

trust laws harm consumers by preventing the operation of the free-market, causing prices to rise, quality to suffer, and, as is certainly the case with the relationship between the HMOs and medical professionals, favoring certain industries over others.

By restoring the freedom of medical professionals to voluntarily come together to negotiate as a group with HMOs and insurance companies, this bill removes a government-imposed barrier to a true free market in health care. Of course, this bill does not infringe on the rights of health care professionals by forcing them to join a bargaining organization against their will. While Congress should protect the rights of all Americans to join organizations for the purpose of bargaining collectively, Congress also has a moral responsibility to ensure that no worker is forced by law to join or financially support such an organization.

Madam Speaker, it is my hope that Congress will not only remove the restraints on medical professionals' freedom of contract, but will also empower patients to control their health care by passing my Comprehensive Health Care Reform Act. The Comprehensive Health Care Reform Act puts individuals back in charge of their own health care by providing Americans with large tax credits and tax deductions for their health care expenses, including a deduction for premiums for a high-deductible insurance policy purchased in combination with a Health Savings Account. Putting individuals back in charge of their own health care decisions will enable patients to work with providers to ensure they receive the best possible health care at the lowest possible price. If providers and patients have the ability to form the contractual arrangements that they find most beneficial to them, the HMO monster will wither on the vine without the imposition of new federal regulations on the insurance industry.

In conclusion, I urge my colleagues to support the Quality Health Care Coalition Act and restore the freedom of contract and association to America's health care professionals. I also urge my colleagues to join me in working to promote a true free market in health care by putting patients back in charge of the health care dollar by supporting my Comprehensive Health Care Reform Act.

IN MEMORY OF MARGARET GRAY

HON. IKE SKELTON

OF MISSOURI

IN THE HOUSE OF REPRESENTATIVES

Thursday, March 12, 2009

Mr. SKELTON. Madam Speaker, it is with deep regret that I inform the House of the death of Margaret Louise Gray of Lexington, MO.

Margaret was born October 27, 1931, in Ottawa, Kansas. She was married to William R. Gray, who preceded her in death on September 27, 1986. She is survived by a brother, Stephen Swaim, and two sisters, Doris Boyd and Betty Chatman.

Margaret was a member of the First Baptist Church of Lexington, the Lexington Business and Professional Woman's Club, War Dads, Elks, and a member of SORT. She was the Director of Family Services in Lafayette County for many years. Both her husband and she

were active in developing the Lexington Senior Center and subsequently the 4-Life Center. The senior center was later named the Margaret Gray Senior Center in honor of her hard work and financial support.

Madam Speaker, Margaret L. Gray was an influential member in the Lexington community. I know the members of the House will join me in extending their heartfelt condolences to her family and friends. She will be greatly missed.

SUPPORTING THE GOALS OF
INTERNATIONAL WOMEN'S DAY

SPEECH OF

HON. CAROLYN B. MALONEY

OF NEW YORK

IN THE HOUSE OF REPRESENTATIVES

Wednesday, March 11, 2009

Mrs. MALONEY. Mr. Speaker, I rise today in support of H. Res. 194, a resolution to support the goals of International Women's Day. I'd like to take this opportunity to commend the work of my colleague, Rep. JAN SCHAKOWSKY, for introducing this resolution again in the 111th Congress, and for her invaluable work in support of women's rights as co-chair of the Congressional Caucus on Women's Issues.

In the United States and in countries around the world, women are agents of change, development, and prosperity, contributing in so many ways to the well-being of their families and communities. There is clear and abundant evidence that when women thrive, the entire world thrives as well.

However, the benefits of women's full participation in economic, political, and social life are not being realized in many parts of the world. In all regions, women are less likely than men to receive pay commensurate to the value of their work, be given a voice in their national governments, or have access to basic human rights such as the right to an education. In many countries, the United States included, domestic violence is further reducing the opportunities available to women and girls to lead happy, healthy lives. H. Res. 194 is an important step towards guaranteeing the basic rights of women and girls worldwide by calling for an end to this discrimination.

Throughout my time in Congress, promoting women's rights has been one of my top legislative priorities. For years I have worked tirelessly with likeminded colleagues to restore funding to UNFPA, an organization whose mission is to promote the right of every woman to enjoy a life of health and equal opportunity. I commend the new Administration for recognizing the value of this goal by committing to funding UNFPA, including \$50 million in the FY09 Omnibus Appropriations Bill.

However, more needs to be done in the 111th Congress to further women's rights. That is why I will be introducing a resolution condemning the actions of the Taliban to restrict girls' access to education in Swat, Pakistan, as well as H.R. 606, the International Women's Freedom Act. This bill reflects the goals of International Women's Day in many ways, as it calls for concerted action on the part of the State Department and Executive Branch to advance the rights of women, including creating an Office of International Women's Rights within the State Department, establishing a women's rights Internet site,

and requiring that Foreign Service Officers receive women's rights related training.

This resolution in support of International Women's Day recognizes the strength, leadership, and capability demonstrated by women in every village, city, and country. I ask my colleagues to join me in reaffirming their commitments to protecting the rights of women and girls around the world, by observing International Women's Day, and by honoring women's contributions every day.

INTRODUCTION OF THE MAJOR
DRUG TRAFFICKING PROSECUTION
ACT OF 2009

HON. MAXINE WATERS

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Thursday, March 12, 2009

Ms. WATERS. Madam Speaker, today I am introducing the Major Drug Trafficking Prosecution Act of 2009. This legislation will refocus federal prosecutorial resources on major drug traffickers and eliminate racial disparities created by the mandatory minimum sentences for powder and crack cocaine.

In the 1980s, Congress passed two Anti-Drug Abuse Acts with the goal that federal prosecutors would go after major drug traffickers at the top of the food chain, instead of low-level drug offenders at the bottom. Lengthy mandatory minimum prison sentences were passed for most drug crimes. These mandatory terms are triggered based solely on the type and weight of the drug involved, and, with very few exceptions, the courts cannot sentence below them.

Twenty years later, mandatory drug sentences have utterly failed to achieve Congress's goals.

First, these sentences are not stopping major drug traffickers. Huge quantities of drugs enter our country each year, but in 2005 the majority of crack and powder cocaine offenses, for example, were street-level dealers, mules and lookouts and users, 61.5 percent and 53.1 percent, respectively. Mandatory minimums lock up thousands of small-time sellers and addicts for decades.

Second, mandatory minimums have lengthened drug sentences, creating the need for more prisons and more taxpayer money to pay for them. Before the advent of mandatory sentences, drug offenders served an average of 22 months in prison; by 2004, that average sentence had nearly tripled, to 62 months in prison. Because of mandatory minimums, the federal prison budget has ballooned from \$220 million in 1986 to \$5.4 billion in 2008.

Longer sentences and more people in prison haven't translated into safer streets. At some point, the effectiveness per dollar in promoting increased public safety will decrease. For example, when crime dropped dramatically between 1992 and 1997, imprisonment was responsible for just 25 percent of that reduction. Seventy five percent was attributed to factors other than incarceration.

Finally, mandatory minimums have a disproportionate impact on African Americans, who comprise 12 percent of the U.S. population and 14 percent of drug users, but 30 percent of all federal drug convictions. African American drug defendants are 20 percent more likely to be sentenced to prison than

white drug defendants. African Americans, on average, serve almost as much time in federal prison for a drug offense (58.7 months) as whites do for a violent offense (61.7 months). Much of this disparity is due to the severe penalties for crack cocaine.

The Major Drug Trafficking Prosecution Act of 2009 will help refocus important federal prosecutorial resources to the major drug traffickers instead of low-level offenders and it will provide more discretion to judges by making some long overdue changes to current law: eliminating all mandatory minimum sentences for drug offenses; curbing federal prosecutions of low-level drug offenders; and allowing courts to place drug users on probation or suspend the sentence.

Mandatory minimums have been repealed before. A 2008 report issued by Families Against Mandatory Minimums describes how Congress first enacted mandatory drug sentences in the 1950s, then voted to repeal them in 1970 because they failed to reduce drug trafficking. I would like to refer Members to the report at the following site: http://www.famm.org/Repository/Files/8189_FAMM_BoggsAct_final.pdf. In a recent poll, 8 in 10 Americans agreed that courts—not Congress—should determine prison sentences, and 6 in 10 opposed mandatory sentences for nonviolent offenders. Today's Congress should heed the American people and repeal mandatory minimums again.

I strongly urge my colleagues to support The Major Drug Trafficking Prosecution Act of 2009.

CHARITABLE GIVING

HON. HARRY E. MITCHELL

OF ARIZONA

IN THE HOUSE OF REPRESENTATIVES

Thursday, March 12, 2009

Mr. MITCHELL. Madam Speaker, I rise today in support of charitable giving.

Americans give generously.

In the weeks following the deadly 2004 tsunami in Asia, donations from American charities outpaced official government aid by more than \$100 million.

When Hurricane Katrina devastated the Gulf Coast of our nation, Americans responded with faster and more forceful giving than ever before. In the first 10 days, charitable giving topped \$700 million. Ultimately, more than \$4 billion was donated to the recovery effort.

Since the mid-1990s, charitable giving has accounted for roughly 2 percent of our annual GDP, which is more than double the rate of giving in any other country.

And Madam Speaker, most donations don't come from big business. They come from hardworking Americans. Individuals account for 75 percent of charitable giving.

Recently, some have proposed limitations on the tax deduction for charitable giving. We face a staggering deficit, and I believe we must balance the budget—but not by raising taxes on these donations.

It has long been a hallmark of the U.S. tax code that giving gets a tax break. Today, I joined Rep. ROS-LEHTINEN of Florida to introduce a resolution that would state this Chamber's support for charitable giving and its opposition to raising taxes on donations. At this time of great need at home and abroad, we

must not make it harder for Americans to give. I urge my colleagues to join me in opposing a tax increase on charitable donations.

HONORING THE LIFE OF CONGRESSMAN DANIEL E. BUTTON

HON. ERIC J. J. MASSA

OF NEW YORK

IN THE HOUSE OF REPRESENTATIVES

Thursday, March 12, 2009

Mr. MASSA. Madam Speaker, I would like to take a moment to recognize the life and achievements of Daniel E. Button, a former Congressman who represented New York's 29th District. Button, who died this week at age 91, was a father of five and a Columbia University-educated journalist in the late 1950s and early 1960s. In 1966, dismayed by what he saw as entrenched corruption, Button decided to run for Congress and won by doing the hard work of walking the district in a seemingly unattainable quest. He won by only 17,000 votes but was re-elected in 1968 for a second term. Even though Button's tenure as New York's 29th District Representative lasted only two terms, they were filled with Button's drive to fight for what he believed was right. For standing up and taking action for what he believed in, it is my pleasure to honor the late Congressman Daniel E. Button.

TREAT PHYSICIANS FAIRLY ACT

HON. RON PAUL

OF TEXAS

IN THE HOUSE OF REPRESENTATIVES

Thursday, March 12, 2009

Mr. PAUL. Madam Speaker, I rise today to introduce the Treat Physicians Fairly Act, legislation providing tax credits to physicians to compensate for the costs of providing uncompensated care. This legislation helps compensate medical professionals for the costs imposed on them by federal laws forcing doctors to provide uncompensated medical care. The legislation also provides a tax deduction for hospitals who incur costs related to providing uncompensated care.

Under the Emergency Medical Treatment and Active Labor Act (EMTALA) physicians who work in emergency rooms, as well as the hospitals, are required to provide care without seeking compensation to anyone who comes into an emergency room. Thus, EMTALA forces medical professionals and hospitals to bear the entire cost of caring for the indigent. According to the June 2/9, 2003 edition of AM News, emergency physicians lose an average of \$138,000 per year because of EMTALA. EMTALA also forces physicians and hospitals to follow costly rules and regulations, and can be fined \$50,000 for failure to be in technical compliance with EMTALA!

Forcing physicians to offer their services without providing any form of compensation is a blatant violation of the takings clause of the Fifth Amendment. After all, the professional skills with which one earns a living are a form of property. Therefore, legislation, such as EMTALA, which forces individuals to use their professional skills without compensation is a taking of private property. Regardless of whether the federal government has the con-

stitutional authority to establish programs providing free-or-reduced health care for the indigent, the clear language of the takings clause prevents Congress from placing the entire burden of these programs on the medical profession.

Ironically, the perceived need to force doctors to provide medical care is itself the result of prior government interventions into the health care market. When I began practicing, it was common for doctors to provide uncompensated care as a matter of charity. However, government laws and regulations inflating the cost of medical services and imposing unreasonable liability standards on medical professionals even when they were acting in a volunteer capacity made offering free care cost prohibitive. At the same time, the increased health care costs associated with the government-facilitated over-reliance in third party payments priced more and more people out of the health care market. Thus, the government responded to problems created by their interventions by imposing EMTALA mandate on physicians, in effect making the health care profession scapegoats for the unintended consequences of failed government health care policies.

EMTALA itself is having unintended consequences that could result in less care availability for low-income Americans at emergency rooms. This is because EMTALA provides a disincentive for physicians from offering any emergency care. Many physicians have told me in my district that they are considering curtailing their practices, in part because of the costs associated with the EMTALA mandates. Many other physicians are even counseling younger people against entering the medical profession because of the way the federal government treats medical professionals! The tax credit of the Treat Physicians Fairly Act will help mitigate some of these unintended consequences.

The Treat Physicians Fairly Act does not remove any of EMTALA's mandates; it simply provides that physicians can receive a tax credit for the costs of providing uncompensated care. This is a small step toward restoring fairness to the physicians. Furthermore, by providing some compensation in the form of tax credits, the Treat Physicians Fairly Act helps remove the disincentives to remaining active in the medical profession built into the current EMTALA law. I hope my colleagues will take the first step toward removing the unconstitutional burden of providing uncompensated care by cosponsoring the Treat Physicians Fairly Act.

INTRODUCTION OF THE "STUDY OF WAYS TO IMPROVE THE ACCURACY OF THE COLLECTION OF FEDERAL OIL, CONDENSATE, AND NATURAL GAS ROYALTIES ACT"

HON. CAROLYN B. MALONEY

OF NEW YORK

IN THE HOUSE OF REPRESENTATIVES

Thursday, March 12, 2009

Mrs. MALONEY. Madam Speaker, I am pleased to reintroduce the "Study of Ways to Improve the Accuracy of the Collection of Federal Oil, Condensate, and Natural Gas Royalties Act," which would commission a study by