

Convention in Albany in 1894. He helped draft an article that ensured that State land known as the Forest Preserve in the Adirondacks and Catskills would remain "forever wild." Adopted by the convention and later approved by the voters, the words of Article 14, Section 1 of the State Constitution have never been altered, and remain in effect for the three million-acre New York State Forest Preserve in the Adirondack and Catskill Parks. This visionary accomplishment was the inspiration for those who drafted the 1964 Wilderness Act.

Whereas: Eleanor Roosevelt said, "perhaps nature is our best assurance of immortality." As we celebrate the fortieth anniversary of this important act, New Yorkers are called upon to follow in the footsteps of Mr. McClure and become environmental stewards.

PERSONAL EXPLANATION

HON. DENISE L. MAJETTE

OF GEORGIA

IN THE HOUSE OF REPRESENTATIVES

Friday, October 8, 2004

Ms. MAJETTE. Mr. Speaker, I was unable to be in attendance for a number of rollcall votes. Had I been present I would have cast my votes as follows: "Yes" on rollcall 487, "yes" on rollcall 488, "yes" on rollcall 489, "no" on rollcall 490, "no" on rollcall 491, "no" on rollcall 492, "yes" on rollcall 493, "no" on rollcall 494, "yes" on rollcall 495, "yes" on rollcall 496, "yes" on rollcall 497, "no" on rollcall 498, "no" on rollcall 499, "yes" on rollcall 502, "yes" on rollcall 503, "yes" on rollcall 504, "yes" on rollcall 505, "no" on rollcall 506, "yes" on rollcall 507, "yes" on rollcall 508, "yes" on rollcall 509, "yes" on rollcall 510, "yes" on rollcall 511, "yes" on rollcall 512, "no" on rollcall 513, "no" on rollcall 514, "no" on rollcall 515, "no" on rollcall 516, "yes" on rollcall 517, "yes" on rollcall 518, "no" on rollcall 519, "yes" on rollcall 520, "yes" on rollcall 521, "yes" on rollcall 522, and "yes" on rollcall 523.

THE TERROR ATTACKS IN EGYPT

HON. STEVEN R. ROTHMAN

OF NEW JERSEY

IN THE HOUSE OF REPRESENTATIVES

Friday, October 8, 2004

Mr. ROTHMAN. Mr. Speaker, I rise today to express my profound shock and sorrow concerning the bombings that occurred yesterday, October 7, 2004, in Taba, Egypt, where at least 29 people died and 160 were injured. The fact that the attacks coincided with the joyous Jewish festival of Sukkot is particularly horrifying. Two years ago we witnessed similar acts of violence when terrorists struck the Park Hotel in Netanya, killing dozens of Israelis celebrating the traditional Passover meal and again in Mombasa, Kenya where terrorists unsuccessfully attempted to take down an Israeli passenger jet but were successful in killing twelve people at an Israeli-owned hotel.

Yesterday's bombings, which occurred at a popular hotel and camping ground in Egypt, are especially jarring for two reasons. First, the attacks show the indiscriminate nature of these terrorists who killed innocent Muslims,

Christians and Jews, Egyptians, Russians, Britons and Israelis alike. Second, photos and accounts of Israelis rushing the border to get back into Israel are a jarring reminder of why the State of Israel was created—to provide a safe haven for Jews the world over who all too often cannot find peace elsewhere.

Mr. Speaker, the bombings in Egypt also illustrate another important point—that the security fence being built around Israel works. Although no group has yet been definitively tied to this attack, it is clear the attack in Egypt was chosen because it would be too difficult to perpetrate inside of Israel. The security fence is a sad reality for those living on either side, but a necessary reality in order to save lives. As our strategic military partner, ally, trusted friend of 56 years, and only democracy in the Middle East, Israel needs the continued support of the United States as it works to secure her people from Palestinian and other terrorists who seek Israel's destruction.

Mr. Speaker, it has been said that the bombers may have hoped to bring an end to talks between Egypt and Israel that focused on halting arms smuggling from Egypt to Palestinian terrorists in Gaza, and addressing other issues of shared concern to both nations. We must not let that happen. Egyptians died in Taba just as Israelis did, Egyptians that lived and worked in peace with Israelis each and every day. I encourage Egypt and Israel to continue to work together and I applaud President Mubarak and his government for coordinating with Israeli rescue workers and response teams to allow them access to the site of the attack in Egypt.

Mr. Speaker, my heart goes out to all those whose loved ones were killed or wounded in these vicious attacks and I vow to continue my work to fight terror to prevent such horrifying attacks in the future.

INTRODUCTION OF THE CLINICAL LABORATORY COMPLIANCE IMPROVEMENT ACT OF 2004

HON. ELIJAH E. CUMMINGS

OF MARYLAND

IN THE HOUSE OF REPRESENTATIVES

Friday, October 8, 2004

Mr. CUMMINGS. Mr. Speaker, today I rise to introduce the Clinical Laboratory Compliance Improvement Act of 2004, legislation to improve the accuracy and reliability in medical testing and to provide protections 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 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 poses an especially serious threat to the public health.

On March 11, 2004, the Baltimore Sun reported that Maryland General Hospital (MGH), located in my district had issued invalid HIV

and hepatitis test results to hundreds of patients from June 2002 to August 2003 when an Adaltis Labotech Immunoassay Analyzer ("Labotech") was used to conduct HIV, hepatitis and other tests at the MGH lab. The tests results were issued despite instrument readings indicating that the results might be erroneous. It was also disclosed that the testing equipment itself might be at issue.

In May and July of this year, the House Government Reform Subcommittee on Criminal Justice, Drug Policy, and Human Resources held hearings to investigate the lab deficiencies that led to the release of hundreds of invalid HIV/AIDS and Hepatitis C test results by MGH. 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, Representative Mark 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, longstanding 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 (CMS) responsible for implementing federal regulations governing medical diagnostic devices and for regulating laboratory operations, respectively; the former chief executive of Adaltis US, Inc., manufacturer of the device used to run the invalid tests; the College of American Pathologists, the private accrediting organization responsible for certifying the laboratory's compliance with federal and state regulations on behalf of CMS and the state; and the Maryland Department of Health and Mental Hygiene.

In fact, it was Ms. Turner's complaint in December 2003 that triggered investigations by the state, CMS, the Joint Commission for Accreditation of Healthcare Organizations (JCAHO), and CAP, between January and March. The investigations confirmed Ms. Turner's allegations 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 two years by CAP, receiving CAP's Accredited with Distinction certificate (standard for CAP-accredited labs). 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.

I should also point out that the ongoing faulty testing and related problems at the MGH lab were brought to the attention of the public only after former lab technician Kristin Turner filed a lawsuit.

This spring, inspectors from the state, CMS, and JCAHO concluded that laboratory staff had falsified federally instrument quality control results and reported patient results even though quality control checks failed. Learning of the problems by way of news reports, CAP conducted a complaint inspection in April,