

Speaker HASTERT and House Republicans have made eliminating the marriage tax penalty a top priority. In fact, we plan to move legislation in the next few weeks.

Last year, President Clinton and Vice President GORE vetoed our efforts to eliminate the marriage tax penalty for almost 28 million married working people. The Republican effort would have provided about \$120 billion in marriage tax relief. Unfortunately, President Clinton and Vice President GORE said they would rather spend the money on new government programs than eliminate the marriage tax penalty.

This year we ask President Clinton and Vice President GORE to join with us and sign into law a stand alone bill to eliminate the marriage tax penalty.

Of all the challenges married couples face in providing home and hearth to America's children, the U.S. tax code should not be one of them.

The greatest accomplishment of the Republican Congress this past year was our success in protecting the Social Security Trust Fund and adopting a balanced budget that did not spend one dime of Social Security—the first balanced budget in over 30 years that did not raid Social Security.

Let's eliminate the marriage tax penalty and do it now!

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#### ELIAN GONZALEZ AND WHAT AWAITS HIM IN CUBA

The SPEAKER pro tempore. Under the Speaker's announced policy of January 19, 1999, the gentlewoman from Florida (Ms. ROS-LEHTINEN) is recognized during morning hour debates for 5 minutes.

Ms. ROS-LEHTINEN. Mr. Speaker, the case of Elian Gonzalez cannot be viewed through a prism of normalcy or merely by our views regarding the primacy of family and the rights of parents, because Castro's Cuba is not the United States. The totalitarian communist dictatorship in power since 1959 is not a Democratic government. The regime treats children, by law, as political raw material to be manipulated and exploited by the State.

Children are forced from infancy to prepare for the defense of the country and its regime. Parents who follow their conscience and try to shape their children's values and education are considered enemies of the State and are arrested or persecuted.

Those parents whose love for their children supersedes any individual concern for their safety are punished by the Castro regime, punished for violating Castro's laws. Laws such as the Code of the Child and Youth established by Law Number 16 published on June 30, 1978.

This law reiterates the requirement that the young generations must participate in the "construction of socialism," and that "the communist ideological formation of children and youth" must take place "through a coherent system . . . in which the Cuban Communist Party assumes the pivotal role of vanguard and protector of Marxist-Leninism." Those are the exact words.

The upbringing of Cuba's children, in other words, is the responsibility of the Cuban Communist Party. Based on this premise, the Code of the Child and Youth dictates in its first Article that the people, organizations, and institutions which take part in their education are obligated to "promote the formation of the communist personality in the young generations." That is their quote.

Mr. Speaker, if any doubt exists as to the true nature of this Code, Article 3 states that the communist ideological formation of the young generation is a primary goal of the State and, as such, the State works to instill in them, quote, "loyalty to the cause of socialism and communism and loyalty . . . to the vanguard of Marxist-Leninism, the Cuban Communist Party."

By the same token, the State must develop in the children "a sense of honor and loyalty to the principles of proletarian internationalism." Again, these are their words. "And the fraternal relations and cooperation with the Soviet Union and other socialist communist countries."

Absolute adherence to Marxism is the crux of the educational system in Cuba. Article 8, for example, underscores that, "Society and the State work for the efficient protection of youth against all influences contrary to their communism formation."

The regime equates Karl Marx with Cuban independence hero Jose Marti to mask the content of Article 14 of the Code, albeit unsuccessfully. Article 14 condones and advocates child labor as it dictates: "The combination of study and work . . . is one of the fundamentals on which revolutionary education is based. The principle is to be applied from infancy."

In this manner, Cuba's youth "acquire proper labor habits and other aspects of the communist personality are developed." The supremacy of Marxism is irrefutable as evident in Article 33: "The State bestows particular attention to the teachings of Marxism-Leninism for its importance in the ideological formation and political culture of young students."

Is this the totalitarian society, where the communist party and the State dictates the education, the upbringing of every child, is this what our Justice Department, our INS and the National Council of Churches seek to send young Elian Gonzalez back to? What a travesty.

Mr. Speaker, I commend to our colleagues an article published this week in the Wall Street Journal by James Taranto called "Havana's Hostages" which talks about a case of a congressional constituent in my district, Jose Cohen, who has three of his children, Yamila, Isaac and Yanelis, along with his wife back in Cuba, even though they have U.S. exit visas and have been approved for many, many years and Castro will not allow them to come to the United States. This story, Mr. Taranto points out, shows how little

the Cuban dictator cares about family unity and how much his communist code that is in force in Cuba cares about communist ideology and loyalty to the socialist Marxist-Leninist cause and not loyalty to true family unity.

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#### CANADIAN HEALTH CARE IS A COLOSSAL FAILURE

The SPEAKER pro tempore. Under the Speaker's announced policy of January 19, 1999, the gentleman from Florida (Mr. STEARNS) is recognized during morning hour debates for 5 minutes.

Mr. STEARNS. Mr. Speaker, back in the 1970s when Canada unveiled its national health care program, it promised its citizens universal and free health care. In fact, in 1984 the Canadian Government promised that it would make available to all its citizens health that would be, "universal, portable, comprehensive and accessible."

Now, we can learn a lesson from Canada because the promises that were made have not been kept. Far from it. Before I elaborate on why I believe it is a mistake for this country to go down the same road, I wish to point out that we have several candidates who are running for president on a national health care program much like Canada's. Of course, they talk about it differently, but basically they want to have the same health care plan that Canada has, even though the Canadians are swarming across the border because the waiting lines are so long in their country.

National health care often results in the rationing of health care itself. In his State of the Union address, the President outlined several new health care spending initiatives that would cost the taxpayers at least \$150 billion. What troubles me about this is that the President's health care plan looks a lot like the plan they proposed several years ago. That plan would have put the Federal Government in charge of our entire health care delivery system.

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And, as we remember, this was soundly defeated by the electorate.

By rejecting the Clinton administration's Health Security Act, the American people sent us a message. That message was that they did not want government-run health care. Countries such as Great Britain and Sweden are now moving toward privatizing their health care system because it has resulted in rationing of health care benefits.

Let us review the promises that were made and the reality of Canada's health care system. The Canadian government promised they would provide universal coverage. However, two provinces, British Columbia and Alberta, require that premiums are paid. And, if they are not, then the individual is not covered. In other provinces residents must register to be eligible for coverage. Studies show that in 1997

through 1998 approximately 170,000 people in British Columbia alone, that represents 4.2 percent of the population, were not covered.

In touting its national health care plan, the Canadian government also promised portability. If I might interject here, we enacted legislation to address the portability issue in 1996 here in Congress. Now, suppose a resident of Quebec became ill in another province. They must pay out of pocket for their health care services. Quebec will reimburse for those services, but will only reimburse them for what that service will cost in Quebec. Does that sound like something we have heard before or something that we would like to have?

The next promise was that it would be a comprehensive program. Let us take a closer look. Each province defines the services that are medically necessary and then only pays for those services. An interesting twist on this is that pharmaceutical and many surgical procedures are, for the most part, not covered for individuals under the age of 65, and only provide partial coverage for those above 65. Still not convinced?

The last promise made was that national health care would be accessible. Since the government has had difficulty in funding this program, it has resulted in rationing of services. I would like to share with my colleagues some excerpts from an article that appeared in *The New York Times* on January 16 of this year. It was aptly titled "Full Hospitals Make Canadians Wait and Look South." The article led by reciting an incident involving a Ms. Boucher at a hospital in Montreal. She ate breakfast on a stretcher in a hall under a note on the wall that marked her patient spot. Sixty-six other patients without rooms also waited in that corridor.

Mr. Speaker, I do not think this is what the American people want. Another very telling example is in Ontario, Canada, Canada's wealthiest province. The waiting list for a magnetic resonance imaging test is so long that one man recently reserved a test for himself at a private animal hospital that had this type of machine. He registered under the name of Fido. This is not a joke, and it certainly is not meant to be funny. It just illustrates how bad the Canadian health care system is now that it is being run by the government.

There are countless examples given in this feature story, and I ask my colleagues to review it. Mr. Speaker, I will ask the article to be made part of the RECORD.

[From the *New York Times*, Jan. 16, 2000]

FULL HOSPITALS MAKE CANADIANS WAIT AND LOOK SOUTH

(By James Brooke)

MONTREAL, JAN. 15.—Dressed in her orchid pink bathrobe and blue velour slippers, Edouardine Boucher perched on her bed at Notre Dame Hospital here on Friday and recounted the story of her night: electric doors constantly opening and closing by her feet, cold drafts blowing across her head each

time an ambulance arrived in the subzero weather, and a drug addict who started shouting at 2:30 a.m., "Untie me, untie me."

But as nurses hurried by on Friday morning, no one thought it remarkable that Ms. Boucher, a 58-year-old grandmother awaiting open heart surgery, had spent a rough night on a gurney in an emergency room hallway. After all, other hallways of this 3-year-old hospital were lined with 66 other patients lying quietly on temporary beds.

To explain overflowing hospitals here and across the nation, Canadian health officials are blaming the annual winter flu epidemic.

But, at the mention of flu, Daniel Brochu, the veteran head nurse here, gave a smirk and ran his pen down the patient list today: "Heart problem, infection problem, hypertension, dialysis, brain tumor, two cerebral hemorrhages." On Thursday, he said, crowding was so bad that he was able to admit one patient only after the ambulance crew agreed to leave its stretcher.

When Canada's state-run health system was in its first bloom, in the 1970's, Americans regularly trooped up here on inspection tours, attracted by Canada's promise of universal "free" health care. Today, however, few Canadians would recommend their system as a model for export.

Improving health care should be the federal government's top priority, said 93 percent of 3,000 Canadians interviewed last month by Ekos Research Associates. In another poll last month, conducted by Pollara, 74 percent of respondents supported the idea of user fees, which have been outlawed since 1984.

"There is not a day when the newspapers do not talk of the health crisis," said Pierre Gauthier, president of the Federation of Specialist Doctors of Quebec. "It has become the No. 1 problem for Quebecois and for Canadians."

In Toronto, Canada's largest city, overcrowding prompted emergency rooms in 23 of the city's 25 hospitals to turn away ambulances one day last week. Two weeks ago, in what one newspaper later called an "ominous foreshadowing," police officers shot to death a distraught father who had taken a doctor hostage in a Toronto emergency room in an attempt to speed treatment for his sick baby.

Further west, in Winnipeg, "hallway medicine" has become so routine that hallway stretcher locations have permanent numbers. Patients recuperate more slowly in the drafty, noisy hallways, doctors report.

On the Pacific Coast, ambulances filled with ill patients have repeatedly stacked up this winter in the parking lot of Vancouver General Hospital. Maureen Whyte, a hospital vice president, estimates that 20 percent of heart attack patients who should have treatment within 15 minutes now wait an hour or more.

The shortage is a case of supply not keeping up with demand. During the 1990's, after government deficits ballooned, partly because of rising health costs, the government in Ottawa cut revenue-sharing payments to provinces—by half, by some accounts. Today, the federal budget is balanced, but 7 hospitals in Montreal have been closed, and 44 hospitals in Ontario have been closed or merged.

Ottawa also largely closed the door to the immigration of foreign doctors and cut the number of spaces in Canadian medical schools by 20 percent. Today, Canada has one medical school slot for every 20,000 people, compared with one for 13,000 in the United States and Britain.

With a buyout program, Quebec induced 3,600 nurses and 1,200 doctors to take early retirement. And across the nation, 6,000 nurses and at least 1,000 doctors have moved to the United States in recent years.

At the same time, demands on Canada's health system grow every year. Within 30 years, the population over 65 is expected to double, to 25 percent.

Unable to meet the demand, hospitals now have operation waiting lists stretching for months or longer—five years in the case of Ms. Boucher.

As a result, Canada has moved informally to a two-tier, public-private system. Although private practice is limited to dentists and veterinarians, 90 percent of Canadians live within 100 miles of the United States, and many people are crossing the border for private care.

Last summer, as waiting lists for chemotherapy treatments for breast and prostate cancer stretched to four months, Montreal doctors started to send patients 45 minutes down the highway to Champlain Valley Physicians' Hospital in Plattsburgh, NY. There, scores have undergone radiation treatment, some being treated by bilingual doctors who left Montreal.

Business has been so good that the Plattsburgh hospital, which was on the verge of closing its cancer unit, has invested half a million dollars in new equipment. And on the Quebec side, the program has allowed health authorities to boast that they have cut the list of cancer patients who have to wait two months or more, to 368 today from 516 last summer.

In Toronto, waiting lists have become so long at the Princess Margaret Hospital, the nation's largest and most prestigious cancer hospital, that hospital lawyers drew up a waiver last week for patients to sign, showing that they fully understood the danger of delaying radiation treatment.

With the chemotherapy waiting list in British Columbia at 670 people, hospitals in Washington have started marketing their services to Canadians in Vancouver, a 45-minute drive.

A two-tier system is also being used for other kinds of operations.

"I would like to buy mother a plastic hip for Christmas, so she doesn't have to limp through the year 2000 in excruciating pain," Margaret Wente, a newspaper columnist for *The Globe and Mail* in Toronto, wrote last month. "I could just drive her to Cleveland, which is fast becoming the de facto hip-replacement capital of Southern Ontario."

Allan Rock, Canada's health minister, disapproves of such attitudes. In an essay in the same newspaper, he wrote sarcastically: "Forget about equal access. Let people buy their way to the front of the line."

In defense of Canada's state health system, he wrote, "Its social equity reflects our Canadian values." Mr. Rock, who hopes to become prime minister one day, said that health delivery could be improved through better, computerized planning. He attacked a proposal in Alberta to allow private hospitals, warning readers, "The precedent may be set for American for-profit health-care providers looking to set up shop in Canada."

But the idea that there may be room in Canada's future for private medicine is gaining ground.

"We have no significant crises in care for our teeth or our animals, largely because dentists and veterinarians operate in the private sector," Michael Bliss, a medical historian, wrote on Wednesday in *The National Post*, a conservative newspaper. "So we have the absurdity in Canada that you can get faster care for your gum disease than your cancer, and probably more attentive care for your dog than your grandmother."

In Ontario, Canada's wealthiest province, the waiting list for magnetic resonance imaging tests is so long that one man recently reserved a session for himself at a private animal hospital that had a machine. He registered under the name Fido.

To Ms. Boucher, who jealously guarded her 15 square feet of corridor space today, such cocktail circuit anecdotes were not amusing. Glumly eating her cold breakfast toast, she said, "It scares us to get sick."

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#### PAYING DOWN THE DEBT

The SPEAKER pro tempore (Mr. COOKSEY). Under the Speaker's announced policy of January 19, 1999, the gentleman from Michigan (Mr. SMITH) is recognized during morning hour debates for 5 minutes.

Mr. SMITH of Michigan. Mr. Speaker, I rise today to suggest that today is an important day up in the New England States. We are looking at the presidential candidates speaking before many listening groups, trying to express what the best course for our future is going to be. I hope the American people understand, Mr. Speaker, the consequences of fiscal irresponsibility in the United States Government.

I bring this chart to demonstrate that we are approaching a fiscal challenge trying to make the decision whether we will start paying down the federal debt or simply continue to spend more. The national debt of the United States, which is the debt subject to the debt limit continues to increase. Right now Congress has passed a budget for this year demanding we not borrow more money from Social Security and spend it on other programs. That's good! However, we still won't have a real balanced budget because we are spending \$70 billion borrowed from the other 112 trust funds. Right now our public debt as defined in law is \$5.72 trillion. If we stick to the budget caps that we set in 1997, by 2002 we could have a real balanced budget that does not use the surplus from any of the trust funds. We would start paying down the total public debt.

Wait a minute, you say, I heard on T.V. that we already have a balanced budget and that Washington is paying off the public debt, and we can do that in 12 or 13 or 15 years. That is not correct. It is dangerous ground because there is a certain degree of dishonesty that is going on, trying to tell the American people that we are paying down the public debt when we are not. There is a certain amount of hoodwinking in suggesting that we really have a balanced budget when we do not. It seems reasonable that we could define a balanced budget as a budget when the total public debt does not continue to increase.

Let me suggest that during the good times it is reasonable to start having a rainy day fund. But a rainy day fund for a government that now owes \$5.72 trillion is starting to pay down that debt. I am a farmer from Michigan. We have always felt that one of our goals would be to try to pay off the mortgage or at least pay down the mortgage so there is a smaller debt load when we pass that farm on to our kids. But here at the Federal Government level we are doing just the opposite. We continue to increase that debt load that future generations are going to have to pay off one way or the other.

Allow me to review the last several years of the federal budget. When Republicans took the majority in 1995, there was a deficit, or overspending, every year between \$200 billion to \$300 billion.

Well, the good news is we have come a long ways. This year, for the first time, we are

at least going to have a balanced budget without using the Social Security surplus. That is the good news. We have turned the corner. We have started slowing down the growth of government.

Here is the bad news. The total public debt is continuing to increase. There are 112 trust funds that the government has. In most of those trust funds we overtax or have higher fees so that there is more money coming into those trust funds than is needed to pay out the particular benefits or expenses in any one particular year right now. So what do we do with that extra money? What government has done and continues to do with that extra money is to spend it for other government programs and write out an IOU to those trust funds. The biggest trust fund is Social Security. We are looking at a surplus, or what is really overtaxation of the payroll tax, to bring in approximately \$153 billion more than what is needed to pay Social Security benefits this year.

The other big trust fund, of course, is the Medicare, civil service pension, military retirement and other trust funds. These 112 other trust funds will bring in an extra \$60 billion. So we are using all that extra money and spending it for other programs and writing an IOU.

So what does government do when those trust funds start needing more money than is coming in from those taxes? We do one of three things: first, we cut out other spending. That is pretty unlikely. We have never been able to do that. We have continued to expand the size of government. Second, we increase taxes. And we have done that all the time. Or we increase borrowing and of course Washington has been doing a lot of that.

I say let us be honest with the American people. Let us hold the line on spending and let us really start paying down this debt. Thank you.

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#### RECESS

The SPEAKER pro tempore. Pursuant to clause 12 of rule I, the Chair declares the House in recess until 11 a.m.

Accordingly (at 9 o'clock and 55 minutes a.m.), the House stood in recess until 11 a.m.

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#### AFTER RECESS

The recess having expired, the House was called to order by the Speaker pro tempore (Mr. LAHOOD) at 11 a.m.

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#### PRAYER

The Chaplain, Rev. James David Ford, D.D., offered the following prayer:

Of all the good gifts that come our way and with all the good spirit that flows from above, we cherish the blessings of thanksgiving and praise. O gracious God, from whom all blessings flow, teach us to remember that spirit that truly marks us as human, the spirit of thankfulness, of appreciation and of celebration. And in that spirit of exaltation, we express our thanks to You, O God, for all the gifts we have received, the gifts of faith and hope and

love, and may we take those gifts and express them in our daily life with deeds of justice to all members of the human family.

This is our earnest prayer. Amen.

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#### THE JOURNAL

The SPEAKER pro tempore. The Chair has examined the Journal of the last day's proceedings and announces to the House his approval thereof.

Pursuant to clause 1, rule I, the Journal stands approved.

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#### PLEDGE OF ALLEGIANCE

The SPEAKER pro tempore. Will the gentleman from Washington (Mr. INSLEE) come forward and lead the House in the Pledge of Allegiance.

Mr. INSLEE led the Pledge of Allegiance as follows:

I pledge allegiance to the Flag of the United States of America, and to the Republic for which it stands, one nation under God, indivisible, with liberty and justice for all.

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#### PRIVATE CALENDAR

The SPEAKER pro tempore. This is Private Calendar day. The Clerk will call the first individual bill on the Private Calendar.

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#### BELINDA MCGREGOR

The Clerk called the Senate Bill (S. 452) for the relief of Belinda McGregor.

Mr. SENSENBRENNER. Mr. Speaker, I ask unanimous consent that the Senate bill be passed over without prejudice.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Wisconsin?

There was no objection.

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#### RICHARD W. SCHAFFERT

The Clerk called the bill (H.R. 1023) for the relief of Richard W. Schaffert.

There being no objection, the Clerk read the bill as follows:

H.R. 1023

*Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,*

#### SECTION 1. WAIVER OF TIME LIMITATIONS.

(a) IN GENERAL.—The limitations set forth in sections 6511 and 6514(a) of the Internal Revenue Code of 1986 (relating to period of limitation on filing claim and on allowance of credits or refunds for tax overpayment) shall not apply to a claim filed by Richard W. Schaffert of Lincoln, Nebraska, for credit or refund of an overpayment of the individual Federal income tax Richard W. Schaffert paid for the taxable year 1983.

(b) DEADLINE.—Subsection (a) shall apply only if Richard W. Schaffert submits a claim pursuant to such subsection within the 1-year period beginning on the date of the enactment of this Act.

The bill was ordered to be engrossed and read a third time, was read the third time, and passed, and a motion to reconsider was laid on the table.