

of the House whenever the chairman considers it appropriate.

RULE 23. BROADCASTING OF COMMITTEE HEARINGS & MEETINGS

(a) Television, Radio and Still Photography. (1) Whenever a hearing or meeting conducted by the Committee or any subcommittee is open to the public, those proceedings shall be open to coverage by television, radio, and still photography subject to the requirements of Rule XI, clause 4 of the Rules of the House of Representatives and except when the hearing or meeting is closed pursuant to the Rules of the House of Representatives and of the Committee. The coverage of any hearing or meeting of the Committee or any subcommittee thereof by television, radio, or still photography shall be under the direct supervision of the Chairman of the Committee, the subcommittee chairman, or other member of the Committee presiding at such hearing or meeting and may be terminated by such member in accordance with the Rules of the House.

(2) Personnel providing coverage by the television and radio media shall be then currently accredited to the Radio and Television Correspondents' Galleries.

(3) Personnel providing coverage by still photography shall be then currently accredited to the Press Photographers' Gallery.

(b) Internet Broadcast. An open meeting or hearing of the committee or subcommittee may be covered and recorded, in whole or in part, by Internet broadcast, unless such meeting or hearing is closed pursuant to the Rules of the House and of the Committee. Such coverage shall be fair and nonpartisan and in accordance clause 4(b) of House Rule XI and other applicable rules of the House of Representatives and of the Committee. Members of the Committee shall have prompt access to any recording of such coverage to the extent that such coverage is maintained. Personnel providing such coverage shall be employees of the House of Representatives or currently accredited to the Radio and Television Correspondents' Galleries.

RULE 24. CHANGES IN COMMITTEE RULES

The committee shall not consider a proposed change in these rules unless the text of such change has been delivered or electronically sent to all members and notice of its prior transmission has been in the hands of all members at least 48 hours prior to such consideration; a member of the Committee shall receive, upon his or her request, a paper copy of the such proposed change.

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Illinois (Mr. DAVIS) is recognized for 5 minutes.

(Mr. DAVIS of Illinois addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

□ 1800

WHO WILL GAIN THE TRUST OF THE IRAQI PEOPLE

The SPEAKER pro tempore (Mr. BARRETT of South Carolina). Under a previous order of the House, the gentleman from New York (Mr. OWENS) is recognized for 5 minutes.

Mr. OWENS. Mr. Speaker, we are all celebrating Iraq's election, and I certainly join in the celebration. But I hope we realize that the great slogan that was almost universal, every candidate, every party says, Vote and the

Americans will go home soon; the more you vote, the faster we will get the occupying troops out. I think we should understand that.

We have a problem here with the trust of the Iraqi people. The problem is, who will gain the trust of the Iraqi people. Will we be able to gain that trust by behaving in a certain way, not just speaking and talking about guaranteeing liberty and freedom, but also justice?

Will we be able to gain the trust before the outside forces of bin Laden?

Time is on bin Laden's side. The longer we wait, the longer we hesitate, the longer we occupy Iraq and stay there, the more he will gather in new forces and recruit new people to come in. So we don't have an infinite amount of time.

We should prepare an exit strategy and move on that exit strategy immediately. The problem is, how do you gain the trust of the people of Iraq in order to guarantee that the insurgents will have no support among the people. The less support the insurgents have among the people, the more secure Iraq will become.

Step one in any successful departure from Iraq, and I think we can have a successful end to this occupation, step one in that successful end to the occupation would be to put a discussion of oil on the table. An open and truthful discussion of the oil revenues of Iraq should be on the world table.

Oil is part of the problem. Oil can be a part of the solution. In fact, oil is possibly the major problem, and oil can be the major solution. Let us have an honest discussion of what is going to happen to the revenue earned by the oil of Iraq.

Iraq is quite fortunate. Despite all of its great troubles, it does have beneath the soil enough oil to keep the country prosperous for many decades to come. It does have enough oil to rebuild the country and to do things that resources can provide.

Within the next 90 days, if you want a successful exit strategy, within the next 90 days a conference should be called. An international conference should be called on the distribution of the oil revenue of Iraq.

What will the distribution of that revenue be?

I think the conference should guarantee that the great majority of the revenue, most of the revenue will go to the Iraqi people. Whether that is paid directly to the Iraqi Government or whether it is through some taxing arrangement on privately produced oil from private companies does not matter. Some way, we should guarantee that the benefits of the oil, the revenue, most of it, goes to the people of Iraq.

There are other problems, because people have invested in the oil wells of Iraq. There are problems, because a great deal of money has to be poured in the provision of technical assistance. Technical assistance, and the cost of

that, is part of the problem with respect to France and Russia's and Germany's involvement in Iraq before the war. France, Russia, all must be invited to the table. Germany, China, everybody should come to the table. We need the sanctioning of whatever agreement is reached by the entire international community. If the Iraqis will trust what happens and believe it is true, it must have all the people at the table who can guarantee it will be carried out appropriately.

Step two would be to say, once we have dealt with the problem of oil, and there is so little discussion of the problem of oil, of what exactly is the role of oil in this whole conflict, it is frightening. It is dishonest, of course, not to discuss oil and how oil brought us there and how oil is being handled right now.

When we moved our troops into Iraq, most people don't know it, but we immediately secured the oil wells. Before they dealt with the museums or the city halls, the hospitals or any other facility, the Marines and the invading forces secured the oil wells.

There are some written agreements already, I understand, that the oil industry in the future in Iraq must be privatized. I do not know how such agreements can be enforced. I do not know how they could be generated, but I hear rumors that privatization of the oil is a condition that is written somehow into the agreement with the Iraqi interim government, and it has to be a part of the constitution, et cetera.

Oil is a problem. Let us guarantee that the greater benefits of that oil go to the Iraqi people. Once you have done that, in the next 90 days, that can be done, once you have done that, then steps can be taken to move forward toward a constitutional government.

The people elected now were elected primarily to write a constitution. They should be given an incentive by being told that after this constitutional process, a certain number of days after that process, we are leaving. They should be given that incentive.

I understand the scheduling probably is a year away. I do not know exactly what the timetable is at that point. But if they have to delay, then they delay the occupation. If they move it faster, there will be some incentive there so that they will see the occupying troops leave that much sooner. It does not take rocket science to resolve this problem if there is going to be real honesty.

The great fear of the Iraqi people is that they will get no justice. And if they fear they will get no justice, they will turn more and more to outsiders. Bin Laden and his insurgents will become stronger and stronger, and more and more Americans will lose their lives, and more and more dollars from American taxpayers will be pumped into this situation needlessly.

I say that we should understand that. Oil was the problem and oil can be the final solution.

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from New Jersey (Mr. PALLONE) is recognized for 5 minutes.

(Mr. PALLONE addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

CLINICAL LABORATORY COMPLIANCE IMPROVEMENT ACT OF 2005

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Maryland (Mr. CUMMINGS) is recognized for 5 minutes.

Mr. CUMMINGS. Mr. Speaker, today I am introducing the Clinical Laboratory Compliance Improvement Act of 2005, legislation to improve accuracy and reliability in medical testing and provide protection for employees who report laboratory problems to their superiors or regulatory entities.

Medical laboratory testing is a fundamental pillar of our Nation's health care system. Virtually every American undergoes testing in the course of receiving medical care and relies on the accuracy of laboratory tests to receive appropriate medical care and treatment. Incorrect test results in the worst case can contribute to a misdiagnosis that leads to inappropriate care and possible adverse health consequences for the patient. In the best case, incorrect or invalid results can lead to undue stress and inconvenience.

Inaccurate testing for communicable diseases can pose a serious threat to the public health. In May and July of 2004, the House Subcommittee on Criminal Justice, Drug Policy and Human Resources of the Committee on Government Reform held hearings to investigate lab deficiencies that led to the release of hundreds of invalid test results by the Maryland General Hospital located in my district in Baltimore City. I requested the hearings as the subcommittee's ranking minority member, and with the cooperation and support of the distinguished chairman, the gentleman from Indiana (Mr. SOUDER), the subcommittee conducted the hearings on a strictly bipartisan basis.

During the hearings, the subcommittee received testimony from Teresa Williams and Kristin Turner, two former laboratory employees who complained to superiors and State health officials about serious, long-standing deficiencies in the lab, including failure to implement quality controls on a diagnostic device used to read tests for HIV and hepatitis.

Officials from the Food and Drug Administration and the Centers for Medicare and Medicaid Services, responsible for implementing Federal regulations governing medical diagnostic devices and laboratory operations, respectively; the former chief executive of Adaltis US, Inc., manufacturer of the device used to run the invalid test; the College of American Pathologists, a private accrediting organization responsible for certifying the labora-

tory's compliance with Federal and State regulations on behalf of CMS and the State; and the Maryland Department of Health and Mental Hygiene all testified.

It was Ms. Turner's complaint in December 2003 that triggered investigations by the State CMS, the Joint Commissioner on Accreditation of Healthcare, JCAHO, and CAP, between January and March. The investigations confirmed Ms. Turner's allegation that during a 14-month period between June 2002 and August 2003, Maryland General Hospital issued more than 450 questionable HIV and hepatitis test results to hospital patients.

During this time period, the hospital laboratory was inspected and accredited for 2 years by CAP, receiving CAP's Accredited With Distinction Certificate. Despite an earlier anonymous complaint by Ms. Williams and several colleagues, the State also was unable to identify the problems, and serious deficiencies in two key departments of the lab went undetected by CAP and the State until January of 2004.

In Spring of 2004, inspectors from the States' EMS and JCAHO concluded that the laboratory staff had falsified federally required instrument quality control results and reported patient results even though quality control checks had failed. Learning of the problems by way of news reports, CAP conducted a complaint inspection in April, found similar deficiencies, and suspended accreditation of the lab's chemistry and point-of-care departments for 30 days.

To its credit, Maryland General Hospital conducted its own internal review and vigorously undertook efforts both to retest the affected patients and to revamp the lab's leadership and operations.

Fortunately, retesting verified the accuracy of the overwhelming majority of tests, and Maryland General has made enormous strides in improving its lab operations so that patients receive results that are accurate and reliable.

Nevertheless, Mr. Speaker, this is a situation that caused great distress to the community that the Maryland General serves.

I should note that I live in that community, and I have received care at Maryland General Hospital. This is a situation that could have put lives in jeopardy and one that simply should never have occurred, given the regulatory safeguards that exist to ensure quality testing.

Congress recognized the importance of ensuring that all Americans receive accurate diagnostic test results when in enacted Federal Standards for Medical Laboratories under the Clinical Laboratories Improvement Amendments of 1998, now known as CLIA. Under the CLIA, the Centers for Medicare and Medicaid Services were charged with developing and implementing regulations to ensure that all labs conform to strict Federal guidelines.

CMS directly inspects some labs to ensure CLIA compliance and State health agencies are responsible for inspecting and certifying the compliance of others. In addition, pursuant to CLIA regulations and agreements between CMS and the States, clinical laboratories that choose to be accredited by CAP or one of five other private accrediting organizations, are deemed to be in compliance with State and Federal regulatory requirements and can bill for services provided for Medicare beneficiaries.

Mr. Speaker, there is no doubting the fact that CLIA has made medical testing more accurate and more reliable, and surely the overwhelming majority of labs do their best to conform to these high standards. Unfortunately, the Maryland General case clearly demonstrates that not all laboratories will play fair and that the current system does not guarantee that serious instances of noncompliance will be detected or corrected.

Testimony before the subcommittee indicated that in the Maryland General case, laboratory supervisors failed to implement quality control measures and deliberately masked lab deficiencies from inspectors from CAP and the State. Employees who complained were subject to retaliation and intimidation.

NO CRISIS IN SOCIAL SECURITY

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Texas (Mr. GENE GREEN) is recognized for 5 minutes.

Mr. GENE GREEN of Texas. Mr. Speaker, I rise to help dispel the ridiculous myth that Social Security is in a state of crisis.

If you listened to the President at the State of the Union or out on the stump, you have heard the President use words like "broke," "bust" or "bankrupt." Mr. Speaker, Social Security is neither broke nor bankrupt. The program is certainly not in crisis. A crisis is an imminent problem. Yet, while the President cries "crisis," Social Security continues to bring in more than it pays out in benefits.

According to the Social Security trustees, the program will continue to do so for the next 13 years, until 2018, when the trust fund will be tapped to help pay for benefits. Even then the cries of "crisis" would be melodramatic because the money accumulated in the trust fund would be able to provide full benefits for the next quarter of a century.

As a recent Washington Post article put it, calling 2018 a crisis point is "like saying that Bill Gates will be strapped if he works only part-time." Just as Bill Gates has his personal trust fund to draw down, the Social Security trust fund will have more than \$3.7 trillion in it in 2018. If our government is going to pay back the debts we owe to someone in a foreign country that invests in Treasury notes, why