

talent in both the Republican and Democratic parties and a willingness across this Nation to do this, that we can do this.

This is a solvable problem, and if we decide not to care who gets credit for it and work together across party lines, it can and it will be done. I just hope that all of the Members of the House and Senate who can hear the sound of my voice take that to heart and decide that this will be the year that we will do this in a bipartisan fashion, get the job done.

Mr. BURR of North Carolina. Mr. Speaker, the gentleman raises an important point that we need to remind everybody of. The House of Representatives does not have the ability to do it on their own. The United States Senate does not have the ability to do it on its own. Our Founding Fathers designed a very difficult system, but a system that works. It has its checks and balances, but it requires the legislative branch and the executive branch to agree.

It means that we not only have to pass the test of our 434 colleagues and our 100 colleagues in the Senate, and the executive branch's power over whether something moves, but we have the American people to deal with, too. We have to pass the test of: Is this a good product to them? That is not just limited to the 30-plus million seniors, because certainly the payment in the subsidy, the safety net is created by the American taxpayer.

We have not done a good job of explaining in the past what Congress did and why they did it. I think the reason that they did not was that we are finding they did not do some things just exactly right.

We have an opportunity, as the gentleman said, as we head to a period where as we pay down debt, we could alleviate off of our annual expenditures \$260 billion worth of interest payments every year, interest payments that we get zero for. We do not educate children. We do not provide health care for seniors. We get zero in services. That is the one area that infuriates me as a taxpayer, that we cannot get that interest off and we cannot do it until we pay the debt.

As the gentleman knows, in North Carolina I have a mix of every type of health care in this country. I have some of the finest medical universities at Wake Forest and Chapel Hill and Duke and East Carolina. I also have some secondary hospitals that I think are models in the county, in Alamance County and Surry County, North Carolina.

I also have rural health clinics and community health centers. They treat this population as well, and their livelihood has been Medicare.

It was so important that we went back the end of last year and we beefed up some of the reimbursement changes we made in the Balanced Budget Act of 1997, because we saw that we were falling short of supplying the best health

care to the seniors in the community health centers and rural health clinics. We went back and in a bipartisan way, very quickly, without a lot of public debate, we found those areas and we strengthened them. Today, those seniors in North Carolina that go to the rural health clinic and in every State now have quality delivery, a delivery system that they are not going to worry whether it is going to be there next year.

That is the opportunity we have with drugs. We can put aside the partisanship of it. We can commit with the President to do a plan, let it pass the test of seniors, let it pass the test of the American people, the American taxpayer. Those are the two most important. The least important is the personal agendas of individuals up here, whether it be at this end of Pennsylvania Avenue or the other.

I am willing to work with the gentleman from Pennsylvania (Mr. GREENWOOD) and with our other colleagues on both sides of the aisle and let seniors, the associations that represent them, the American taxpayer, judge our product at the end on the value of it to them and of the scope of coverage and of the quality of life that it provides for all of them.

Mr. GREENWOOD. Mr. Speaker, the whole concept of aging is changing dramatically in this country. It was not very long ago that people in their sixties and their seventies, because of the state of the health care, they became feeble a lot faster and were not as vital as seniors are today. That trend can only continue.

My mother and father are 78 years of age, and I admit this with a certain amount of hesitancy, but it was just about a year and a half ago that my mother and father and I, on a dare from my father, jumped out of an airplane at 13,000 feet and went skydiving together. That is pretty good for a couple of septuagenarians. I think the baby boom generation expects to extend its years of vitality even farther, and we expect to be still physically able and fit and enjoying life well into our seventies and our eighties and our nineties, and of course the fastest growing segment of the population is those above 100 years of age.

Nothing more than the advancement of these miracle medicines, these miracle pharmaceutical products, these coming biological products that will result from the human genome study will continue to enhance the vitality of our elderly.

That is why, again, we have this golden opportunity here to make the golden ages more golden for generations yet to come, and I look forward to working with my colleague and, hopefully, we will get it done this year.

Mr. BURR of North Carolina. Mr. Speaker, I look forward to working with the gentleman from Pennsylvania as well.

We are at a time where this week alone we saw the President for the first

time say to Congress, I will sign a bill that eliminates the earning limits that we created on seniors, an opportunity for those that want to continue to work, that choose to work voluntarily, possibly stay in a private sector health plan; but the key thing is that they realize that the longer they work, the healthier they are. Those that make that choice will not be penalized now under the Tax Code.

If there is an area that we penalize them, it is suggesting that when they get to a certain age the only thing we provide is a limited health coverage for them, and I think we have a responsibility and an obligation to make sure that we do develop a model that is universal, that it is accessible and it is affordable for everybody, regardless of who is paying the bill, a subsidy or an individual. I think that is a test that we will ultimately be under, and I look forward to working with the gentleman on it.

Mr. GREENWOOD. Mr. Speaker, I thank the gentleman from North Carolina (Mr. BURR) for joining me on this Special Order this evening, as well as our colleague from Michigan (Mr. UPTON) and our colleague from New Mexico (Mrs. WILSON).

CELEBRATING BLACK HISTORY MONTH

The SPEAKER pro tempore (Mr. GUTKNECHT). Under the Speaker's announced policy of January 6, 1999, the gentleman from Illinois (Mr. DAVIS) is recognized for 60 minutes as the designee of the majority leader.

Mr. DAVIS of Illinois. Mr. Speaker, I want to compliment my colleagues on a very interesting discussion that just took place, especially as it relates to health care and the role of community health centers and rural health centers in providing for the health of this Nation.

As we continue to celebrate African American History Month, a time that is set aside largely due to the efforts of Dr. Carter G. Woodson, where we pause, take a look at the contributions as well as the needs, hopes and aspirations of African Americans in this country, I am pleased to be joined by my colleague, the gentlewoman from the Virgin Islands (Mrs. CHRISTENSEN), who is a physician, has been a practicing physician, and who has been a director of clinics and community health centers, who currently serves as chair of the Congressional Black Caucus' Health Brain Trust, but is indeed a dynamic Member of this body.

Mr. Speaker, we come to talk a bit about not only the contributions of pioneer African Americans in the area of health, but also as we look at continually the health problems and disparities that exist in our Nation, especially as they relate to the needs of African Americans. So I say to my colleague, it is a pleasure to be here with her this afternoon.

□ 1415

Mrs. CHRISTENSEN. Mr. Speaker, I am pleased to join my colleague, and I thank him for yielding to me.

I wanted to just talk a bit first about some of the women in medicine. As my colleague knows, I have the privilege of being the first woman physician in the U.S. Congress. And I am very grateful to my constituents of the U.S. Virgin Islands for voting me into this position and allowing me to have that honor.

Mr. DAVIS of Illinois. Mr. Speaker, they sound like they were some very wise people.

Mrs. CHRISTENSEN. But before I even begin to talk about the women, I want to spend the first few moments to brag a little bit on behalf of my constituents that, indeed, the first African American physician to serve in the U.S. Congress was also from the Virgin Islands, and that was Doctor, Governor, and Congressman Melvin H. Evans, who served from 1978 to 1980 before becoming ambassador to Trinidad and Tobago.

Although women of African descent have been providing health care in our communities in this country from times of slavery, it was not until 1864 that Rebecca Lee Crumpler became the first woman to be awarded a doctorate of medicine in the United States. She was a graduate of Female Medical College.

Dr. Rebecca Cole was the first black woman to graduate from Women's Medical College and, by most accounts, the second black woman physician in the United States. She worked for a time with Elizabeth Blackwell, who was the first white female physician in this country.

Dr. Cole was soon followed by Susan Smith McKinney Steward and Sarah Loguen Fraser. Dr. Susan Smith McKinney Steward graduated from New York Medical College in 1870 and was the first woman doctor of African descent in New York State and went on to be co-founder of the Women's Hospital and Infirmary in Brooklyn.

Sarah Loguen Fraser, who in 1876 received her MD from Syracuse University College of Medicine, was also one of the early African American women in medicine in this country.

There are so many outstanding women in medicine, not all of whom are doctors, and let me just tell you of a few more of them from the 19th century before talking about some of the outstanding women of this century.

The first African American woman to earn a doctor of dental surgery degree in 1890 was Dr. Ida Gray Nelson Rollins, who was a graduate of the University of Michigan Dental School; and she practiced in Cincinnati and in the hometown of my colleague in Chicago.

Mary Eliza Mahoney is reported to have been the first black professionally trained nurse in the United States. Born in Roxbury, Massachusetts, she was employed as a maid at the local hospital before entering her training.

In addition to Ms. Mahoney's notable activism within the field of nursing,

she was also a fervent supporter of women's suffrage and is said to have been one of the first black women in Boston to have registered to vote.

I am a member, too, of the National Medical Association, as my colleagues know, and it has had several outstanding female presidents. The first was Dr. Edith Irby Jones, who was the first African American to enter the University of Arkansas School of Medicine. She graduated from that institution with an M.D. in 1952 and served as the National Medical Association president in 1985.

Dr. Irby Jones was later followed by Dr. Vivian Pinn in 1989. In that year, the board was also chaired by a woman, Dr. Yvonne Chris Veal of New York, who later went on to be the first woman to serve in both capacities when she became president of the NMA in 1995.

Dr. Vivian Pinn was also the first permanent director of the Office of Research on Women's Health at the National Institutes of Health, where she still serves in that capacity.

In 1991, Dr. Alma Rose George of Michigan became the third woman to head this prestigious organization, which represents the African American medical community.

Two other of the many notable black women physicians are Dr. Joycelynn Elders, who served as U.S. Surgeon General from September 1993 to December 1994. Her mission was and still is to change America's thinking about health by emphasizing prevention. She initiated programs to combat youth smoking and teen pregnancy, as well as to increase childhood immunizations. She advocates public health over private profits and health care reform, openness over censorship and sex education, and rehabilitation over incarceration in the war against drugs.

Another outstanding woman physician is Dr. Mae Jamison, who was the first African American woman to participate in the space mission aboard the 50th space shuttle flight in 1992. She continues to share her knowledge through speaking engagements and teaching at the university level.

These individuals are representative of the many women and men as well who have served our communities in the 50 States and the Territories and contributed to the improved health of African Americans and all people of color, indeed of all Americans. They are the reason that I and many of my colleagues have been able to practice medicine today.

As we proceed into the 21st century, we should no longer have the first African American or the first female for any position. Despite the strides that these women and others have made, unfortunately, though, there is still much work to be done.

I salute all of those who have paved the way for today's and tomorrow's practitioners of medicine and thank them for opening the doors of opportunity for all of us.

This year's theme is Heritage and Horizons: The African American Legacy and the Challenges for the 21st Century. As we face this new century, there are many challenges for us in health and science. We in the Congressional Black Caucus, together with community and faith-based organizations and leaders around this country, are poised to meet those challenges, drawing on the rich legacy that inspires us and compelled by the disparities in health that still confront us and call us to action.

Mr. DAVIS of Illinois. Mr. Speaker, I thank the gentlewoman for her comments.

She mentioned two ladies, Dr. Irby and Dr. Elders, both of whom had some connection with the State of Arkansas, a State that I know a little bit about in terms of having grown up there. As a matter of fact, I know many members of Dr. Elders' family.

It occurred to me as my colleague was talking about the things that people had accomplished who, in spite of coming from situations that, at the very least, would have seemed to have been difficult, and I really think of even the African Americans along with others who opened black medical schools during the 1800s, shortly after slavery, I mean individuals whose parents had been slaves and whose grandparents had been slaves.

Now we find these individuals actually opening medical schools and teaching others to become physicians and medical professionals.

And then I look and even today I am somewhat alarmed, because as I look at minority employment in health professions, that only 1.9 percent of the speech therapists are African American, 2.8 percent of the dentists are African American, 3.9 percent of the dental hygienists, 4.1 percent of the pharmacists, 4.2 percent of the physical therapists, 4.9 percent of the physicians, 6.1 percent of the dental assistants, 6.5 percent of the occupational therapists.

I guess my question becomes, why does it still seem to be so difficult for African Americans to become health professionals at a greater number than what we are currently experiencing? I mean, why only a small percentage of the dentists, 2.8 percent, or such a small percentage of the physicians in this country, 4.9 percent? Why do you think we are still facing that phenomena in this country?

Mrs. CHRISTENSEN. Mr. Speaker, my colleague just pointed out one of the great challenges that face us for this century, educating more of our daughters and sons and bringing them into the health professions.

I guess I would have to start back in the schools that they attend. As my colleague knows, in many of the inner cities and in many of our rural areas schools are in disrepair, they are unsafe, they are ill-equipped, and they are short on staff, as well. So the preparation that our children receive as they

go through elementary and secondary school leaves a lot to be desired, and it starts at that level.

Of course, we are now faced with propositions that have closed the door of medical schools to many African Americans and other students of color who desire to enter the medical profession, and that is taking a serious total on the numbers as we were beginning to strive to make some headway there. And really it is more even than just the educating of our young people into the field of medicine. Because there is an increasing body of knowledge now that demonstrates that when patients are under the care of a physician or a health provider of the same or similar racial, ethnic, or cultural background that a better doctor-patient relationship is established and out of that better relationship come better patient outcomes and, therefore, better health.

We have as a major challenge of this century to eliminate the disparities in health care and heart disease and diabetes and cancer and the diseases that kill African Americans and other people of color in excess numbers. That relationship is critical to that.

Mr. DAVIS of Illinois. Mr. Speaker, what is really alarming to me is when I look at the tremendous shortage of nurses. I mean, we can go to almost any hospital and there is a need for nurses, yet there appear to be not the numbers of individuals especially coming from the African American community and especially that part of the African American community that I am very much familiar with.

Mrs. CHRISTENSEN. Mr. Speaker, if I might say, I want to just applaud both the National Black Nurses Association as well as the National Medical Association that has been fighting this battle for many, many years and continues to.

The National Black Nurses were on the Hill just a few weeks ago, and one of their major focuses is on bringing more of our young men and women into the nursing profession.

Mr. DAVIS of Illinois. Mr. Speaker, it would just seem to me that, especially as we talk about unemployment and as we go into certain areas and as there is uncertainty about what fields individuals should pursue and go into even those individuals who are available to attend colleges and universities sometimes seemingly come out and might have majored in areas where there did not seem to be many job opportunities, and yet if you go down to the community hospital and there is a sign saying "nurses wanted," or you go to the medical center and there is a sign saying "nurses wanted."

So I guess I would also, then, want to take this opportunity to suggest, especially to African American youngsters, that if they are looking for a career, but to anybody, if they are looking for a career and they want to make sure that there are opportunities in that field or in that career, then perhaps they ought to be looking at the health

professions and especially perhaps they ought to be looking in the nursing arena. Not that they necessarily have to stop there, but certainly that is an area where job opportunities do in fact exist.

Mrs. CHRISTENSEN. Mr. Speaker, I am glad that my colleague talked about this as it pertains to allied health professionals. It is an area that is often overlooked. But the physicians and the nurses need the full team in the health care field to bring our patients, who, as I said, are suffering in larger numbers than any other population from diseases like stroke, where speech therapy and occupational therapy, physical therapy is critical to their recovery.

Mr. DAVIS of Illinois. Mr. Speaker, I guess what we are going to have to do in some of these areas, my colleague mentioned education and the difficulties where some of the schools are not up to standard and where individuals do not get the early training, the early education that they really need.

□ 1630

I guess we are going to have to even go beyond that. I was just looking and reading how a report, the Flexner Report, which was done as a result of some resources made available by the Carnegie Foundation in 1910, that after the report there were six black medical schools existing at that time, but after the report, four of those six ended up being closed; and the only two left were Meharry and Howard. And so standards in terms of the definition of standards and who set the standards and how the standards are set oftentimes determine the extent to which not only do individuals get in but also the extent to which institutions may continue to thrive, to survive and to function.

I cannot help but recall Dr. Charles Drew, the pioneer in blood plasma, who after all the work that he had done and all of the advances that he had made had an accident and supposedly died because he really could not get service at the hospitals that were nearest to him because he was African American, he was black; and that time those hospitals denied him the opportunity to be served, which means that in addition to the technical things that we have to do, the political things that we have to do relative to creating the resources, providing the money, that there are still some attitudinal changes that must occur in our society if there is to be the kind of equity that we desire, the kind of equity that we are talking about.

I mean, it pains me to know, for example, that the Daniel Hale Williams hospital, the Provident Hospital that was founded by Dr. Daniel Hale Williams, an African American physician who performed the first open heart surgery and who established because he had met a nurse who had had difficulty being trained and he set up this training school, eventually it became a hospital. Yet it had ultimately some dif-

ficulty. It has reopened now as a part of the Cook County health care system but not as a private African American-owned, community-owned hospital.

Mrs. CHRISTENSEN. I think that is a challenge that is being faced across the country for our African American hospitals and hospitals that serve African American communities and the poorer communities across the country. In many of our districts that are represented by the Congressional Black Caucus, hospitals are closing every year.

Mr. DAVIS of Illinois. I think the only answer that we are going to ultimately have is universal health care as far as I am concerned and a national health plan that is going to provide each and every citizen no matter who he or she is, no matter where they might live, no matter where they might be, so that they have got access to quality health care and they are not going to be shut out because they just did not have the resources or they are not going to be put in a category of the non-poor, a category of being too wealthy to qualify for some of the entitlement activity but really too poor to pay for health insurance, too poor to really have a regular physician, to go to a doctor. We have got to change that.

Hopefully, the initiatives this year that are designed to reduce the disparities, to close the gap, hopefully those initiatives will build upon the strengths that we have seen and come the next year and the next year, we will be much closer to equity than where we currently are.

Mrs. CHRISTENSEN. Mr. Speaker, I agree with the gentleman. We have made some strides. We have increased portability; we have extended health insurance to children who were previously uninsured. We are continuing to expand the Children's Health Insurance Program and Medicaid. But those are just steps on the way to the ultimate goal, which must be universal health insurance.

The gentleman talks about the historically black colleges and universities that have medical schools. They need resources. When he talks about some of the political activity that has to take place, we need to work very diligently to make sure that our medical schools that primarily are African American-serving as well as the Hispanic-serving institutions and the Native American-serving institutions have the resources they need because the education of people of color to serve communities of color because we know of the effectiveness of the relationships that are formed there are critical to eliminating the disparities in health and elevating the health status for the entire country.

Mr. DAVIS of Illinois. I certainly agree that we must have the resources. There is simply no doubt about it. We have to find new avenues, new systems, and new approaches. But I am just amazed when I look back into history

and see what individuals were able to do. I was looking at African Americans who had been inventors. Some of this is back during the time of slavery when slaves, of course, could not have patents; and so African Americans may have significantly been involved in some inventions that they never got the credit for.

For example, it is suggested that when Alexander Graham Bell invented the telephone, he had Lewis Latimer, a black man, to draft the plans, and that Mr. Latimer had been a member of the Edison Pioneers; and this was a group of individuals who had actually worked for Edison. Then we go back to even people who lived in the 1700s, Benjamin Banneker, who is sometimes called the first black scientist in this country of any real note.

And of course, Banneker helped to lay out the plans for the city of Washington, D.C. He was an engineer. He received a presidential appointment. It is just amazing that he could have done that. Then there was Joe Anderson, a slave who was believed to have played a major role in the creation of the grain harvester that Cyrus McCormick got all of the credit for, the McCormick reaper. But Joe Anderson helped him do it.

Ben Montgomery, another slave, who actually belonged to Jefferson Davis, and he was supposed to have improved a boat propeller. Then there were other people like Henry Blair who invented a seed planter, Norbert Rillieux who patented a sugar refining evaporator, Louis Temple invented a harpoon for killing whales. This is back in 1848. Henry Board created an improved bed frame.

James Forten was actually one of the few blacks that became wealthy from an invention. He came up with an invention that helped to guide ships. Yet these individuals could not have had a great deal of formal education, or they could not have had a lot of opportunity to have developed themselves. Take Granville Woods who invented a steam boiler furnace. I guess my point is that if these individuals were able to come up with the inventions with the creativity, had all of this potential, then certainly young African Americans today, who do not necessarily have equity in each and every instance but certainly have much more to work with than these inventors, like Madam C.J. Walker who came up with hair products that women could use in the cosmetic line, and of course, became the first African American female to become a millionaire. We have had the first doctors, but she also became the first millionaire in terms of being a businessperson.

And so I make a plea for young African Americans to not only look at the history, that is, to go back and see what other individuals have done, not to just be aware of it, not to just bask in it but to also understand what they themselves can in fact do. That, I think, really becomes a real part of the

value of African American History Month, not just to have pageants, not just to have plays, not just to sing songs, not just to glory in the athletes and entertainers but to really look at the history of a people who have had to make creative use of the art of struggle, who have had to make the best use of themselves to come from a position of where they were, always moving in the direction of where they ought to be, and realizing that when you get to the basement, that you are not in the penthouse, and that you have got to keep coming.

But also understanding what Carter G. Woodson attempted to teach us about the whole notion of mind control. Carter Woodson wrote this tremendous book, *The Miseducation of the Negro*, and he suggested that if you control a man's mind, you do not have to worry about how he will act. That is, if you control a man's mind, you do not have to tell him to go hither or yon, you do not have to tell him to go to the back of the bus, you do not have to tell him to go to the back door. Woodson said that he will find his place and stay in it. And that if he goes to the back door and there is no door, he will cut one out.

But the point that he also made is that once individuals get through the door, then they need to reach back and help bring somebody else along; that it makes no sense to go through the door alone; and that you really move as an individual as you help to create opportunities for others and as you help to move the group. And so we do not necessarily just revere these individuals in terms of saying Dr. Daniel Hale Williams was a great doctor or Dr. Percy Julian was a great scientist. We say that Dr. Daniel Hale Williams was a great doctor because he saved people's lives, because he created an institution, he helped people to become well, he provided opportunities for others to grow and develop and to become and to be. That really becomes the greatness of the people as opposed to the individual just simply being a great person. That is not the point at all.

Mrs. CHRISTENSEN. I agree that we have many budding and potential scientists, inventors, great doctors and health professionals in our community that just need the opportunity. I am also thinking that through some of our education initiatives this year that will help to open the doors for them to become those inventors, those physicians, those scientists.

□ 1645

Mr. DAVIS of Illinois. I think of my mother, who was probably in many ways when I was a kid my greatest doctor. I do not know how she could do it, but if I had a fever or was catching a cold, somehow or another it seemed as though she could come into the room, put her hand on my head and the fever would be reduced, and, if it did not get reduced, I certainly felt like it did.

The legacy of what it is that we have had the opportunity to experience, the

roles that our parents and grandparents and others have played in terms of being the bridges and being the shoulders, I could never do anything in relationship to the celebration of African American History Month without celebrating my parents, my mother and my father.

My father is 87 years old; and, fortunately, he is still around. We say that he was a doctor of sorts, but he really was not. He was a doctor because he believed so much in himself.

I shall never forget, he actually cut a calf's leg off once. I mean, we were farmers, and the calf's leg got hurt and set up gangrene, and my father decided that he had to save this calf, that we could not afford to lose it. So he simply got his ax, sharpened it as sharp as he could get it, got himself some ashes and soot and coal oil and chloroform, had my brothers and I to hold this calf, and cut the calf's leg off. The calf lived, and we had a three-legged cow from then on. We were the only people, and we actually kept the cow until we finally took her to the auction in a place called Eudora, Arkansas; and sold the cow at the auction.

My point is that if people believe in themselves, if they can believe that they can do things, I had 100 chickens one year in the 4-H Club. I was a 4-H Clubber, and these chickens would follow me around everywhere I went because I would feed them.

One day I stepped on one's neck and broke the chicken's neck. Well, I really felt badly about it, so I thought I would become a physician. I got myself a piece of wood, a small piece of wood, put it on the chicken's neck, put some coal oil on there and tied it together, and, would you believe that the chicken lived? The chicken always walked like this, but the chicken lived. I ended up that year with my 100 Rhode Island Reds intact for my 4-H Club project.

The other point is when you try something, you do not know if it will work. If you want to go to medical school, start getting ready to go. Just because you live in the inner city does not mean you cannot go to medical school. Just because somebody said your school might not be the best, if you want to go to medical school, start preparing right now and decide, I am going to be a doctor, I am going to be a nurse, I am going to be a scientist, I am going to be an astronaut. I am going to do whatever it is that I want to do. Then, by golly, prepare yourself, and God will do it.

Mrs. CHRISTENSEN. I think that is the purpose of Black History Month and what we are doing tonight, to hold up for our children some of the people who have excelled in science, many against great odds and through great obstacles. As you said, it is important to look back and realize that we are here and have achieved because of our parents, that we stand on the shoulders of all of those who came before, and that we must provide the shoulders for those who are coming along behind us. It is a very important message.

Mr. DAVIS of Illinois. Well, I want to thank the gentlewoman for joining me this afternoon. It has really been a pleasure, and not only to talk about history, but also to talk a little bit about mystery.

I always believe that if you break "history" apart, I was taught to read phonetically, and if you say "history," that becomes "his story." But if you say "mystery," then that becomes "my story." Certainly I would hope that every young African American in this country especially would realize that they are in the process of creating and writing and making their own story, and that they really do not have to live through other people's dreams.

Dr. King had a dream, but he did not have a patent on dreaming. He had a dream, but he did not get a patent, which means that you can live on 63rd street and have a dream, you can be down in the Mississippi Delta and have a dream.

Mrs. CHRISTENSEN. Or in the Virgin Islands.

Mr. DAVIS of Illinois. Or in the Virgin Islands, and have a dream. So we will just keep on dreaming, we will keep on working, we will keep on believing, we will keep on doing politics, and we will keep on celebrating black history. I want to thank the gentlewoman again so much.

RELIGIOUS FREEDOM AND RELIGIOUS BROADCASTING

The SPEAKER pro tempore (Mr. GUTKNECHT). Under the Speaker's announced policy of January 6, 1999, the gentleman from Ohio (Mr. OXLEY) is recognized for 60 minutes.

Mr. OXLEY. Mr. Speaker, I want to address the House regarding the issue of religious freedom and religious broadcasting.

A little bit of background, if I could. This whole issue began on December 29 when the Federal Communications Commission in a decision based on a license swap, a license swap in this case in Pittsburgh, Pennsylvania, between a commercial broadcasting station and a non-commercial broadcasting station.

In this case the religious broadcaster was seeking to swap their commercial license for a non-commercial license, something that, by the way, is rather routine at the Federal Communications Commission. When the license swap came up, the FCC allowed the swap, but said that, based on their opinion, the religious broadcaster, who was going to have the non-commercial license, that they needed additional guidance in regard to their religious broadcasting and whether that religious broadcasting fell under the requirement that the majority of programming be educational or cultural.

This was a little noticed opinion in license swap, except that some very alert member of my staff was able to find this decision and in fact brought it to my attention. The more we looked into it, the more that we thought it

was rather odd that on a 3 to 2 vote in the FCC, that is the three Democrat appointees, including the chairman, voted in favor of these what I think can only be described as limitations or restrictions on religious broadcasting, whereas the two Republican members voted against, that it raised some serious questions as to whether the FCC majority did indeed have an agenda that was not in the best interests of religious broadcasting.

Now, over the years in non-commercial licenses, religious broadcasting had prima facie met the requirements of educational and cultural under their programming, and this was never an issue, and it was not until this issue came up in this license swap over the holidays that it really did raise some serious questions.

I was so concerned about it, Mr. Speaker, that I, during the recess, before the Congress adjourned again in January, started drafting legislation that would reverse the FCC decision and also required that when the FCC was going to make this severe policy change, that they had to follow the Administrative Procedures Act, have these hearings in the open, have public comment, just like they would do with any other issue that comes before them as a "independent" agency.

That really became kind of a rallying cry then for Members of Congress. For the religious broadcasting community, the millions of people who listen to religious broadcasting and watch religious broadcasting, it became a very big issue with them, as you might guess.

It was not until our bill was introduced, initially with about I think 65 cosponsors, which is not bad considering the fact that Congress was not in session, and we are now up to I think 120 cosponsors for my legislation, and I will get into that a little bit later, but as the bill was introduced and it started drawing some attention throughout the country and I was inundated with phone calls and E-mails.

I might point out that, Mr. Speaker, this is a compilation of all of the E-mails that I have received to date at least that are supportive of our legislation and are very concerned about the role of religious freedom and religious broadcasting freedom in this country.

I think it is quite remarkable, I had exactly two folks give me E-mails against the legislation. One of those opposed, and I quote, referred to "superstitious nonsense," and then he put in parentheses "religion." So apparently at least one person opposed to our position considers religion "superstitious nonsense."

I think that says a lot about where people are coming from in this country and the vast majority of Americans who have spoken loudly and clearly on this issue, so much so apparently that the FCC started to hear from people out there. They heard from Members of Congress, they heard about my bill, and, in a matter of a couple or three

weeks, actually vacated that order by, in this case, a 4 to 1 vote.

So the FCC basically I think realized they had erred, not only from a constitutional standpoint, but certainly a procedural standpoint, in changing the policy as it related to religious broadcasting, and thought perhaps that they would, by vacating the order, turn down the heat a little bit.

Part of the reason I wanted to ask the opportunity to speak on the floor is to make certain that people understand that we are not going to let this issue die by any means, because there are some real issues at stake here, one of which is I wonder what is the real agenda for the FCC truly.

As a matter of fact, the only Commissioner to vote against the reversal of the FCC decision, Commissioner Tristani, said in her dissent that she would continue to act as if the additional guidance were still in effect. Since it was duly overturned by the FCC as a commission, I would say that is quite an outrageous statement.

She said, "I, for one, will continue to cast my vote in accordance with the views expressed in the additional guidance."

So despite the fact that the Commission realized the error of its ways, at least one Commissioner has gone public in basically saying that she wants to make certain that the religious broadcasters have to jump through certain hoops to be able to have their license.

That really raises a question, Mr. Speaker, as to if the FCC is talking about content, and they clearly are, and in their order, their initial order they said that you have to understand that part of your programming, half of your programming, has to be educational or cultural, and, by the way, religious services, for example, do not fall into that category.

Now, for people who are shut-ins, who are unable to go to church on Sunday or any other time, to be able to see religious broadcasting on television is truly a lifeline for these people, and the majority initially of the FCC and Commissioner Tristani basically says that you could not be able to do that, and, by the way, somebody has to decide what that content is; somebody has to decide what educational and cultural requirements are met. That would be, of course, the FCC.

□ 1700

Well, that puts the FCC up against the First Amendment.

There was a reason why the Founding Fathers created the First Amendment, freedom of speech, freedom of religion, the very core of what it means to live in this country. It was not the Second Amendment, it was not the Eighth Amendment, this was the First Amendment. I think it is important that we stress that when we talk about this effort by the FCC.

So despite the fact that they vacated the order, I am convinced that there is