

for 1 minute and to revise and extend her remarks.)

Ms. ROS-LEHTINEN. Madam Speaker, when we think of a day in the life of a child, we may immediately think of toys, playgrounds, and laughter. Rarely, if ever, do chemotherapy, hospitalization, and blood transfusions come to mind.

Yet, the harsh reality is that they will become just a routine part of the day for the well over 12,000 children who will become victims of cancer this year.

Cancer is the number one killer of children, and its incidence has been rising every year for the past 20 years.

Alexander Zimmerman, the 4-year-old son of my district director, is currently fighting a rare form of a brain tumor.

And we cannot forget Caroline, the daughter of our colleague the gentlewoman from Ohio (Ms. PRYCE), who recently passed away from her battle with neuroblastoma.

Pediatric oncology remains underrecognized and underserved, which is why Congress should fund what could be the largest children's oncology facility in the Nation, the University of Miami's Batchelor Children's Center.

We believe that if Congress does its part, things like playgrounds, toys, and laughter will once again become the daily routine.

We should also fund graduate medical education for pediatric hospitals, such as Miami Children's Hospital, which trains our Nation's leading pediatric oncologists.

This September, as we commemorate Childhood Cancer Month, I urge my colleagues to fund efforts toward pediatric cancer research because every child's life is precious.

#### TRAGIC PASSING OF ENSIGN KRISTOPHER KROHNE

(Mr. BILBRAY asked and was given permission to address the House for 1 minute.)

Mr. BILBRAY. Madam Speaker, I come to the well of the House floor to talk about a very sad case, the tragic death of a former intern of mine, Kris Krohne.

Kris was an honorable and ambitious young man who died pursuing his dream of serving this country as a Naval aviator. Last Wednesday, Navy Ensign Kris Krohne was performing his second solo flight at Vance Air Force Base when his plane crashed. Kris was only 24 years old.

As a parent who has lost a son, my heart goes out to his parents, both retired Naval officers, Theodore and Kay, and his brother Karl. I extend my sympathies from those of us in the entire San Diego community to them.

I remember Kris as a bright and personable student who worked hard while interning in my office in D.C. in the spring of 1998. I was saddened to hear of his sudden death.

Kris' spirit will live on in the hearts and minds of everyone he touched. We

will never forget the great contribution he made to our office and what a great and dedicated American he was to want to serve his country.

Our thoughts and our prayers go out to his family, and we will all be praying for them in their time of grief.

□ 1115

#### GENERAL LEAVE

Mr. ISTOOK. Madam Speaker, I ask unanimous consent that all Members may have 5 legislative days within which to revise and extend their remarks, and that I may include tabular and extraneous material during further consideration of H.R. 4942.

The SPEAKER pro tempore (Mrs. BIGGERT). Is there objection to the request of the gentleman from Oklahoma?

There was no objection.

#### DISTRICT OF COLUMBIA APPROPRIATIONS ACT, 2001

The SPEAKER pro tempore (Mrs. BIGGERT). Pursuant to House Resolution 563 and rule XVIII, the Chair declares the House in the Committee of the Whole House on the State of the Union for the further consideration of the bill, H.R. 4942.

□ 1116

#### IN THE COMMITTEE OF THE WHOLE

Accordingly, the House resolved itself into the Committee of the Whole House on the State of the Union for the further consideration of the bill (H.R. 4942) making appropriations for the government of the District of Columbia and other activities chargeable in whole or in part against revenues of said District for the fiscal year ending September 30, 2001, and for other purposes, with Mr. BARRETT of Nebraska (Chairman pro tempore) in the chair.

The Clerk read the title of the bill.

The CHAIRMAN pro tempore. When the Committee of the Whole rose on Wednesday, July 26, 2000, pending was amendment number 23 printed in the CONGRESSIONAL RECORD by the gentlewoman from the District of Columbia (Ms. NORTON).

The gentlewoman from the District of Columbia (Ms. NORTON) has 9 minutes remaining in debate and the gentleman from Oklahoma (Mr. ISTOOK) has 11½ minutes remaining in debate.

The gentlewoman from the District of Columbia (Ms. NORTON) is recognized.

Ms. NORTON. Mr. Chairman, I yield myself such time as I may consume.

Mr. Chairman, Members will recall that the matter involving contraception turned on when a veto would take place. The mayor had promised a veto. He believed that a pocket veto was the appropriate way to proceed because, as this body well knows, if a veto is straight out that is a declaration of war. There may be a compromise thereafter, but it is a little more difficult.

So my amendment addressed the notion that the mayor should be allowed to pocket veto and we should respect his word that a pocket veto would take place. That pocket veto has taken place.

The chairman knows that he had written language that was otherwise acceptable to me. It is perhaps not the exact language I would have written with respect to contraception, but I had discussions with him concerning his language. I understand his concern on his side of the aisle. I have asked my own Members on this side of the aisle to consider that what we are trying to do is to get some kind of understanding that we can all live with to get this bill passed. I am not prepared to ask for anything further now that the bill has been vetoed, except that I would like to ask the chairman if that is satisfactory to him and, if so, if he would accept my amendment.

Mr. ISTOOK. Mr. Chairman, I yield myself such time as I may consume.

Mr. Chairman, as the gentlewoman from the District of Columbia (Ms. NORTON) correctly states, we were in a situation where her amendment was simply trying to strike language from the bill which would disapprove pending legislation in the District of Columbia. That legislation, since we were here last on this bill, has been pocket vetoed by the mayor of the District of Columbia. Therefore, there is no need to have the language in the bill whereby Congress disapproves that local legislation because, indeed, it has already been disapproved by the action of the mayor. Therefore, there is no need for the language in the bill and certainly I am ready to accept, and I believe our side is ready to accept, the amendment from the gentlewoman.

For clarification, for anyone, lest there be any confusion, the amendment that is under consideration right now offered by the gentlewoman from the District of Columbia (Ms. NORTON) simply says that Congress is not taking action to disapprove this legislation by the District. However, there remains intact, it is not affected by the amendment, the congressional instructions to the District that any legislation regarding mandatory coverage of contraceptives and insurance must include a conscience clause. The amendment of the gentlewoman from the District of Columbia (Ms. NORTON) does not touch that language in the bill. That language remains.

I think that is what she is referring to as far as the good faith concerns of a great many Members. Since the item in the bill is moot, there is no need for the language in subsection (a) and I certainly agree to accept the amendment of the gentlewoman from the District of Columbia (Ms. NORTON), and if the gentlewoman from the District of Columbia (Ms. NORTON) is agreeable, I would like to ask that we both yield back the remainder of our time so we may be done with this item.

Ms. WOOLSEY. Mr. Chairman, I rise in strong support of the Norton amendment.

I am appalled that this House is trying to stop the D.C. City Council from implementing a measure they've already approved!

This is a true sign that some of my colleagues want to trample the rights of the city council and people of this district.

I know that the people of our districts wouldn't stand for this!

The language in this bill that prohibits health care coverage for contraceptives discriminates against the women of D.C.—just because they live here.

We must stand up for the rights of all women to have access to contraceptive coverage, by voting to allow access to contraceptives here in the District of Columbia.

Contraceptive care gives our mothers and families the ability to make important choices that affect their lives. And, we know that unwanted pregnancy and abortion rates drop when women have access to preventive reproductive health care.

Let's let women make decisions about their reproductive health with their doctors.

I urge my colleagues to support the Norton amendment to make contraceptive coverage accessible to the women of D.C.

Ms. NORTON. Mr. Chairman, I yield back the balance of my time.

Mr. ISTOOK. Mr. Chairman, I ask that the amendment be accepted, and I yield back the balance of my time.

The CHAIRMAN pro tempore. The question is on the amendment offered by the gentlewoman from the District of Columbia (Ms. NORTON).

The amendment was agreed to.

The CHAIRMAN pro tempore. Without objection, the remainder of the bill is considered as read, printed in the RECORD, and open to amendment at any point.

There was no objection.

The text of the remainder of the bill is as follows:

SEC. 169. (a) Chapter 23 of title 11, District of Columbia, is hereby repealed.

(b) The table of chapters for title 11, District of Columbia, is amended by striking the item relating to chapter 23.

(c) The amendments made by this section shall take effect on the date on which legislation enacted by the Council of the District of Columbia to establish the Office of the Chief Medical Examiner in the executive branch of the government of the District of Columbia takes effect.

#### PROMPT PAYMENT OF APPOINTED COUNSEL

SEC. 170. (a) ASSESSMENT OF INTEREST FOR DELAYED PAYMENTS.—If the Superior Court of the District of Columbia or the District of Columbia Court of Appeals does not make a payment described in subsection (b) prior to the expiration of the 45-day period which begins on the date the Court receives a completed voucher for a claim for the payment, interest shall be assessed against the amount of the payment which would otherwise be made to take into account the period which begins on the day after the expiration of such 45-day period and which ends on the day the Court makes the payment.

(b) PAYMENTS DESCRIBED.—A payment described in this subsection is—

(1) a payment authorized under section 11-2604 and section 11-2605, DC Code (relating to representation provided under the District of Columbia Criminal Justice Act);

(2) a payment for counsel appointed in proceedings in the Family Division of the Superior Court of the District of Columbia under chapter 23 of title 16, DC Code; or

(3) a payment for counsel authorized under section 21-2060, DC Code (relating to representation provided under the District of Columbia Guardianship, Protective Proceedings, and Durable Power of Attorney Act of 1986).

(c) STANDARDS FOR SUBMISSION OF COMPLETED VOUCHERS.—The chief judges of the Superior Court of the District of Columbia and the District of Columbia Court of Appeals shall establish standards and criteria for determining whether vouchers submitted for claims for payments described in subsection (b) are complete, and shall publish and make such standards and criteria available to attorneys who practice before such Courts.

(d) RULE OF CONSTRUCTION.—Nothing in this section shall be construed to require the assessment of interest against any claim (or portion of any claim) which is denied by the Court involved.

(e) EFFECTIVE DATE.—This section shall apply with respect to claims received by the Superior Court of the District of Columbia or the District of Columbia Court of Appeals after the expiration of the 90-day period which begins on the date of the enactment of this Act.

This Act may be cited as the "District of Columbia Appropriations Act, 2001."

#### AMENDMENT NO. 3 OFFERED BY MR. BILBRAY

Mr. BILBRAY. Mr. Chairman, I offer an amendment.

The CHAIRMAN pro tempore. The Clerk will designate the amendment.

The text of the amendment is as follows:

#### Amendment No. 3 offered by Mr. BILBRAY:

At the end of the bill, insert after the last section (preceding the short title) the following new section:

#### BANNING POSSESSION OF TOBACCO PRODUCTS BY MINORS

SEC. \_\_\_\_ (a) IN GENERAL.—It shall be unlawful for any individual under 18 years of age to possess any cigarette or other tobacco product in the District of Columbia.

#### (b) EXCEPTIONS.—

(1) POSSESSION IN COURSE OF EMPLOYMENT.—Subsection (a) shall not apply with respect to an individual making a delivery of cigarettes or tobacco products in pursuance of employment.

(2) PARTICIPATION IN LAW ENFORCEMENT OPERATION.—Subsection (a) shall not apply with respect to an individual possessing products in the course of a valid, supervised law enforcement operation.

(c) PENALTIES.—Any individual who violates subsection (a) shall be subject to the following penalties:

(1) For any violation, the individual may be required to perform community service or attend a tobacco cessation program.

(2) Upon the first violation, the individual shall be subject to a civil penalty not to exceed \$50.

(3) Upon the second and each subsequent violation, the individual shall be subject to a civil penalty not to exceed \$100.

(4) Upon the third and each subsequent violation, the individual may have his or her driving privileges in the District of Columbia suspended for a period of 90 consecutive days.

(d) EFFECTIVE DATE.—This section shall apply during fiscal year 2001 and each succeeding fiscal year.

The CHAIRMAN pro tempore. Pursuant to House Resolution 563, the gentleman from California (Mr. BILBRAY) and a Member opposed each will control 5 minutes.

The Chair recognizes the gentleman from California (Mr. BILBRAY).

Mr. BILBRAY. Mr. Chairman, I yield myself such time as I may consume.

(Mr. BILBRAY asked and was given permission to revise and extend his remarks.)

Mr. BILBRAY. Mr. Chairman, I am sorry that we have to be discussing this item again this year. It is an item that I had brought before this body two previous years. Last year, I agreed, after a request by the legislative body of the City of Washington, D.C., and the mayor, that they be allowed to address this issue. I withdrew it last year, as a courtesy to the local city council and the mayor, on the possibility that they could address a gap in the law that governs our Federal District.

Sadly to say, Mr. Chairman, the action after 12 months has not been forthcoming as indicated at that time. All my bill does, Mr. Chairman, is point out the fact that when we talk about tobacco possession use and abuse by minors, we need to do everything that we can to avoid the problem before it starts.

Now I think that we all agree that the most critical thing we can do in the United States to avoid the hideous deaths related to tobacco consumption is to keep our young people from getting involved at an early age. The strategies in many States across the country, including my own State of California, has been to address the purchase and use issue, among minors and adults. The use in public is very strongly restricted in California, but then California and many States have realized that there was a gaping hole in the tobacco approach. The anti-tobacco approach had a gaping hole that sent the wrong message to our young people, and that wrong message was, well, one cannot legally buy it but once they have possession they can smoke it all they want; they can possess it all they want.

Mr. Chairman, I would just like to point out how inconsistent that message is to our young people. I am a parent of five children. My children have spent a lot of time here in the Federal District and, frankly, I think all of us should be concerned about the message that we send to young people about the possession and use of tobacco.

I do not think any reasonable parent would want the United States Government to send a message that underage use and possession of tobacco is okay, but we also would not want to send the same message about alcohol consumption.

Now, I cannot fathom how we have overlooked this issue for so long. We would not do it with alcohol. If young people were walking down the street with a six pack of beer, we would expect the law to address the item. Sadly, here in Washington, D.C., the law does not address children walking down the street with a pack of cigarettes.

This mixed message needs to be corrected, and I know there are those that like us, as the Congress, to look the

other way, not get involved with this issue, but I think for all of us, especially somebody like myself who not only have children but serve on the Subcommittee on Health and Environment, to say that Washington will set the example that underage purchase, possession, and use of tobacco is not acceptable and it is not something we will stand by and ignore for any longer.

Mr. Chairman, all my bill proposes to do is to apply the same regulation technique here in Washington, D.C., as is applied in Virginia and in Maryland. We have both States surrounding this Federal District that have said that minors' possession and use of tobacco is not acceptable and should be outlawed. All I am asking is, as Congress, under our responsibility under the Constitution, as the legislative body that would serve very parallel to what the State legislature in Maryland and Virginia have done and that is to say that minor possession is no longer acceptable within our jurisdiction.

All we are saying is that we will no longer stand by while Washington, D.C., remains an oasis, a sanctuary, for underage consumption of tobacco and that we will support the surrounding communities in this strategy of eradicating as much of minor consumption as possible, starting by setting the example that possession and use of tobacco by minors is not only inappropriate it is wrong and it should be illegal.

#### DISTRICT OF COLUMBIA CODE

#### **§§ 25-130. Purchase, possession or consumption by persons under 21; misrepresentation of age; penalties.**

(a) No person who is under 21 years of age shall purchase, attempt to purchase, possess, or drink any alcoholic beverage in the District, except that a person who is under 21 years of age may temporarily possess an alcoholic beverage if the temporary possession is necessary to perform lawful employment responsibilities.

(b) No person shall falsely represent his or her age, or possess or present as proof of age an identification document which is in any way fraudulent, for the purpose of procuring an alcoholic beverage in the District.

(b-1) Any person under 21 years of age who falsely represents his or her age for the purpose of procuring alcoholic any beverage shall be deemed guilty of a misdemeanor and be fined for each offense not more than \$300, and in default in the payment of the fine shall be imprisoned not exceeding 30 days.

(b-2) A civil fine may be imposed as an alternative sanction for any infraction of this section, or any rules or regulations issued under the authority of this chapter, pursuant to §§ 6-2701 to 6-2723 ("Civil Infractions Act"). Adjudication of any infraction of this section shall be pursuant to § 6-2723.

(c) In addition to the penalties provided in subsections (b-1) and (b-2) of this section, any person who violates any provision of this section shall be subject to the following additional penalties:

(1) Upon the first violation, shall have his or her driving privileges in the District suspended for a period of 90 consecutive days;

(2) Upon the second violation, shall have his or her driving privileges in the District suspended for a period of 180 days; and

(3) Upon the third violation and each subsequent violation, shall have his or her driv-

ing privileges in the District suspended for a period of 1 year.

CONGRESS OF THE UNITED STATES,  
HOUSE OF REPRESENTATIVES,  
Washington, DC, May 23, 2000.

Hon. ANTHONY WILLIAMS,  
Mayor, District of Columbia  
Washington, DC.

DEAR MAYOR WILLIAMS: Thank you for your correspondence regarding the recent hearing by the City Council of the District of Columbia on legislation related to the prohibition of tobacco product sales to minors.

I appreciate your response to my letter dated April 10, 2000 and I am encouraged that the City Council is addressing the issue of tobacco use by minors. As mentioned in my previous letter, the amendment that I have introduced each of the last two years, and which we personally discussed last year, focuses on minor possession and use of tobacco.

Virginia, Maryland, and over twenty other states have enacted youth possession and consumption laws. It is my belief that we can crack down on the possession of youth tobacco by passing a common sense law similar to what I have introduced in the past and at the same time continue to increase efforts at the point of sales to hold negligent merchants accountable for their illegal actions when they sell tobacco products illegally to minors.

I would like to see parity between youth possession of tobacco and youth possession of alcohol. In all cities across the country, alcohol consumption and possession by minors is prohibited. This is because alcohol is an adult product, tobacco needs to receive the same type of recognition and enforcement.

If we want to be serious about combating the use of tobacco by minors we need to approach this issue on several fronts. As a former mayor myself, I appreciate your hard work on this issue, the progress being made and the inherent challenges of leadership on such issues of controversy. However, as we get deeper into the appropriations process in this second session of the 106th Congress, I want to inform you of my intention to reintroduce my amendment.

As mentioned previously, my amendment is very straightforward. It contains a penalty section, which was modeled after the state of Virginia's penalty section for minors found in violation of tobacco possession. For the first violation, the minor would, at the discretion of the judge, be subject to a civil penalty not to exceed \$50. For the second violation, the minor would be subject to a civil penalty not to exceed \$100. For a third or subsequent violation, the minor would have his or her driver's license suspended for a period of 90 consecutive days. The 90 day suspension is consistent with penalties for minor possession of alcohol in the District of Columbia. Any minor found to be in possession of tobacco may also be required to perform community service or attend a tobacco cessation program. Each of these penalties are at the judge's discretion. It contains a provision to exempt from this prohibition a minor individual "making a delivery of cigarettes or tobacco products in his or her employment" while on the job.

As an original cosponsor of the strongest anti-tobacco bill in the 105th Congress, the Bipartisan NO Tobacco for Kids Act (H.R. 3868), the intentions of my amendment is to encourage youth to take responsibility for their actions. Mayor Williams, I look forward to working with you on this issue and on legislation that will deter youth in the

District of Columbia from ever starting the deadly habit of smoking in the first place.

Sincerely,

BRIAN P. BILBRAY,  
Member of Congress.

CONGRESS OF THE UNITED STATES,  
HOUSE OF REPRESENTATIVES,  
Washington, DC, April 10, 2000.

Hon. ANTHONY WILLIAMS,  
Mayor, District of Columbia  
Washington, DC.

DEAR MAYOR WILLIAMS: I am writing to make you aware of my intentions to introduce an amendment to the Fiscal Year 2001 D.C. Appropriations Act that will prohibit individuals under the age of 18 years old from possessing and consuming tobacco products in the District of Columbia.

As you remember, we discussed this issue last year during the debate on the FY 2000 D.C. Appropriation Act (H.R. 2587). At that time I had introduced the same amendment, but withdrew it after receiving direct confirmation from you that this issue would be addressed on the local level. However, I have been informed that local action on this initiative has not, to date. I understand that legislation was sent to the Judiciary Committee of the D.C. Council, but was recently withdrawn. As a former mayor myself, I appreciate your hard work on this issue and the inherent challenges of leadership on such issues of controversy. However, as we get deeper into the appropriations process in the second session of the 106th Congress, I believe the time has come to act.

I think it is important that all levels of government work together to help stop children from smoking. I also believe we should send the right message to our children, and the first step in this process would be for the District of Columbia to join Virginia, Maryland, and the twenty other states who have passed youth possession and consumption laws. I would appreciate knowing of your intentions, and to work with you and Members on both sides of the aisle in 2000 to make sure this important piece of legislation becomes law.

To give you some background on this issue, I first introduced this amendment during the 105th Congress, where it received strong bipartisan support and passed through the House by a 238-138 vote on August 6, 1998; however it was not included in the final conference report. At the time I initially introduced this amendment only 21 states in the nation had minor possession laws outlawing tobacco, and my amendment would have added the District of Columbia to this growing list of states.

My amendment is very straight forward and easy to understand. It contains a provision to exempt from this prohibition a minor individual "making a delivery of cigarettes or tobacco products in his or her employment" while on the job. My amendment also contains a penalty section, which was modified after the state of Virginia's penalty section for minors found in violation of tobacco possession. For the first violation, the minor would, at the discretion of the judge, be subject to a civil penalty not to exceed \$50. For the second violation, the minor would be subject to a civil penalty not to exceed \$100. For a third or subsequent violation, the minor would have his or her driver's license suspended for a period of 90 consecutive days. The 90 day suspension is consistent with penalties for minor possession of alcohol in the District of Columbia. Any minor found to be in possession of tobacco may also be required to perform community service or attend a tobacco cessation program. Each of these penalties are at the judge's discretion.

I understand that the District of Columbia already has tough laws on the books to address the issue of sales of tobacco to minors.

My amendment focuses specifically on the possession of tobacco products by minors in order to put minor possession of tobacco with minor possession of alcohol. All three cities in my district have passed anti-possession laws, so I am not asking the District to do anything my own communities have not already done.

As an original cosponsor of the strongest anti-tobacco bill in the 105th Congress, the Bipartisan NO Tobacco for Kids Act (H.R. 3638), the intentions of my amendment is to encourage youth to take responsibility for their actions. Mayor Williams, I look forward to your response on this issue and to working together on legislation that will deter youth in the District of Columbia from ever starting the deadly habit of smoking in the first place.

Sincerely,

BRIAN P. BILBRAY,  
Member of Congress.

AMERICAN LUNG ASSOCIATION,

New York, NY, July 26, 2000.

DEAR REPRESENTATIVE: The American Lung Association opposes the Bilbray amendment to the District of Columbia Appropriations bill that penalizes kids for the possession of tobacco products.

Penalizing children has not been proven to be an effective technique to reduce underage tobacco usage. In fact, penalties may adversely affect existing programs that are proven to work and are required, such as compliance checks utilizing young people. The Bilbray amendment would make these checks illegal. The Synar Amendment on marketing tobacco to children could not be enforced because it would be illegal for supervised teens to attempt to purchase tobacco.

Attempts to put the blame on our children, the pawns of decades of sophisticated marketing by the tobacco industry, instead of the manufacturers and retailers, is just another smokescreen by big tobacco. The tobacco industry favors shifting both the blame and the attention away from their marketing efforts onto the shoulders of young persons.

For example, a 1995 study by the Maryland Department of Health and Mental Hygiene discovered that 480 minors were penalized for possessing tobacco but no merchants were fined for selling tobacco to minors. On July 16 and 21, 1998, the American Lung Association conducted an undercover "sting" operation to determine whether teens could purchase tobacco in the U.S. Capitol complex. Five out of nine attempts were successful, and in the House office buildings, all attempts were successful. Here is clear proof that existing laws regarding selling to teens are not being enforced. Existing laws and regulations need to be enforced.

The tobacco industry favors criminalizing our kids. This alone should be adequate reason to reject the Bilbray amendment to the D.C. appropriations bill.

Sincerely,

JOHN R. GARRISON,  
Chief Executive Officer.

DISTRICT OF COLUMBIA, May 21, 1999.

Hon. BRIAN P. BILBRAY,  
House of Representatives,  
Washington, DC.

DEAR CONGRESSMAN BILBRAY: Thank you for your letter sharing your concern about teenage smoking in the District and your congratulations on my November election to the Office of Mayor.

In response to your inquiry, the District of Columbia is addressing the issue of teen smoking through a variety of methods. DC Public Schools has two programs—The Great American Smoke-out and "2 Smart 2 Smoke"—to raise children's awareness of the dangers of smoking. Additionally, the De-

partment of Health supports the efforts of local and community-based initiatives like "Ad-Up, Word-Up and Speak-Out," which encourages school age children to perform their own research on the effects of advertising directed at children.

Finally, the school system recently elevated possession of tobacco to a "level one" infraction—which means violators could incur the most severe disciplinary measures, including possible suspension. To assess our progress, the District is tracking youth smoking related data through grants provided by the Center for Disease Control.

I want to assure you that I share your concerns about teenage smokers. Sandra Allen, Chairperson of the City Council's Committee on Human Services, and I are working diligently to strengthen enforcement which should, in combination with the other initiatives, result in a real reduction in teenage smoking. We believe that the cumulative effect of these initiatives will have marked improvement on the incidence of teen smoking.

Again thank you for bringing this issue to the forefront of my attention. I agree that discouraging our youth from engaging in this terrible habit of smoking is very important in the fight to curtail tobacco's tragic and inevitable long-term effects.

Sincerely,

ANTHONY A. WILLIAMS,  
Mayor.

DISTRICT OF COLUMBIA, May 16, 2000.

Hon. BRIAN P. BILBRAY,  
House of Representatives,  
Washington, DC.

DEAR CONGRESSMAN BILBRAY: Thank you for contacting me regarding legislation to prohibit minors from the possession and consumption of tobacco products.

I am committed to working with the City Council of the District of Columbia to protect our children from harmful tobacco products. As part of my commitment to limiting tobacco use, my Fiscal Year 2001 Budget directs the use of Tobacco Settlement Fund dollars for tobacco control, prevention efforts, health promotion and education.

The Council's Committee on Consumer and Regulatory Affairs will consider legislation to prohibit youth consumption of tobacco products, Bill 13-60, the "Enforcement of the Prohibition of Tobacco Product Sales to Minors Act." The bill prohibits the sale of tobacco to minors, increases fines for the sale of tobacco to minors, and prohibits self-service displays, certain advertisements and vending machine sales of tobacco products. Under the legislation, the Department of Health would also be authorized to conduct random inspections of retail establishments that sell tobacco products. On Wednesday, May 10, 2000, the Committee on Consumer and Regulatory Affairs held a public hearing on this bill. Given your concern on this issue, I have asked the Chair, Councilwoman Sharon Ambrose to allow your amendment to be debated during the hearing.

Clearly, restricting access of tobacco sales and penalizing any business that targets or sells to youth is a priority of our local leaders. Therefore, I respectfully request that you withhold introducing your proposed legislation so that we can move forward our local proposal. As a former City Mayor, I am certain that you understand the importance of local government in these public policy issues.

Thank you for your concern for the health and safety of children in the District of Columbia.

Sincerely,

ANTHONY A. WILLIAMS,  
Mayor.

Mr. Chairman, I reserve the balance of my time.

The CHAIRMAN pro tempore. The gentleman from Virginia (Mr. MORAN)

is recognized for 5 minutes in opposition.

Mr. MORAN of Virginia. Mr. Chairman, I yield myself such time as I may consume.

Mr. Chairman, I want to respond on this amendment. Mr. Chairman, I want to put into the RECORD the fact that the American Lung Association opposes the Bilbray amendment because it penalizes kids for the possession of tobacco products.

Mr. Chairman, the American Lung Association opposes this because it is not an effective technique to reduce underage tobacco usage. The reality is that the compliance checks that are currently going on would be made illegal by this amendment.

The Synar amendment on marketing tobacco to children could not be enforced because it would be illegal for supervised teens to attempt to purchase tobacco. This an attempt to put the blame on our children, the pawns of decades of sophisticated marketing by the tobacco industry, instead of manufacturers and retailers. It shifts the blame inappropriately.

A study by the Maryland Department of Health and Mental Hygiene discovered that 480 minors were penalized for possessing tobacco and no merchants were penalized.

On July 16 and 21 of 1998, the American Lung Association conducted an undercover sting operation to determine whether teens could purchase tobacco in the U.S. Capitol complex. Five out of nine attempts were successful, and in the House office buildings all attempts were successful in the House office buildings. This is clear proof that existing laws regarding selling to teens are not being enforced. They need to be enforced first. Let us not criminalize our kids.

Mr. Chairman, I yield the balance of my time to the gentlewoman from the District of Columbia (Ms. NORTON).

(Ms. NORTON asked and was given permission to revise and extend her remarks.)

Ms. NORTON. Mr. Chairman, I thank the gentleman from Virginia (Mr. MORAN) for yielding me this time.

Mr. Chairman, I would like to put the American Lung Association letter in the RECORD and the Tobacco Free Kids letter in the RECORD opposing the Bilbray amendment.

I am outraged at the amendment of the gentleman from California (Mr. BILBRAY). He brings forward this amendment when the city council is in the midst of considering the Bilbray amendment. This amendment went through the House in 1999, the first year of Mayor Williams' term, despite a personal plea from Mayor Williams that he would like to try another approach in the District.

That provision, the Bilbray provision, was one reason why the bill was vetoed in 1999. The provision was removed and sent back here and here comes the Bilbray amendment again.

Mayor Williams knows his city. The gentleman from California (Mr. BILBRAY) does not know Mayor Williams' city.

The mayor again wrote the gentleman from California (Mr. BILBRAY) in May, after another threat by the gentleman from California (Mr. BILBRAY) to intrude in local affairs was received. Mayor Williams had already partially responded to the gentleman from California (Mr. BILBRAY). His budget that we are considering now funds a smoking prevention program for minors.

□ 1130

This in addition to the bill that is in the council, the mayor wrote to the gentleman from California (Mr. BILBRAY). And I am quoting, "I respectfully request that you withhold introducing your proposed legislation." I thank the gentleman for his respect of our mayor.

He continued, "so that we can move forward to consider your proposal along with our own local proposal." And he said, "as a former city mayor, I am certain that you understand the importance of local government in these public policy issues."

The gentleman apparently understands how important local knowledge and local prerogatives are as applied to his city of Imperial Beach, California, and he understands it in all the gentleman speeches about devolution, but like an authoritarian rule, the gentleman is trying to impose legislation on a city that is already going strong on a tough issue and in the midst of considering the gentleman's approach among others.

In the District, elevation of possession of tobacco to a level 1 infraction in the D.C. public schools has to be very carefully considered. Shall we do that or not when the measure imposes suspension on a city with one of the highest dropout rates in the country, is that the best thing for my city? I do not think so.

I do not even think I know, but I do think that the mayor of this city knows. He asked the gentleman not to introduce it, and I am asking this Congress not to move forward with it. The mayor and the council have done the gentleman from California (Mr. BILBRAY) a courtesy.

The gentleman has refused to do them that today. They are considering the gentleman's approach. Hearings have been held. I am sorry we do not move at the pace the gentleman would like. There are other matters that have to be considered, like our own appropriations that are here, like the fact that our city is just out of insolvency.

But we have said that we will consider the gentleman's approach. We are considering the gentleman's approach. This debate is not about inaction. Our city has moved to put before the entire city council Mr. BILBRAY's approach. He wants his action. This is a free country I say to the gentleman.

We do not impose smoking codes on cities. We allow cities to decide what is best for themselves.

AMERICAN LUNG ASSOCIATION,  
Washington, DC, July 25, 2000.

DEAR REPRESENTATIVE: The American Lung Association opposes the Bilbray amendment to the District of Columbia Appropriations bill that penalizes kids for the possession of tobacco products.

Penalizing children has not been proven to be an effective technique to reduce underage tobacco usage. In fact, penalties may adversely effect existing programs that are proven to work and are required, such as compliance checks utilizing young people. The Bilbray amendment would make these checks illegal. The Synar Amendment on marketing tobacco to children could not be enforced because it would be illegal for supervised teens to attempt to purchase tobacco.

Attempts to put the blame on our children, the pawns of decades of sophisticated marketing by the tobacco industry, instead of the manufactures and retailers, is just another smokescreen by big tobacco. The tobacco industry favors shifting both the blame and the attention away from their marketing efforts onto the shoulders of young persons.

For example, a 1995 study by the Maryland Department of Health and Mental Hygiene discovered that 480 minors were penalized for possessing tobacco but no merchants were fined for selling tobacco to minors. On July 16 and 21, 1998, the American Lung Association conducted an undercover "sting" operation to determine whether teens could purchase tobacco in the U.S. Capitol complex. Five out of nine attempts were successful, and in the House office buildings, all attempts were successful. Here is clear proof that existing laws regarding selling to teens are not being enforced. Existing laws and regulations need to be enforced.

The tobacco industry favors criminalizing our kids. This alone should be adequate reason to reject the Bilbray amendment to the D.C. appropriations bill.

Sincerely,

JOHN R. GARRISON,  
Chief Executive Officer.

JULY 25, 2000.

Hon. HENRY A. WAXMAN,  
House of Representatives,  
Washington, DC.

DEAR REPRESENTATIVE WAXMAN: The Campaign for Tobacco-Free Kids opposes the amendment that may be offered tomorrow by Representative Bilbray to the District of Columbia appropriations bill. This amendment would penalize youth for possession of tobacco products without creating a thoughtful, comprehensive plan to reduce tobacco use among children and without first ensuring that adults who illegally sell tobacco to kids are held responsible.

There is no silver bullet to reducing tobacco use among kids, but this amendment, in the absence of other effective policies, will do little to end tobacco's grip on the children of D.C. There is little evidence to indicate that in the absence of a concerted, comprehensive program, penalizing kids will work to reduce tobacco use rates. A comprehensive, effective program should include not only vigorous enforcement of laws against selling tobacco to kids, but also public education efforts, community and school-based programs, and help for smokers who want to quit.

The narrow focus of this amendment will further divert resources away from effective enforcement of the current laws that prohibit retailers from selling to kids. Although

the District of Columbia penalizes retailers for selling to kids, this law is not being enforced adequately. According to Department of Health and Human Services, compliance checks showed that 46.8 percent of retailers in D.C. sell tobacco products to minors.

Additionally, this amendment does not address the fact that the tobacco industry spends more than \$6.8 billion a year marketing its products. Kids in D.C. continually see tobacco ads on storefronts and in magazines. The tobacco industry's marketing tactics work: 85 percent of kids who smoke use the three most heavily advertised brands (Marlboro, Camel and Newport). In addition, the success of the tobacco industry targeted marketing efforts is evidenced by the fact that 75 percent of young African Americans smoke Newport, a brand heavily marketed to this group.

Any discussion of holding children responsible for their addiction to tobacco should only come after or as part of a comprehensive approach, which insures that adults are being held responsible for marketing and selling to children. Therefore, we ask that you oppose this amendment. Thank you.

Sincerely,

MATTHEW L. MYERS,  
President.

Mr. BILBRAY. Mr. Chairman, I yield myself such time as I may consume.

Mr. Chairman, the Lung Association's concern about the sting operations, have been clarified by the legislative council. My bill does not obstruct sting operations or conflict with provisions in the Synar amendment. These objections are misplaced. All I have to say to the gentlewoman from Washington, D.C. (Ms. NORTON), the City of Alexandria, the City of Baltimore had their legislature require them to treat tobacco possession and use by minors as a law. They were not violated by that.

Cities have certain responsibilities, as a mayor I know that, but so do legislatures. We serve as that legislature, like it or not. It is a constitutional obligation and for those of us who have spent a lot of time fighting the tobacco industry and fighting consumption for tobacco, for us to walk away from this opportunity for another year, it shows the hypocrisy of an institution that cannot do its fair share of fighting underage consumption.

Mr. WAXMAN. Mr. Chairman, I rise in opposition to the Bilbray amendment.

For decades the tobacco companies have acted more recklessly and caused more harm than any other industry in America. They lied to the American public. They manipulated nicotine in order to addict. And they deliberately targeted our children.

Yet this Congress has failed to act.

Earlier this year, when the Supreme Court ruled that the Congress has not given the Food and Drug Administration explicit authority to regulate tobacco, the Court recognized that tobacco use "poses perhaps the single most significant threat to public health in the United States." The Court decision placed responsibility to deal with this crisis squarely in Congress' lap.

But since that decision in March, this Congress has done nothing. The Republican leadership has not held a single hearing on the problem nor brought any tobacco reform legislation to the floor.

In fact, the only tobacco legislation we considered was a rider to block the tobacco lawsuit and deny veterans their day in court.

This Congress should pass meaningful tobacco legislation. We should grant the FDA explicit authority to regulate tobacco. We should pass performance standards to give the industry meaningful economic incentives to reduce the number of children that smoke. We should pass a national policy on environmental tobacco smoke and put in place a nationwide public education campaign. Together these measures will succeed in reducing the number of children who smoke and will save millions of lives for generations to come.

The amendment before us today may not do any harm—but there is little evidence it will do any significant good. Public health organizations oppose it. The Campaign for Tobacco-Free Kids says that this amendment will “do little to end tobacco’s grip on the children of D.C.” The American Lung Association states that penalizing children “may adversely affect existing programs that are proven to work.”

This Congress has abandoned any meaningful national effort to regulate tobacco and to reduce tobacco use among our children. Instead, it is now proposing to legislate questionable policy for just one city.

The Mayor and the City Council of D.C. should be given the opportunity to decide what comprehensive tobacco control policies work best for the children of this city. Just this past May, the City Council held a public hearing on the Bilbray amendment and other measures to prohibit youth consumption of tobacco products. They expect to take up the issue when they meet again this fall. We should allow D.C. to continue with its process and decide what tobacco control policies work best for the city—just like thousands of other city councils in the rest of the country.

In considering this amendment, don’t delude yourself and believe that this approach will reduce tobacco use among our children. The reality is that we need to pass comprehensive tobacco control legislation. We bear the responsibility to protect our children and to hold the tobacco companies accountable for their actions.

Mr. BILBRAY. Mr. Chairman, I yield back the balance of my time.

The CHAIRMAN pro tempore (Mr. BARRETT of Nebraska). The question is on the amendment offered by the gentleman from California (Mr. BILBRAY).

The question was taken; and the Chairman pro tempore announced that the ayes appeared to have it.

Mr. BILBRAY. Mr. Chairman, I demand a recorded vote.

The CHAIRMAN pro tempore. Pursuant to the rule, further proceedings on the amendment offered by the gentleman from California (Mr. BILBRAY) will be postponed.

AMENDMENT NO. 4 OFFERED BY MR. TIAHRT

Mr. TIAHRT. Mr. Chairman, I offer an amendment.

The CHAIRMAN pro tempore. The Clerk will designate the amendment.

The text of the amendment is as follows:

Amendment No. 4 offered by Mr. TIAHRT:

At the end of the bill, insert after the last section (preceding the short title) the following new section:

SEC. \_\_\_\_ (a) No person may distribute any needle or syringe for the hypodermic injection

of any illegal drug in any area of the District of Columbia which is within 1000 feet of a public or private day care center, elementary school, vocational school, secondary school, college, junior college, or university, or any public housing project, public swimming pool, park, playground, video arcade, or youth center, or an event sponsored by any such entity.

(b) Whoever violates subsection (a) shall be fined not more than \$500 for each needle or syringe distributed in violation of such subsection.

(c) Notwithstanding any other provision of law, any amount collected by the District of Columbia pursuant to subsection (b) shall be deposited in a separate account of the General Fund of the District of Columbia and used exclusively to carry out (either directly or by contract) drug prevention or treatment programs. For purposes of this subsection, no program of distributing sterile needles or syringes for the hypodermic injection of any illegal drug may be considered a drug prevention or treatment program.

The CHAIRMAN pro tempore. Pursuant to House Resolution 563, the gentleman from Kansas (Mr. TIAHRT) and a Member opposed each will control 5 minutes.

The Chair recognizes the gentleman from Kansas (Mr. TIAHRT).

Mr. TIAHRT. Mr. Chairman, I yield myself such time as I may consume.

The amendment that I am offering gives us a clear choice between protecting the children of the District of Columbia or protecting the drug addicts. The District of Columbia City Council has designated drug free school zones in hopes of protecting the children from drug pushers. Hopefully, it will keep kids from being pressured to take illegal drugs that would cheat them from a bright future.

What this amendment does is take the very same language the District of Columbia City Council has used to protect the children and to extend it to the needle exchange program. We would then have needle-free school zones around the areas where children attend school and play.

Mr. Chairman, now, this is not new language or a new concept. It simply clarifies that the exchange of needles to drug addicts should be kept out of the reach of our children, the same as we have tried to keep drugs out of their reach.

Currently, Prevention Works, a drug needle exchange program here in Washington runs 10 needle exchange sites. Of those sites, six needle exchange sites are located within 1,000 feet of at least one public school. These sites pose a very real threat to our children.

I have a map, Mr. Chairman, that was given to me by the police department here in the District of Columbia, showing the locations of where the drug free school zone applies. Those areas are designated in gray, green and pink. The pins that are pointed out here show the 10 needle exchange sites with the four that would currently not be affected by this amendment, and the six that would be affected by this amendment.

At the corner of 15th and A Street, Northeast location, a member of my

staff found a piece of a needle, across the street from Eastern Senior High School, just a few feet away from where three little girls were jumping rope. I worry that contaminated needles, discarded needles from the needle exchange site may infect children just like these three girls. It is an unnecessary risk for children.

This amendment is designed to protect these girls and all children in the District of Columbia. This is a clear choice, Mr. Chairman. My colleagues can either choose to protect the children or protect the drug addicts. I hope the House will choose to protect the children.

Mr. Chairman, I reserve the balance of my time.

Mr. MORAN of Virginia. Mr. Chairman, I rise to claim the time in opposition.

The CHAIRMAN pro tempore. The gentleman from Virginia (Mr. MORAN) is recognized for 5 minutes in opposition.

Mr. MORAN of Virginia. Mr. Chairman, I yield myself such time as I may consume.

Mr. Chairman, we are adamantly opposed to this. On the face of it, it looks like it might be reasonable, but it is a thousand feet away from every place, every activity where children may be involved, parks, recreation, schools, video arcades. This is a small city. If we take a 1,000 feet around the perimeter of all of these activities, the only place left to conduct this program that has been so effective, has been the most effective way of combatting a scourge that is worse than in any other city in the country, particularly affecting women and children, and that is HIV infection. This is the program that works, but we cannot conduct this program under the Tiahrt amendment, except in the Potomac River, on the White House lawn, at Bolling Air Force Base or at the Old Soldier’s Home, there may be a couple other places, but there are very few, probably the Washington Mall, but there are very, very few places under this amendment that could ever conduct a program.

Effectively what it does is to say, you cannot conduct this program. It is an allegedly clever way to kill a program that works. We are adamantly opposed to it. If this stays in, I will tell my colleagues this bill will be vetoed, because we have a program that works for people who desperately need it to work.

Mr. Chairman, I yield 2 minutes to the gentlewoman from the District of Columbia (Ms. NORTON).

Ms. NORTON. Mr. Chairman, here is more veto bait. This is an attempt by the gentleman from Kansas (Mr. TIAHRT) to do what he could not do last year and to do what he was not even able to do in the Committee on Appropriations, and that is to kill the program. It is a poison bill. It is designed to kill a program that is saving the lives of children, innocent children in the District of Columbia.



Children do find needles, but the gentleman has no evidence that those needles come from the needle exchange program. They come from addicts where there are not, in fact, programs. The gentleman is not expert on how needles infect school children in the District, but the D.C. Police Chief Charles Ramsey does, and I am now quoting him from a letter he wrote the House, "the current needle exchange program is well managed and has an exemplary return rate. I have no reports that indicate that the program has been abused in any way or created serious public policy problems in the District."

I ask Members to listen to our police chief and not the gentleman from Kansas about what should happen in this city. This is a disease that has become a black and brown disease. It is killing African Americans. It is killing minorities. It has moved from gays to people of color.

People of color see this directed against them. They know what saves lives, and those who vote for this amendment are voting to kill men, women, and children in my district. I am asking Members to oppose this amendment and go back to what we have reluctantly accepted, and that is an amendment that is before this House that would leave us with no local funds, no Federal funds, and only a very modest and hardly standing private program that must fish for money wherever it can.

Mr. MORAN of Virginia. Mr. Chairman, I ask unanimous consent that both sides be granted an additional minute.

The CHAIRMAN pro tempore. Is there objection to the request of the gentleman from Virginia?

There was no objection.

Mr. MORAN of Virginia. Mr. Chairman, I yield 1 minute to the gentleman from Massachusetts (Mr. DELAHUNT).

Mr. DELAHUNT. Mr. Chairman, there are plenty of needles within 1000 feet of schools, housing projects and playgrounds. Unfortunately, they are dirty needles and their use is spreading AIDS and promoting drug abuse, but this amendment will do nothing, nothing to change that tragic reality. We are really kidding ourselves if we believe we can stop drug abuse by banning one of the few public health measures that actually makes a difference in the real world.

When I was prosecuting and putting people in jail for drug use, for drug trafficking, I supported local needle exchange efforts because they work. They do not encourage drug abuse, and they do save lives by halting AIDS and other serious diseases transmitted by dirty needles. Serious problems demand serious solutions. Reject this amendment.

Mr. MORAN of Virginia. Mr. Chairman, I yield 1 minute to the gentleman from California (Ms. PELOSI).

Ms. PELOSI. Mr. Chairman, I rise in opposition to the Tiahrt amendment,

because it would interfere with the District's ability to save lives, put very simply, by operating needle exchange programs which have been proven to reduce new HIV infections in this country, especially among children.

Three quarters of new HIV infection in children are a result of injection drug use by a parent. Why would we pass up an opportunity to save a child's life by shutting down programs that work? HIV/AIDS remains the leading cause of death among African Americans ages 25 to 44 in the District.

In spite of these statistics, this amendment attempts to shut down the very program that the local community has established to reduce new HIV infections. This Congress should be supporting decisions that local communities make about their healthcare, not limiting their control.

Mr. Chairman, I would just like to mention a number of organizations, the American Medical Association, the American Public Health Association have concluded that needle exchange programs are effective.

The Surgeon General's Report has said that it found conclusively that needle exchange programs reduce HIV transmission and do not increase drug use. Support local control and oppose the Tiahrt amendment.

Mr. TIAHRT. Mr. Chairman, I yield myself the balance of the time.

Mr. Chairman, this is a clear choice. This is not about the needle exchange program. This is about protecting children. One of the comments that was made by the gentleman from Virginia (Mr. MORAN) was that this will keep the needle exchange program 1,000 feet away from the children from where they are playing; that is exactly the point. We want to protect the children.

The gentlewoman from the District of Columbia (Ms. NORTON) said there is no evidence that these needles come from the needle exchange program. Yet Calvin Fay, the director of the International Scientific and Medical Forum on Drug Abuse says, and I quote, "first, most needle exchange programs are not exchanges at all, but are needle giveaways, since participants rarely exchange a dirty needle for a clean one, which means that the dirty needles remain on the streets."

□ 1145

The only way we can protect the children is to keep these needle exchange programs away from the kids.

Mr. Chairman, my concern is that if this is not passed, and since there is no accounting for needles that are passed out to drug addicts, that they will be available for children to become infected by. While members may disagree on the effectiveness of the needle exchange program, I think we can all agree we do not want these infected needles in our children's midst, near public playgrounds or public pools.

Besides the immediate danger of needles themselves, I worry about the threat to children's safety that needle

exchange programs do when they invite drug pushers and addicts into places where children should be safe.

I also worry the needle exchange program will send the wrong message about drug use to our children. We try to send children an unequivocal message that drugs are wrong and that they can kill you. I worry that if these drug addicts receive needles, rather than condemnation, they will not understand that drugs are wrong.

As our drug czar, Barry McCaffrey, stated: "Above all, we have a responsibility to protect our children from ever falling victim to the false allure of drugs. We do this, first and foremost, by making sure that we send one clear, straightforward message about drugs: they are wrong, and they can kill you."

This amendment is about the safety of our children. It is not about the effectiveness of a needle exchange program. It is a very simple choice. Those who oppose my amendment will argue that the Tiahrt amendment, if adopted, would shut down a needle exchange program in the District of Columbia. This is not true. There still are plenty of sites in the District of Columbia to conduct a needle exchange program.

Mr. Chairman, I ask the House to pass this amendment and protect the children of the District of Columbia, and I hope we will give them a higher priority than we do those who inject illegal drugs into their veins. It is a very simple choice. It is not about the needle exchange program; it is about children. You can choose between protecting the children, or protecting the drug addicts.

(Mrs. MORELLA asked and was given permission to revise and extend her remarks.)

Mrs. MORELLA. Mr. Chairman, I rise to speak against the Tiahrt amendment because I think it is not sound public health policy.

Mr. Chairman, I rise in strong opposition to the Tiahrt amendment which would prevent the exchange of needles within 1000 feet of schools, day care centers, playgrounds, public housing and other areas which are gathering places for children. This amendment, is nothing more than a backdoor approach to prohibit the District of Columbia from using even its own funds for needle exchange programs. The Tiahrt amendment severely limits the physical space in which a needle exchange could operate and is written so broadly that virtually no area in the District of Columbia would be eligible to have a needle exchange program.

Mr. Chairman, a July report found that one in twenty adults in the District of Columbia is currently living with HIV or AIDS. The District of Columbia has the highest rate of new HIV infections of any jurisdiction in the country. From July 1998 to June of 1999, the rate of AIDS cases reported in women was more than nine times the national rate. HIV transmission in the District via intravenous drug use disproportionately affects women and African-Americans. For women, IV drug use is the most prevalent mode of transmission. Ninety-six percent of those infected in D.C., due to IV drug use, are African-Americans.

There are currently more than 113 needle exchange programs operating in 30 states, including my State of Maryland. In 1994, the Baltimore City Health Department established a needle exchange program. The program exchanges sterile for contaminated syringes, as well as provides public health services including referrals to drug abuse treatment, HIV testing and counseling, and tuberculosis screening, testing and treatment. Two years after the program began, 4,756 injection drug users had been enrolled, 603,968 needles had been distributed and 252,293 needles had been removed from circulation. An evaluation of this program has been conducted and no evidence has been found that the program increases crime or encourages drug use among youth. In fact, a June 2000 study published in the *American Journal of Public Health* indicates that the needle exchange program did not increase the number or distribution of discarded needles.

Mr. Chairman, the prohibition on the District's needle exchange program is not based on sound public health policies backed up by scientific evidence, but on politics.

Exhaustive studies funded by the NIH, the CDC as well as the U.S. Surgeon General have all concluded that needle exchange programs, as part of a comprehensive HIV prevention strategy are an effective public health intervention that reduces the transmission of HIV and does not encourage the use of illegal drugs.

The District's Chief of Police, Charles Ramsey, who has been tough on illegal drug use, supports a needle exchange program for the District as a way to reduce the spread of HIV. Additionally, the needle exchange programs are supported by the American Medical Association, the National Academy of Sciences, the American Academy of Pediatrics, the American Bar Association, the American Nurses Association, the American Public Health Association, the Association of State and Territorial Health Officials, the National Black Caucus of State Legislators, the U.S. Conference of Mayors and the U.S. Department of Health and Human Services.

Mr. Chairman, when the District's needle exchange program began in 1997, by using its own funds, through 1999, the number of new HIV/AIDS cases due to intravenous drug uses has fallen more than 65 percent. This represents the most significant decline in new AIDS cases, across all transmission categories, over this time period.

Why reverse this trend? Why accept this amendment which will only continue to spread HIV and intravenous drug users will lose an important gateway to drug treatment programs?

Vote against the Tiahrt amendment.

Mr. MALONEY of Connecticut. Mr. Chairman, our children should be protected from exposure to drug use and be kept safe from the threat of contaminated needles. For that reason, I supported the Tiahrt amendment to the Fiscal Year 2001 District of Columbia Appropriations Act. This amendment is simply a logical extension of the "Drug Free School Zone" legislation, and I urge all of you to support it as well.

The Tiahrt amendment prevents Needle Exchange Programs from existing within 1,000 feet of schools, playgrounds, day care centers, public swimming pools, and other places where children generally play. My colleagues,

by voting for this amendment we are helping to ensure that our children are not exposed to drugs, drug paraphernalia, or unnecessary health risks. Children should not have to face the risk of coming into contact with contaminated needles in the places they learn, live or play.

Simply put, this amendment is about keeping children safe. I voted "yes" on the Tiahrt amendment because "yes" is a vote for the health and safety of our children.

The CHAIRMAN pro tempore (Mr. BARRETT of Nebraska). The question is on the amendment offered by the gentleman from Kansas (Mr. TIAHRT).

The amendment was agreed to.

Mr. MORAN of Virginia. Mr. Chairman, I move to strike the last word. I believe that the gentleman from Oklahoma (Mr. ISTOOK) and I will each take 5 minutes to summarize the vote on the underlying bill before us.

Mr. Chairman, we are going to urge those who believe in home rule for the District and recognize the kind of economic and social progress that has been achieved in the District of Columbia to vote no on this appropriations bill.

We had an opportunity to have a bill that would have sailed through conference with the Senate and would have been signed by the President. It would have been taken care of. We have got 11 appropriations bills, most of which, if not all of which, are likely to get vetoed now. Only defense and military construction have been signed. This is one that should be signed. The District of Columbia needs its money, it needs it now, and all we would do if we had the opportunity is to ask, let us pass the Senate bill.

Now, what is the difference? In the Senate bill we restore \$17 million to New York Avenue Metro station. They cannot begin that Metro station, which is a desperately needed economic development initiative, unless they have the full \$25 million. All the money has to be identified. The private sector says they will put up \$25 million, the city will put up \$25 million, they budgeted for it, all we have to put up is our own \$25 million and then we can go forward. This does not do that. This short-changes economic development.

We need \$3 million for those seniors in high school in D.C. to make the College Tuition Access Program available to everyone in a fair manner. The Mayor has asked for this money. \$3 million should be included.

We need \$3 million for Poplar Point remediation, a brownfield site. There is \$10 million in the budget, the city needs \$10 million, we only ask for \$3 million. Those are the kinds of things we ask for, plus the Tiahrt amendment, which negates a program which is working and is desperately needed in the city.

We are not asking for much. We ought to get it, get the bill signed. Why we have to go through all these motions that are so destructive and such a waste of time is beyond me.

Mr. Chairman, I yield to the gentleman from Wisconsin (Mr. OBEY), the

ranking member of the full Committee on Appropriations, to put this bill in context. Could I ask how much time is remaining?

Mr. OBEY. Mr. Chairman, I thought that at least on this bill we would reach a compromise between the two parties. The gentleman from Virginia (Mr. MORAN) has described the compromise which he offered the majority party. Once again, it is my understanding that that compromise was turned down by the majority whip, or those in his office, who evidently prefer to try to pass a bill totally in the Republican image. I find that unfortunate. Two and one-half weeks before the end of the fiscal year, we ought to be looking for ways that we can agree. Instead, apparently, people are finding new ways to rehash old arguments.

Surely this fits the pattern which has been going on all year, where the Committee on Appropriations explores a compromise, but then the majority leadership says no, and gives orders to pass the bill on the Republican side alone. That results in presidential vetoes; it gets no one anywhere near a closure.

With less than 3 weeks to go, this is not the way we ought to be going. I am sorry that the majority prefers to go this way, in light of the compromise offer of the gentleman from Virginia (Mr. MORAN). We could have taken either the package of the gentleman from Virginia (Mr. MORAN) or the Senate bill and had a perfectly reasonable compromise, but evidently we are not going to do that. So I very regrettably am going to urge a no vote on the bill.

Mr. MORAN of Virginia. Mr. Chairman, reclaiming my time, we have the opportunity to do the right thing. Vote no on this bill. Then we can get a bill that is acceptable to the Senate, to the White House, and, most importantly, to the citizens of the District of Columbia. We owe them that.

The citizens have elected a good mayor, they have got a good D.C. City Council, they are making progress, economic and social progress. They are not asking for much. They are asking that their kids have a chance to go to college and make it affordable. They are asking that we put up one-third of the cost of a Metro station that is desperately needed on the New York Avenue corridor. They are asking to clean up some of their brownfield sites. We have the money to do it. Let us do it. Do the right thing; vote no on the bill.

Mr. ISTOOK. Mr. Chairman, I move to strike the last word.

Mr. Chairman, in closing debate on this bill, first I want to take the opportunity to thank the staff who have worked so hard on this: John Albaugh of my personal staff and the Committee on Appropriations; Chris Stanley, a Congressional Fellow who has been assisting in our office from the U.S. Secret Service; Mary Porter, who is detailed to us from the District Government, and I will say more about her in a moment; the committee staff for



the majority, Migo Miconi; the committee staff for the minority, Tom Forhan; and from the personal staff of the gentleman from Virginia (Mr. MORAN), Tim Aiken.

Each of them has put in untold hours of hard work and effort to help bring this bill to the floor, and regardless of where we may stand on different issues, I want to express my appreciation to all of them.

In regard to Mary Porter, this Fall she is retiring after 40 years of dedicated service to the District government and to our Committee. She came to the Washington area from Tennessee, worked for an insurance company until 1960 when she went to work for the District Government, and, for the last 40 years has been assisting through the Mayor's office and then on loan to Congress to follow the budget through with the city council, with the Congress, the House, the Senate, and is the undisputed expert of so many things.

So, Mary, on behalf of all the subcommittee and the Members, we appreciate your many years of hard effort. I do not know how we could tackle the technical problems we have to face, were it not for your efforts. We appreciate you and we want to thank you.

Mr. Chairman, as I stated earlier, Mary Porter has provided more than 40 years of dedicated service to the District of Columbia government and to our Committee. That is an absolutely remarkable achievement—in fact, it is almost unbelievable. For all of those years, Mary has been with the Mayor's office where the budget is prepared. She follows the budget to the Council, and then she comes to Congress and follows it through the House, the Senate and finally the House/Senate conference. She is the technical expert and without question the single most knowledgeable person at any level when it comes to all aspects of the District's budget. In every organization or office there is one person who keeps everything together and running smoothly and who knows not only what needs to be done but also what it takes to get it done. Mary Porter is that person when it comes to the District government's budget. Her technical expertise, knowledge and temperament in putting the bill and report together cannot be matched. Many times Mary has worked 18-hour days and weekends but she was always back on the job bright and early. Mary has always set high standards that others find difficult to attain.

Mary came to the District of Columbia from a little town called Deer Lodge in Tennessee in May 1954 just out of high school and found her first job with the Equitable Life Insurance Company. She worked there until the birth of her first child in 1960 when she went to work in the District government's budget office. Back then the District's total budget was \$196 million; today 40 years later it is \$3.3 billion, a 1,584 percent increase over what it was when she started. I don't believe we can blame Mary for that phenomenal increase. Mary also witnessed the evolution of the governmental structure of the District of Columbia from a three-member Presidentially-appointed commission to a single appointed mayor-commissioner with appointed city council members to an elected mayor and city council form of

government. I'm sure she could tell us first hand which form of government was the most efficient and effective in delivering services, but we will not ask her.

Mr. Chairman, there is only one Member of this House who was here when Mary first started working for the District government back in July 1960, and he is the Dean of the House. She has assisted the Committee under seven Committee Chairmen: Chairman Clarence Cannon of Missouri, Chairman Mahon, Chairman Whitten, Chairman Natcher, Chairman OBEY, Chairman Livingston, and now Chairman YOUNG. On the District of Columbia Subcommittee, she has served under Chairman Rabaut, Chairman Natcher, Chairman WILSON, Chairman DIXON, Chairman WALSH, Chairman TAYLOR, and now during my tenure. Mr. Chairman, I can attest to the fact that she is a "professional" in every sense of the word and has served chairmen and members of our subcommittee of both parties equally, providing them with her best advice and technical support.

Mr. Chairman, Mary is not one dimensional. Although she has been employed for the last 46 years, she and her husband Al have managed to raise a wonderful family. Their four children, Harvey, Lorne, Vance, and Vera are successful in their own right.

Mary, I know that I speak for the entire subcommittee and for this entire House in wishing you well in your retirement. Your 40 years with the District of Columbia government and your professionalism are a credit to our subcommittee, to the Committee and to the Congress. You are truly a remarkable person.

We all thank you very much.

Mr. MORAN of Virginia. Mr. Chairman, will the gentleman yield?

Mr. ISTOOK. I yield to the gentleman from Virginia.

Mr. MORAN of Virginia. Mr. Chairman, that was very gracious of you to recognize the personnel that make this bill work. I should have done it. I appreciate the fact that you did it on both sides of the aisle.

I do not know what Migo Miconi is going to do without Mary Porter, but she is going to be able to spend more time in my congressional district, I trust. She has been wonderful, invaluable, and, more importantly than what Migo is going to do without her, I do not know what the Congress is going to do without her and what the citizens of the District of Columbia are going to do without her. She is a great public servant and we thank her for the great job she has done and wish her many years of health and happiness in her retirement. I appreciate the fact that the gentleman recognized her.

Mr. ISTOOK. MR. Chairman, to address the bill, I ask unanimous consent that I be granted an additional 2 minutes.

The CHAIRMAN pro tempore. Is there objection to the request of the gentleman from Oklahoma?

There was no objection.

Mr. ISTOOK. Mr. Chairman, it is important that we address the bill itself. I heard the gentleman from Virginia (Mr. MORAN) say "Let's pass the Senate bill." Well, there is no Senate bill. The Senate is just beginning their work.

The House receives from its Budget Committee an allocation for the District, the Senate receives from its Budget Committee an allocation. There is a difference.

I think what the gentleman is referring to is that the Senate Subcommittee on the District of Columbia has been granted \$30 million more by the Senate Budget Committee than the House Subcommittee has received from its Budget Committee, and the gentleman wants that additional money. Maybe when we get to conference, some of that additional money will be added and we will have the ability to do some things the gentleman wants to do.

But the whole tenor of comments, Mr. Chairman, to say, "oh, you are not doing this for the District and you are not doing that for the District," my goodness, what is the District not doing for itself?

This bill has \$414 million in direct Federal appropriations for the Government of the District of Columbia, and that is on top of the \$1.5 billion they receive from all the Federal programs in which they already participate that other communities around the country are able to participate in. This \$414 million is on top of that \$1.5 billion and it's given to the city to run their prisons, to run their court system, to run their probation and parole system.

On top of that, we have these other things, but they say it is not enough, it is not enough, it is not enough. Why? Because they say "well, we want another \$17 million for the subway project, we want another \$3 million for Poplar Point, we want another \$3 million for education."

Let me suggest, Mr. Chairman, that if the District were more diligent in conducting its duties, they would not have these problems. We have the D.C. General Hospital that this Congress has been telling the District for years you have got to get on top of that. They give a \$45 million a year annual subsidy to it, and, on top of that, they have been running a deficit of \$35 million a year for the last 3 years.

If they want to have that money, then the District ought to stop the feather bedding, the cronyism and the mismanagement at D.C. General Hospital. It is long overdue. Some people are trying to do it now, and I applaud them for it, but some others in the District are saying slow down, do not do it.

If the District wants money for these projects, why do they not get serious about internal reform? Why do they not take a look at the \$20 million that was spent on a payroll system that they have said they now have to scrap because of their incompetence in trying to get things done right? There is money, if you want to have it, for some other use.

Why do they not take the \$32 million in other reform efforts that are now in jeopardy? Why do they not look at these things, at this waste, rather than

just saying whatever you are doing Congress, it is never enough, it is never enough.

But the money they say they want for that New York Avenue Metro station, which is attracting private development money too, that money is in the bill. The \$25 million they want for it is in the bill. Their objection is saying, "oh, wait a minute, but \$18 million is coming out of this interest-bearing account held by the Control Board that is under the direction of Congress, and we want you to get it from some other account instead." Why? Because the Control Board in its last year of operation wants to double its own budget and wants to give golden parachutes to its people, instead of having that money go to the Metro station at New York Avenue.

Do not put the bug on Congress for mismanagement by the District of Columbia. There are many people working hard to correct that mismanagement and abuse, and I applaud those officials, but accept responsibility for the problems that the District brings upon itself, and do not try to shift the blame and say it is because Congress has failed to do enough.

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Yet, we do have funds in here for the unique program that started last year to enable kids from the District of Columbia to go to college since the District does not have a State system of colleges. We have the money in here for that program. We have every penny that all estimates say are needed for the program and then some. But they still say, we want more, no matter what it is, we want more, we want more.

We have the money in here for the program of drug testing and drug treatment to a greater extent than anyplace else in the Nation, and yet, they say it is not enough. That program is Federally funded. We have not done that for Detroit, we have not done it for Cincinnati, we have not done it for Minneapolis or Phoenix or many other cities that say, we would like to have some help too. It is about time that some people in the District recognize what this Congress has done to fulfill its responsibility toward the Nation's Capital, what the people in America have supported for the Nation's Capital, and start working together instead of constantly just griping that it is never enough, no matter what we do.

We have gone above and beyond, and when we get to conference we may find that we have the ability to get a little more money to do even more. But for goodness sakes, to hear people say "vote against this bill because we are not doing enough for the District of Columbia" is nonsense. It is spin, and it is about time people got called on that spin.

Mr. Chairman, this is a good, solid, responsible bill. It moves reform in the District of Columbia, it requires accountability, it puts a stop to this end-

less drain by D.C. General Hospital that if left unchecked will take the city back into insolvency. It requires strengthening of the charter schools which education bureaucrats are trying to strangle right now, even as parents are saying, "I want my kids in this charter school because it is a public school that gives them an opportunity instead of being trapped in a dead end, nonperforming, dangerous school," as many of them are now stuck in.

Mr. Chairman, this bill is a bill to take care of the needs of the District of Columbia, to move along reform in the District of Columbia, and to promote responsibility and futures of hope, growth and opportunity.

Mr. Chairman, I would like to include in the RECORD an article on mismanagement and other serious problems, including what some might consider medical malpractice, at DC General Hospital. The article was the cover story in the August 18, 2000 edition of the Washington City Paper.

[From the Washington City Paper, Aug. 18-24, 2000]

FIRST, DO NO HARM  
(By Stephanie Mencimer)

When some D.C. General Hospital doctors talk about putting patients first, they're not being Hippocratic. They're being hypocritical.

About a year and a half ago, an inmate from the D.C. Department of Corrections came to D.C. General Hospital for hernia surgery. He hadn't seen his surgeon, Dr. Norma Smalls, in at least a month. But when the man arrived for his procedure, Smalls didn't do a fresh pre-op physical exam—a step that most surgeons regard as routine. Instead, according to former Chief Medical Officer Ronald David and three other hospital sources, Smalls just had the man put under anesthesia and then cut him open—on the wrong side of his body.

Finding no hernia, David says, Smalls walked out of the operating room, wrote some notes in the charges, and then looked over the medical records. Realizing her mistake, Smalls had her patient anesthetized once more and cut him open again.

Fortunately, the patient recovered. Still, such a "sentinel event," as a blunder like wrong-side surgery is known in the hospital business, is a very big deal, as serious a hospital disaster as an abducted baby or a rape by a staff member. The reason, of course, is that the kind of mistakes that lead to wrong-side hernia operations can lead to amputating the wrong leg or removing a healthy kidney.

If D.C. General were a normal hospital, Smalls' blunder would have come under intense scrutiny. The Joint Commission on the Accreditation of Healthcare Organizations (JCAHO) requires hospital medical staff to conduct a "root-cause analysis" of any wrong-side surgery and to implement an action plan to prevent such incidents from recurring. A hospital's accreditation is partly based on how its medical staff handles sentinel events.

Initially, though, the medical staff wasn't even planning to investigate Smalls' wrong-side surgery, according to David. When pressed by the administration, a committee made up of the chief of surgery, the chief of anesthesiology, and the head of the nursing staff eventually did review each department's role in the case. The nursing administration promptly fired a nurse who was found to be partially culpable. The doctors, however, found no problem with Smalls' per-

formance in the operating room. Dr. Richard Holt, the hospital's chief of surgery, would not comment on the case.

Smalls declined to discuss the surgery other than to say, "I am a physician and citizen of high ethical standards," and that the JCAHO, the hospital accrediting body, was satisfied with the hospital's review process. "I have reams of documentation to show how well that was done," she says.

Nonetheless, the story of Smalls' surgical mistake spread through the hospital like a staph infection, raising eyebrows among nurses and other technical staff members who had heard constant rumors about her competency, according to several hospital sources. But that didn't stop the physicians from later electing Smalls as president of the D.C. General medical/dental staff. And today, she is head of quality assurance for the hospital's department of surgery.

Smalls and some of her colleagues on the D.C. General medical staff have been among the loudest voices complaining about the many problems ailing the District's only public hospital. They have taken their complaints about the hospital administration to the mayor, to the D.C. Council, and directly to Congress. They have demanded the ouster of former CEO John Fairman and even summoned various investigative agencies to scrutinize the hospital, which has run up \$109 million in budget overruns and is at risk of being closed down completely.

Patients themselves are deserting the hospital in droves: More than 90 percent of Medicaid patients and 97 percent of Medicare patients now go to other, private D.C. hospitals, as do two-thirds of the city's 80,000 uninsured residents, according to D.C. Department of Health figures.

Yet during all the recent debate over the future of the city's ailing public health system, few people have ever stopped to ask whether Smalls and some of her medical colleagues might themselves be part of the problem.

For years, the medical staff has eluded the demands for accountability that have slowly started to take hold in other parts of D.C. government. Instead, the doctors have successfully portrayed themselves as the lone champions of health care for the poor, which is the one thing that D.C. General inarguably dispenses.

Yet internal memos from the D.C. Health and Hospitals Public Benefit Corp. (PBC), the body that oversees the public hospital and its clinics, show that far from improving patient care, Smalls and some of the elected leadership of the medical staff have fought to overturn disciplinary actions against poorly performing physicians and defend doctors' shoddy work habits. Even as they have complained about the quality of the nursing staff and hospital administrators, many of the physicians have fought off requirements to update their own skills, see more patients, and otherwise raise the standards of D.C. public health care. Moreover, past and present hospital administrators say that a vocal minority of those same doctors have played a key role in obstructing the very reforms that might put the PBC on better financial footing.

Deairich Hunter is the PBC's former chief of staff and a former staff member for Ward 8 Councilmember Sandy Allen, chair of the Health and Human Services Committee, which oversees the PBC. When he worked for the council, Hunter spent much of his time trying to save D.C. General. When he came to work for the PBC last year, though, he says, "I started to wonder what it was that I was saving."

To be sure, many of the 170 doctors who work for the PBC are devoted professionals who have a real commitment to public

health care and labor under difficult circumstances. But then there are the others: the twice-bankrupt, many-times-sued OB-GYN and the former chief of trauma who allegedly saw only eight patients in a month, despite being paid for full-time work.

The city's doctors are emboldened by the same civil-service protections that make all D.C. government employees nearly impossible to fire, and they are largely immune from outside accreditation investigators, who evaluate hospital procedures, not physician competency. Duly insulated, the PBC's doctors have successfully chased out reform-minded administrators who have attempted to rein them in. "Using a good offense as their best defense, the medical staff has avoided accountability for years," says one hospital administrator, who wishes to remain anonymous.

The bureaucrats' attack on reformers is a time-honored D.C. government tradition. Such behavior has made city agencies like the Department of Motor Vehicles merely infuriating, but in a hospital, the consequences can be deadly. It's no surprise that even as D.C. councilmembers go to bat for the jobs of city doctors, the poorest city residents are taking their business elsewhere.

Last August, D.C. General OB-GYN John S. Selden III featured prominently in a front-page story in the *New York Times* about racial disparities among women who die in childbirth. "Most obstetricians are afraid to talk about losing patients," the story read. "But the doctors at D.C. General are surprisingly direct. Dr. John S. Selden, who has worked at the hospital on and off for the last 13 years, told of a death that occurred just a few months ago." The woman Selden described died on the operating table, moments after a Caesarean section at D.C. General.

Selden was something of an odd choice for the hospital to offer up as a national expert. Had the *Times* interviewed some of his former patients, the paper might have discovered that Selden has a somewhat blemished record as a physician. But his story helps illustrate why some doctors at D.C. General are often so militant about protecting their jobs.

In the past 20 years, Selden has been sued at least six times, racking up some huge settlements. In 1984, Selden treated a pregnant woman named Vanessa Black who had come to Greater Southeast Community Hospital suffering from vaginal bleeding. Selden discharged her the next day with instructions for strict bed rest, without determining whether it was safe for her to move. Black was still spotting, and a day later, she went into labor, had a emergency C-section because of hemorrhaging, and delivered a brain-damaged baby. In 1993, Greater Southeast settled a suit filed by Black's family for \$1.3 million.

Another case is currently pending, filed by Cherif Abraham Haidara, alleging that during a 1997 delivery at D.C. General, Selden caused traumatic nerve injury to her baby's arm, rendering the arm useless. In this case, the family isn't likely to get a dime if it prevails in court, because Selden has no assets to speak of, having filed for bankruptcy protection twice in the past 15 years. And at the time of Haidara's delivery, he had no malpractice insurance.

Ordinarily, as a city employee, Selden wouldn't have needed malpractice insurance, because he would have been insured by the District. But Selden was working at D.C. General on a contract with the Medical Services Group, a private practice consisting of several OB-GYNs who had retired from D.C. General in 1995 and had immediately gotten a \$2.9 million emergency contract from the hospital. The contract allowed the doctors to earn significantly more than they would

have as hospital employees. After the Office of the D.C. Auditor criticized the contract for various improprieties, the hospital canceled it in 1997.

D.C. General provided most of the group's clients, so when it canceled the contract, the practice shut down. During that last year, when Haidara's baby was born, the Medical Services Group doctors were carrying no malpractice insurance. They blamed the city, which they claimed was supposed to pay for the insurance. (The doctors are currently suing the District over the issue.)

According to his deposition in the Haidara case, Selden remained unemployed for about a year after his practice collapsed, and he eventually filed for bankruptcy protection. Later, he went to work for Planned Parenthood for about six months before D.C. General rehired him in March of last year.

Selden could not be reached for comment. Given Selden's history, it might seem strange that D.C. General would be eager to have him back. But thanks to city pay-scale restrictions, the hospital is fairly desperate for specialists like OB-GYNs, whom it needs to maintain its accreditation. D.C. law bars city employees from making more than the mayor's salary, which for most of the 1990s was about \$90,000. The going salary for an OB-GYN in the private sector is nearly \$300,000. (The mayor's salary has since gone up, to about \$120,000, but doctors' salaries have remained capped at \$99,000.)

Lawrence Johnson, the medical director at D.C. General for 15 years until 1997, says the salary cap has always been problematic in keeping the hospital staffed up. "We couldn't keep a full-time specialist in some cases," he says, adding that the hospital has always relied on a patchwork quilt of coverage. "It's not the kind of arrangement that lends itself to building stability."

The PBC's poor pay—among the worst in the nation—combined with difficult working conditions and old-fashioned crony politics has helped make D.C. General a virtual dumping ground for troubled doctors. Alongside doctors like Selden, the hospital employs physicians who have left other troubled city facilities, like the D.C. Jail and the old city-run nursing home, D.C. Village, which was closed after a suit by the Justice Department, following the deaths of more than 30 residents from poor medical care.

Another of the hospital's former medical directors is Dr. William Hall, former Mayor Marion S. Barry Jr.'s longtime eye doctor, who was the medical director of the D.C. Department of Corrections when the jail medical services landed in receivership for abysmal treatment of inmates in 1995. A federal judge seized control of the services shortly after an inmate with AIDS died while tied to a wheelchair, where he has sat in his own feces, neglected, for several days. Hall went on to do a brief stint as D.C. General's medical director and is still employed at the hospital as an ophthalmologist.

Conventional wisdom holds that the trauma surgeons at D.C. General are among the hospital's best doctors, because of their experience in handling life-threatening gunshot wounds and other medical crises. Despite their reputation, though, no data exist to prove whether D.C. General trauma surgeons are any better than, say, Washington Hospital Center's. And there's some evidence to suggest that they might be worse.

In 1995, an ambulance transported a transgendered man, Tyrone Michael (aka Tyra) Hunter, to the emergency room at D.C. General, where he later died after doctors failed to drain blood that had pooled near his heart, according to a lawsuit filed by Hunter's mother, Margie Hunter. Her lawyer, Richard Silber, learned during the litigation that Joseph Bastien, the trauma surgeon

who had treated Hunter in the emergency room, had flunked his surgical board exams three times and was not certified as a surgeon.

In fact, out of the eight attending physicians in the trauma unit at the time, five were not board-certified, including the unit's acting chief, Dr. Paul Oriaifo. (Two of those noncertified doctors still work at the hospital.) In 1998, a jury awarded Margie Hunter \$2.3 million, and the city last week settled the case for \$1.75 million.

Silber says he was astonished at the poor qualifications of some of the trauma surgeons at D.C. General. "There are terrific public hospitals in this country. Just because they are public doesn't mean they have to have incompetent care," he notes.

It's 8:30 a.m. on Wednesday, July 5, and already the D.C. General orthopedic clinic is full of people on crutches or in wheelchairs, or sporting casts, slings, or metal staples in their knees. A man in a wheelchair with a full head rack and pins keeping his neck straight closes his eyes and exhales slowly. Almost 50 people have arrived in the basement of the hospital. Kenneth Reid, here for his broken knee, knows he's in for a long wait.

"Last time I was here, I had a 9 a.m. appointment, and I didn't get done until 4," Reid says.

The clinic is open only on Mondays and Wednesdays, and the staff schedules patients for appointments between 8 a.m. and 10:30 a.m. Even then, it's first come, first served. So people line up early and then hunker down in front of the TV. With luck, they'll get their blood pressure taken by the time Bob Barker wraps up *The Price Is Right*. If you feel really bad, Reid says, you can go to the emergency room.

Or you can employ Monica Parker's strategy: the fake faint. Parker, who recently broke both her legs, says she once got so tired of waiting that she staged a collapse on the way to the ladies' room. "I got right in," she says with a laugh. "You got to fall out right where everyone can see."

An elderly man who gives his name only as Oscar, who has been waiting almost a year for surgery on his hip, knows the system pretty well. "The whole thing is not to have the doctors waiting to see the patients," he explains.

There's no chance any doctors will be waiting today. Medical residents doing training as part of the Howard University Medical School do most of the work here, but they haven't arrived yet. That's because on Wednesday mornings, the residents have to attend a meeting at Howard University Hospital. They usually don't show up at the clinic until 10 a.m., even though patients have been sitting here for two hours by then. And as for the staff doctors, well, none of the patients seem to know when they get in.

Oscar says the attending physicians alternate covering the clinic because most of them also work somewhere else. Elaborating some common hospital folklore, Oscar explains confidently, "The hospital can't afford to pay doctors for 40 hours a week." The hospital does in fact pay the clinic's attending physicians almost \$100,000 annually for full-time work, but conversations with other patients make it easy to see how Oscar came to that conclusion.

While dozens of patients watch Maury Povich berating moms for dressing so sexy that they embarrass their children, a woman in a bright-red dress and heels storms out of the clinic door, cursing the people behind Booth 2. She comes back later and throws herself into a chair. "I had three appointments. They made me come in. The doctor wasn't here," fumes Mary E. Muschette. "This is the fourth appointment. One day I

was here at 7:30 and left at 3 after I found out that they had discharged me without seeing me. I've made this appointment since April for a jammed finger. Every time I've been here, no doctor." Muschette says she is supposed to see a specialist, but adds, "He's never here. If I had a job and did that, I'd be in trouble."

Muschette's furious tirade is more entertaining than Povich, and it sets off a round of complaints and affirmations from the other patients. "I never see the doctor who signs the prescriptions," Parker says, "I've only seen him once, and that was at Howard. He is on all my paperwork, though."

Dr. Easton Manderson, the chief of orthopedics, is himself the subject of patient complaints about scheduling. An inmate at Lorton, David Spencer, is currently suing Manderson in federal court for allegedly bumping him off the surgical schedule for more than a year, delaying a bone graft on his arm and, he says, causing partial paralysis. Spencer filed the suit pro se, but a federal judge believed Spencer had a strong enough complaint that he took the unusual step of appointing a lawyer to represent Spencer.

But Manderson is a busy man. Along with his full-time job at D.C. General, he also has two private practices. On Tuesdays, Wednesdays, Fridays, and some Saturdays, he works at his Providence Hospital office. Then, on Tuesdays after 5 p.m., he works at his Eastern Avenue office in Maryland. Yet Manderson managed to collect \$23,866 in overtime at D.C. General last year, according to documents provided by the PBC.

Manderson disputes this figure, and in a letter to the Washington City Paper, he said he spends only 12 of the 72 hours he works each week at his private office.

"I perform more surgery and see more patients than any other surgeon at D.C. General," Manderson said in his letter.

Moonlighting by full-time PBC doctors is a common practice, which the doctors justify because of their low salaries, and there's no rule against it. But the doctors are still expected to fulfill their duties for the PBC. It's clear from the stories at the orthopedic clinic, however, that the hospital is not getting its money's worth from some of its physicians.

The experience of the orthopedic patients was backed up in a recent review by Cambio Health Solutions, a consulting firm brought in by the PBC to analyze the hospital's management problems. Cambio found that doctors' overtime billing was based on the honor system and that the PBC had no system to document how much time doctors actually worked on behalf of the PBC. "Productivity standards are not existent," the consultants wrote. An operational review found that clinics failed to start on time because most of the physicians had practices in other parts of the District.

Absentee doctors are problematic for a variety of reasons. Medical residents, because of their junior status, can't sign any of the paperwork needed for billing, so patients routinely leave their charts with a physician's assistant whose job it is to track down the attending doctors for their signatures. As the paperwork stacks up, patients are often left waiting for weeks to get disability claims filed, for instance. Or, as happened in Oscar's case, the signature problem can delay treatment.

Oscar says that every time he comes in to the clinic, staffers treat him like a new patient and repeat the same tests, because they can't find his medical records. The doctors' failure to keep up on the paperwork also takes a financial toll on the hospital itself, because it can't bill for services unless physicians document them—a problem highlighted by consultants from Cambio.

For years, the PBC doctors have gotten away with such poor performance because they could count on their patients to keep quiet. Parker, for example, says that even though she usually plans to wait between five and 12 hours whenever she comes to the clinic, it would never occur to her to complain to hospital officials. "I'm not going to cuss you out about not getting what I pay for when I'm not paying anything," she says. Besides, she adds, "Nobody else will take me."

When she broke her legs—she tripped in the grass while walking in high heels—Parker says she was taken to Howard. But when the hospital discovered she didn't have insurance, it sent her by ambulance to D.C. General. "If I could go somewhere else, I would," she says.

For years, D.C. General patients have told horror stories about being unwittingly operated on by what they call "ghost doctors"—unsupervised residents who have not yet completed their medical training. In a place where such legends are as common as bedpans, most malpractice lawyers and others who regularly heard the stories never quite believed them. But Debra Burton says that, in her case at least, not only is the legend true, she can prove it.

In November 1992, Burton saw Manderson, the orthopedic surgeon, at Providence Hospital on a referral from a doctor at Howard University Hospital, who believed she needed surgery to have a bone spur removed from her foot. Burton says she saw Manderson for "about five minutes." She says he agreed to do the surgery but told her she had to have it done at D.C. General. So on Jan. 21, 1993, Burton checked into D.C. General, gave her Medicaid information, and was headed for the operating room when, she says, residents told her that Manderson wasn't at the hospital but was on his way.

Burton had the surgery, but she never did see Manderson. A few months later, she was still in excruciating pain. After several more visits to other doctors, Burton learned several startling facts: A nerve had been cut in her foot, but the bone spur was still here. And, most troubling, Burton says, she learned that Manderson hadn't actually performed—or supervised—the surgery as promised. Instead, she had been operated on by a couple of residents—doctors in training.

Burton has been disabled by the pain and unable to work ever since. She had hoped to file a malpractice suit, but she says her lawyer botched the case, and she eventually reported him to legal disciplinary authorities. She didn't give up, though. Burton has been on a mission ever since to find some justice, and she has collected an assortment of documentation about her case.

Among her papers is a 1997 letter Manderson wrote to the D.C. Board of Medicine in response to a complaint Burton filed against him. In the letter, Manderson claims he never told Burton he would take her as a private patient, but that "I would arrange to have her surgery done at D.C. General." However, Manderson's name appears on all Burton's D.C. General records as the admitting and attending physician, and her admission and consent form states that she agreed to surgery that would either be performed or supervised by Easton Manderson.

Ronald David, the hospital's former chief medical officer, says that at D.C. General, attending physicians of record are expected to be responsible for their patients before, during, and after surgery—guidelines also specified by the American College of Surgeons.

In his letter to the medical board, Manderson maintains that even if he had agreed to do the surgery, he was not required to be in the operating room when residents were operating. He repeated this claim in his

letter to the City Paper. In fact, in 1995, two years after Burton's surgery, D.C. General almost lost its Medicaid accreditation for, among other things, allowing residents to operate unsupervised, according to reports in the Washington Post. And David says, "If he is the attending of record, he was supposed to be there." Nevertheless, the board of medicine dismissed the complaint without any further investigation.

When she discovered that Manderson had billed Medicaid for part of the procedure, Burton filed a complaint with the city. Doctors at D.C. General are salaried employees and may not bill Medicaid individually for services they provide there; Medicaid pays the hospital directly. But Manderson and another doctor whom Burton claims she never saw both billed and were paid for services related to her surgery. In 1998, according to a letter sent to Burton in response to her complaint, the Medicaid office sought to recoup the money for what it called "erroneous billing." No investigation was ever launched. PBC officials declined any comment on Manderson's practice at D.C. General.

On Jan. 15, 1998, 93-year-old Ernest Higgins ran a stop sign at 10th and Constitution NE and was hit by a truck. He was admitted to D.C. General by trauma surgeon Dr. Chinwe Agugua suffering from some swelling on the side of his neck, but otherwise, he didn't have any other obvious injuries. The hospital kept him overnight for observation, and the next morning a nurse called Higgins' son, Daniel Higgins, and told him to come to take his father home.

The lifelong Washingtonian and former auto-parts store owner had been active for his advanced age, and his medical records even noted that he lived alone in a two-story house at 18th and Franklin Streets NE and was fully able to care for himself. But before Ernest Higgins was discharged, a nurse had to carry him to the bathroom.

"I thought this was odd, since the day before, he had been driving," says Daniel Higgins. As it turned out, his father couldn't walk, but no one at the hospital seemed to think this was unusual, so Higgins took him home. "I checked on him after [The Tonight Show], and he was sleeping. The next morning when I got up, he had passed away," he says. An autopsy revealed that the elder Higgins had suffered two broken vertebrae in his neck and had died from a major spinal-cord injury.

The Higgins family decided to pursue legal action against the hospital. They went to three different lawyers before the last one told them—wrongly—that they would never be able to collect any money from the broke D.C. government, and in any event, because Ernest Higgins had been so old, there wouldn't be much in the way of damages to recover. Before they had a chance to pursue the case further, the statute of limitations for filing a suit ran out. Still, Higgins' granddaughter continued to demand that the PBC investigate the handling of the case, but she never got an answer. Dr. Richard Holt, who had been Higgins' attending physician, said last month in an interview that he did not remember Higgins.

Doctors who work for the PBC are protected by civil service rules and the hospital's peer review committees. As the Higgins case demonstrates, they are also largely insulated from scrutiny by the most effective, if de facto, medical regulators: malpractice attorneys.

Higgins' claim was one of 17 notices sent to the District government since January 1998 declaring intentions to sue the hospital for wrongful deaths. Of those, 12 cases never went to court, including the Higgins case. Some were denied because the potential plaintiff failed to adhere to the strict filing

timetable required under D.C. law. Anyone intending to sue D.C. General must notify the city within six months of the alleged malpractice. A lawsuit in a wrongful-death case must then be filed within a year; other malpractice cases must be filed within three years.

Diane Littlepage, a malpractice attorney in Baltimore who has successfully sued D.C. General, says that very few people are able to make the six-month deadline, which doesn't exist for private hospitals. In addition, attorneys generally don't regard D.C. General patients as attractive clients. That's because wrongful-death awards are based on the value of a person's life, which a civil suit reduces to a cold calculus of economic activity and life expectancy. If a patient was poor or unemployed, or had any kind of lifestyle issues that might shorten life span, such as criminal activity or drug abuse—all common issues with many D.C. General patients—that patient's life doesn't add up to much in a lawsuit.

Malpractice cases are also extremely costly to litigate, so lawyers who do take them pick up only clients whose potential awards will more than cover the costs of trying the case. Bill Lightfoot, a prominent malpractice attorney and former D.C. councilmember, says he routinely spends \$50,000 to \$100,000 to litigate a wrongful-death case.

Because of the lawyers' informal vetting system, when malpractice suits do go forward against doctors at D.C. General, they are fairly serious. Here are a few recent examples:

Tammara Kilgore, 22, arrived at D.C. General on April 26, 1998, suffering from nausea, fever, and highly abnormal liver functions. Doctors allegedly diagnosed Kilgore with a urinary-tract infection—without performing a urinalysis—gave her some antibiotics, and sent her home, according to the suit filed by her family. Kilgore died a few days later from liver failure stemming from hepatitis.

Darryl Kelley, 19, arrived at D.C. General suffering from a gunshot wound to the face in February 1997. The bullet had broken his jaw, but he could talk, swallow, and breathe. Dr. Norma Smalls did exploratory surgery on his neck and put a tube in his windpipe so he could be hooked up to a ventilator after oral surgeons wired his teeth together. Two days later, Kelly was dead—but not from the bullet wound. An autopsy later showed that he had suffocated to death from a blockage in the tracheotomy tube. On April 11 of this year, the city settled a wrongful-death suit brought by Kelley's family for \$175,000.

In November 1998, Gloria Porter, 50, was admitted to D.C. General to have a benign polyp removed from her duodenum. Instead of just removing the polyp, Dr. Paramjeet Sabharwal and two residents allegedly performed a risky surgery designed for excising advanced cancer, removing her gall bladder, part of her duodenum, and part of her pancreas. A week later, Porter, who didn't have cancer, died from a massive hemorrhage—a complication of the surgery—according to a suit filed by her daughter last August.

Bruce Klores, one of the city's leading malpractice attorneys, who has won several large verdicts against D.C. General, says that the hospital has "probably the most underreported malpractice of any hospital in the city."

When David accepted the position of chief medical officer for the PBC in 1997, he was looking forward to having a hand in patient care once again. For the previous six years, he had been teaching health policy at Harvard University's Kennedy School of Government. Before that, he had served as deputy secretary of health, and then acting secretary of health, under Pennsylvania Gov.

Robert P. Casey. An African-American neonatologist and pediatrician who grew up in a mean South Bronx neighborhood, David was an idealist who believed passionately in the public service aspect of medicine.

But David quickly discovered that D.C. General was like no place he had ever experienced. To be sure, it had the usual problems of any public hospital: too little money, insufficient equipment and supplies, and an aging building that was suffering from disrepair. But that wasn't what he found most troubling about the place.

When David arrived at D.C. General, he recounts in an interview, as patients waited hours upon hours in the emergency room, doctors were not coming to work on time, they were leaving early, and they were often sleeping on the job, in part because they were working full-time jobs elsewhere. The celebrated trauma surgeons refused to see other, "ordinary" emergency room patients who weren't suffering from major injuries such as gunshot wounds, even when those surgeons weren't busy with other patients.

After interviewing patients, David also discovered that some of the OB-GYNs were skimming off patients with insurance and Medicaid, sending them to their private-practice offices and delivering their babies at other hospitals, where doctors could bill the insurers or Medicaid for their services. "In some instances, doctors would actively dissuade patients from going to D.C. General," says David. "We had patients tell us that doctors had told them not to come back."

He also found that doctors weren't showing up on time for clinics and were occasionally working in their private practices when they were expected to be at D.C. General. About six months after David took over as chief medical officer, someone in the emergency room paged Manderson, who was supposed to be on duty. The page was returned by a nurse at Providence Hospital, who said Manderson wasn't available because he was in surgery.

The event was one of a long line of problems that prompted David to draw up a memo in which he told the medical/dental staff that he would be giving them a one-month amnesty period in which to clean up their act. After that, he told the doctors, they would be disciplined severely for a number of practices that had long been tolerated at the hospital.

In the amnesty memo, David told doctors that he expected them to work the hours that they were scheduled and paid for and that they were recording on their time sheets. He barred them from doing union work or private-practice work during regular hours and then working for the PBC afterward to collect overtime.

He required the full-time community health center staff to show up five days a week. He demanded that surgeons be in the operating room to supervise surgeries and that they be available to the patients immediately before and after surgery for follow-up. He barred doctors from ordering supplies and equipment for use in their private offices. And he asked that they fill out medical records on time.

Finally, David warned that if he caught any physicians collecting insurance information from PBC clients for the purpose of sending paying patients to their private offices, they would be in serious trouble. In his memo, David wrote, "Please know that my intent is to hold us to high standards of performance and integrity despite the prevailing political and economic forces that serve to undermine the PBC. I will not allow us to assume the role of victims."

Although David's demands seem rather basic—things one would expect from competent doctors who care about patients—the D.C. General medical staff was outraged. The doctors declared war on David.

Leading the charge against David was Oriaifo, then the acting head of trauma and later president of the medical/dental staff. A charismatic Nigerian who went to medical school in the former Soviet Union, Oriaifo had been active in the doctors' union at the hospital, where he has worked for the past 16 years. David and Oriaifo first butted heads when David removed Oriaifo as acting chief of trauma and placed the trauma unit under the supervision of Dr. Howard Freed, the new director of emergency medicine.

The demotion prompted Oriaifo to call an emergency meeting of the medical/dental staff, alleging that he had been persecuted for speaking out about the administration's failure to support clinicians. In a memo to the PBC board, Oriaifo claimed that Freed was not qualified to supervise him because Freed wasn't a surgeon.

In fact, Freed was the first person ever to run D.C. General's emergency department who had been both trained and board-certified in emergency medicine. He had more than 20 years of experience working in trauma centers and fixing troubled emergency rooms.

Oriaifo, on the other hand, is not board-certified in surgery or any other specialty. Furthermore, under his leadership, the hospital's trauma unit has lost its Level 1 trauma designation from the American College of Surgeons—a designation that qualifies a trauma center to treat the most severe cases. (Oriaifo blames this loss on a lack of institutional support from the PBC, not any shortcomings of his leadership.) Nonetheless, Oriaifo soon got his job back after Mayor Barry intervened on his behalf.

Undaunted, David continued to discipline wayward doctors. He suspended and later fired a doctor for failing to complete medical records; he demoted a podiatrist who had refused to treat inmates and who the nursing staff had complained wasn't starting clinics on time. After he discovered what outside consultants would later confirm—that the hospital had too many managers—David also demoted a physician who had been getting extra pay as the administrator of the "Neurology Department," which had only two doctors in it.

David really angered the medical staff when he started showing up early at hospital clinics to see whether the doctors were at work on time. Nurses had complained that one particular doctor's tardiness was pushing a clinic to stay open later in the afternoon, requiring the hospital to pay the nurses overtime. David caught the doctor red-handed, contacting her on her cell phone. She was dropping her kids off at school an hour and a half after she was supposed to be at the clinic.

The personal investigators prompted Oriaifo to stand up at a PBC board meeting one day and protest that David was "spying" on the doctors, which he said the staff considered highly inappropriate for the chief medical officer. David says Oriaifo didn't get much sympathy from the board.

Oriaifo and the elected medical leadership defended the disciplined doctors, claiming that they had been singled out for criticizing the PBC. The medical staff believes itself to be an independent governing body under city law, and it often argues that only staff doctors can discipline other doctors, even for administrative rather than clinical matters. As a result, the group has tried to overturn many disciplinary actions imposed by the hospital administration.

In a 1998 memo to the PBC board complaining about David, Oriaifo wrote: "Dr. David has done nothing to support the practitioners as we struggle to render care to our patients. . . . For all intents and purposes, and based on all available credible evidence,

Dr. Ronald David appears to be a clueless enforcer and not a leader. WHERE DO WE GO FROM HERE?" A month later, Oriaifo helped organize the first of two votes of no confidence against David. The votes were largely symbolic, but they constituted a direct demand by the doctors to the PBC to oust David.

In an interview, Oriaifo contended that David was a failure as an administrator because he was an outsider: "Ron David just blew out of Harvard. What does he know about D.C. General?"

Nevertheless, David held on to his job. When PBC board member Victor Freeman, the medical director for quality for INOVA Health Care, voiced his support for David's actions, the medical staff attacked Freeman, too. In a letter dated Feb. 3, 1999, Oriaifo wrote to Bette Catoe, the chair of the PBC board, complaining about Freeman. "How many more victims will be claimed by this scorched-earth, slash-and-burn, take-no-prisoner tactics before someone acts to stop the madness?" Oriaifo wrote. "WE ARE FRIGHTENED. . . . We are UNDER SIEGE. We are at the brink of cataclysm. . . . PLEASE HEAR MY CRY, PLEASE HEED MY CRY!"

David says his critics were mostly interested in covering up their malfeasance and laziness. "They threw up smoke screens," he says, noting that they went after anyone who tried to discipline them. For example, David says, as Freed put pressure on the emergency-room doctors to be more productive and see more patients, they responded by calling in the D.C. Office of the Inspector General, filing sexual harassment and discrimination charges against him with the Equal Employment Opportunity Commission.

Despite the doctors' resistance—and the dire warnings from the medical staff that the hospital was on the brink of disaster—David says Freed managed to reduce waiting times in the emergency room by better than 50 percent.

Finally, David attempted to put to rest the constant rumors about the surgical competency of Smalls. In March 1999, the JCAHO had approved the hospital's procedures for reviewing Smalls' wrong-side surgery. But the agency evaluated only the process, not the outcome, with which David was still dissatisfied. So he consulted Freeman, the PBC board's quality-assurance expert, and they decided to send the case to an impartial committee of physicians from the D.C. Medical Society.

Late last summer, the medical society found significant problems with the surgery, which David used as justification to review some of Smalls' past cases. He also ordered the doctors to create an action plan that would prevent such mistakes in the future. In the end, though, David says, his effort to compel the doctors to discipline themselves amounted to very little. Forcing them to put the patients' interests before their own, says David, was a monumental fight.

When he first came to D.C. General, David says, he sustained faith in the miracles performed at the hospital, where he found that most doctors managed to do good work under very difficult conditions. For a while, he had even felt comfortable bringing his wife there for treatment for sickle-cell anemia. But when the medical staff failed to institute an effective peer-review system, David decided that he couldn't maintain high standards at the hospital. He resigned last September. In a few weeks, he will be entering a seminary, where he hopes to learn some language of healing to bring to the practice of medicine. "It was just so dispiriting," David says of his time at D.C. General.

After David left as chief medical officer, Dr. Robin Newton, a popular doctor who had recently been the president of the medical/dental staff, took over. She continued to pursue David's quality objectives, and in February of this year, the hospital fired Oriaifo.

For many years, Oriaifo had also held a job at Providence Hospital, and the PBC administration believed he wasn't putting in the time he was being paid for at D.C. General. An audit concluded that Oriaifo had seen only eight patients while working 24 hours a week from Oct. 15 to Nov. 15 of last year. Oriaifo disputed the veracity of the audit, and the medical staff organized a vote of support for him. Then the doctors called in the JCAHO, which sent surprise inspectors into the hospital in early March, prompting yet another crisis for the beleaguered institution.

Oriaifo has since filed a \$1 million whistleblower suit against the PBC, contending that he was fired for criticizing the hospital management, which he alleges retaliated against him, even going so far as to revoke his reserved-parking privileges. "When you give your whole life to a service and you end it with a kick in the pants, it hurts," he says.

Oriaifo says he was only looking out for patient care, calling attention to the administration's failure to respond to doctors' complaints about a CT scanner that broke down twice a week, defibrillators that malfunctioned regularly, and incompetent nurses in the trauma center. He says the hospital has seen its patient count dwindle by 20,000 since 1995 because the emergency room has been closed down repeatedly for lack of beds. "Is it your fault when people say you're not productive? The problem is not the employees. The problem is leadership and management," Oriaifo contends.

To make his points, he has charts he sent to the PBC board outlining a proposed reorganization of the emergency department and memos with long lists of complaints about poor management. In the course of an interview in which Oriaifo talks almost nonstop for three hours, it becomes clear that he believes that he personally should be running the hospital. "I, Paul Oriaifo, was one of the doctors who received [Capitol shooter] Russell Weston! I was running the service of excellence!" he says, gesticulating wildly. "We [staff doctors] are the main engine of the PBC. We revolutionized that hospital. We are victims here."

Since Oriaifo's departure, the PBC's medical staff has directed its attacks at Newton. On July 3, Dr. Michal Young, the new president of the medical/dental staff, wrote to the PBC board complaining that Newton had, among other wrongdoings, ignored Oriaifo's request to volunteer in the trauma unit. (Oriaifo has offered to volunteer 20 hours a week in the trauma unit because of his "deep commitment" to the hospital. He also admits that by doing so, he would be able to keep his leadership job with the elected medical staff.)

Perhaps Newton's biggest offense in the eyes of the doctors, however, was her support for legislation in the D.C. Council that would have designated the doctors "at-will" employees—which would have made them much easier to fire. (The legislation was withdrawn after a flurry of lobbying by the medical staff.) Late last month, the medical staff staged a vote of no confidence against Newton.

Meanwhile, all the complaining by the medical staff has had an effect in one respect, at least: Former CEO John Fairman has been removed, and now everyone from the General Accounting Office to Congress is scrutinizing the PBC. But the end result may not be exactly what the doctors had in mind.

The PBC is preparing to lay off hundreds of workers, including doctors, to avert a shut-

down of the hospital entirely. Services to the poor will likely be severely curtailed. Trauma surgeons are in all likelihood going to be phased out altogether. Their special designation as an independent unit within the emergency department—which has other surgeons on which to draw—was always an anomaly, and outside consultants found them to be vastly inefficient.

And in the end, the people who are going to suffer the most are the city's poor and uninsured—the very people the medical staff has claimed to be standing up for all along.

Mr. Chairman, I urge my colleagues to vote *aye* on this bill.

Mr. MOORE. Mr. Chairman, I rise today in opposition to H.R. 4942, the District of Columbia appropriations bill.

As reported by the Appropriations Committee, this bill contains an appropriation that is \$22 million below last year's funding level. Additionally, this bill provides 7 percent less funding than the District requested. But Mr. Speaker, what bothers me the most about this bill is its inherently undemocratic nature. H.R. 4942 contains dozens of general provisions that preempt local decision-making power from the District and redistribute it to the Federal Government. Through these unnecessary and burdensome provisions, this legislation undermines local control and intrudes into the internal affairs of the District of Columbia.

H.R. 4942 contains numerous underfunded priorities, including the following cuts from last year's levels and the administration's requests:

A \$3 million reduction in the fiscal year 2000 funding level for the program that assists District of Columbia students who must pay out-of-state college tuition costs. This funding cut is particularly insidious because the District is not a state, and therefore local high school graduates do not have the access to a state system of higher education offered to students in the rest of the country. Education must be one of our highest priorities as a nation, and this bill neglects that goal.

No funds for adoption incentives for children in the District of Columbia foster care system. The administration requested \$5 million for this priority, which helps remove children from the foster care system while seeking to place them with a loving and stable family.

In addition to the concerns about funding levels, H.R. 4942 includes a number of legislative riders, several of which have been attached to the bill in prior years. I support the amendments offered by Delegate ELEANOR HOLMES NORTON from the District that would strike approximately 70 general legislative provisions in the bill. These provisions contain regulations and restrictions related to the management and finances of the District Government, as well as a rider that would ban the use of funds for activities intended to secure voting representation in Congress for the District of Columbia.

Mr. Chairman, the residents of the District deserve to be represented in the Congress of the United States, just like the residents of the Third District of Kansas deserve to be represented. District residents deserve the right to advocate the support or defeat of pending legislation before Congress, a right currently enjoyed by residents in all 50 states. The founding Fathers fought the Revolutionary War to protest taxation without representation, and all that the District's residents are requesting is full access to this inherent American right.



Mr. Chairman, I have supported and will continue to support both the theory and practice of "home rule" for the District of Columbia. The District's nearly 600,000 residents deserve the same right to self-government that the rest of America enjoys. I urge my colleagues to stand up today for the principle of local government and the belief that all Americans have the inherent right to govern themselves without unnecessary Federal intervention.

Mr. ISTOOK. Mr. Chairman, I urge adoption of the bill.

SEQUENTIAL VOTES POSTPONED IN COMMITTEE  
OF THE WHOLE

The CHAIRMAN pro tempore (Mr. BARRETT of Nebraska). Pursuant to House Resolution 563, proceedings will now resume on those amendments on which further proceedings were postponed in the following order: Amendment No. 3 in House Report 106-790 offered by Mr. BILBRAY of California, followed by Amendment No. 2 in House Report 106-790 offered by Mr. SOUDER of Indiana.

The Chair will reduce to 5 minutes the time for the electronic vote after the first vote in this series.

AMENDMENT NO. 3 OFFERED BY MR. BILBRAY

The CHAIRMAN pro tempore. The pending business is the demand for a recorded vote on Amendment No. 3 offered by the gentleman from California (Mr. BILBRAY) on which further proceedings were postponed and on which the ayes prevailed by a voice vote.

The Clerk will redesignate the amendment.

The Clerk redesignated the amendment.

RECORDED VOTE

The CHAIRMAN pro tempore. A recorded vote has been demanded.

A recorded vote was ordered.

The vote was taken by electronic device, and there were—ayes 265, noes 155, not voting 13, as follows:

[Roll No. 472]

AYES—265

Aderholt	Capps	English
Archer	Castle	Etheridge
Armey	Chabot	Everett
Baca	Chambliss	Ewing
Bachus	Chenoweth-Hage	Fletcher
Baker	Clay	Foley
Baldacci	Clement	Forbes
Barcia	Coble	Fossella
Barr	Coburn	Fowler
Barrett (NE)	Collins	Franks (NJ)
Bartlett	Combest	Frelinghuysen
Barton	Cook	Gallegly
Bass	Costello	Ganske
Bentsen	Cox	Gekas
Bereuter	Cramer	Gephardt
Biggert	Crane	Gibbons
Bilbray	Cubin	Gilchrest
Bilirakis	Cunningham	Gillmor
Bishop	Danner	Gilman
Bliley	Davis (VA)	Goode
Blunt	Deal	Goodlatte
Boehlert	DeGette	Goodling
Bono	DeLay	Gordon
Boswell	DeMint	Goss
Brady (TX)	Deutsch	Graham
Bryant	Diaz-Balart	Granger
Burr	Dickey	Green (TX)
Burton	Doolittle	Green (WI)
Buyer	Dreier	Greenwood
Callahan	Edwards	Gutknecht
Calvert	Ehlers	Hall (TX)
Camp	Ehrlich	Hansen
Canady	Emerson	Hastings (WA)
Cannon		Hayes

Hayworth	McKinney	Sensenbrenner
Hefley	McNulty	Sessions
Heger	Menendez	Shadegg
Hill (MT)	Metcalfe	Shaw
Hilleary	Mica	Shays
Hobson	Miller (FL)	Sherwood
Hoeckstra	Miller, Gary	Shimkus
Holden	Moore	Shuster
Holt	Moran (KS)	Simpson
Hooley	Myrick	Skeen
Horn	Nethercutt	Skelton
Hostettler	Ney	Smith (MI)
Houghton	Northup	Smith (NJ)
Hulshof	Norwood	Smith (TX)
Hunter	Nussle	Souder
Hyde	Ortiz	Spence
Inslee	Ose	Spratt
Isakson	Oxley	Stabenow
Istook	Packard	Stearns
Jackson-Lee	Pallone	Stenholm
(TX)	Pastor	Stump
John	Payne	Sununu
Johnson (CT)	Pease	Sweeney
Johnson, Sam	Peterson (MN)	Talent
Jones (NC)	Peterson (PA)	Tancredo
Kasich	Petri	Tauzin
Kelly	Phelps	Taylor (MS)
King (NY)	Pickering	Taylor (NC)
Kingston	Pitts	Terry
Klecza	Pombo	Thomas
Knollenberg	Porter	Thornberry
Kolbe	Portman	Thune
Kuykendall	Price (NC)	Tiahrt
LaHood	Pryce (OH)	Toomey
Largent	Quinn	Traficant
Latham	Radanovich	Turner
LaTourette	Ramstad	Udall (CO)
Leach	Regula	Udall (NM)
Lewis (CA)	Reyes	Upton
Lewis (KY)	Reynolds	Visclosky
Linder	Riley	Vitter
Lipinski	Rodriguez	Walden
LoBiondo	Roemer	Walsh
Lofgren	Rogan	Watkins
Lucas (KY)	Rogers	Watts (OK)
Lucas (OK)	Ros-Lehtinen	Weldon (FL)
Luther	Rothman	Weldon (PA)
Manzullo	Roukema	Weller
Martinez	Royce	Whitfield
Mascara	Ryan (WI)	Wicker
McCrery	Ryun (KS)	Wilson
McHugh	Salmon	Wolf
McInnis	Saxton	Wu
McIntyre	Scarborough	Young (FL)
McKeon	Schaffer	

NOES—155

Abercrombie	Doyle	Maloney (NY)
Ackerman	Duncan	Markey
Allen	Engel	Matsui
Andrews	Evans	McCarthy (MO)
Baird	Farr	McCarthy (NY)
Baldwin	Fattah	McDermott
Ballenger	Filner	McGovern
Barrett (WI)	Ford	Meehan
Berkley	Frank (MA)	Meek (FL)
Berman	Frost	Meeks (NY)
Berry	Gejdenson	Millender-
Blagojevich	Gonzalez	McDonald
Blumenauer	Hall (OH)	Miller, George
Boehner	Hastings (FL)	Minge
Bonilla	Hill (IN)	Mink
Bonior	Hilliard	Moakley
Borski	Hinchee	Mollohan
Boucher	Hinojosa	Moran (VA)
Boyd	Hoeffel	Morella
Brady (PA)	Hoyer	Murtha
Brown (FL)	Hutchinson	Nadler
Brown (OH)	Jackson (IL)	Napolitano
Capuano	Jefferson	Oberstar
Cardin	Jenkins	Obey
Carson	Johnson, E. B.	Olver
Clyburn	Jones (OH)	Owens
Condit	Kanjorski	Pascrell
Conyers	Kaptur	Paul
Cooksey	Kennedy	Pelosi
Coyne	Kildee	Pickett
Crowley	Kilpatrick	Pomeroy
Cummings	Kind (WI)	Rahall
Davis (FL)	Kucinich	Rangel
Davis (IL)	LaFalce	Rivers
DeFazio	Lampson	Rohrabacher
Delahunt	Lantos	Roybal-Allard
DeLauro	Larson	Rush
Dunn	Lee	Sabo
Dingell	Levin	Sanchez
Dixon	Lewis (GA)	Sanders
Doggett	Lowey	Sandlin
Dooley	Maloney (CT)	Sanford

Sawyer	Stark	Velazquez
Schakowsky	Strickland	Wamp
Scott	Stupak	Watt (NC)
Serrano	Tanner	Waxman
Sherman	Tauscher	Weiner
Shows	Thompson (CA)	Wexler
Sisisky	Thompson (MS)	Weygand
Slaughter	Thurman	Woolsey
Smith (WA)	Tierney	Wynn
Snyder	Towns	Young (AK)

NOT VOTING—13

Becerra	Klink	Vento
Campbell	Lazio	Waters
Clayton	McCollum	Wise
Eshoo	McIntosh	
Gutierrez	Neal	

□ 1226

Mrs. JONES of Ohio, Mrs. NAPOLITANO, and Messrs. WAMP, HUTCHINSON, and EVANS changed their vote from "aye" to "no."

Mrs. NAPOLITANO, Ms. DEGETTE, and Messrs. EVANS, DEUTSCH, PRICE of North Carolina, ROTHMAN, and PAYNE changed their vote from "no" to "aye."

So the amendment was agreed to.

The result of the vote was announced as above recorded.

Stated for:

Mr. DUNCAN. Mr. Chairman, on rollcall No. 472 I inadvertently pressed the "nay" button. I meant to vote "aye."

ANNOUNCEMENT BY THE CHAIRMAN

The CHAIRMAN. Pursuant to House Resolution 563, the Chair announces that he will reduce to a minimum of 5 minutes the period of time within which a vote by electronic device will be taken on the remaining amendment on which the Chair has postponed further proceedings.

AMENDMENT NO. 2 OFFERED BY MR. SOUDER

The CHAIRMAN. The pending business is the demand for a recorded vote on amendment No. 2 offered by the gentleman from Indiana (Mr. SOUDER) on which further proceedings were postponed and on which the noes prevailed by voice vote.

The Clerk will redesignate the amendment.

The text of the amendment is as follows:

Amendment No. 2 offered by Mr. SOUDER:

In section 150, strike "Federal".

RECORDED VOTE

The CHAIRMAN. A recorded vote has been demanded.

A recorded vote was ordered.

The CHAIRMAN. This is a 5-minute vote.

The vote was taken by electronic device, and there were—ayes 239, noes 181, not voting 14, as follows:

[Roll No. 473]

AYES—239

Aderholt	Biggert	Callahan
Archer	Bilbray	Calvert
Armey	Bilirakis	Camp
Baca	Blagojevich	Canady
Bachus	Bliley	Cannon
Baker	Blunt	Chabot
Ballenger	Boehner	Chambliss
Barcia	Bono	Clement
Barr	Boswell	Coble
Barrett (NE)	Brady (TX)	Coburn
Bartlett	Bryant	Collins
Barton	Burr	Combest
Bass	Burton	Cook
Bereuter	Buyer	Costello

Cox  
Cramer  
Crane  
Cubin  
Cunningham  
Danner  
Davis (VA)  
Deal  
DeLay  
DeMint  
Diaz-Balart  
Dickey  
Doolittle  
Dreier  
Duncan  
Dunn  
Ehrlich  
Emerson  
English  
Etheridge  
Evans  
Everett  
Ewing  
Fletcher  
Forbes  
Fossella  
Fowler  
Franks (NJ)  
Gallegly  
Gekas  
Gibbons  
Gilchrest  
Gilman  
Goode  
Goodlatte  
Goodling  
Goss  
Graham  
Granger  
Green (TX)  
Green (WI)  
Gutknecht  
Hall (OH)  
Hall (TX)  
Hansen  
Hastert  
Hastings (WA)  
Hayes  
Hayworth  
Hefley  
Herger  
Hill (IN)  
Hill (MT)  
Hilleary  
Hobson  
Hoekstra  
Holden  
Hostettler  
Hulshof  
Hunter  
Hutchinson  
Hyde  
Isakson  
Istook  
Jenkins  
John

Johnson, Sam  
Jones (NC)  
Kasich  
Kelly  
King (NY)  
Kingston  
Knollenberg  
Kuykendall  
LaHood  
Largent  
Latham  
LaTourette  
Leach  
Lewis (CA)  
Lewis (KY)  
Linder  
Lipinski  
LoBiondo  
Lucas (KY)  
Lucas (OK)  
Luther  
Manzullo  
Martinez  
Mascara  
McCrery  
McHugh  
McInnis  
McIntyre  
McKeon  
McNulty  
Metcalf  
Mica  
Miller, Gary  
Moran (KS)  
Myrick  
Nethercutt  
Ney  
Northup  
Norwood  
Nussle  
Ortiz  
Ose  
Oxley  
Packard  
Pascarell  
Paul  
Pease  
Peterson (MN)  
Peterson (PA)  
Petri  
Phelps  
Pickering  
Pitts  
Pombo  
Pomeroy  
Portman  
Pryce (OH)  
Quinn  
Radanovich  
Ramstad  
Regula  
Reynolds  
Riley  
Rodriguez  
Roemer  
Rogan

Rogers  
Rohrabacher  
Ros-Lehtinen  
Roukema  
Royce  
Ryan (WI)  
Ryun (KS)  
Salmon  
Sandlin  
Sanford  
Saxton  
Scarborough  
Schaffer  
Sensenbrenner  
Sessions  
Shadegg  
Shaw  
Sherwood  
Shimkus  
Shows  
Shuster  
Simpson  
Skeen  
Skelton  
Smith (MI)  
Smith (NJ)  
Smith (TX)  
Souder  
Spence  
Spratt  
Stearns  
Stenholm  
Strickland  
Stump  
Sununu  
Sweeney  
Talent  
Tancredo  
Tanner  
Tauzin  
Taylor (MS)  
Terry  
Thornberry  
Thune  
Tiahrt  
Toomey  
Traffant  
Turner  
Velazquez  
Visclosky  
Vitter  
Walden  
Walsh  
Wamp  
Watkins  
Watts (OK)  
Weldon (FL)  
Weldon (PA)  
Weller  
Whitfield  
Wicker  
Wilson  
Wolf  
Young (AK)  
Young (FL)

Kolbe  
Kucinich  
LaFalce  
Lampson  
Larson  
Lee  
Levin  
Lewis (GA)  
Lofgren  
Lowey  
Maloney (CT)  
Maloney (NY)  
Markey  
Matsui  
McCarthy (MO)  
McCarthy (NY)  
McDermott  
McGovern  
McKinney  
Meehan  
Meek (FL)  
Meeks (NY)  
Menendez  
Millender  
McDonald  
Miller (FL)  
Miller, George  
Minge  
Mink

Becerra  
Campbell  
Chenoweth-Hage  
Eshoo  
Gutierrez

Moakley  
Mollohan  
Moore  
Moran (VA)  
Morella  
Murtha  
Nadler  
Napolitano  
Oberstar  
Obey  
Oliver  
Owens  
Pallone  
Pastor  
Payne  
Pelosi  
Pickett  
Porter  
Price (NC)  
Rahall  
Rangel  
Reyes  
Rivers  
Rothman  
Roybal-Allard  
Rush  
Sabo  
Sanchez  
Sanders  
Sawyer

## NOT VOTING—14

Klink  
Lazio  
McCollum  
McIntosh  
Neal  
Taylor (NC)  
Vento  
Waters  
Wise

□ 1235

So the amendment was agreed to.

The result of the vote was announced as above recorded.

The CHAIRMAN pro tempore (Mr. BARRETT of Nebraska). Under the rule, the Committee rises.

Accordingly, the Committee rose; and the Speaker pro tempore (Mr. LAHOOD) having assumed the chair, Mr. BARRETT of Nebraska, Chairman pro tempore of the Committee of the Whole House on the State of the Union, reported that that Committee, having had under consideration the bill (H.R. 4942) making appropriations for the government of the District of Columbia and other activities chargeable in whole or in part against revenues of said District for the fiscal year ending September 30, 2000, and for other purposes, pursuant to House Resolution 563, he reported the bill back to the House with sundry amendments adopted by the Committee of the Whole.

The SPEAKER pro tempore (Mr. LAHOOD). Under the rule, the previous question is ordered.

Is a separate vote demanded on any amendment? If not, the Chair will put them en gros.

The amendments were agreed to.

The SPEAKER pro tempore. The question is on the engrossment and third reading of the bill.

The bill was ordered to be engrossed and read a third time, and was read the third time.

The SPEAKER pro tempore. The question is on the passage of the bill.

Under clause 10 of rule XX, the yeas and nays are ordered.

The vote was taken by electronic device, and there were—yeas 217, nays 207, not voting 10, as follows:

[Roll No. 474]

## YEAS—217

Aderholt  
Archer  
Armey  
Bachus  
Baker  
Ballenger  
Barrett (NE)  
Bartlett  
Barton  
Bass  
Bereuter  
Biggett  
Bilbray  
Bilirakis  
Bliley  
Blunt  
Boehlert  
Boehner  
Bonilla  
Bono  
Brady (TX)  
Bryant  
Burr  
Burton  
Buyer  
Callahan  
Calvert  
Camp  
Canady  
Cannon  
Castle  
Chabot  
Chambliss  
Chenoweth-Hage  
Coble  
Coburn  
Collins  
Combest  
Cook  
Cooksey  
Cox  
Crane  
Cubin  
Cunningham  
Davis (VA)  
Deal  
DeLay  
DeMint  
Diaz-Balart  
Dickey  
Doolittle  
Dreier  
Dunn  
Ehlers  
Ehrlich  
Emerson  
English  
Everett  
Ewing  
Fletcher  
Foley  
Fossella  
Fowler  
Franks (NJ)  
Frelinghuysen  
Gallegly  
Ganske  
Gekas  
Gibbons  
Gilchrest  
Gillmor  
Gilman  
Goode

## NAYS—207

Boucher  
Boyd  
Brady (PA)  
Brown (FL)  
Brown (OH)  
Capps  
Capuano  
Cardin  
Carson  
Clay  
Clayton  
Clement  
Clyburn  
Condit  
Conyers  
Costello  
Coyne  
Cramer  
Crowley  
Cummings  
Danner

Petri  
Pickering  
Pitts  
Pombo  
Porter  
Portman  
Pryce (OH)  
Quinn  
Radanovich  
Ramstad  
Regula  
Reynolds  
Riley  
Rogan  
Rogers  
Rohrabacher  
Ros-Lehtinen  
Roukema  
Royce  
Ryan (WI)  
Ryun (KS)  
Salmon  
Sanford  
Saxton  
Scarborough  
Schaffer  
Sessions  
Shadegg  
Shaw  
Shays  
Sherwood  
Shimkus  
Shuster  
Simpson  
Skeen  
Smith (MI)  
Smith (NJ)  
Smith (TX)  
Souder  
Spence  
Stearns  
Stump  
Sununu  
Sweeney  
Talent  
Tancredo  
Tauzin  
Taylor (NC)  
Terry  
Thomas  
Thornberry  
Thune  
Tiahrt  
Toomey  
Traffant  
Upton  
Vitter  
Walden  
Walsh  
Wamp  
Watkins  
Watts (OK)  
Weldon (FL)  
Weldon (PA)  
Weller  
Whitfield  
Wicker  
Wilson  
Wolf  
Young (AK)  
Young (FL)

## NOES—181

Abercrombie  
Ackerman  
Allen  
Andrews  
Baird  
Baldacci  
Baldwin  
Barrett (WI)  
Bentsen  
Berkley  
Berman  
Berry  
Bishop  
Blumenauer  
Boehlert  
Bonilla  
Bonior  
Borski  
Boucher  
Boyd  
Brady (PA)  
Brown (FL)  
Brown (OH)  
Capps  
Capuano  
Cardin  
Carson  
Castle  
Frelinghuysen  
Clayton  
Clyburn

Condit  
Conyers  
Cooksey  
Coyne  
Crowley  
Cummings  
Davis (FL)  
Davis (IL)  
DeFazio  
DeGette  
DeLauro  
Deutsch  
Dicks  
Dingell  
Dixon  
Doggett  
Dooley  
Doyle  
Edwards  
Ehlers  
Engel  
Farr  
Fattah  
Filner  
Foley  
Ford  
Frank (MA)  
Frelinghuysen  
Frost  
Ganske

Gejdenson  
Gephardt  
Gillmor  
Gonzalez  
Gordon  
Greenwood  
Hastings (FL)  
Hilliard  
Hinche  
Hinojosa  
Hoeffel  
Holt  
Hooley  
Horn  
Houghton  
Hoyer  
Inslee  
Jackson (IL)  
Jackson-Lee (TX)  
Jefferson  
Johnson (CT)  
Johnson, E. B.  
Jones (OH)  
Kanjorski  
Kaptur  
Kennedy  
Kildee  
Kilpatrick  
Kind (WI)  
Kleckza

Forbes	Maloney (NY)	Roemer
Ford	Markey	Rothman
Frank (MA)	Mascara	Roybal-Allard
Frost	Matsui	Rush
Gejdenson	McCarthy (MO)	Sabo
Gephardt	McCarthy (NY)	Sanchez
Gonzalez	McDermott	Sanders
Gordon	McGovern	Sandlin
Green (TX)	McKinney	Sawyer
Hall (OH)	McNulty	Schakowsky
Hall (TX)	Meehan	Scott
Hastings (FL)	Meek (FL)	Sensenbrenner
Hill (IN)	Meeks (NY)	Serrano
Hilliard	Menendez	Sherman
Hinchey	Millender	Shows
Hinojosa	McDonald	Sisisky
Hoeffel	Miller, George	Skelton
Holden	Minge	Slaughter
Holt	Mink	Smith (WA)
Hooley	Moakley	Snyder
Hoyer	Mollohan	Spratt
Inslee	Moore	Stabenow
Jackson (IL)	Moran (VA)	Stark
Jackson-Lee	Morella	Stenholm
(TX)	Murtha	Strickland
Jefferson	Nadler	Stupak
John	Napolitano	Tanner
Johnson, E.B.	Neal	Tauscher
Jones (OH)	Oberstar	Taylor (MS)
Kanjorski	Obey	Thompson (CA)
Kaptur	Olver	Thompson (MS)
Kennedy	Ortiz	Thurman
Kildee	Owens	Tierney
Kilpatrick	Pallone	Towns
Kind (WI)	Pascrell	Turner
Klecza	Pastor	Udall (CO)
Kucinich	Paul	Udall (NM)
LaFalce	Payne	Velazquez
Lampson	Pelosi	Visclosky
Lantos	Peterson (MN)	Waters
Larson	Phelps	Watt (NC)
Lee	Pickett	Waxman
Levin	Pomeroy	Weiner
Lewis (GA)	Price (NC)	Wexler
Lipinski	Rahall	Weygand
Lofgren	Rangel	Woolsey
Lowey	Reyes	Wu
Luther	Rivers	Wynn
Maloney (CT)	Rodriguez	

## NOT VOTING—10

Becerra	Klink	Vento
Campbell	Lazio	Wise
Eshoo	McCollum	
Gutierrez	McIntosh	

## □ 1252

## ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore (Mr. LAHOOD) (during the vote). The chair notes a disturbance in the gallery in contravention of the law and rules of the House.

The Sergeant-at-Arms will remove those persons responsible for the disturbance and restore order to the gallery.

## □ 1253

So the bill was passed.

The result of the vote was announced as above recorded.

A motion to reconsider was laid on the table.

#### CONFERENCE REPORT ON H.R. 1654, NATIONAL AERONAUTICS AND SPACE ADMINISTRATION AUTHORIZATION ACT OF 2000

Mr. REYNOLDS. Mr. Speaker, by direction of the Committee on Rules, I call up House Resolution 574 and ask for its immediate consideration.

The Clerk read the resolution, as follows:

## H. RES. 574

*Resolved*, That upon adoption of this resolution it shall be in order to consider the conference report to accompany the bill

(H.R. 1654) to authorize appropriations for the National Aeronautics and Space Administration for fiscal years 2000, 2001, and 2002, and for other purposes. All points of order against the conference report and against its consideration are waived. The conference report shall be considered as read.

The SPEAKER pro tempore. The gentleman from New York (Mr. REYNOLDS) is recognized for 1 hour.

Mr. REYNOLDS. Mr. Speaker, for the purpose of debate only, I yield the customary 30 minutes to the gentleman from Texas (Mr. FROST) pending which I yield myself such time as I may consume. Mr. Speaker, during consideration of this resolution, all time is yielded for the purpose of debate only.

(Mr. REYNOLDS asked and was given permission to revise and extend his remarks.)

Mr. REYNOLDS. Mr. Speaker, House Resolution 574 is a standard rule providing for consideration of the conference report to accompany the National Aeronautics and Space Administration Authorization Act, known as NASA.

The rule waives all points of order against the conference report and against its consideration. Additionally, the rule provides that the conference report shall be considered as read.

Mr. Speaker, this House could not have picked a more appropriate time for consideration of this conference report.

Earlier this week, the crew of mission STS-106 entered the International Space Station to prepare for the arrival of its first permanent crew.

Those crew members became the first humans to enter the service module which will serve as a living quarters and command and control center for the space station complex, an historic, multinational effort that is expected to create more than 75,000 jobs here at home.

With their scheduled return to Earth on Wednesday, I know that this House and this Nation wishes Commander Terry Wilcutt and the crew of *Atlantis* Godspeed.

Since the dawn of man, the human race has been ingrained with a fascination and a need to slip beyond its boundaries and explore the unknown. From across the continents to the depths of the oceans and to the far reaches of space, that pioneer spirit continues to this day. And its contributions and discoveries have had a significant impact on our society and our way of life.

When Neil Armstrong took that giant leap for mankind on July 20, 1969, perhaps he did not realize that the same technology that protected him from the harsh elements and atmosphere of the Moon would one day allow a 6-year-old boy from Virginia Beach to walk in the sunlight of the Earth.

Just a couple years ago, Mikie Walker became the first American child to receive a modified space suit that protects him from the sun's ultraviolet rays and other light sources.

Suffering from a genetic disorder that causes extreme and potentially

dangerous sunlight sensitivity, NASA spacesuit technology allowed him to play outdoors for the first time in his young life.

More than 1,300 documented NASA technologies have benefited U.S. industry, improved our quality of life, and created jobs for Americans.

The Space Shuttle program alone has generated more than 100 technology spin-offs, including a tiny 2-inch by 1-inch, 4-ounce artificial heart pump whose technology was first used to drive fuel through the Space Shuttle.

Mr. Speaker, the underlying legislation will allow NASA to continue to ensure this Nation's leadership role in space exploration and applied science.

The underlying legislation authorizes funding for the Space Shuttle, International Space Station, scientific research, Payload/ELV support and investments in support at the level of the administration's request.

Mr. Speaker, the U.S. space program's new technologies, breakthroughs in medical research and other scientific discoveries have quite literally changed the lives of people across the globe.

Recognizing NASA's development of noninvasive diagnostic capabilities in the life sciences, the underlying legislation includes the House language setting aside \$2 million for early detection systems for breast and ovarian cancer.

## □ 1300

The legislation reflects Congress' continued endorsement of NASA's faster, better, cheaper concept and belief that a greater number of small missions will do more to advance certain scientific goals than large missions launched just once every decade.

Additionally, NASA has made strides to reduce institutional costs including management restructuring, facility consolidation and procurement reform. Under this legislation, they will be encouraged to continue to pursue these actions. With Congress' commitment to move our space program forward, young Americans will continue to be attracted to fields and job markets like science and engineering, areas that are key to making American industry more competitive across the globe.

I would like to commend the gentleman from Wisconsin (Mr. SENSENBRENNER) and the gentleman from Texas (Mr. HALL) for their hard work on this legislation. I urge my colleagues to support both the rule and the underlying bill.

Mr. Speaker, I reserve the balance of my time.

Mr. FROST. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I rise in support of this rule, which provides for the consideration of the conference report to accompany H.R. 1654, the National Aeronautics and Space Administration Act of 2000. It is especially fitting that we should consider this conference report today since our shuttle astronauts have been this week working in space