

International Security and Scientific Affairs, and on Europe and the Middle East. For 14 years, Congressman Fountain was Chairman of the Subcommittee on Near Eastern Affairs.

Educated in the public schools of Edgecombe County, Congressman Fountain devoted his life to public service. He attended the University of North Carolina at Chapel Hill where he received his A.B. degree in 1934 followed by his J.D. in 1936. In 1981, the honorary degree of Doctor of Laws (LL.D.) was conferred upon him by UNC.

He practiced law in Tarboro until March 1942, when he entered the U.S. Army as a private in the infantry. He quickly rose through the ranks and was released from service as a major in the Judge Advocate General's Office on March 4, 1946. He ended his military service with the rank of Lt. Colonel (Ret.) in the Army Reserve.

At the end of World War II, Congressman Fountain returned to his law practice in Tarboro. Prior to the war, he had been eastern organizer of the Young Democratic Clubs of North Carolina, Chairman of the Second Congressional District Executive Committee and Reading Clerk of the North Carolina Senate from 1936-1941.

A lifelong advocate of education, Congressman Fountain was a Charter Member of the Board of Trustees, St. Andrews Presbyterian College, Laurinburg, N.C. and served for more than 17 years.

Congressman Fountain received numerous awards for his commitment to higher learning including the North Carolina Citizens Association Distinguished Public Service award, the UNC School of Medicine Distinguished Service Award, and the Distinguished Service to Higher Education and Scholarly Community Award from the Association of American University Presses.

Mr. Fountain was committed to building a strong community. He had recently celebrated 55 years of service as an Elder in the Presbyterian Church, and, beginning in April 1916, he held a perfect Sunday school attendance record for more than 80 years. From 1961-1964 and again from 1977-1980, he served as a Trustee for the National Presbyterian Church, Washington, D.C.

He was a member of the Executive Committee of the East Carolina Council of the Boy Scouts of America, and a member of the local and other Bar Associations, the Elks and Kiwanis Club. He served as Lt. Governor of the Sixth Division of the Carolinas District of Kiwanis International. He was also a former Jaycee and received the Distinguished Service award (Man of the Year) of the Tarboro Jaycees in 1948.

In 1982, the North Carolina League of Municipalities passed a resolution of deep appreciation and commendation to Mr. Fountain for "continued efforts to assist local governments . . . throughout the nation." Shortly thereafter, the Association of Federal Investigators honored Congressman Fountain with an award for "unstinting support for law enforcement and investigation, and for his outstanding career in public service to the American People." He also received a special citation for Distinguished Congressional Service from the National League of Cities and the Leadership and Distinguished Service award from the Association of Federal Investigators.

Upon his retirement in a tribute on the House floor, his colleagues in the Congress described him as "a steady, thoughtful, dedicated and thorough legislator who earned and won the respect of all who came to know him," "an easy man to be with, who was blessed with a special dose of kindness, a courtly gentleman and a scholar, who never lost the common touch", "tirelessly dedicated, refreshingly honest and always a gen-

tleman, known for his loyalty to principle and his dedication to the interests of his constituents", "who faithfully represented the people of North Carolina with great effectiveness," "who cared for the farmers" not forgetting "our country's roots or his own."

As he was in public, so he was at home. After his retirement in 1982, Congressman Fountain dedicated his time to his family. Despite declining health, he was an attentive and loving husband, father and grandfather. He was honest, a strong and loving leader and friend, interesting and interested, tender and forgiving, quick to smile, full of fun and energy, and always able to laugh at himself. An avid sports enthusiast, he rarely missed a UNC football or basketball game.

In 2000, the State of North Carolina honored him by naming a portion of Highway 64 in Edgecombe County the "Congressman L. H. Fountain Highway". Congressman Fountain and his family appreciate his being remembered in such a lasting and meaningful way.

The family will receive at Carlisle Funeral Home in Tarboro on Oct. 12, 2002, 7-9 p.m. A graveside service for the family will be followed by a memorial service celebrating his life for all who would like to attend at Howard Memorial Presbyterian Church in Tarboro at 3 p.m. Sunday, Oct. 13, 2002.

The family is deeply grateful to the staff of Mayview Convalescent Center in Raleigh for the gift of nine quality months, the many good and gracious caregivers in Raleigh and Tarboro, the staff at The Albermarle in Tarboro and Hospice of Wake County. Memorials in memory of Congressman L. H. Fountain may be made to Howard Memorial Presbyterian Church (303 E. St. James St., Tarboro, NC 27886) or to the Institute of Government Foundation, Inc., at the University of North Carolina at Chapel Hill to honor his lifelong commitment to public service, (c/o Ann Simpson, Campus Box 3330, Knapp Building, Chapel Hill, NC 27599-3330).

#### HONORING CONGRESSWOMAN CARRIE MEEK

#### HON. MAJOR R. OWENS

OF NEW YORK

IN THE HOUSE OF REPRESENTATIVES

*Wednesday, October 16, 2002*

Mr. OWENS. Mr. Speaker, we respectfully regret the decision of our colleague from Florida, CARRIE MEEK, to bid us all farewell at the end of this 107th Congress. CARRIE MEEK is a unique and tantalizing politician and public servant who came to this body with a wealth of experience and a reservoir of intense dedication. There will be numerous serious tributes paid to this departing member whose spirit will linger long after she returns home. In a serious but lighthearted RAP poem below, I offer my fond sketch of "Hurricane Carrie":

#### MIAMI HURRICANE WONDER

Miami Carrie  
Is a hurricane wonder—  
Thunder and lightning  
On an electric chain,  
Admirers line up  
For one sip of her magic rain;  
She can flood you with sweetness  
Or drown you in pain.  
In precious flesh tightly wrapped  
Hot spices and pepper together trapped.  
She initiates no seductive action  
But is still a startling attraction;  
In politics or life  
Will nurse you through strife;  
Do your duty

And she'll permit you to stay,  
Try a cheap trick  
And she'll blow you away,  
Renegade on a deal  
She'll refuse any appeal.  
Miami Carrie  
Is a hurricane wonder  
Before her lightning strikes  
She will warn you with thunder.

#### INTRODUCTION OF THE STOP TAK- ING OUR HEALTH PRIVACY (STOHP) ACT

#### HON. EDWARD J. MARKEY

OF MASSACHUSETTS

IN THE HOUSE OF REPRESENTATIVES

*Wednesday, October 16, 2002*

Mr. MARKEY. Mr. Speaker, when you visit your physician, do you know where your medical records are kept? Do you know how your private health information is being used? Do you know who is disclosing your sensitive medical files, to whom, and for what purposes?

These questions have become increasingly urgent for the majority of Americans. According to a recent Gallup Survey, 78 percent of people in the United States believe it is very important that their medical records be kept confidential. But the time has long passed when patients could feel confident that their medical files were locked safely in the office of the family doctor, protected from prying eyes and unauthorized access. Today, interconnected computer networks link your health provider, health plan and various corporate intermediaries such as "health care clearing-houses," that methodically translate your personal health information into digital bits and bytes to track and store your records in databases over which you have little control.

Consumers are particularly concerned about the unauthorized use of their private health information for marketing purposes. That's because companies have exploited patients' sensitive medical records in pursuit of profits. For example:

The chain drug store Eckard's used the signatures obtained by customers when they picked up their prescriptions as authorization to release their information for marketing purposes. Eckard's eventually settled with the Florida Attorney General's office and agreed to require patients to opt-in before their information can be used for marketing.

Several Florida residents received unsolicited samples of Prozac in the mail from a drugstore. A recipient of the Prozac mailing sued her doctor, pharmacy and the drug company for violating her privacy. Fear of private health information falling into the wrong hands has replaced faith in the confidentiality of personal medical records.

A report by Princeton Survey Research Associates indicates that 1 in 6 people in the United States has done something out of the ordinary to keep personal health information confidential, including withholding information from their doctor, providing inaccurate information, or, in some cases, avoiding care entirely.

A "stress test" should not refer to your ability to withstand anxiety over the vulnerability of your medical records.

This summer, the Department of Health and Human Services confirmed consumers' worst fears about threats to the confidentiality of

their health information when it stripped away key privacy protections established during the Clinton Administration. By modifying the Privacy Rule finalized in December 2000, HHS eliminated your right to decide whether your medical information can be shared for the purpose of health care treatment, payment, and so-called "health care operations." These modifications took effect on October 15th.

In the case of treatment, payment and health care operations, the Bush Administration's modifications permit your medical secrets to be used and disclosed to doctors, pharmacists, health insurers, and others without your prior consent.

While treatment and payment are terms that consumers understand and associate with health care, "health care operations" is a category tied closely to commerce, not patient care. In fact, the Bush Administration modifications make clear that health care operations is a vast category that has more to do with business mergers than better medicines:

According to Section 164.501 of the Bush modifications, health care operations means: "The sale, transfer, merger, or consolidation of all or part of the covered entity with another covered entity, or an entity that following such activity will become a covered entity and due diligence related to such activity."

It is understood that this category includes business planning, underwriting, fundraising, and other activities. This means that your private health information can be used without your permission to serve the commercial interests of health care companies, including during transactions such as the sale of an HMO. The Clinton Administration's definition of health care operations not only was narrower, but it also required patient consent before personal health information could be used and disclosed for this purpose.

The Stop Taking Our Health Privacy, or "STOHP", Act puts patients' privacy first by closing massive "privacy peepholes" that HHS opened in these three key areas:

1. Consent: The STOHP Act restores the right of patients to decide whether or not to permit the use and disclosure of their personal health information for purposes of health care treatment, payment and "health care operations." The STOHP Act includes common-sense exceptions to the consent requirement for such purposes as filling a prescription and making referrals. In August, HHS eliminated patient consent in these three important cases, denying patients the fundamental right to decide for themselves whether to share their private health information.

2. Marketing: The STOHP Act ensures that pharmacists do not become secret agents for drug companies. When you receive treatment recommendations from your pharmacist, you should not have to wonder who stands to benefit more: you or the pharmacist or drug company. Our bill would reverse the change that HHS made to the marketing definition, which allows health providers to send unsolicited health recommendations to patients that are paid for by drug companies but do not inform patients of the pharmacist's financial incentives or provide patients the opportunity to opt-out of receiving such communications in the future.

3. Disclosures to FDA-regulated entities like drug companies: The STOHP Act narrows the purposes for which personal medical information can be used or disclosed to these entities

without patient consent. Our bill limits non-consensual disclosure to these entities for the purpose of strict public health priorities such as drug recalls. The August modifications created a broader exemption that allows non-consensual disclosure of patient information to drug companies for a wide range of activities, which may include marketing campaigns.

I am pleased to be joined by my colleagues Representatives DINGELL, WAXMAN, BERMAN and CAPUANO as we introduce the Stop Taking Our Health Privacy Act of 2002.

Today we take steps to apply age-old principles of medical privacy to the realities of the information age. Today we seek to restore longstanding patient protections, ensure the confidentiality of the physician-patient relationship, and rebuild patient trust in the health care system, all of which are essential for the delivery of quality, thorough health care.

REGARDING H.R. 5646, THE STOP  
TAKING OUR HEALTH PRIVACY  
ACT OF 2002

HON. HENRY A. WAXMAN

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Wednesday, October 16, 2002

Mr. WAXMAN. Mr. Speaker, Americans are deeply concerned with ensuring the privacy of their health information. Every day, in fact, the need for medical privacy protections grows more urgent. Advances in information systems are increasing the possibilities for accessing health information, and genetic developments are increasing capabilities to screen for sensitive information regarding an individual's susceptibility to certain conditions or diseases.

Unfortunately, the Bush Administration recently took a major step backward in providing medical privacy protections to American consumers. In August 2002, the Administration opened up large loopholes in medical privacy protection with changes to the Federal medical privacy rule that had been finalized in December 2000 by the Clinton Administration.

The medical privacy rule was the culmination of many years of hearings, study, and analysis in which the Administration, members of Congress, and a multitude of interested parties participated. The rule established a sound foundation for addressing the complex issues relating to medical records privacy.

But the Bush Administration's August 2002 changes undermined the privacy protection provided by the rule. The changes eliminated the rule's requirement that individuals must give consent before their personal health information can be used for treatment, payment, and a broad category of activities called "health care operations."

The Bush Administration also decreased privacy protections relating to marketing activities by removing privacy protections for activities that most consumers consider to be marketing.

Further, in a so-called "public health" provision, the Bush Administration created a broad exemption that allows disclosures of health information without patient consent to drug companies and other entities regulated by the FDA for a wide range of purposes. The December 2000 rule, in contrast, allowed such disclosures only for a narrowly defined list of health-related activities such as reporting adverse events associated with drugs.

Because of the damage the Bush Administration did to medical privacy in August 2002, I am joining Representative ED MARKEY, Representative JOHN DINGELL, and others in introducing H.R. 5646, the Stop Taking Our Health Privacy Act of 2002. This bill would: (1) reinstate the December 2000 rule's patient consent requirement for treatment, payment, and health care operations while ensuring that this requirement does not undermine essential health care activities such as filling prescriptions and making referrals; (2) strike the Bush Administration's definition of "marketing," thereby ensuring that the rule's privacy protections apply to activities consumers consider marketing; and (3) eliminate the broad exemption the Bush Administration created that would have allowed disclosure without consent to drug companies, while ensuring that disclosures essential for public health purposes are allowed.

This bill is necessary to restore Federal medical privacy protections that were taken away by the Bush Administration. At the least, Congress should ensure that Americans have at least the same medical privacy protections that were established in the December 2000 rule.

Congress of course must go beyond remedying the damage done by the Bush Administration. In large part due to statutory restrictions on the authority of the Secretary of Health and Human Services, gaps in medical privacy protection remained after the December 2000 rule. We need to ensure that all entities that maintain an individual's health records take appropriate steps to protect the privacy of that information. We also need to provide protections against discrimination by employers and health insurers based on an individual's genetic information—protections that are increasingly important as we continue to gain understanding of the human genome.

I will continue to work to enact comprehensive protections regarding the disclosure and use of individuals' personal health information.

AUTHORIZATION FOR USE OF  
MILITARY FORCE AGAINST IRAQ  
RESOLUTION OF 2002

SPEECH OF

HON. XAVIER BECERRA

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Thursday, October 10, 2002

Mr. BECERRA. Mr. Speaker, any nation engaged in a program of building weapons of mass destruction presents a danger to international peace and stability. Any leader who flouts the rule of law is a menace to liberty and democracy.

Over the past couple of months the President has attempted to lay out the case for aggression against Iraq. I agree with the President that the actions of Saddam Hussein in his defiance and deception of the international community reveal a "history of aggression."

In my mind, the President has made a strong case that Iraq must disarm, pursuant to the United Nations resolutions enacted following the close of the Persian Gulf War. But the President did not convince me that we should go to war and go it alone. Nor has he made the case that we should change our longstanding policy and defy international law and commit to a first strike.