

requirements. In all these cases the regulations would be unnecessary and wasteful.

However, a number of the concerns they raised have not been addressed, and I look forward to working with my colleagues in both Chambers to ensure that those matters are addressed as the bill moves through the process. Most importantly, it will be critical to assure that none of the new safety standards weaken the standards under the National Organic Program. In addition, it will be important that we facilitate and enhance the role of conservation and sustainability practices to address food safety issues. And we must ensure that the fee structure in the bill does not disproportionately impact small agricultural producers.

I thank my colleagues again for their leadership and prompt action on this matter, and I urge my colleagues to support this bill, and to work to fine-tune it as it moves through the legislative process.

CRITICAL ISSUES FACING SUDAN

HON. JAMES P. MCGOVERN

OF MASSACHUSETTS
IN THE HOUSE OF REPRESENTATIVES

Friday, July 31, 2009

Mr. MCGOVERN. Madam Speaker, Sudan has been ravaged by intermittent civil war for four decades. Over the last 20 years, more than two million people have died in Southern Sudan due to war-related causes and famine, and millions more have been displaced from their homes. In January 2005, after two and a half years of negotiations, the Sudan People's Liberation Movement (SPLM) of the South and the Government of Sudan signed a final peace agreement known as the Comprehensive Peace Agreement (CPA). According to the United Nations, U.S. officials and Sudan observers, the implementation of the CPA has been selective and at times deliberately slow. With national elections scheduled for April 2010, the implementation of the CPA is critical.

Yesterday, on Thursday, July 30, 2009, the Tom Lantos Human Rights Commission held a hearing on "Ensuring the Human Rights of the People of Sudan: Implementation of the 2005 Comprehensive Peace Agreement." The distinguished witnesses testifying before the Commission were Ezekiel Lol Gatkuoth, Head of Mission, Government of South Sudan Mission in the United States; Roger Winter, former Special Representative on Sudan, Department of State; John Norris, Executive Director, the ENOUGH Project; and Amir Osman, Senior Director of Policy and Government Relations, Save Darfur Coalition.

Mr. Osman, a native of Sudan, fled his home country in 2003 because his work on human rights had put his life at risk. He was resettled in the United States in 2006 through the United Nations High Commissioner on Refugees, moved to Washington, D.C., and joined the Save Darfur Coalition. It is my privilege to share his testimony with my colleagues.

SAVE DARFUR COALITION—TESTIMONY OF AMIR OSMAN

Good afternoon. Chairman McGovern, Chairman Wolf, thank you very much for inviting me to testify today on this very important issue before this very important commission. I appreciate the opportunity to talk about the critical issues currently facing my home country of Sudan.

It was a difficult decision for me to flee Sudan in 2003. I left because my work on human rights had put my life at risk. As a refugee living in Egypt, I continued to advocate for peace, justice, and democracy in Sudan at the American University in Cairo and the Cairo Institute for Human Rights Studies. I specifically focused on the genocide in Darfur during those years.

After being resettled to the United States in 2006 through the UNHCR, I moved here to Washington and joined the Save Darfur Coalition to aid its international advocacy efforts. As co-senior director of policy and government relations, I help design and implement the coalition's international policy, advocacy and outreach to foreign governments, and international partner organizations in Europe, Africa, and the Middle East. I also focus on the human rights situation in Sudan and the peace processes in Darfur and South Sudan.

During the past decade, President Omar al-Bashir and his inner circle have transitioned from an ideologically driven regime to one whose primary aim is self-preservation. The regime now makes human rights compromises when it feels compelled to do so. The regime's continued abuses have been well-documented by human rights organizations. Regular warnings have been issued about illegal detentions, unfair trials, press censorship, and the routine harassment of journalists. In addition, current laws do little to protect victims of gender-based crimes.

The most urgent human rights challenge in Sudan today, however, continues to be the crisis in Darfur. Three million displaced civilians continue to suffer as a result of the genocide that began in 2003. While the systematic destruction of villages has largely ended, the people of Darfur continue to live in a lawless, dangerous environment, where rape continues to be a daily terror.

On March 4th, the Sudanese government demonstrated its ability to cut off humanitarian aid at any moment from the 4.7 million Darfuris who depend on it.

The mass violence committed by the Sudanese government several years ago has been replaced with the harassment, detention, torture, and murder of Sudanese civil society leaders. This violence led a significant number of the Sudanese human rights defenders to flee the country shortly after March 4th. Such abuses must be stopped.

The suffering in Darfur resembles in many ways the war in Southern Sudan. Both Darfuris and Southern Sudanese have experienced the bombing of villages and mass civilian displacement. The Sudanese government's use of humanitarian aid as a weapon of war and its divide and rule tactics amongst Southern rebels have also been repeated in Darfur.

At the same time the Sudanese government was launching its genocidal campaign in Darfur, it was negotiating with the SPLM an end to the conflict in the south. Bashir made the calculation that the international community would turn a blind eye to Darfur in the effort to get the CPA signed. His calculation turned out to be largely correct.

Bashir's favorite tactic is to delay true reforms by creating crises that distract the international community, allowing Bashir to never actually fulfill any of his promises. The international community enables Bashir by focusing on the crisis of the moment rather than a comprehensive solution. The NCP is using cooperation on the implementation of the CPA as leverage to resist international pressure on Darfur. And it is working.

The United States and the international community have failed to develop policies suited for dealing with a regime which lacks

a fundamental willingness to transform into the democratic state envisioned by the CPA. Sudan issues will not be resolved satisfactorily between just the NCP and SPLM or the NCP and the Darfuri rebels. All of Sudanese civil society must be empowered to participate in these processes.

The United States must understand that Sudan's crises cannot be managed forever or resolved individually. Only when the international community demands serious judicial and democratic reforms will there ever be a chance to resolve South Sudan and Darfur and move towards lasting peace. Policymakers have too often focused on the South to the detriment of Darfur, or Darfur to the detriment of the South. But Darfur and South Sudan are not separate problems; they are the result of a single problem: the undemocratic, centralized, and abusive nature of the ruling regime. Only when this problem is addressed will peace be forthcoming.

There is an urgent need for a coherent and comprehensive strategy to guide Sudan to a more democratic and peaceful future. Such a strategy requires that important and difficult choices be presented to the NCP. The Sudanese government must be forced to choose between cooperation and confrontation.

If they cooperate by ending the violence in Darfur, ensuring accountability through cooperation with the ICC, and fully implement the CPA, they may be allowed to reap the benefits of becoming a responsible member of the international community. If they continue to delay implementation of the CPA and continue to attempt to divert and distract the international community by using one conflict as leverage against the other, they must face real consequences.

While we here in Washington sit and debate policy, the people of Sudan continue to suffer. This policy debate should not be complicated. The United States and its allies must force Sudan's hand and then commit to seeing this through. We have played Bashir's game too long to be fooled any longer.

MINNESOTA HEALTH CARE

HON. BETTY MCCOLLUM

OF MINNESOTA
IN THE HOUSE OF REPRESENTATIVES

Friday, July 31, 2009

Ms. MCCOLLUM. Madam Speaker, on July 20th, I held a health care hearing in the Minnesota State Capitol to discuss the challenges and opportunities for health care reform presents for Minnesota. Representatives from patient advocate groups, health plans, hospitals, health plans, County Commissioners, and State House Representatives were in attendance. The speakers discussed the need to expand preventative care, to end the practice of denying coverage for pre-existing conditions, and to improve access to quality, affordable care.

In the hearing, I heard over and over again that the current flawed Medicare reimbursement formula is harming Minnesota. The people of Minnesota want health care reform that addresses the three major challenges in health care reform—cost, quality, and access—none of which can be addressed without fixing the Medicare reimbursement formula. I support moving towards a system that ensures that all patients will receive evidence-based, quality care as the standard.

I would like to enter the testimony from the hearing witnesses from this event into the CONGRESSIONAL RECORD.

TESTIMONY OF REPRESENTATIVE THOMAS HUNTLEY

Good morning Rep. McCollum, I commend you for holding this hearing on the need for national health care reform.

Minnesota is one of the nation's healthiest states with one of the highest insured rates in the nation. Investments in coverage for low-income families, strong public health initiatives, and a primarily non-profit insurance system have all contributed to our state's reputation for a health care system that provides high-quality care at a relatively low-cost compared to other states. Yet due to rising costs, our state's current system is unsustainable without substantial payment reform at the federal level.

In 2008, health care leaders from around the state collaborated on comprehensive health care reform legislation that mirrors many of the proposals being discussed at the federal level: an individual insurance mandate, investment in prevention, insurance market reforms, and care coordination incentives for providers. One of the central components of the legislation—and the one that has the most potential for cost-savings—was payment reform. There was a bipartisan consensus that transforming the health care system must start with changing the way we pay for health care. Without substantial cost containment at the state and federal levels, neither Minnesota, nor the United States, can hope to afford the costs of universal coverage.

The underlying payment structure fails to adequately meet the care needs of patients and undermines health care providers' attempts to provide high quality health services. Our entire health care system's payment regimen is built on Medicare standards that emphasize a "tyranny of the visit" philosophy which pressures providers to increase volume, does not value quality, and prioritizes specialty care at the expense of primary care. In too many instances, the result is inappropriate care provided to patients which does nothing more than increase total health spending.

In order to begin to contain costs, Minnesota's legislation included a number of reforms that restructure the payment system, moving us away from Medicare-based standards and toward a system that promotes quality-care and transforms the way health care is delivered and received. The payment reform included three components to both hold providers accountable and encourage evidence-based, high-quality health care. At each level there was an emphasis on the need for transparency for both providers and consumers.

1. Explicitly pay providers for the quality of care they provide.
2. Encourage care coordination through a medical home model that improves access to primary care.
3. Establish a system of accountability for the total cost of care through bundled care pricing.

Without similar, or even more aggressive payment reforms in Medicare, our health care system's growth will be unsustainable. Medicare's participation is essential in order to create a critical mass of payers in the new system. Providers in Minnesota have spoken up regarding the disincentives in the current payment system to develop new strategies to provide more efficient forms of health care. For instance, in Minnesota a number of health care systems have initiated new approaches to managing chronic conditions including congestive heart failure, hypertension and diabetes. While their patient outcomes have dramatically improved and they have seen reductions in hospitalization, these systems have consistently lost money

because the current Medicare-based payment structures do not reimburse for non-office visit treatment.

Similar reforms are also being discussed in Congress. A Call to Action released by Senator Baucus in November outlined the need for pilot programs around accountable care organizations in Medicare as a way of testing new payment structures. Similarly the House Tri-Committee bill authorizes the Secretary of Health and Human Services to develop new cost containment methodologies including accountable care organizations and medical homes. In Minnesota we have already started down this path and should be rewarded for our innovation.

Representative McCollum, I know you are aware of the situation health care providers face in Minnesota. I want to thank you, as well as Minnesota Representatives Oberstar, Paulsen, Walz and Ellison, for your recent letter on this issue. As the health care reform bill moves through the House, I know you will be a strong voice for the change we in Minnesota deserve. I fear that if Congress waits to enact real payment reform that we all will pay the price.

As we all know there is no silver bullet to solving our nation's health care crisis. We must work together to achieve the kind of health care system we all deserve. The consequences of doing nothing will leave us with an impossible situation. We must begin to change the system we have into a system that works. This is a unique opportunity to make a difference; a point in time that will not last forever.

President Obama made the case in his February Address to Congress this year stating "... a century after Teddy Roosevelt first called for reform, the cost of our health care has weighed down our economy and the conscience of our nation long enough. So let there be no doubt: Health care reform cannot wait, it must not wait, and it will not wait another year."

TESTIMONY OF REPRESENTATIVE ERIN MURPHY

Good morning. My name is Erin Murphy. I am a registered nurse and a State Representative from district 64 A in St. Paul. Thank you for holding this hearing in Minnesota and for the invitation to testify today.

We must reform health care in America. In the middle of the debate, it may seem impossible to traverse the sharp policy and political questions before us but we must. The status quo is unsustainable and unacceptable. While individuals expect and often receive excellent care and cure, American lacks a coherent system of care delivery and payment. The result is a highly fragmented system delivering fragmented episodes of care. Too little attention is paid to the ultimate goal of health.

Americans are paying a high price for overwhelming individual and population outcomes. We are in that rare moment of opportunity to change course. We must change course.

I am delighted to have the opportunity to share with you a perspective from Minnesota. As you well know, Minnesota is an innovator and has long led the nation's efforts in health policy, value and reform. Along with our upper Midwestern neighbors, we are a high value low cost state.

We must reform the nation's health care delivery and payment systems to set the foundation for continued innovation and demonstration in Minnesota. We must embed what we know is working in Minnesota and the upper Midwest to deliver high value for lower relative cost across the Country. Finally, we must ensure that every American is covered so they get the right care at the right time for a good price.

COVERAGE

For many years we have focused on coverage as a primary solution. That so many Americans lack coverage for needed care is wrong, plain and simple. That health care is so expensive that necessary treatment of disease is financially out of reach for so many is wrong, plain and simple. Relying on the emergency room as the primary point of care for the uninsured is wrong, plain and simple.

Getting everyone into coverage is imperative, morally and financially. An individual mandate and guaranteed issue of coverage, regardless of preexisting condition will yield more coverage with shared responsibility between individuals and insurers. A public option will give Americans a choice between private coverage and a publicly backed coverage.

A public option provides opportunity to further drive delivery and payment reforms. If the public option cements the status quo in terms of payment and delivery, it will compound the problems with which we are already struggling. But if the public option serves to propel reforms, it enhances efforts to deliver better care for a better price.

Minnesota has worked over two decades to assure coverage employing Medicaid, Minnesota Care and General Assistance Medical Care. The Governor's line item veto of General Assistance Medical Care has undermined 20 years of effort in Minnesota. I ask that Congress consider this as it contemplates any state maintenance of effort. Maintenance of effort is an important means to balance state and federal efforts. Allowing state flexibility in policy reform while maintaining access provides state policymakers with the tools necessary for continued innovation.

DELIVERY REFORM

Our fragmented delivery system is providing fragmented care and we are paying a high price. Care for those with chronic conditions such as diabetes and heart disease accounts for upwards of 60 percent of all Minnesota's health care costs. This stark fact has served as a focal point in Minnesota. We must pursue policies to prevent the onset of disease and invested in care that will keep those with chronic conditions healthy and out of the hospital.

PAYMENT REFORM

Current payment is weighted to specialists and procedures and away from interventions to maintain health. For example, a surgeon is paid more for the amputation of a diseased diabetic limb than is a primary care provider for disease management preventing the loss of the limb.

Medicare sets the standard in payment. I urge the inclusion of large scale payment reform such as accountable care organizations or a total cost of care model. Without similar, or even more aggressive payment reforms in Medicare, our health care system's growth will be unsustainable. Medicare's participation is essential in order to create a critical mass of payers in the new system.

Short of large scale change, I urge state flexibility in Medicare payment. A Minnesota or upper Midwest demonstration in payment will permit us to demonstrate the Congress and the nation the means to deliver high quality care for a better price.

Achieving significant health care reform in this country has for decades been a uniquely challenging and complex issue. The grind between dogged political frames has proved insurmountable for policy makers. Entwined state and federal policy and funding, limits state policy reform efforts and calls for federal action. The urgency of growing costs and shrinking access compels our action. 40 years ago, America put a man on the moon, a seemingly unachievable goal. We did that—and we will do this too. We must.

Thank you for your courage and hard work. I stand with you in your efforts to enact federal reform while promoting and protecting the value the care delivered in Minnesota.

TESTIMONY OF REPRESENTATIVE MARIA RUUD

Good morning Rep. McCollum. Thank you for holding this hearing on federal health care reform. I appreciate the opportunity to be here today.

I have been a Nurse Practitioner for 21 years and am serving my third term in the Minnesota House of Representatives.

Health care reform can only occur if we enact true payment reform. With the current system there is a disincentive to provide the care needed. Paying for more tests, more procedures, and more visits rewards waste and inefficiency. The focus needs to change from reimbursement based on volume to reimbursement based on outcome.

Part of the reason our health care system has been able to function for as long and as well as it has is because there are a number of individuals who are deeply committed to serving their patients well. But our current payment system is making it increasingly difficult to deliver effective care.

For example, pay for production—pay for the number of patients seen or procedures performed—drives costs up and is a disincentive to provide the appropriate care at the appropriate time.

We have evidence-based medicine to inform providers, about what the most effective option is for the patient to achieve a healthy outcome. Access to preventative care and screenings, early and consistent management of chronic health conditions.

It comes down to providing the incentives that will help us achieve the goals we seek—well-being and healthy outcomes.

Now is the time to be bold. To align the incentives with the outcomes we desire. Providers want to do it—it is their calling to provide the most effective care possible.

TESTIMONY OF SHANE DAVIS, SECRETARY-TREASURER, SEIU HEALTHCARE MINNESOTA

Good Morning Representative McCollum: At this critical moment, while Congress is deciding to pass quality affordable healthcare for all, I want to sincerely thank you for this opportunity to testify. I would also like to publicly acknowledge your good work in supporting the principles of healthcare reform, put forward by Health Care for America-Now, an important coalition SEIU is proud to support.

My name is Shane Davis; I am the Secretary-Treasurer of SEIU Healthcare Minnesota. We represent more than 17,000 healthcare workers around the state of Minnesota. Our Members, by the thousands, work every day and night for companies currently recognized nationally as models of high-quality, low-cost healthcare, such as Allina, HealthPartners, and the Mayo Clinic. The Minnesota recipe for high-quality, low-cost healthcare includes workers having a real voice on the job. This encourages labor and management to work in partnership; increasing productivity and putting patient care experiences and health outcomes first.

Those of us who bargain contracts have first-hand experience in how badly we need health care reform. The ability to bargain for higher wages, for training funds to upgrade the skills of our members, for higher pensions so that workers can look forward to a secure and dignified retirement has been deeply compromised by escalating health care costs. We've heard that the CEO of Starbucks complains that he spends more money buying health insurance for his employees than he does buying coffee beans.

Well, in our industry, as health care workers, it's not coffee bean prices that are outstripped by the cost of health insurance, it's training and upgrade funds, for instance, that would help our members move up career ladders, just so that we can hold on to health insurance.

Our members' stories about how badly they need health care reform are much like the stories of many other Minnesotans. Last month, Pam Bundy told us about her son, a former construction worker who was diagnosed with liver cancer. After months of illness and treatments, he lost his job, exhausted his COBRA benefits, maxed out his credit card with co-pays for treatment, was told he needed to pay cash when he came in for chemotherapy, and ultimately lost his home to foreclosure because of the crushing debt-load that was inevitable. Our members cannot wait for health care reform. Millions like Pam's son cannot wait for healthcare reform. We urge you to reject the siren song of delay and pass a bill.

SEIU believes that a public plan option is an essential and necessary component of real health care reform. It provides an alternative to private insurance and applies competitive pressure to the rest of the insurance industry. Research by the Commonwealth Fund shows that including the public option with other health care reform measures can help save another 77 billion to 1.8 trillion dollars over the next ten years. We are encouraged that a public plan has been included in health care reform legislation passed by the Senate HELP committee, the House Ways and Means committee, and the House Education and Labor committee. SEIU has strongly supported votes to approve these bills.

Once Congress has met the challenge of producing a final bill that includes a public plan option, then Congress has the opportunity to structure the best possible public plan. The deficiencies of our current payment system are well known. As the Dartmouth Atlas Project has highlighted, Medicare reimbursements currently reward high cost, low quality states, and penalize low cost, high quality states. For example, in Miami, Medicare will spend \$15,000 per patient per year, while here in Minnesota, that figure is \$7,000, less than half the reimbursement, with no difference in patient outcome. We must change how health care is paid for, so that we reward quality outcomes rather than quantity of services. If such changes are incorporated into a strong public plan option, it should reduce the overall cost to taxpayers and produce improved care across the nation. Our task is to make the most of this opportunity for payment reform, while still meeting the immediate challenge of passing real healthcare reform, including a public plan option.

Thank you very much for holding this hearing to ensure that Minnesota's voice is heard in this debate on health care reform.

IN RECOGNITION OF JIM HAMILTON

HON. JOE WILSON

OF SOUTH CAROLINA

IN THE HOUSE OF REPRESENTATIVES

Friday, July 31, 2009

Mr. WILSON of South Carolina. Madam Speaker, I wish to recognize Jim Hamilton of Columbia, South Carolina, for his 46 years of service as airport manager of the Columbia Owens Downtown Airport.

Jim has been an active member of our community—participating in many diverse organi-

zations and working to educate the community on aviation, the dangers of drug abuse, and supporting efforts to transport children with disabilities and those suffering from severe burns to Shrine hospitals throughout the country. He has even volunteered his time as an emergency standby pilot for flights to transport transplant candidates and critically ill patients.

For 13 years, Jim has driven a bus each Wednesday morning to bring elderly individuals to shop for groceries and even successfully convinced some of his fellow citizens to contribute refreshments for the bus ride. On behalf of the Columbia Owens Downtown Airport, Jim has fought to secure funding for a reconstruction and redesign of the airport as well as safety upgrades.

In recognition of his tireless service to the community, Jim has been honored twice with the Order of the Palmetto by two separate governors—the state's highest civilian honor—as well as numerous other honors and awards.

I commend Jim Hamilton for his service to our community and his dedication to his fellow citizens.

HONORING THE REV. DR. C.T. VIVIAN OF ATLANTA

HON. JOHN LEWIS

OF GEORGIA

IN THE HOUSE OF REPRESENTATIVES

Friday, July 31, 2009

Mr. LEWIS of Georgia. Madam Speaker, today I rise to honor a warrior for civil rights and social justice, a veteran of the modern-day Civil Rights Movement, a resident of the 5th Congressional District, and a friend. In a few days, we in Georgia will be honoring the life of the Reverend Dr. Cordy Tindell Vivian, better known as C.T. Vivian, who will turn 85 years old on July 30, 2009.

Born in 1924, Vivian grew up in Macomb, Illinois and was raised by his mother and grandmother. Even though Illinois was not segregated by law, C.T. Vivian was keenly aware that the customs and traditions of racism and discrimination pervaded his life. As a young man Vivian wanted to find a way to make an impact on society, so after leaving college he began working with youth at Carver Community Center in Peoria, Illinois. As a young man deeply influenced by the church and the visionary faith of his grandmother and mother, Vivian recognized the power of non-violence as a tool for social change. He joined a successful non-violent movement in Peoria in 1947 to integrate restaurants in the city, which brought down barriers in all public eating establishments throughout the city.

In 1955, C.T. Vivian was called to the ministry and enrolled in what would some years later become my alma mater, American Baptist Theological Seminary in Nashville, Tennessee. That same year, he began working with a new subdivision of Martin Luther King Jr.'s organization established by the Rev. Kelly Miller Smith called the Nashville Christian Leadership Conference. The NCLC began training Nashville college students in the discipline and philosophy of non-violence and was involved in organizing the first student sit-ins and marches in the city in 1960.

Vivian's experiences in Peoria helped provide leadership for student organizers in Nashville, and in 1961, he joined the Freedom