

CAPTIVE NATIONS WEEK
PROCLAMATION

HON. GERALD B.H. SOLOMON

OF NEW YORK

IN THE HOUSE OF REPRESENTATIVES

Wednesday, August 2, 1995

Mr. SOLOMON. Mr. Speaker, the following is a copy of the Captive Nation's Week proclamation which I am submitting for the RECORD:

Whereas, the dramatic changes in Central and Eastern Europe, Central Asia, Africa and Central America have fully vindicated the conceptual framework of the Captive Nations Week Resolution, which the United States Congress passed in 1959, President Eisenhower signed as Public law 86-90, and every president since has proclaimed annually; and

Whereas, the resolution demonstrated the foresight of the Congress and has consistently been, through official and private media, a basic source of inspiration, hope and confidence to all the captive nations; and

Whereas, the recent liberation of many captive nations is a great cause for jubilation, it is vitally important that we recognize that numerous other captive nations remain under communist dictatorships and the residual structure of Russian imperialism; among others, Cuba, Mainland China, Tibet, Vietnam, Idel-Ural (Tartarstan etc.) the Far Eastern Republic (Siberyaks); and

Whereas, the Russian invasion and massacre of Chechnia,—a once-again declared, independent state—evoke the strongest condemnation by all given to rules of international law, human rights, and national self-determination; and

Whereas, the freedom loving peoples of the remaining captive nations (well over 1 billion people) look to the United States as the citadel of human freedom and to its people as leaders in bringing about their freedom and independence from communist dictatorship and imperial rule; and

Whereas, the Congress by unanimous vote passed P.L. 86-90, establishing the third week in July each year as "Captive Nations Week" and inviting our people to observe such a week with appropriate prayers, ceremonies and activities, expressing our great sympathy with and support for the just aspirations of the still remaining captive peoples.

Now, therefore, I _____ do hereby proclaim that the week commencing July 16-22, 1995 to be observed as "Captive Nations Week" in _____ and call upon the citizens _____ to join with others in observing this week by offering prayers and dedicating their efforts for the peaceful liberation of the remaining captive nations.

In witness whereof, I hereunto set my hand and caused the seal of the _____ to be affixed this _____ day of July _____, 1995.

As of today, July 31, 1995, the following Governors and Mayors have issued proclamations: George V. Voinovich of Ohio, Kirk Fordice of Mississippi, Tommy G. Thompson of Wisconsin, James B. Hunt of North Carolina, Gaston Caperton of West Virginia, Fife Symington of Arizona, Parris N. Glendening of Maryland, Pete Wilson of California, Brenton C. Jones of Kentucky, Don Sundquist of Tennessee, William J. Janklow of South Dakota, Thomas R. Carper of Delaware, Freeman R. Bosley of St. Louis and Stephan P. Clark of Miami.

DR. HADEN MCKAY TO RECEIVE
GRAND LODGE 50-YEAR MASONIC
SERVICE AWARD

HON. JACK FIELDS

OF TEXAS

IN THE HOUSE OF REPRESENTATIVES

Wednesday, August 2, 1995

Mr. FIELDS of Texas. Mr. Speaker, a great friend of mine, Dr. Haden E. McKay, Jr., of Humble, TX, will receive the Grand Lodge 50-Year Masonic Service Award at ceremonies to be held tomorrow night in Humble. I want to take a moment to recognize this outstanding community leader who has devoted his life to improving the lives of so many of his neighbors.

Dr. McKay, now 87 years old, retired as mayor of Humble, TX, in May after 24 years in office. He began his service on the Humble city council when he opened up his medical practice in town, back in 1938. During World War II, his service in the U.S. Army Medical Corps forced him to suspend his medical practice and give up his city council seat. When he returned from the war, he resumed his medical practice and his public service.

As much as he loves medicine, and as much as he loves working to make Humble a better community in which to live and raise a family, Dr. McKay loves his wife of 54 years, Lillian, more. With the pressures of public office now behind him, Lillian and he can finally spend more time together.

Mr. Speaker, in an interview with the Houston Chronicle 4 years ago, Dr. McKay explained that he chose a career in doctoring for the same reason he chose to enter public service: to help people. He has done more to help more people than probably anyone else in the history of Humble, TX.

Now Dr. McKay is being honored by the Humble Masonic Lodge for his years of service to the lodge and to his community. This certainly is not the first honor accorded to Dr. McKay. It would take me hours to list the medical, civic, and other awards and honors that he has received during the course of his medical career and his years of public service.

At this time when many Americans question the motives of their elected public officials, I wish more Americans could know Haden McKay as I know him, and as the men and women of Humble know him. His half-century record of selfless service to others—both as a caring and compassionate medical professional, and as an equally caring and compassionate political leader—make him a role model for all of us who serve in positions of public trust.

Mr. Speaker, please join with me in congratulating Dr. Haden McKay as he is presented with the Grand Lodge 50-Year Masonic Service Award tomorrow night.

MAKE SURE OUR MORAL COMPASS
IS WORKING PROPERLY: QUES-
TIONS FOR MANAGED CARE

HON. FORTNEY PETE STARK

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Wednesday, August 2, 1995

Mr. STARK. Mr. Speaker, on July 25, the president of the National Association of Public

Hospitals, Larry Gage, testified before the Ways and Means Subcommittee on Health on the pending Medicare cuts.

I am inserting portions of his outstanding statement—a statement that every Member should read before voting on the excessive, destructive Medicare and Medicaid cuts proposed by the budget resolution. In this section, Mr. Gage discusses the dangers of managed care if not properly implemented and supervised, and the benefits of managed care when done correctly.

Portions of Mr. Gage's statement follow:

WITH RESPECT TO MANAGED CARE, WE MUST BE CAREFUL NOT TO OVERPROMISE AND OVEREXPAND, BEYOND THE CAPACITY OF OUR HEALTH SYSTEM TO RESPOND

The term "managed care" is now so ubiquitous that it dominates the field of vision in both the private and public sectors of the our health industry. More than just a helpful tool, managed care has become a preoccupation—perhaps even an obsession—for private insurers, employers, and individuals, as well as for legislators and bureaucrats at every level of government. Yet it is an obsession that obscures the need for greater scrutiny of the managed care industry, in order to avoid potentially irreversible damage to the future viability, quality and ethical standards of health care providers, as well as to the good health of many millions of Americans.

In other words, before we continue this headlong rush into uncharted territory, we need to pause and take stock, to make sure our moral compass is working properly. We need to ask (and answer) some tough questions in the heat of the current debate, which I believe represents nothing less than a struggle for the reputation, ethics, values, even the soul, of the managed care industry.

The dilemma is essentially a simple one: what is "managed health care" and should it primarily benefit payers or patients? It is largely designed as a blunt instrument for containing health costs—as many policy-makers in Washington and dozens of state capitols believe? Or—as many managed care advocates would like to believe—is it something else: a genuine health care delivery reform that shifts the historic emphasis from acute and episodic intervention to the prevention and maintenance of wellness?

This is not an idle question. If managed care is primarily the former—a way to contain costs—then we may be wasting our time worrying about ethics. As indicated by the recent publicity over the failure of some HMOs to pay for emergency services, if the bottom line is all that counts the patient and the provider will both suffer (this is true whether the bottom line is Medicare savings or higher dividends for shareholders). Of course, we would all like to believe that effective managed care plans can BOTH restrain costs and improve wellness. But the plain fact is, in the public sector at least, MOST managed care activities have been carried out in the name of short term cost containment rather than genuine health system reform.

There are perhaps several ironies here. The first, of course, is that there is increasing evidence that managed care is not much more effective over time in holding down health costs that the fee for service system it is rapidly supplanting. Only the most highly organized and self-contained plans—staff and group model HMOs—have any measurable track record over time in holding down costs. For most other plans, after a brief initial flurry of savings—often driven more by the arbitrary demands of payers