

Puerto Rico deserve the opportunity to become economically solvent and self-sufficient. We must work hand in hand with the island to develop a sound economic development program that helps achieve those goals. I believe we must consider improvements and expansion of a wage credit for Puerto Rico under existing legislation. I urge my colleagues to give prompt attention to this issue early next year.

IN HONOR OF THE 50TH
ANNIVERSARY OF WICH RADIO

HON. SAM GEJDENSON

OF CONNECTICUT

IN THE HOUSE OF REPRESENTATIVES

Wednesday, September 25, 1996

Mr. GEJDENSON. Mr. Speaker, I rise today to recognize the 50th anniversary of WICH Radio 1310 in Norwich, CT. Known as WNOC at its inception, WICH operates out of 91 Main Street, and transmits from its facilities off of Lucas Park Road in the Second Congressional District. Today, WICH is the hub of a four-station radio system.

While, as we might expect, personalities and formats have changes over the years, WICH has throughout its tenure on our airwaves maintained its commitment to community service. The radio station's history is replete with example of having contributed to the public good of eastern Connecticut.

During times of emergencies natural disasters, and the like, WICH has provided special and exemplary service to its listeners and has most appropriately received several awards for its work.

Since its beginning under the guidance of the late Ross Perkins of Essex, CT, through the extraordinary contributions of Dick Reed, WICH has made extraordinary contributions to the radio industry.

Congratulations to WICH of Norwich on its 50 year anniversary and best wishes for another 50 years of future service and great programming.

WORKING TOGETHER FOR BAY
CITY: CITIZENS, LABOR, AND
UNITED WAY

HON. JAMES A. BARCIA

OF MICHIGAN

IN THE HOUSE OF REPRESENTATIVES

Wednesday, September 25, 1996

Mr. BARCIA. Mr. Speaker, in addition to keeping full-time jobs, volunteers spend long tireless hours helping others while in return they are not paid and receive no financial gain. Volunteers selflessly sacrifice their free time. Organizations would not be nearly as effective without volunteers who are essential to the success of achieving their goals.

Today I would like to congratulate and recognize some dedicated volunteers from my hometown of Bay City, MI, whose efforts earned them the Model City in Community Service Award. One of five model cities nationwide, the citizens of Bay City, the United Way, and the Central Labor Council should be proud of their accomplishments. By working together they improved their community and serve as a model for other communities to follow.

Under the capable leadership of Steve Rajewski, labor liaison for the United Way of Bay County and coordinator for community service programs through the United Way of Bay County, the volunteers have provided many valuable services to the community including: union counseling, blood drives, service for retirees, food drives and many other valuable programs aimed to improve the quality of life for citizens of Bay City.

Established in 1991, the AFL-CIO Model City in Community Service Award recognizes outstanding community service activities and programs provided by the AFL-CIO and developed in cooperation with the United Way. The programs are designed to give union members the opportunity to serve, support, and improve human services in their communities.

The selection is based on a detailed survey and application process that focuses on health and human service programs that work in the local communities. Volunteer activities on the boards and committees of the United Way and its member agencies are an important criterion for model city consideration.

The United Way, the Central Labor Council, and citizens of Bay City deserve recognition for their cooperation which resulted in their being honored with this prestigious award. The loyal volunteers represent the spirit of volunteerism and community service which makes our county one of the greatest national in the world. I am proud to be a son and product of the great city and I ask my colleges to join me in wishing the citizens of Bay City a hearty congratulations for a job well done.

STATEMENT IN SUPPORT OF
H.R. 2092

HON. MATTHEW G. MARTINEZ

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Wednesday, September 25, 1996

Mr. MARTINEZ. Mr. Speaker, I am delighted to join the gentleman from Georgia in support of the Private Security Officer Quality Assurance Act, a bill which we jointly introduced last year. Mr. BARR deserves enormous credit for his diligence, skill, and hard work in bringing this important measure to the floor.

The public deserves the assurance that the security guard they meet in the mall, the bank, or at school is not a felon or a person who has a history of violent behavior. Recently, USA Today printed a story about the tragedies which can occur when inadequate background checks are made—tragedies that involved security guards who committed murder, rape, and theft.

Mr. Speaker, there are now thousands of security companies employing close to 1.8 million guards. The vast majority of these security guards are professionals, many acting heroically in performing their duties. However, right now, we cannot be sure that the security officers that we meet in virtually every facet of our lives are not armed and dangerous.

H.R. 2092 will provide an expedited procedure for State officials to check the backgrounds of applicants for guard licenses. A similar procedure is in place for the banking and parimutuel industries. Currently, it takes up to 18 months to complete background checks in some States. This bill can reduce

that time to the approximately 3 weeks it takes for banks to get results under their expedited process.

H.R. 2092 contains no mandates of any kind. No State or individual is compelled to use it. Fees will be paid by the applicants or their employers. There is no cost to the FBI.

H.R. 2092 has broad support. Most notably, the National Association of Security and Investigative Regulators has endorsed the bill as well as representatives of the guard, alarm, and armored car industries.

Mr. Speaker, this legislation is a bipartisan effort which has the support of Members on both sides of the aisle. Security should not be a partisan issue. By establishing an expedited procedure for State regulators of security guards to receive FBI background checks in a timely manner, H.R. 2092 will greatly improve the safety of the public.

I strongly urge my colleagues to support this straightforward, modest, and reasonable bill that will improve public safety where ever security guards are present.

HEALING VICTIMS OF TORTURE

HON. JOHN EDWARD PORTER

OF ILLINOIS

IN THE HOUSE OF REPRESENTATIVES

Wednesday, September 25, 1996

Mr. PORTER. Mr. Speaker, the brutal and violent practice of torture is a critical issue; yet, there is little information on the subject and even less action in the fight against it. For some governments, torture is used as a matter of policy where low-level functionaries carry out high-level orders of state violence. During the mid-1970's, core-Communist countries such as China, Cuba, the Soviet Union and Vietnam relied on torture as a most effective tool against democracy. As recently as 1995, there were 72 governments who systematically implemented the practice of torture.

For victims of torture, however, there is hope. Dr. Inge Genefke is a Danish doctor who has devoted her career to the treatment and rehabilitation of victims of torture. She began her career in this field in 1973 after Amnesty International issued a plea to physicians throughout the world to assist those who had been tortured. As director of both the Rehabilitation and Research Center for Torture Victims and the International Rehabilitation Council for Torture Victims in Copenhagen, Dr. Genefke keeps an impressive schedule speaking in countries where victims of torture are receiving medical attention.

Earlier this year, Dr. Genefke testified before the House International Relations subcommittee on international operations and human rights. Her testimony included basic information on the issue and stressed the need for increased American awareness of torture victims and their struggles. Dr. Genefke believes that through greater understanding and awareness, we can make gains in the fight against torture.

I commend to Member's attention the following column on this remarkable woman by the respected Colman McCarthy which appeared in the Washington Post on September 3, 1996.

[From the Washington Post, Sept. 3, 1996]

FIGHTING TORTURE WITH MEDICINE

(By Colman McCarthy)

As a young physician earning her medical degree from the University of Copenhagen in

1965, Inge Genefke looked ahead to a conventional practice in her home country, Denmark. She settled on neurology as her specialty at the University Hospital in Copenhagen. Her career path appeared to be set.

In 1973 it veered sharply, in a direction that took Genefke into what was then, and largely remains, one of the least known branches of medicine: the examination and treatment of torture victims.

Earlier this year, Genefke, who is the medical director of both the Rehabilitation and Research Center for Torture Victims and the International Rehabilitation Council for Torture Victims in Copenhagen, testified here before the House International Relations subcommittee on international operations and human rights. It was one of many stops this past year, an itinerary that has taken this physician of uncommon conscience to South Africa, Romania, Nepal, Palestine, Sri Lanka, Croatia and other areas of the world where survivors of torture are receiving medical care.

Genefke's work began in 1973 when Amnesty International issued a plea to the world's physicians for help in treating people who were tortured. The first response, and one that has proven to be deep and lasting, came from a group of Danish doctors. They faced an epidemic. Governments—and not only dictatorships—were using torture as a matter of policy. Police forces, armies and death squads were the low-level functionaries of dungeon brutality carrying out high-level orders of state violence.

The mid-1970s were years when China, Cuba, the Soviet Union and Vietnam were the core communist nations relying on torture. These were also years when such U.S.-backed military juntas as Greece, Chile and Argentina were at work.

Among the imprisoned was Maria Piniou-Kalli, a Greek physician who joined Genefke's mission in 1989 by forming the Medical Rehabilitation Center for Torture Victims in Athens. She wrote recently of the years following the military coup in 1967: "Though this might appear far in the distant past, I dare say that the aftermaths of such a violent abolition of democracy are still painfully felt even today. Twenty-two methods of torture were employed as a means to repress every opposition. Among them were rape, electric shocks, psychological abuse and phalanga (beating soles of the feet), which can be describe as our national way of torture."

Greeks, along with Chileans, were among the first victims coming to Copenhagen for help. Other nationalities followed, and inpouring so large that Genefke began traveling the world to rally other doctors. She became known as the "Florence Nightingale" of torture treatment. Today her own centers, which have grown to a staff of 80, are linked with 60 similar operations in 45 countries, including one in Minneapolis that has treated more than 800 people since 1988.

When I visited the Minneapolis center four years ago, several staff members repeatedly mentioned Genefke and her singular work. It was not a large leap to place the Danish doctor in the company of other 20th century women—Jane Addams, Maria Montessori, Eleanor Roosevelt, Mother Teresa—who not only had a vision but also the drive to organize it into reality.

At the House hearings, Genefke supplied the basic information about her work in Copenhagen and the affiliated centers around the world. Services range from psychological supportive therapy to medical help to restore injured muscles and limbs.

Of the 72 governments that systematically used torture in 1995, Genefke told Congress: "One of the most horrible things when you hear about torture is . . . to realize that so

many governments use it with the purpose of staying in power. Torture victims always tell us that we, who have not been tortured, can never understand what happened to them. . . . I do not think we should try to understand what happens—but we should know why it happens, the motive behind torture, and then fight against it with all our strength."

Some of that strength is money. Here, too, Denmark leads the way. Its government provides more than \$5 million a year to the Copenhagen centers, about \$1 per Dane. The United States contribution to the U.N. Voluntary Fund for Victims of Torture is \$1.5 million, about a half-cent per person a year.

Genefke believes that few Americans are aware of that paltriness, or who is being tortured or where. She plans to return to tell us again. Information is the medicine for indifference.

PARTIAL-BIRTH ABORTION BAN
ACT OF 1995—VETO MESSAGE
FROM THE PRESIDENT OF THE
UNITED STATES (H. DOC. NO. 104-
198)

SPEECH OF

HON. PHILIP M. CRANE

OF ILLINOIS

IN THE HOUSE OF REPRESENTATIVES

Thursday, September 19, 1996

Mr. CRANE. Mr. Speaker, opponents of H.R. 1833, the Partial-Birth Abortion Ban Act, justified their support of this form of infanticide by stating that the procedure was medically necessary in some cases. In fact, President Clinton, as he vetoed the bill, ensured that his photo-ops included women who had survived this gruesome procedure.

As my distinguished colleague HENRY HYDE mentioned in his closing remarks of the veto override debate, proabortion forces are disturbed by our attempt to outlaw these acts because the legislation shifts the focus from the woman's choice to the brutal and fatal act of the abortion procedure. In their attempt to justify all abortions, abortion advocates have fully exposed their agenda by lobbying to protect this form of baby murder. Apparently, they are ignoring the health risks to women who have been or could be subjected to the medically necessary procedure we seek to outlaw.

In fact, supporters of H.R. 1833 included many trained in the medical profession. Our colleague, Dr. TOM COBURN, a practicing obstetrician, assisted in writing the bill. Other well-trained physicians, true to their Hippocratic oath, lent their support to outlaw partial-birth abortions and exposed the serious health dangers inherent in such a brutal procedure.

Four physicians, all of whom are experts in obstetrics or fetal health, explained their support for H.R. 1833 in the September 19, 1996 Wall Street Journal article entitled, "Partial-Birth Abortion Is Bad Medicine". As our colleagues in the other body this week attempt to override the veto of this most humane legislation, I commend the article to their attention and urge them to follow the lead of the House, override the President's veto and make H.R. 1833 law.

[From the Wall Street Journal, Sept. 19, 1996]

PARTIAL-BIRTH ABORTION IS BAD MEDICINE
(By Nancy Romer, Pamela Smith, Curtis R. Cook, and Joseph L. DeCook)

The House of Representatives will vote in the next few days on whether to override

President Clinton's veto of the Partial Birth Abortion Ban Act. The debate on the subject has been noisy and rancorous. You've heard from the activists. You've heard from the politicians. Now may we speak?

We are the physicians who, on a daily basis, treat pregnant women and their babies. And we can no longer remain silent while abortion activists, the media and even the president of the United States continue to repeat false medical claims about partial-birth abortion. The appalling lack of medical credibility on the side of those defending this procedure has forced us—for the first time in our professional careers—to leave the sidelines in order to provide some sorely needed facts in a debate that has been dominated by anecdote, emotion and media stunts.

Since the debate on this issue began, those whose real agenda is to keep all types of abortion legal—at any stage of pregnancy, for any reason—have waged what can only be called an orchestrated misinformation campaign.

First the National Abortion Federation and other pro-abortion groups claimed the procedure didn't exist. When a paper written by the doctor who invented the procedure was produced, abortion proponents changed their story, claiming the procedure was only done when a woman's life was in danger. Then the same doctor, the nation's main practitioner of the technique, was caught—on tape—admitting that 80% of his partial-birth abortions were "purely elective."

Then there was the anesthesia myth. The American public was told that it wasn't the abortion that killed the baby, but the anesthesia administered to the mother before the procedure. This claim was immediately and thoroughly denounced by the American Society of Anesthesiologists, which called the claim "entirely inaccurate." Yet Planned Parenthood and its allies continued to spread the myth, causing needless concern among our pregnant patients who heard the claims and were terrified that epidurals during labor, or anesthesia during needed surgeries, would kill their babies.

The latest baseless statement was made by President Clinton himself when he said that if the mothers who opted for partial-birth abortions had delivered their children naturally, the women's bodies would have been "eviscerated" or "ripped to shreds" and they "could never have another baby."

That claim is totally and completely false. Contrary to what abortion activists would have us believe, partial-birth abortion is never medically indicated to protect a woman's health or her fertility. In fact, the opposite is true: The procedure can pose a significant and immediate threat to both the pregnant woman's health and her fertility. It seems to have escaped anyone's attention that one of the five women who appeared at Mr. Clinton's veto ceremony had five miscarriages after her partial-birth abortion.

Consider the dangers inherent in partial-birth abortion, which usually occurs after the fifth month of pregnancy. A woman's cervix is forcibly dilated over several days, which risks creating an "incompetent cervix," the leading cause of premature deliveries. It is also an invitation to infection, a major cause of infertility. The abortionist then reaches into the womb to pull a child feet first out of the mother (internal podalic version), but leaves the head inside. Under normal circumstances, physicians avoid breech births whenever possible; in this case, the doctor intentionally causes one—and risks tearing the uterus in the process. He then forces scissors through the base of the baby's skull—which remains lodged just within the birth canal. This is a partially "blind" procedure, done by feel, risking direct scissor injury to the uterus and laceration of the cervix or lower uterine segment,