

Lupus Foundation of America, Inc.; Medical College of Wisconsin; National Alliance for the Mentally III; National Association for Medical Equipment Services; National Association for Rural Mental Health; National Association for State Directors of Developmental Disabilities Services; National Association for the Advancement of Orthotics and Prosthetics; National Association of Children's Hospitals; National Association of Developmental Disabilities Councils; National Association of Medical Directors of Respiratory Care; National Association of People with AIDS; National Association of Physicians Who Care; National Association of Private Schools for Exceptional Children; National Association of Protection and Advocacy Systems; National Association of Psychiatric Treatment Centers for Children; National Association of Public Hospitals and Health Systems (Qualified Support); National Association of Rehabilitation Research and Training Centers; National Association of School Psychologists; National Association of Social Workers; National Association of State Directors of Special Education; National Association of State Mental Health Program Directors; National Association of the Deaf; National Black Women's Health Project; National Breast Cancer Coalition; National Center for Learning Disabilities; National Coalition on Deaf-Blindness; National Committee to Preserve Social Security and Medicare; National Community Pharmacists Association; National Consortium of Phys. Ed. and Recreation For Individuals with Disabilities; National Council for Community Behavioral Healthcare; National Depressive and Manic-Depressive Association; National Down Syndrome Society; National Foundation for Ectodermal Dysplasias; National Hemophilia Foundation; National Mental Health Association; National Multiple Sclerosis Society; National Organization of Physicians Who Care; National Organization of Social Security Claimants' Representatives; National Organization on Disability; National Parent Network on Disabilities; National Partnership for Women & Families; National Patient Advocate Foundation; National Psoriasis Foundation; National Rehabilitation Association; National Rehabilitation Hospital; National Therapeutic Recreation Society; NETWORK; National Catholic Social Justice Lobby; NISH; North American Society of Pacing and Electrophysiology; Opticians Association of America; Oregon Dermatology Society; Orthopaedic Trauma Association; Outpatient Ophthalmic Surgery Society; Pain Care Coalition; Paralysis Society of America; Paralyzed Veterans of America; Patient Advocates for Skin Disease Research; Patients Who Care; Pediatric Orthopaedic Society of North America; Pediatric Medical Group; Neonatology and Pediatrics Intensive Care Specialist; Physicians for Reproductive Choice and Health; Physicians Who Care; Pituitary Tumor Network; Public Citizen* (Liability Provisions Only); Rehabilitation Engineering and Assistive Technology Society of N. America; Renal Physicians Association; Resolve; The National Infertility Clinic; Scoliosis Research Society; Self Help for Hard of Hearing People, Inc.; Service Employees International Union; Sjogren's Syndrome Foundation Inc.; Society for Excellence in Eyecare; Society for Vascular Surgery; Society of Cardiovascular & Interventional Radiology; Society of Critical Care Medicine; Society of Gynecologic Oncologists; Society of Nuclear Medicine; Society of Thoracic Surgeons; Spina Bifida Association of America; The Alexandria Graham Bell Association for

The Deaf, Inc.; The American Society of Dermatopathology; The Arc of the United States; The Council on Quality and Leadership in Support for People with Disabilities (The Council); The Endocrine Society; The Paget Foundation for Paget's Disease of Bone and Related Disorders; The Society for Cardiac Angiography and Interventions; The TMJ Associations, Ltd.; Title II Community AIDS National Network; United Auto Workers; United Cerebral Palsy Association; United Church of Christ; United Ostomy Association; Very Special Arts; World Institute on Disability.

Mr. Speaker, 275 endorsing organizations, nearly all the patient advocacy groups in the country; American Cancer Society, National MS Society. I could go down the list. Nearly all the consumer groups in the country, Consumers Union. You look through the whole list of this; nearly all the provider groups, the physicians, the nurses, the physical therapists, the podiatrists, the opticians. And you know what? This is a patient protection bill.

□ 2015

There is nothing in this bill that provides an advantage for a provider, other than being able to be an advocate for your patient.

This is about letting people solve problems with their HMOs in a timely fashion, through a due process, that gives them a chance to reverse an arbitrary decision of medical necessity by their plan. We should not hesitate about having HMOs be responsible for their decisions.

Surveys show that there is a significant public concern about the quality of HMO care. Despite millions of dollars of advertising by HMOs over the last 8 years, a recent Kaiser survey showed no change in public opinion. Seventy-seven percent favor access to specialists; 83 percent favor independent review; 76 percent favor emergency coverage; and more than 70 percent favor the right to sue an HMO for medical negligence; and 85 percent of the public thinks that Congress should fix these HMO problems.

Mr. Speaker, in a few weeks we are going to get a chance, I hope in a fair way, to debate managed care reform, patient protection legislation. It is none too soon. While we have been dillydallying around for a couple of years now, patients have been injured because of arbitrary decisions by HMOs; and some of them have lost their lives. We need to address this issue soon, and we can do it in a bipartisan fashion. And I would encourage Members on both sides of the aisle to fight off the poison pill amendments that we are going to see under the rule, fight off the substitutes, some of which will be like the ones from the Senate which are really HMO protection bills, and join with us, 275 endorsing groups, millions and millions of people out in the country who are calling on Congress to pass H.R. 2723, the bipartisan consensus managed care reform bill.

REPORT ON RESOLUTION PROVIDING FOR CONSIDERATION OF H.R. 1875, INTERSTATE CLASS ACTION JURISDICTION ACT OF 1999

Mr. HASTINGS of Washington (during the special order of Mr. GANSKE), from the Committee on Rules, submitted a privileged report (Rept. No. 106-326) on the resolution (H. Res. 295) providing for consideration of the bill (H.R. 1875) to amend title 28, United States Code, to allow the application of the principles of Federal diversity jurisdiction to interstate class actions, which was referred to the House Calendar and ordered to be printed.

REPORT ON RESOLUTION PROVIDING FOR CONSIDERATION OF H.R. 1487, NATIONAL MONUMENT NEPA COMPLIANCE ACT

Mr. HASTINGS of Washington (during the special order of Mr. GANSKE), from the Committee on Rules, submitted a privileged report (Rept. No. 106-327) on the resolution (H. Res. 296) providing for consideration of the bill (H.R. 1487) to provide for public participation in the declaration of national monuments under the Act popularly known as the Antiquities Act of 1906, which was referred to the House Calendar and ordered to be printed.

PATIENTS' BILL OF RIGHTS

The SPEAKER pro tempore. Under the Speaker's announced policy of January 6, 1999, the gentleman from New Jersey (Mr. PALLONE) is recognized for 60 minutes as the designee of the minority leader.

Mr. PALLONE. Mr. Speaker, I must say that I am so pleased to be following the special order of my colleague, the gentleman from Iowa (Mr. GANSKE), because he addressed the same issue that I would like to address this evening and that is the need for HMO reform and the need to bring legislation to the floor of this House which we refer to as the Patients' Bill of Rights because it provides protection for Americans who are patients who happen to be members of HMOs or managed care organizations; and those protections are needed right now.

They were needed a long time ago, but it is really time that the Republican leadership of the House of Representatives allow this bill to come to the floor to be debated, and I believe it will pass overwhelmingly.

I must say, I have been on this floor many times over the last year, or even beyond, asking that the Republican leadership allow the opportunity for the Patients' Bill of Rights to come to the floor, and we were told last Friday for the first time that the Speaker has set the week of October 4, approximately 2 weeks from now, for that opportunity.

Although I have to say that I am suspicious of the way that this will be brought to the floor and the procedure and the rules that will be followed; and I know that my colleague, the gentleman from Iowa (Mr. GANSKE), mentioned that as well. I must say that I am pleased that we will be debating HMO reform and that one of the bills that we have been promised by the Speaker that will be brought to the floor is the Patients' Bill of Rights.

I really need to emphasize this evening, as I have so many other times on the floor and this well, that there are differences between the various managed care reform proposals that have been proposed here and that even though it is true that the Republican leadership now says that they will allow debate on the Patients' Bill of Rights, they have also made it quite clear that they are going to favor bills other than the Patients' Bill of Rights and that there may and certainly will be an effort to pass alternative legislation to the Patients' Bill of Rights.

I need to urge my colleagues not to fall into the trap of thinking that anything other than the new bipartisan Patients' Bill of Rights is acceptable, not only to us but to the American people.

I wanted to point out that it has been very interesting. Really, just last Wednesday, I guess, September 13, in the New York Times, there was an article that talked about how the GOP leadership was very cool on our patients' rights plan and how they were sort of scouring and looking at all kinds of ways of avoiding passage of the Patients' Bill of Rights. And I just wanted to, if I could, either summarize or read through some of the interesting aspects of this article because, as we know back in August, just before the summer break, in the first part of August, this was on August 6, just before we left for the summer recess, at that point the Speaker indicated that he was going to allow a Republican group, a group of Republicans, to put together a bill that he and the Republican leadership would find acceptable in terms of HMO reform.

There was no question in my mind that this was a bill, this was an effort by the Republican leadership, to essentially bypass or kill the bipartisan Patients' Bill of Rights that had been drafted by my colleague, the gentleman from Georgia (Mr. NORWOOD); the gentleman from Michigan (Mr. DINGELL), who has long been an advocate and who formulated the original Patients' Bill of Rights; the gentleman from Iowa (Mr. GANSKE); myself; and others, who had basically come up with a bipartisan Patients' Bill of Rights that would have achieved real HMO reform. At the time on August 6, the Speaker said, well, I am not in favor of that bill, the Patients' Bill of Rights, but I will let the gentleman from Okla-

homa (Mr. COBURN) and a few other Members of Congress on the Republican side see what they can come up with for us to consider in September that perhaps the Republican leadership would support.

As we know, and I am again referring to this article in the New York Times, when the gentleman from Oklahoma (Mr. COBURN), who is a physician from Oklahoma, and the gentleman from Arizona (Mr. SHADEGG), who is a Republican Member, disclosed the text of their bill last week when we came back after the August break, Speaker HASTERT had no comment. Senior House Republicans, including the chairmen of several committees and subcommittees, expressed grave reservation about the bill that theoretically they had asked the gentleman from Oklahoma (Mr. COBURN) and others to put together as their alternative to the Patients' Bill of Rights.

The gentleman from Texas (Mr. ARMEY), who is the House majority leader, described the Coburn-Shadeegg bill as the least worst way to do the wrong thing, and he said the provisions of the bill authorizing patients to sue HMOs for injuries caused by the negligence of a health plan still bothered him.

The gentleman from Virginia (Mr. BLILEY), the chairman of our House Committee on Commerce, said he too was reluctant to create a new right to sue.

Basically, what we see here is the Republican leadership once again backing off a bill which theoretically they had asked their own Members to put together, and the reason clearly was because they saw the Coburn-Shadeegg bill as too much like the Patients' Bill of Rights, the bipartisan Patients' Bill of Rights, particularly with regard to the liability provisions.

Now we read, or we find out, that even though the Speaker has said that he is going to allow managed care reform to come to the floor on the week of October 4, that not only will the Patients' Bill of Rights be an option, not only will the Coburn-Shadeegg bill be an option, but it is very possible that another bill, which I think really expresses what the leadership wants, and this is the bill that came out of the House Committee on Education and the Workforce, and it was sponsored by the gentleman from Ohio (Mr. BOEHNER), basically what his bill does is, I think, take a piecemeal approach to HMO reform that is totally unacceptable and shows very dramatically where the Republican leadership is going on the important issue of HMO reform.

I think what is going to happen, and we are basically seeing indications of that, is that the House Republican leadership will endorse the Boehner bill and try to get that through the rules that they will use to bring this

legislation to the floor as the bill that we finally vote on as opposed to the Patients' Bill of Rights or even the bill that the gentleman from Oklahoma (Mr. COBURN) and the gentleman from Arizona (Mr. SHADEGG) have come up with.

I want to stress this evening that if that is what happens, if in fact the procedures that come out of the Committee on Rules that are set forth and the procedures by which we debate HMO reform on this floor the week of October 4 basically allow the Boehner bill to be the order of the day and that is the bill that the leadership supports, then we will have achieved nothing effectively in terms of HMO reform and this whole effort to try to come up with something that will help and protect the average American will have actually done the opposite, and HMO reform will be killed.

I just want to explain, if I could briefly, where the Boehner bill is such a bad bill by comparison to the Patients' Bill of Rights that my colleague, the gentleman from Iowa (Mr. GANSKE), the gentleman from Georgia (Mr. NORWOOD), the gentleman from Michigan (Mr. DINGELL), and so many others of us who care about HMO reform have put forward on a bipartisan basis.

The Boehner bills leave out most Americans. The bills cover only people who obtain health insurance through their employer. The bills fail to extend needed patient protections to the millions of people that purchase health insurance individually; and what we are basically saying, and the Boehner bills do not do, is that the protections that we are seeking through the Patients' Bill of Rights, those protections should apply to all health plans, regardless of whether it is employer sponsored, whether it is individually purchased, whether it is ERISA, whether it is Medicare, whatever it happens to be, all health plans should have these same basic protections from HMOs or managed care.

The other thing and this is most important, if we look at the Boehner bills, they pretend to secure patients' rights but they contain no way to enforce those rights other than the weak penalties currently available under ERISA, and enforcement is so important. It is not that those of us who support the Patients' Bill of Rights want everybody to sue. In fact, the example in Texas, which is one State that has passed, as the gentleman from Iowa (Mr. GANSKE) has mentioned, a very progressive Patients' Bill of Rights in Texas, where there is the ability to sue now and there has been for 2 years, only one or two lawsuits have actually been filed. Because once those patient protections are in place, there is no reason to file a lawsuit because there are basic protections under the law.

So what we are saying is, even though we would provide for a right to

sue, even though we would have an external review and a procedure for that, it is only because we want the practical enforcement to be there, to guard against the abuses of HMOs.

What the Boehner bills do is it is basically a very narrow, piecemeal approach. For example, H.R. 2043, which is supposed to protect against the so-called gag clauses, does not prohibit plans from retaliating against doctors who discuss the plan's financial incentives. One of the worst offenses right now with HMOs is the fact if the plan does not cover a particular procedure, the doctor is gagged and cannot say anything about that procedure. A lot of HMOs right now have that kind of rule, gagging, not allowing a doctor to say what procedure a person needs because they will not cover it. What a terrible thing, and there is no protection against that in the Boehner bills.

Let me just give a few other indications of the inadequacies in the Boehner bills and why I dread the fact that the House leadership, the Republican leadership, may try to have this be the final product of this debate the week of October 4.

The Boehner bills require direct access to physicians only for routine OB-GYN care. They do not allow persons with chronic or serious medical conditions to have direct access to specialists. Nor do the Boehner bills permit persons with conditions requiring ongoing care to obtain standing referrals to a needed specialist. The bills do not include a requirement that a plan have a provider network with a sufficient number and variety of providers who are available and accessible in a timely manner. In addition, there is no requirement that a plan cover the services of a specialist who is not in the plan's network if the network lacks the provider expertise or capacity to treat the enrollee's condition.

One of the biggest concerns that I hear from my constituents with HMOs is inadequate access to specialists. We need to provide for that and that is what the Patients' Bill of Rights does. That is what the Boehner bills do not do.

□ 2030

Continuity of care. The Boehner bills do not protect patients from abrupt changes in ongoing treatment when their provider is dropped from the plan's network or their employer changes health plans. They have no provision to limit excessive provider financial incentives arrangements. This is another big complaint. Right now, there are incentives in a lot of HMOs for one's doctor not to provide health care in many cases, or not to provide treatment in certain instances, because there is a financial incentive if he provides less care. Now, this is not always true, but it is one of the abuses that we find from time to time, and we do not

want it to be there; we want to make sure it does not happen, that there is no such financial incentive.

Another thing in the Boehner bills: emergency care. One of the biggest complaints I hear about HMOs is that if I have to go to an emergency room because I feel the necessity, I have chest pain, I feel I have to go to a hospital, oftentimes I need prior authorization, or I can only go to an emergency room for a hospital that is maybe 50 miles away instead of the one that is down the street. Well, that has to be changed. But H.R. 2045, one of the Boehner bills, fails to insure that people can obtain emergency care when and where the need arises without fear of excessive charges.

Under this bill, if a plan and the emergency room physician disagree on what emergency care is necessary, the patient can be stuck holding the bill. I use the example of severe pain. Severe pain does not count as an emergency if an individual with severe chest pains risks having to pay for services out of pocket, or if he or she goes to an emergency room without getting prior authorization. So again, one does not have protection that one can make sure that if one has severe pain and thinks they are having a heart attack, they can go to an emergency room down the street and they do not have to worry about prior authorization.

I just want to mention one more thing about the Boehner bills because I think the enforcement aspect is so important. What we are saying about the patients' bill of rights and really the two things that are the hallmark of the patients' bill of rights, the bill that should pass this House, and I hope that it does, one is the definition of "medical necessity," what is necessary, what kind of operation is necessary, how long one has to stay in the hospital, whether one has a particular procedure or a particular operation. That definition of what is "medically necessary" is made by the physician and the patient, not by the insurance company.

The second hallmark of the patients' bill of rights is that if one has been denied care, one can go to an outside panel or an outside review board that is not influenced by one's HMO and ultimately, if that fails, that one can bring suit in court.

Well, under the Boehner bills, H.R. 2089, they purport to create an independent external appeals system, but it is biased against the patients and allows the health plans to control virtually all aspects of the external review process. The bill requires external reviewers to uphold plans as long as the plans follow their own definitions, no matter how arbitrary the definitions. A plan could define "medical necessity" to be nothing more than care defined under whatever treatment guidelines and utilization protocols the

plan adopts, even if the guidelines and protocols are not backed by any clinical evidence or good professional practice.

What we say in our patients' bill of rights is the decision about what is medically necessary is made by the doctor and the patients. How we effectuate that is that we use the standards of care that are applicable for that particular specialty. So if the Board of Cardiology has certain procedures which they consider the norm in the practice of cardiology, those are the procedures that apply in terms of determining what is medically necessary. But under the Boehner bills, it is up to the HMO to decide that. They do not have to make reference to the local Board of Cardiology; they do not have to make reference to any studies at all. They just define what is "medically necessary" on their own based, on whatever cost containment is beneficial to them, in many cases.

That is what we do not want. We do not want the external review process to be limited to what the HMO defines as medically necessary. Of course, we want to make sure that there is an outside external review, unbiased, not under the influence of the HMO, and that ultimately one has the right to sue.

Mr. Speaker, I could talk more this evening about what is important in our patients' bill of rights and why it is so much preferable to the Boehner bills and other bills that might come to the floor; but I think the most important thing is that if the Republican leadership is really serious about allowing the opportunity for a full and fair debate during the week of October 4 on patient protections, they have to craft the rule in such a way that there is a clear opportunity for us and for the majority of this House to support the patients' bill of rights. I am fearful that that is not going to happen.

I will be watching, as my colleague from Iowa mentioned, over the next few weeks to see what kind of rule comes out of the Committee on Rules, but we are going to be very careful to monitor that, because if there is going to be a promise that we have an opportunity to bring real protections to this floor, then it has to be a promise that is fulfilled pursuant to the rules of this House. I hope that that is the case, and I will continue to look at it over the next 2 weeks.

ISSUES OF IMPORTANCE IN THE REPUBLIC OF ARMENIA

Mr. PALLONE. Mr. Speaker, I wanted to turn briefly, if I could tonight, to a couple of international issues unrelated to the issue of HMO reform. As many of my colleagues know, I am very much involved in both the Armenia caucus as well as the India caucus that we have here in the House of Representatives, and I wanted to take a few moments initially to talk about

the anniversary, if you will, of Armenia's independence, and then I would like to talk a little bit about some issues relative to India that will be coming up in the next few weeks in the context, most likely, of some of the appropriations bills and conference reports that we will be considering here on the floor of the House.

Mr. Speaker, if I could turn initially to the Republic of Armenia. Today, Tuesday, September 21, is actually the eighth anniversary of the independence of the Armenian Republic, and it is celebrated by the citizens of Armenia, as well as people of Armenian descent here in the United States and around the world.

The United States, as the leader of the free world, has welcomed the arrival of Armenia into the family of democratic nations, and I am proud that this Congress has consistently voted to provide humanitarian and economic development assistance to help Armenia preserve democracy and the institutions of civil society and to continue the transition to a free market economy. I am proud that our administration has made a priority of achieving a negotiated settlement to the Nagorno Karabagh conflict, which is vital to bringing stability and economic integration to the southern Caucasus region.

However, I believe there is a lot more that America can do to help Armenia achieve its rightful place as a free nation with a secure future, and to do so is not only in Armenia's interests. The United States has a fundamental national interest in bringing about stability in the strategically located Caucasus region and in supporting those emerging nations like Armenia that share our values.

Mr. Speaker, I had the opportunity to visit the Republic of Armenia as well as Nagorno Karabagh and Azerbaijan with a bipartisan group of Members of Congress last month, in August. We saw firsthand the outstanding progress Armenia has made in fostering democracy and in promoting economic growth.

Mr. Speaker, the Republic of Armenia may be a very young country, but the Armenian nation is one of the world's most ancient and enduring. The story of the Armenian people, a nation whose history is measured not in centuries, but in millennia, the first to adopt Christianity as its national religion, is an inspiring saga of courage and devotion to family and nation. It is also an epic story of a triumph of a people over adversity and tragedy.

Early in this century in one of history's most horrible crimes against humanity, 1.5 million Armenian men, women, and children were massacred by the Ottoman Turkish Empire. Every April, Members of this House join in commemoration of the Armenian genocide, and we can never relent, and will

never relent, in our efforts to remind the world that this tragedy is a historic fact and to make sure that our Nation and the whole world community and, especially the Turkish nation, come to terms with and appropriately commemorate this historic fact.

After the collapse of the Ottoman Empire, the people of Armenia established an independent state on May 28, 1918. But unfortunately, the fledgling nation was not able to overcome the simultaneous pressures of the forces of Ataturk's Turkey and the Russian Communists. Ultimately, the lands of eastern Armenia were occupied by the Soviet Red Army, and Armenia became one of the Soviet Union's constituent republics in 1936.

During 5½ decades under Soviet rule, at least some Armenian cultural presence was maintained, even if the political shots were called in Moscow. However, the predominantly Armenian region of Nagorno Karabagh was placed under the jurisdiction of Azerbaijan under an arbitrary decision by the dictator Stalin.

Mr. Speaker, in the late 1980s, the tumultuous changes rocking the Soviet Union were strongly felt in Armenia. In 1988, a movement of support began for the Karabagh Armenians to exercise their right to self-determination. The movement for the freedom of Karabagh helped to rekindle the struggle for freedom for all the Armenian people.

That same year, a devastating earthquake struck northern Armenia and its destruction continues to be in evidence. In 1990, the Armenian National Movement won a majority of seats in the parliament and formed a government; and on September 21, this day, in 1991, 8 years ago, the Armenian people voted overwhelmingly in favor of independence in a national referendum.

Since then, Mr. Speaker, the Armenian people have worked to reestablish a state and a nation to create a society where their language, culture, religion, and other institutions are able to prosper. The progress made in 8 short years by the Republic of Armenia has been an inspiration, not only for the sons and daughters of the Armenian Diaspora, but for Armenians and freedom-loving people everywhere. Having survived the genocide and having endured decades under the domination of the Soviet Union, the brave people of Armenia have endeavored to build a nation based on the principles of democracy and opportunities for all.

Mr. Speaker, as they have for so much of their history, the Armenian people have accomplished all of this against daunting odds. The tiny, landlocked Republic of Armenia is surrounded by hostile neighbors, Turkey and Azerbaijan, who have imposed blockades that have halted the delivery of basic necessities. Yet independent

Armenia continues to persevere. While democracy has proven to be an illusive force in much of the Soviet bloc, Armenia held multiparty presidential elections last year; and on May 30 of this year, parliamentary elections were held once again.

As the founder and chairman, with the gentleman from Illinois (Mr. PORTER) of the Congressional Caucus on Armenian Issues, I consider U.S.-Armenia relations to be one of our key foreign policy objectives. Support for Armenia is in our practical interests. Helping to support stabilization is strategically important in an often unstable part of the world. Standing by Armenia is also consistent with Armenia's calling to support democracy and human rights and to defend free peoples throughout the world.

Mr. Speaker, I want to emphasize that the people of Armenia want good relations with their neighbors and the entire world community; and I believe the moral, political, and economic power of the U.S. could go a long way towards helping Armenia achieve that goal.

Finally, Mr. Speaker, I would like to say that the reality of daily life for the people of the Republic of Armenia continues to be difficult. I saw that, once again, with my colleagues when we visited Armenia in August. But the commitment to working for a better future is remarkably strong in all the men, women, and young people of Armenia, especially.

I just want to take this occasion to wish the Armenian people well on the occasion of their independence day and, more important, in their ongoing effort to establish a free republic so that their children may prosper in the homeland of their ancestors.

INDIA-U.S. RELATIONS

Mr. PALLONE. Mr. Speaker, I would like now to turn lastly to the issue, some of the issues relative to India-U.S. relations, and there are basically three topics that I would like to mention which I think are relevant, particularly in light of some of the appropriations bills that are now going to conference and which will be coming to the floor within the next week or two.

First, I did want to start out by saying with regard to India-U.S. relations that there has been, I noticed in the last week or two, since we came back from the August break, an effort by Pakistan once again to internationalize the Kashmir conflict by trying to bring in the United States as a mediator. I think many of us know, my colleagues know, that India maintains that the Kashmir conflict should be addressed on a bilateral basis with Pakistan under established frameworks agreed to by both countries.

Now, thus far, the Clinton administration has widely resisted Pakistani attempts to internationalize the Kashmir conflict; and certainly that was

the case after the last conflict where President Clinton specifically said that he was not going to act as a mediator and that the two nations basically had to sit down together and work out their differences. However, I understand that some of my colleagues, Democrats and Republicans, in the House are now circulating once again letters urging that the administration break with this long-standing precedent and intervene in this bilateral dispute in Pakistan.

□ 2045

I think such a development would not contribute to peace and stability in South Asia. Rather than seeking this what I consider reckless change of policy, it is important for Members of Congress to encourage the administration to maintain its current prudent approach.

I believe President Clinton's July 4 meeting with Prime Minister Sharif of Pakistan succeeded in bringing about a Pakistani withdrawal of troops from India's side of the line of control. I welcome that. There is absolutely no question that President Clinton played a major role in the ultimate withdrawal, if you will, of Pakistan back to the line of control, so now we have relative peace in Kashmir.

But, unfortunately, Pakistan is still trying to drag the United States into this conflict as an international mediator. This is really nothing more than a strategic ploy to enhance Pakistan's position in the conflict.

India has made it clear that it does not favor third party mediation. Pakistan has earned its recent international isolation, given its destabilizing actions in Kashmir. Pakistan must not be rewarded with gains at the negotiating table in light of its costly gambit in Kashmir, a policy that has militarily failed and has strategically failed. They should not be given some propaganda advantage by having this Congress suggest that the United States should intervene.

Mr. Speaker, as part of this special order I include for the RECORD the text of a letter I sent to President Clinton back in July before the break, where I urged him to resist Pakistan's efforts to bring the United States into its bilateral conflict with India.

I think this letter was appropriate in July, and it is still appropriate today. The letter referred to is as follows:

JULY 7, 1999.

HON. WILLIAM JEFFERSON CLINTON,
The White House,
Washington, DC.

DEAR MR. PRESIDENT: I am writing to express my support for your efforts to effectuate a withdrawal of Pakistani forces from India's side of the Line Of Control in Kashmir, and to respectfully urge that the Administration continue to resist Pakistan's efforts to internationalize its bilateral dispute with India by drawing in the United States as a mediator.

In the aftermath of your Independence Day meeting with Prime Minister Nawaz Sharif, I

was very encouraged by the published reports indicating that Administration officials believe that yielding to Pakistan's desire to bring the U.S. in as an international mediator would be to side with Pakistan, given India's long-standing position that the issue should be resolved bilaterally.

I welcome your meeting with Prime Minister Sharif with the goal of getting Pakistan to withdraw its forces from India's side of the Line of Control (LOC). I was somewhat concerned by Mr. Sharif's characterization, in the Pakistani media, of the talks at the White House, suggesting that you will play a more active mediating role in Kashmir. I hope this was merely an exercise in spin control by Mr. Sharif. But I would urge that you and the Administration maintain the current, limited approach of achieving a Pakistani withdrawal, while allowing India and Pakistan to resolve the Kashmir issue on a bilateral basis, pursuant to the framework set forth in the Simla Accords and, more recently, in the Lahore Declaration. The bottom line is that India is fighting to defend its territory against an armed infiltration. Under those circumstances, the U.S. must maintain a clear policy of opposing armed aggression and not rewarding Pakistan with gains at the negotiating table.

I am also encouraged by indications that you will travel to South Asia later this year. For the reasons that I've stated above, it is important that the trip not be a vehicle for the U.S. to play a mediator role in Kashmir.

I have written to you previously urging that you visit India, the world's largest democracy. I cannot emphasize enough how valuable it would be in bringing the U.S. and India closer together.

Thank you for your attention to this matter and for your continued leadership on this and other urgent foreign policy priorities.

Sincerely,

FRANK PALLONE, JR.

U.S. SENATE,
Washington, DC, July 21, 1999.

HON. WILLIAM JEFFERSON CLINTON,
The White House, Washington, DC.

DEAR MR. PRESIDENT: We commend your timely intervention to help defuse the immediate crisis in Kashmir. Particularly important is your commitment to take a personal interest in encouraging the Prime Ministers of India and Pakistan to resume and intensify their dialogue, begun in Lahore in February, to resolve all issues between them, particularly Kashmir.

Kashmir is the most dangerous nuclear flashpoint in the world today. As President Richard Nixon noted 25 years ago, nuclear powers have never fought each other, but the clash between Muslim Pakistan and Hindu India over disputed Kashmir territory could erupt into the world's first war between nuclear powers. To avert this possibility, the dispute over Kashmir's unresolved status must be settled promptly and peacefully.

The United States should help break the stalemate over Kashmir to reduce the chance of nuclear war in the Asian subcontinent. Therefore, we urge you to: (1) consider appointment of a Special Envoy who could recommend to you ways of ascertaining the wishes of the Kashmiri people and reaching a just and lasting settlement of the Kashmir issue; and (2) propose strengthening the UN Military Observers Group to monitor the situation along the Line of Control.

We await your prompt response and stand ready to support these diplomatic initiatives.

Sincerely,

JIM JOHNSON.

ROBERT G. TORRICELLI.

The second issue I want to mention relative to India relates to the foreign operations appropriations bill, on which I believe tomorrow the House and Senate conferees will meet to hammer out the differences between the two bills in the two Houses with regard to the Foreign Operations Appropriations Act.

What I am asking is that the conferees not adopt a Senate provision which could affect India. Section 521 of the Senate fiscal year 2000 foreign operations bill reads or talks about special notification requirements.

It says in section 521 that, "None of the funds appropriated in this Act shall be obligated or intended for Colombia, India, Haiti, Liberia, Pakistan, Serbia, Sudan, or the Democratic Republic of Congo, except as provided through the regular notification procedures of the Committee on Appropriations."

What this section does, what this Senate provision will do, is to require the administration to notify the House and Senate appropriations committees whenever the fiscal year 2000 foreign aid is allocated to India. The Committee on Appropriations, as required by law, would have 15 days to approve or disapprove the allocation.

But I would point out to my colleagues, Mr. Speaker, that this procedure is not imposed on all countries that receive U.S. foreign aid. It is used to closely monitor countries that receive U.S. foreign aid only if there is concern on the part of the Committee on Appropriations.

The House bill, the House Foreign Operations Act, contains a similar provision, but it does not include India as one of the countries that come under this provision. I want to commend the House appropriators for recognizing that there is no reason to include India along with these other countries that are mentioned.

I say that and I urge the conferees not to adopt the Senate language and to adhere to the House language because India is a democracy. India is a market economy. India has become increasingly close to the United States. It has a huge market for U.S. goods and trade.

I think it would be a mistake to label India as a pariah in this fashion for any limited U.S. assistance that the State Department or the USAID may try to provide to India through humanitarian or development assistance. We provide very little aid to India. It is relatively insignificant. But the point is that India should not be painted as the sort of pariah these other countries that require this notification are.

I know some of my colleagues will say, well, Pakistan is included as one of these nations. But the fact that Pakistan is included on this list for prior notification does not mean that India should be included. If the recent conflict in Kashmir that I just pointed out showed anything, it was that India acted responsibly, whereas Pakistan instigated a military incursion that could have led to a wider war. Let us not reward, if you will, Pakistan by saying that India should be included on this notification list when there is absolutely no reason to do that.

In a similar vein, and lastly, with regard to U.S.-India relations this evening, Mr. Speaker, I wanted to mention the fiscal year 2000 defense appropriations bill, which is also in conference at this time.

There is a provision in the Senate bill that would suspend for 5 years certain sanctions against India and Pakistan. I support this provision wholeheartedly. There is no reason for us to continue these sanctions against both nations because the only country that is suffering for it is the United States, because of limitations on our exports and our trade and our business opportunities in India and Pakistan.

I want to say that while I strongly support the end of the sanctions and the suspension of the Glenn amendment sanctions against these two South Asian nations, there is another critical provision in the Senate language that would, in my opinion, be a grave mistake. That is the Senate language to repeal the Pressler amendment, which bans U.S. assistance to Pakistan.

I have already spoken out on the floor previously and explained the reasons why we should not repeal the Pressler amendment. Again, a lot of this goes back to what has been happening the last few months, the Kashmir conflict; the fact that Pakistan continues a policy of nuclear proliferation, which is not what India is doing.

We were reminded about why the Pressler amendment was needed because of the way that Pakistan carried out this war in Kashmir over the summer and instigated the war, many times with regular Pakistan army troops.

Pakistan has also repeatedly been implicated, along with China, Iran, and North Korea, in the proliferation of nuclear weapons and missile technology. India's nuclear program, by contrast, is an indigenous program, and India has not been involved in sharing in technology with unstable regimes.

I want to mention one more thing tonight that is new in this regard. That is that this month, in September, the CIA issued its annual national intelligence estimate on missile threats reported. In this annual report, they reported that Pakistan has obtained M-11 short-range missiles from China and

medium-range missiles from North Korea. The CIA's assessment is that both missiles may have a nuclear role, and there have been calls in Congress for new sanctions to be imposed on China in light of these latest revelations, a step that I would certainly be prepared to support.

But besides imposing sanctions on countries that transfer this type of technology, like China, I believe we should also hold the countries who receive these weapons systems accountable. We certainly should not reward countries like Pakistan by lifting the existing sanctions on military transfers in light of the information that has recently come to light in this CIA report.

So I would once again say, Mr. Speaker, that this is yet another reason why we should not support repeal of the Pressler amendment. I would say again that I hope that the conferees, and I would urge the conferees to not repeal the Pressler amendment, even as I support the idea of eliminating the Glenn amendment sanctions against both India and Pakistan.

ILLEGAL NARCOTICS IN AMERICA

The SPEAKER pro tempore (Mr. ISAKSON). Under the Speaker's announced policy of January 6, 1999, the gentleman from Florida (Mr. MICA) is recognized for 60 minutes.

Mr. MICA. Mr. Speaker, I am pleased to come before the House tonight to address my colleagues again on what I consider one of the most important topics facing Congress and the American people, and that is the problem of illegal narcotics in this country, not only the problem of illegal narcotics as it affects us as far as our role as Members of Congress in providing funding for various programs, but the effects of this dreaded plague on our country that have many significant dimensions.

Tonight I would like to again talk to the House about this topic and discuss a number of areas, and first of all provide my colleagues and the American people with an update on some of the recent happenings as to how drugs and illegal narcotics destroy lives and affect the lives of people, not only in my district but across this Nation.

I will talk a little bit about the situation and the policies that got us to where we are today with the problem of illegal narcotics. Then I would like to talk a little bit about Colombia, which is in the news.

The President of Colombia is now in the United States and addressed the United Nations. He has made proposals, along with this administration, about resolving some of the difficulties that relate directly to illegal narcotics trafficking in our neighbor to the south.

I would also like to talk a little bit about the history of the policy as it developed relating to Colombia, and some

of the proposals that are on the table now to resolve the conflict that has been created again by these failed policies.

But tonight I would like to start out by first providing an update to my colleagues on the cost of the problem of illegal narcotics. I always start at home and the news from my district.

I come from Central Florida. I represent the area just north of Orlando to Daytona Beach, probably one of the most prosperous areas in the Nation. We do have our problems: problems of growth, problems of expansion, problems of providing education. We are very fortunate that we have a very high education level, high income level, a very low unemployment level, so we are indeed one of the 435 districts of the country that has had fortune shine upon us in many ways.

We have also been the victim of the problem of illegal narcotics and hard drugs and the terror that they have rained not only, again, across the Nation, but on our district in Central Florida. Many people equate Orlando in Central Florida to Disney World and entertainment and fun. But unfortunately, we have been the victims, like, again, many other areas across the Nation, of the ravages of illegal narcotics.

Let me read from an Orlando Sentinel story just in the last few hours that was released. It says, "Deaths this past weekend brought the numbers of confirmed and suspected heroin-related deaths in Orange and Osceola Counties to 34." Orange and Osceola Counties are around the Orlando metropolitan area.

"At the current rate, Central Florida likely will break last year's record of 52 heroin-related deaths." Many of these deaths are among our young people. In fact, the 52 deaths in just Central Florida, in that little small geographic area, I found outnumber the number of deaths in some countries from heroin. It is really an astounding figure.

Again, unfortunately, Central Florida is not the only area that is experiencing both the numbers of deaths and the tragedies that we have experienced.

The article goes on and puts a human face on what happens in some of these cases. It says, "Early Friday a 12-year-old boy found his 46-year-old father lifeless at their home on Bayfront Parkway near Little Lake Conway," near the south of Orlando. "A packet of heroin, a syringe, a spoon and matches were found near the body, according to sheriff's records."

More news from my county, also on Friday. "A 34-year-old Orange County man collapsed from a suspected overdose of opiates, the Medical Examiner's Office reported. He died on Sunday," this past Sunday.

On Saturday, "A 30-year-old woman from Orlando died in a vacant house on Gore street." That is in the downtown