programs where they want to without federal interference and disruption to programs that are already in place. Norwood-Dingell does not address this problem and places a huge implementation burden on the Federal government. We need to find a middle road on this.

Finally, we cannot understand the failure of the White House and Democrat leadership to support provisions which provide choice, access and tax deductions to help increase the number of people with health insurance. There are over 40 million uninsured people in America. The Republican-led Congress has passed serious proposals to address this problem and they are being ignored by the White House.

When Democrats sent a letter to Senator NICKLES in early summer saying that they would no longer meet with him in private conference, that was not a good sign. Obviously, you can't negotiate through the press and you can't negotiate if you do not meet.

The plain fact is that the Republican-led Congresses have been energetic, productive, and responsible on public health. The many bipartisan accomplishments are a tribute to both Democrat and Republicans. We have enacted legislation that improves Americans' access to quality health care. Under our proposals, our country's commitment to basic medical research has been expanded and our promises to provide high quality to seniors and the most vulnerable in our society kept. Distortion of this record is not helpful and will only risk jeopardizing future gains.

#### NATIONAL LUPUS AWARENESS MONTH

#### HON. ILEANA ROS-LEHTINEN

OF FLORIDA

IN THE HOUSE OF REPRESENTATIVES

*Monday, October 30, 2000*

Ms. ROS-LEHTINEN. Mr. Speaker, Lupus is a chronic, autoimmune disease which causes inflammation of various parts of the body.

Lupus is not rare. In fact, it is more prevalent than AIDS, sickle cell anemia, cerebral palsy, multiple sclerosis and cystic fibrosis combined. Lupus affects 1 out of 185 Americans, and almost 30% of the Lupus cases in Florida are found within my South Florida region.

This month we celebrate National Lupus Awareness Month.

And, I congratulate The Lupus Foundation of America for its work on patient education, and dedication to raise funds for research.

I especially congratulate J. Reeve Bright, Chairman of the Board of the Lupus Foundation of America and President of the Southeast Florida region; Jack McAllister, the Executive Director; Jackie Brown, and all who helped arrange an educational symposium in my district this month.

The House passed a bill that provides research and services to fight Lupus. As a cosponsor, I thank my dear colleague, Congresswoman CARRIE MEEK, for the Lupus legislation and for her dedication in seeing it through.

This represented a great victory in women's health care, and it is our wish that this triumph will generate countless benefits for American men and women who suffer from Lupus.

#### CHINA AND PNTR: SUCCESS STORIES NEEDED

#### HON. EVA M. CLAYTON

OF NORTH CAROLINA

IN THE HOUSE OF REPRESENTATIVES

*Monday, October 30, 2000*

Mrs. CLAYTON. Mr. Speaker, one of the truly momentous decisions reached by this Congress was to approve Permanent Normal Trade Relations with China. Supporters of PNTR worked very hard to achieve this outcome, which held out so much promise for the development of stronger trade and business ties between China and the United States. Now, the major challenge facing both countries will be to show positive results that justify such extraordinary efforts and faith in the future.

Like many of my colleagues, I voted for PNTR and view with hope the potential for mutual benefits. For that reason, it concerns me to learn of examples where American companies have encountered unexpected difficulties in trying to do business in China. One such distressing case of which I am aware involves Panda Energy. Panda is a Dallas-headquartered company with a significant gas-fired cogeneration power plant located in Roanoke Rapids, North Carolina, within my Congressional district. Based upon an earlier agreement reached with the local Chinese government, in 1995, Panda began construction of a major, private, foreign-invested plant near Tangshan in Hebei Province. Unfortunately, while that facility is now completed and ready to commence generating electricity, it is still not operational. Why? Because the local government has failed to honor its agreement to grant a reasonable tariff computed on a negotiated formula. The situation is even more complicated and troubling in its implications, because construction of the facility was financed through the U.S. capital markets in good faith reliance on this agreement. Unless a fair tariff is granted soon, the bonds are in danger of default, putting at financial risk not only the investors but also the company.

Mr. Speaker, Panda's experience in China is disappointing and contrary to the spirit of PNTR. Therefore, I would urge the Beijing government and its Ambassador to the U.S., His Excellency Li Zhao Xing, to review this situation carefully and do everything possible to find a fair and workable solution. It is not too late to avoid an unnecessarily negative precedent that could undermine high hopes raised by passage of the PNTR legislation.

#### PERSONAL EXPLANATION

#### HON. JIM KOLBE

OF ARIZONA

IN THE HOUSE OF REPRESENTATIVES

*Monday, October 30, 2000*

Mr. KOLBE. Mr. Speaker, on October 28, 2000, I was unavoidably absent when the House voted on "Approving the Journal", H.J. Res. 118, "Further Continuing Appropriations for FY 2001", and two Motions to Instruct on H.R. 4577.

Had I been present, I would have voted "aye" on "Approving the Journal" (rollcall vote 570), "aye" on H.J. Res. 118 (rollcall vote 571), "nay" on the first motion to instruct conferees (rollcall vote 572), and "nay" on the second motion to instruct conferees (rollcall vote 573).

On October 29, 2000, I was also unavoidably absent when the House voted on "Approving the Journal" H.J. Res. 119 "Further Continuing Appropriations for FY 2001", and a Motion to Instruct on H.R. 4577.

Had I been present, I would have voted "aye" on "Approving the Journal" (rollcall vote 574), "aye" on H.J. Res. 119 (rollcall vote 575) and "nay" on the motion to instruct conferees (rollcall vote 576).

#### IN SPECIAL RECOGNITION OF DR. NINO CAMARDESE AND MEMBERS OF THE OHIO GENERAL ASSEMBLY FOR THEIR EFFORTS TO INSTILL A SENSE OF CITIZENSHIP IN OHIO'S YOUTH

#### HON. PAUL E. GILLMOR

OF OHIO

IN THE HOUSE OF REPRESENTATIVES

*Monday, October 30, 2000*

Mr. GILLMOR. Mr. Speaker, today, I recognize the efforts of Dr. Nino Camardese of Norwalk, Ohio and a bipartisan group of State Representatives in the Ohio general Assembly. Recently, legislation was introduced in the Ohio General Assembly that calls for a "bill of Responsibilities" which outlines a student's civic responsibility to the state of Ohio and the Nation to be posted in each school. This Bill of Responsibilities was developed by Dr. Nino Camardese, a family physician in Norwalk, Ohio. Dr. Camardese recognized that there is a definitive correlation between freedom and responsibility. He also noted that many schoolchildren overlook this fact.

Dr. Camardese, with the assistance of leaders and educators at a Freedom Forum conference, drafted the Bill of Responsibilities, which seeks to remind students that citizenship is an essential part of liberty. The bill reinforces the fact that students must be good citizens, responsible not only to themselves, but to others as well.

Recently, several members of the Ohio General Assembly drafted a resolution that would post the Bill of Responsibilities in each classroom across Ohio. I would like to honor the efforts of Representatives Bill Taylor, Dixie Allen, Sylvester Patton and Ron Young, and recognize the leadership they demonstrated in introducing this important legislation in Ohio.

Mr. Speaker, Dr. Camardese and these Representatives have taken a monumental step to stop the downward spiral of violence,

substance abuse and apathy present in far too many of this nation's youth. I commend them for their efforts.

RECOGNIZING THE DISTINGUISHED  
HEROES OF THE 1944 ATTACK ON  
THE U.S.S. LANSDALE

**HON. CHARLES B. RANGEL**

OF NEW YORK

IN THE HOUSE OF REPRESENTATIVES

*Monday, October 30, 2000*

Mr. RANGEL. Mr. Speaker, it is my honor to recognize a group of twenty distinguished American World War II veterans, the survivors of the U.S.S. *Lansdale*. Fifty-six and a half years ago, on April 20, 1944, these fine heroes survived the tragic German aerial torpedo attack that sank the U.S.S. *Lansdale*.

I join the survivors in honoring the memory of the forty-seven crew members who sacrificed their lives that fateful day. They will all be remembered at the World War II Memorial, where construction is scheduled to begin Saturday, November 11, 2000.

The U.S.S. *Lansdale* was on convoy duty protecting ships transporting men and materials to the Italian campaign when a group of German warplanes attacked off the Algerian coast. The ship was nearly split in half by the second torpedo fired after dodging the first one. The Coast Guard was able to rescue 235 survivors from the surrounding waters. Among these men was my very dear friend and long time New York County District Attorney, the Honorable Robert J. Morgethau, who served as the *Lansdale's* Executive Officer and Navigator.

It is with great pride that I acknowledge this group of Americans who demonstrated tremendous courage and commitment to our fine nation. Their legacy, both to our country and to the protection of democracy the world over, will not be forgotten. Please join me in my praise of the following gentlemen who will convene here in Washington over Veterans Day weekend for the World War II Memorial ground breaking ceremony:

Edward S. Brookes of Philadelphia, Pennsylvania.

Alvin S. Caplan of New Orleans, Louisiana.

Mr. Rod Dugger of Milton, Florida.

Angelo Di Palma of Providence, Rhode Island.

Robert Dott of Philadelphia, Pennsylvania.

John L. Eden of Abingdon, Virginia.

Marshall Geller of Ocean Hills, California.

Peter P. Jannotti of Jacksonville, Florida.

Al Macklin of Winston-Salem, North Carolina.

Raymond A. Miller of Watertown, Massachusetts.

Ben Montenegro of Ashland, Massachusetts.

Robert M. Morgenthau of New York, New York.

John A. Peterson of Seaside Park, New Jersey.

Edward Rubinstein of Sun Lakes, Arizona.

George Shanabrough of Dallastown, Pennsylvania.

George T. Sinclair of Norfolk, Virginia.

Peter J. Soler of Cicero, New York.

John Tweedie of Horse Shore, North Carolina.

Philip Waldron of Lexington, Massachusetts.

Charles C. Wales of West Stockbridge, Massachusetts.

MEDICARE AND MEDICAID  
IMPROVEMENTS

**HON. FORTNEY PETE STARK**

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

*Monday, October 30, 2000*

Mr. STARK. Mr. Speaker, for the RECORD, I submit a letter signed by 133 Members sent to Speaker HASTERT in support of improvements to the Medicare/Medicaid amendments of 2000 and the need for an open, fair, democratic process.

If the requests in this letter had been followed, the quality of the bill passed by the House on October 26, 2000 would undoubtedly have been better and the veto threat may have been avoided.

CONGRESS OF THE UNITED STATES,  
HOUSE OF REPRESENTATIVES,  
*Washington, DC, October 11, 2000.*

Hon. DENNIS HASTERT,  
*Speaker of the House of Representatives, Speaker's Office, The Capitol.*

DEAR MR. SPEAKER: As Democratic Members of the House of Representatives, we are deeply concerned about reports that the full House may not be given the opportunity to offer amendments to the Medicare legislation which has been reported by the full Commerce Committee and by the Ways and Means Health Subcommittee.

We further understand that these two bills are being melded together without any involvement of Democratic Members or staff, and we are very concerned that the House will be asked to vote quickly on a final bill which we have not seen or been involved with.

Therefore, we ask that you schedule this legislation (which spends roughly \$25 billion dollars over the next five years) for at least several hours of debate and with a rule that allows a number of amendments.

We note that the two Committees' bills have many excellent features, particularly those sections that directly help beneficiaries. In particular, the various bills speed relief from the high co-payment burdens of hospital outpatient department services, help legal immigrants and their children under Medicaid, cover glaucoma screening, permanently cover immuno-suppressive drugs for organ transplant patients, help the low-income receive Medicare premium and co-payment relief, and make many other important program improvements. We hope that these important improvements will not be squeezed out, and that the final bill will retain these excellent features. We are certain that the final bill will receive the strong support of a majority of our Caucus.

Still, adequate and open floor debate is essential, because this is the last chance for this Congress to consider adding a real prescription drug program to Medicare. An open debate would allow Members to include the type of Medicare prescription medicine pro-

gram the American people want. It is unconscionable for this Congress to adjourn without addressing the prescription medicine crisis facing so many of our senior and disabled citizens. If the House can meet many of the legitimate needs of health care providers, it can certainly also address the needs of Medicare beneficiaries. To adjourn giving billions to managed care plans, but failing to help all seniors with prescription drugs costs would be shameful.

We would like to provide a completely voluntary prescription medicine benefit within the traditional Medicare program. Our plan has no deductible, covers half the cost of medicines up to \$2000 in the first year, gradually rising to \$5000 by 2009. Any beneficiary who has out-of-pocket costs greater than \$4000 would be fully protected against further catastrophic pharmaceutical expenses. Premiums for this voluntary program are \$25 a month in the first year, and will gradually increase as the benefit increases. All seniors would be assisted with price discounts on all of their medicine purchases and low-income seniors would be fully protected. According to the Congressional Budget Office, this proposal would cover almost all seniors, whereas the bill which passed the House this summer leaves 7.8 million Medicare beneficiaries (one-in-five) unprotected.

It is particularly ironic that the Ways and Means Health Subcommittee bill does not include a prescription drug bill for seniors, but provides hundreds of millions of dollars in extra payments to pharmaceutical companies, by delaying the implementation of more accurate non-chemotherapy drug prices which have become available as a result of an extensive investigation by the Justice Department.

In addition to the prescription drug amendment, various Members in the Democratic Caucus would like to offer amendments to provide more balance to the bill: by ensuring that it includes additional beneficiary protections and improvements; by ensuring that it includes additional beneficiary protections and improvements; by requiring HMOs to be more accountable to enrollees in exchange for the higher payments in the bill, and by doing more for hospitals, nursing homes and other traditional providers and less for HMOs. We believe the reported bills give a disproportionate amount of relief to HMOs. The Majority's decision to give HMOs so much should not prevent us from giving adequate relief to other deserving providers. We believe that more of the surpluses which allow such changes should go to traditional providers and the seniors and the disabled whom Medicare is designed to serve.

Thank you for your consideration of these requests. This Congress must not adjourn without addressing the need to help health care providers with the unintended impacts of the Balanced Budget Act of 1997; the need for seniors and the disabled to afford necessary pharmaceuticals; and improvements in the Medicare and Medicaid program to fill gap in care for the disabled and homebound, in the cost of treatments, and in covering modern, preventive care services.

Sincerely,

John D. Dingell, Ranking Democrat Committee on Commerce, Richard A. Gephardt, Democratic Leader; Charles B. Rangel, Ranking Democrat Committee on Ways and Means; David E. Bonior, Democratic Whip; Ed Markey, and 124 others.