

financially rewarded for their success in doing so.

Nancy Ledbetter, an oncology nurse and clinical research nurse coordinator for Kaiser Permanente said, “. . . necessary care is being withheld in order to contain costs.” This is from the June 16, 1999 Journal of the National Cancer Institute.

A breast cancer surgeon wrote me:

Severe limitations are being placed upon surgeons in giving these women [with breast cancer] total care . . . Patients feel that their care is reduced to the mechanics of surgery alone, ignoring the whole patient's medical, emotional, and psychological needs.

Surely, one of the oldest axioms of medicine, and the way my father used to practice medicine, is that you can't just treat the wound, you have to treat the whole patient as an individual, as a human being.

In my State, again, over 80 percent of people who have insurance are in managed care. Forty percent of California's Medicare beneficiaries are in managed care. Some say Californians have been pioneers for managed care. Some even say Californians have been the Nation's “guinea pigs.”

The complaints don't abate: delaying diagnoses and treatments as tumors grow; trying the cheapest therapies first, instead of the most effective; refusing needed hospital admissions; refusing to refer patients to specialists who can accurately diagnose conditions and provide effective treatments; we hear complaints about shoving patients out of the hospitals prematurely, against doctor's wishes. We hear complaints about misclassifying medically necessary treatments as “cosmetic.”

We hear about plans demanding that doctors justify their care and second-guessing doctors' medical judgments.

We have had heard about doctors exaggerating the patient's condition to be able to give them a certain drug, or keep them in a hospital beyond a certain length of time, to get plans to pay for care.

I hope this amendment can restore some balance to the system by empowering patients and the medical profession to provide the kind of quality medical care that people not only pay for but that they deserve.

That is why I feel so strongly about this amendment.

Again, I harken back to the day when I had the first example in 1997 of a woman in a major managed care plan undergoing an outpatient radical mastectomy—7:30 in the morning, surgery; 4:30, out on the street with drains hanging from her chest, and unable to know where she was going.

That is not good medicine.

I can only end my comments on this amendment by saying that the amendment is sincerely presented.

The amendment is the heart of a Patients' Bill of Rights.

The amendment should not increase premium costs.

The amendment is what the American people expect.

And the amendment simply says that an insurance company cannot arbitrarily interfere with the doctor's decision with respect to treatment or hospitalization.

I don't think that is too much to ask this body to legislate and to state unequivocally, and I think every single person in my State, as well as every State, will be much better off once this is accomplished.

Let me end by saying that I believe that Senator DASCHLE is willing to work out an agreement which allows a number of amendments to come to the floor and be debated, provided that these amendments can be voted up or down.

I suspect that what we are going to really end up with is a bipartisan Patients' Bill of Rights. I suspect that if we can get this unanimous consent agreement, we will find that there will be many on the other side of the aisle who will vote for this amendment, and there will be some of us who will vote for some of the amendments on the other side as well.

It seems to me that when you have a situation whereby the physicians in America have reached the point where they have decided to unionize and collectively bargain that this should be a very loud call that all is not well with the practice of medicine in the United States of America.

It should be a very loud call for a unanimous consent agreement which will allow us, on the floor of the Senate, to work out a series of amendments which can provide the kind of quality care that the people of the United States are entitled to, and that certainly 20 million Californians in managed care are.

I thank the Chair.

I yield the floor.

#### PLEDGE OF ALLEGIANCE RESOLUTION

Mr. FEINGOLD. Mr President, I want to express my support for the resolution, which was adopted by the Senate yesterday, to begin a new tradition in this distinguished body: to begin our days by saying the Pledge of Allegiance each morning in this Chamber. There were about ten of my colleagues on the floor this morning to inaugurate this new tradition, and I only wish there could have been more to join us.

We will pay tribute to our flag, the greatest symbol of our freedom, in the Chamber where we are sworn to uphold the very freedoms the flag symbolizes. There can be no more fitting tribute to our Constitution than the free and unfettered expression of patriotism that the Pledge of Allegiance represents.

Today in the Senate, we honor the flag. In contrast to this voluntary cele-

bration of our flag, the other chamber today may vote on an amendment to our Constitution that asks us to turn away from the freedoms we cherish in order to protect our flag, in effect to compel reverence for the flag. This amendment, in a misdirected attempt to protect a cherished symbol, instead tears at the very fabric of our freedom.

In the past, I have walked in the Appleton, WI, parade on Flag Day. I am told that it is the largest Flag Day parade in our country—it is certainly one of the best. As I saw the faces of those people, those Americans, as they waved the flag, filled with pride in our great nation, I knew then not only that patriotism shouldn't be legislated, but that it doesn't need to be. It is in this Chamber and in the hearts and minds of millions of Americans across this country. Again, I celebrate the effort to pay tribute to the flag, and the freedom it represents, in this Chamber each day. I only hope when and if the amendment that threatens that freedom is considered on this floor, we will remember the Pledge of Allegiance, and remain true to the liberty it speaks of, and that all of us hold so dear.

#### CUBA

Mr. SPECTER. Mr. President, during the Memorial Day recess, I spent two days in Havana, Cuba, from June 1 to 3. I met with numerous Cuban officials, including a marathon six-and-a-half hour session with President Fidel Castro, with Cuban human rights dissidents, with religious leaders, with several foreign ambassadors and with our U.S. team. I am convinced there are a number of steps we can take, pursuant to our existing U.S. policy, to create closer people-to-people relations with Cuba. Sharing medical research, especially on immunizations, would be appropriate, between the National Institutes of Health and the Cuban Ministry of Health. Former Gen. Barry McCaffrey, head of U.S. drug policy, had suggested to me that we should work closer with the Cuban government on drug interdiction, and I think he is right.

Relations between our two countries, only 90 miles apart, are almost non-existent. We have an embargo and a boycott. We have no exchange of ambassadors, and the limited coordination between our governments does not extend beyond very limited cooperation on drug interdiction.

I believe it is worthwhile to share with my colleagues some of my findings and impressions from my trip. The issue of the embargo is complex, and I am not yet ready to advocate a position. But there are other issues, such as the benefits of increasing contact and cooperation, which merit comment at this time.

Upon arrival in Havana about 2 pm June 1, we were met by Jorge Lexcano