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Johnson (CT)
Johnson, E. B.
Johnson, Sam
Jones (NC)
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NOT VOTING—24

Ackerman
Bliley
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Brady (PA)
Cannon
Carson
Diaz-Balart
Ehrlich

Fattah
Hulshof
Hunter
Lowey
McNulty
Meeks (NY)
Reynolds
Sabo

Sawyer
Scarborough
Serrano
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Sweeney
Watkins
Weldon (PA)
Young (FL)

□ 1849

So (two-thirds having voted in favor thereof) the rules were suspended and the resolution was agreed to.

The result of the vote was announced as above recorded.

A motion to reconsider was laid on the table.

REMOVAL OF NAME OF MEMBER AS COSPONSOR OF H.R. 2915

Mr. LARGENT. Mr. Speaker, I ask unanimous consent to remove my name as a cosponsor from H.R. 2915.

The SPEAKER pro tempore (Mr. LAHOOD). Is there objection to the request of the gentleman from Oklahoma?

There was no objection.

REMOVAL OF NAME OF MEMBER AS COSPONSOR OF H. RES. 298

Mr. MANZULLO. Mr. Speaker, I ask unanimous consent to have my name withdrawn as a cosponsor for H. Res. 298.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Illinois?

There was no objection.

RESIGNATION AS MEMBER OF COMMITTEE ON BANKING AND FINANCIAL SERVICES

The Speaker pro tempore laid before the House the following resignation as a member of the Committee on Banking and Financial Services:

CONGRESS OF THE UNITED STATES,
HOUSE OF REPRESENTATIVES,
Washington, DC, November 1, 1999.

Hon. J. DENNIS HASTERT,
Speaker of the House,
The Capitol, Washington, DC.

DEAR MR. SPEAKER: I write to submit my resignation from the Banking and Financial Services Committee.

Thank you for your attention to this matter.

Sincerely,

BARBARA LEE,
Member of Congress.

The SPEAKER pro tempore. Without objection, the resignation is accepted. There was no objection.

ELECTION OF MEMBER TO COMMITTEE ON BANKING AND FINANCIAL SERVICES

Mr. FROST. Mr. Speaker, I offer a resolution (H. Res. 351) and I ask unanimous consent for its immediate consideration in the House.

The SPEAKER pro tempore. The Clerk will report the resolution.

The Clerk read as follows:

HOUSE RESOLUTION 351

Resolved, that the following named Member be, and is hereby, elected to the following standing Committee of the House of Representatives:

Committee on Banking and Financial Services: Mr. Ackerman of New York to rank immediately after Mr. Watt of North Carolina.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Texas?

There was no objection.

The resolution was agreed to.

A motion to reconsider was laid on the table.

PROVIDING FOR CONSIDERATION OF RESOLUTION AGREEING TO CONFERENCE REQUESTED BY SENATE ON H.R. 2990, QUALITY CARE FOR THE UNINSURED ACT OF 1999

Mr. GOSS. Mr. Speaker, by direction of the Committee on Rules, I call up House Resolution 348 and ask for its immediate consideration.

The Clerk read the resolution, as follows:

H. RES. 348

Resolved, That the House disagrees to the Senate amendment to the bill (H.R. 2990) to amend the Internal Revenue Code of 1986 to allow individuals greater access to health insurance through a health care tax deduction, a long-term care deduction, and other health-related tax incentives, to amend the Employee Retirement Income Security Act of 1974 to provide access to and choice in

health care through association health plans, to amend the Public Health Service Act to create new pooling opportunities for small employers to obtain greater access to health coverage through HealthMarts; to amend title I of the Employee Retirement Income Security Act of 1974, title XXVII of the Public Health Service Act, and the Internal Revenue Code of 1986 to protect consumers in managed care plans and other health coverage; and for other purposes, and agrees to the conference requested by the Senate thereon.

The SPEAKER pro tempore. The gentleman from Florida (Mr. GOSS) is recognized for 1 hour.

Mr. GOSS. Mr. Speaker, for the purposes of debate only, I yield the customary 30 minutes to the gentlewoman from Rochester, New York (Ms. SLAUGHTER), my colleague and friend on the Committee on Rules, pending which I yield myself such time as I may consume. During consideration of this resolution, all time yielded is for the purpose of debate on this subject only.

This resolution before us, Mr. Speaker, does two things. It provides that the House disagrees with the Senate amendment to the bill, H.R. 2990, the Quality Care for the Uninsured Act, and it provides that the House agrees to the conference requested by the Senate.

While this may seem arcane or inside-the-Beltway talk to folks watching at home, the translation is that it allows us to move the process forward on health care reform. That is what we are doing, going forward on health care reform as promised. We can go to conference with the Senate to try to resolve our extensive differences and hopefully to improve the lives of our constituents if we can pass this resolution.

Because H.R. 2990 was not reported by a committee of jurisdiction, no motion to go to conference could be authorized by a committee. While these motions are usually done by unanimous consent, the minority declined to agree to the traditional process, so here we are with this resolution this evening.

I am concerned that the other side of the aisle seems to prefer conflict and confrontation over progress on health care reform. We did pass H.R. 2990 less than a month ago. I would point out it was certainly during the most hectic budget and appropriations season that I recall in a while, and, yet, the minority still objects and protests that we should have appointed conferees earlier. I would point out this is the same minority that was complaining not 2 hours ago on the House floor that we were moving legislation too rapidly. Hopefully we will get something right in their eyes before we end the 106th.

Mr. Speaker, arbitrary time lines and partisan spin games indicate to me that the Democrat minority leadership is not presently really interested in

helping more Americans get health insurance because health access is a big piece of this. While they say they are interested in joining our efforts to improve the quality of care for Americans in HMOs, they, instead, drive an agenda of gridlock, of conflict for the sake of conflict, of trying to stall to give some credibility to the minority leader's publicly repeated spin that this is a "do-nothing" Congress.

Well, Mr. Speaker, we reject this sad and cynical approach of doing the Nation's business, especially on something as important as health care. Speaker HASTERT should be commended for keeping his word, for keeping the process moving forward, which is what it is doing.

This resolution is another clear signal that we are committed and serious about health care reform and that we are interested in more than just the next 30-second sound bite.

I would point out that we have had recently a very fine debate in this House on the subject of health care, patient protection, and access. We have come up with a piece of legislation that is significantly different than the other body's. Obviously we need to continue to work forward to sort out those differences. That is what this resolution allows us to do. I am urging a yes vote on this noncontroversial resolution.

Mr. Speaker, I reserve the balance of my time.

Ms. SLAUGHTER. Mr. Speaker, I thank the gentleman from Florida (Mr. Goss), my good friend, for yielding me the time; and I yield myself such time as I may consume.

Mr. Speaker, I rise to speak on the rule governing this motion to go to conference on H.R. 2990, what the majority is calling the Quality Care for the Uninsured Act of 1999. Many of my friends on the other side of the aisle do not want a Patients' Bill of Rights. They have scrubbed those words from the title of the bill and have assigned it a bill number intended to disguise its heritage. But in, amongst everything else, there is a Patients' Bill of Rights, and this is an extremely important motion.

The American people have spoken with a clear and compelling voice. They want reform in managed care, and they want protection from denials and delays which literally threaten their quality of life.

This House responded in overwhelming fashion passing the Norwood-Dingell managed care reform bill by a 275 to 151 vote margin. It was a genuine rout, a convergence of political courage and public support resulting in a good bill which will do the right thing by the American people.

In fact, it was a little too good for our friends who want to scuttle the HMO reform legislation. They are playing their ace in the hole, a parliamentary procedure which combines this

very agreeable HMO bill with H.R. 2990, a very disagreeable bill which barely passed the House.

But the trump card will be the will of the American people. They will no longer tolerate being denied access to specialists or to clinical trials. They will not tolerate having medical decisions made by bureaucrats with a clipboard instead of a physician with a stethoscope. They are ready to make a stand. Those of us who voted for the Norwood-Dingell bill are standing with them.

Earlier this year, the other body passed a bill which pales in comparison to the House version. The House needs to send a strong, clear message to the conference committee that it should stand by the Patients' Bill of Rights which the House passed, that we should refuse to swallow the poison pills intended to kill this bill.

Mr. Speaker, I also want to take just a moment to suggest that the conference take action on the vital issue of preventing genetic discrimination in health insurance. The Senate bill at least mentions the issue. The House bill is silent. But this is an issue that must be heard.

Mr. Speaker, I humbly suggest that this is the next frontier of the health care debate. In the next few months, the human genome map will be complete. We are entering an era where we can know whether a person has a gene which might result in conditions from Alzheimer's disease to breast cancer.

This gives us tremendous potential to act in a preventive manner, but this is a double edged sword. If insurance companies are able to use this information against people, if they find out that one has the potential for a disease that is expensive to treat, and they thus deny the coverage, then the advances in research will cut the other way in a very cruel fashion.

□ 1900

I have authored legislation to prevent discrimination based on genetic information, and I offered with my good friend, the gentleman from Ohio (Mr. NEY), an amendment to include such protection in this bill. But the Committee on Rules declined to allow the House to have that debate. Thus, the House bill is perilously silent on this issue. I encourage and hope that the House negotiators will work to improve the genetic discrimination protections included in the Senate bill and protect every American.

Mr. Speaker, let me conclude by saying that we are going to insist that the conferees remain true to the bipartisan vote on this floor in favor of a real patients' bill of rights. I have compared this debate to a card game, and here the majority may very well refuse to even deal a hand to the people who support the Norwood/Dingell approach by refusing to give the supporters of the

bill a seat at the conference table. That would be an insult to the Members of this House who represent the millions of Americans who want action on managed care reform.

It has taken far too long to get to this point in the debate. The other body passed a bill earlier this summer; we passed a bill a month ago. The other body appointed conferees 2 weeks ago; the majority in this House is just getting around to it. Maybe it has taken that long for the majority to try to stack the deck, but I am betting the American people will not let them get away with it.

Mr. Speaker, I yield 2 minutes to the gentleman from New Jersey (Mr. MENENDEZ).

Mr. MENENDEZ. Mr. Speaker, I thank the gentlewoman for yielding me this time, and I rise in opposition to the rule, and I rise in strong support of what will be the Dingell motion to instruct conferees that will follow, should the rule pass. This motion would guarantee protections for all Americans in managed care plans.

The Republican leadership's strategy has been obvious since this debate began: delay, dilute, and deny.

First, they have pulled out every obstacle in the Republican play book to delay consideration of any patient protections. Then, once the Republican leadership realized they were losing that battle, they moved on to plan B, which was to dilute meaningful reform with a watered down bill they passed in the Senate. Again, the American people overcame the Republican opposition, and we won passage in the House of a strong patients' bill of rights sponsored by the gentleman from Michigan (Mr. DINGELL) and the gentleman from Georgia (Mr. NORWOOD).

The bill had overwhelming bipartisan support both in Congress and across this country. But even this overwhelming support has not stopped the Republican leadership. They have simply moved on to another phase in their strategy, denying supporters of the Norwood/Dingell bill a representative voice on the conference committee and creating a bill that is not supported by the bipartisan majority of this House or by the American people.

I must admit the Republican leadership has been successful in one aspect. Their strategy continues to protect their generous industry contributors. But we will continue to work to overcome whatever obstacle is thrown our way and protect the hard-working American families who are being denied health care coverage in this process who are denied the best advice of their doctors and the ability to enforce those rights we seek to provide.

We will have a meaningful patients' bill of rights, and we will do so with the help of the American people, who have spoken very clearly and very loudly that they do not want to see any

more loved ones have to suffer under the present system.

Ms. SLAUGHTER. Mr. Speaker, I yield 2 minutes to the gentleman from West Virginia (Mr. WISE).

Mr. WISE. Mr. Speaker, I prefer that major pieces of legislation be worked out on a bipartisan basis, but it is clear that it is the Republican leadership that controls this House; and it is clear that it is the Republican leadership, regrettably, that is delaying getting this bill to conference.

The House of Representatives passed this important patients' bill of rights 4 weeks ago, and yet has not yet gone to conference with the Senate so that we can get passage of a final bill. Four weeks ago. If this were a patient awaiting surgery, this would be an offense even under the nonexistent patients' bill of rights, even under managed care as it is today. This is shameful. So that is why it is so important that this bill that is now before us go to conference.

Clearly, we need a patients' bill of rights in this country; 200,000 citizens in West Virginia alone in HMOs, and thousands more in managed care plans, need an appeals process. We need to make sure that they can see the specialists that they have been working with. We need to make sure that they have more choice, particularly in choosing their OB-GYN's and their pediatricians.

So why can we not get the Republican leadership to permit this bill to go to conference? It is a shame that we have to come to the floor like this. But if we have to keep forcing it, we will, because the American people are quite clear: they want a patients' bill of rights. They want to make sure in their managed care plans they have rights. They want to make sure that they have some choice. If they can choose a mechanic who works on their car, they ought to be able to choose the doctor that delivers their baby or looks at their children.

That is what this bill is about, and that is why we are trying to force this vote. We are determined to get this bill passed, a patients' bill of rights for all Americans, Mr. Speaker.

Ms. SLAUGHTER. Mr. Speaker, I yield 3 minutes to the gentlewoman from Texas (Ms. JACKSON-LEE).

Ms. JACKSON-LEE of Texas. Mr. Speaker, I thank the gentlewoman from New York for yielding me this time, and, Mr. Speaker, I think that we should take this particular motion to instruct conferees to go to conference as a step forward.

I hope it is a step forward. I hope it is a response to 80 percent of the American people who have asked us repeatedly to give them HMO reform. I hope it is a response to many of us who procedurally were so anxious to get a patients' bill of rights that we signed a discharge petition, because we were not being heard by the Speaker of the

House. Finally, we have gathered together to secure for the people of the United States a bipartisan patients' bill of rights, now called the Quality Care for the Uninsured Act.

Mr. Speaker, this bill is crucial, first of all, because it equalizes the relationship between patient and physician. It puts that relationship above the pencil pushers or the bureaucrats who would deny service. It allows us to escape the drive-by emergency room situations of which we saw the tragedies of in the case before us on the floor of the House when the young boy came here who had gangrene in both his hands and his feet. It also says to us, Mr. Speaker, that women should have the opportunity to have as their primary caretaker an OB-GYN.

The most important aspect of this motion, though, is to ensure that we do not put conferees on that are going to throw poison pills into this process. Put Republican conferees on who will work in a bipartisan way, who have supported this patients' bill of rights, who are part of the bipartisan effort. If we do that, Mr. Speaker, we will respond to the needs of the American people. We will respond to the disparate health care that I see in African American communities, in my community, where there are less people having access to health care because of this convoluted system that we have.

We need to fix the public health system. But right now we need to reform the current system. The HMOs need to be fixed. We need this quality care for the uninsured. We need this process because we need to ensure that we can fix this system that is not working for the American people.

In particular I want to emphasize again, as I was already stating, the inequity in access to health care and what happens when one cannot access quickly doctors, emergency rooms, and specialists. That is a denial of service, because someone says an individual cannot have the service. These are the kinds of things we hear when we go home to our districts.

So besides, as I said, fixing the public health system, which is another issue all together, besides fixing the disparity in health access, which is also another issue, we can do something today. And I would hope, Mr. Speaker, that we would do something, by ensuring that the conferees on this particular conference are those who will work together to get a common good; that is to pass a good health management reform bill that we have before us.

Ms. SLAUGHTER. Mr. Speaker, I yield 2 minutes to the gentleman from Texas (Mr. GREEN).

Mr. GREEN of Texas. Mr. Speaker, I thank my colleague for yielding me this time and allowing me to speak on the rule for appointing the conferees to the conference committee.

I am proud to have been a cosponsor of H.R. 2723. This was a bipartisan vote as it passed this House. I would hope our conferees, as they are named, would remember that this House sent that bill to the Senate with a strong majority. It was a bipartisan majority because it addressed the issues that dealt with managed care reform: an outside appeals process, obviously to eliminate the gag rule, also allowing where a reasonable person or a medical necessity could be included in there.

The most important, and I know this will be the toughest issue on the conference committee, was the accountability section in there. And, again, going on the experience that Texas has, it does not do any good not to have the ability to go to the courthouse. Because, ultimately, that makes the appeals process work.

In the State of Texas, in the last 3 years that we have had our bill, we have had actually about half the cases that are being taken to the outside appeals process are being found in favor of the patient. Even a little bit more, 51, 52 percent. But the important part is that the insurance companies then will let that person have that care that they need. And the ones who are losing, well, they have already laid out that they could not make a medical case even to the outside appeals, much less to go to the court. But without the threat of the courthouse there, if people do not have that right, then we do not have that appeals process.

And I think we will not have a lot of lawsuits filed. In fact, in Texas we have had, I think, no more than five; three by one attorney, I understand, in Fort Worth, Texas. So we have not had a groundswell of lawsuits.

I would hope our conferees would remember how strong this bill came out of the House and how it spent a whole day debating it. I know it is a hard issue, but for the people in our country, we need to make sure we stay as close to the House bill as we can. So I support this rule.

Ms. SLAUGHTER. Mr. Speaker, I have no further requests for time, and I yield back the balance of my time.

Mr. GOSS. Mr. Speaker, I yield myself such time as I may consume, and would just simply say since this appears to be noncontroversial, I only heard one speaker across the aisle oppose the rule, and it would seem to me that that would be confounding to that speaker's goal, which is to move the process. That is what we are trying to do. So I see no justification for opposing this resolution, if we are trying to move the process forward, and I believe we all are trying to do that, because I agree we have had a great debate in the House about that; and we have come up with product, and it is now time to deal with the other body.

I would point out that the product we have come up with provides for both

patient protection and access for those 40-some million Americans who do not have the blessing of any kind of health insurance. And I think that that is a very strong menu for consideration at the conference.

I do think we have lived up to our promise to move the process forward, in my view in a very rapid way, given the way most things move around here.

Mr. Speaker, I have no further requests for time, I yield back the balance of my time, and I move the previous question on the resolution.

The previous question was ordered.

The resolution was agreed to.

A motion to reconsider was laid on the table.

The SPEAKER pro tempore (Mr. HAYES). The Chair will appoint conferees tomorrow.

APPOINTMENT AS MEMBER TO ADVISORY COMMITTEE ON STUDENT FINANCIAL ASSISTANCE

The SPEAKER pro tempore. Without objection, and pursuant to section 491 of the Higher Education Act (20 U.S.C. 1098(c)), and upon the recommendation of the majority leader, the Chair announces the Speaker's appointment of the following member on the part of the House to the Advisory Committee on Student Financial Assistance for a 3-year term to fill the existing vacancy thereon.

Ms. Judith Flink, Illinois.

There was no objection.

□ 1915

SPECIAL ORDERS

The SPEAKER pro tempore (Mr. HAYES). Under the Speaker's announced policy of January 6, 1999, and under a previous order of the House, the following Members will be recognized for 5 minutes each.

DAY OF HONOR 2000 PROJECT

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Florida (Ms. BROWN) is recognized for 5 minutes.

Ms. BROWN of Florida. Mr. Speaker, I come to the floor today to share my support for the Day of Honor 2000 Project, which will give long overdue recognition to the 1.2 million invisible African American World War II veterans.

During the Second World War, these valiant African American soldiers were waging a war on two fronts. They fought gallantly beside their comrades, saving the world from the evils of fascism while battling the bigotry and racism that was still prevalent in the United States military. These same African American war veterans continued their fight against racism at home by forming the grassroots of the civil rights movement.

In my State of Florida, we have the oldest veteran population in the Nation. Unfortunately for these veterans and veterans all across the country, the VA budget continues to be underfunded, causing them to be denied the health care and services they need and deserve.

As our aging veterans population declines, we need programs like the Day of Honor 2000 to remind us of the sacrifices African Americans made to protect their freedom they now enjoy.

I wish Dr. Smith and the other leaders of the Day of Honor 2000 Project the greatest success in portraying the honor and dignity displayed by our African American World War II veterans. These efforts and accomplishments have been ignored for far too long, and I look forward to sharing their achievement for the people today and for the generations to come.

SITUATION IN HAITI

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Florida (Mr. GOSS) is recognized for 5 minutes.

Mr. GOSS. Mr. Speaker, I had not intended tonight to bring this subject forward, but the situation in Haiti has become so egregious that I think it is necessary to have a series of statements to alert the American public to what has happened.

I feel very sad about the people in Haiti. It is a country that I think has great promise, and it is a country that wishes very much to join the commonwealth of democracies in this hemisphere. Unfortunately, all our hopes seem to have dissipated because of events that have taken place in that country in the past few years and an increasing trend towards self-destruction.

In fact, I daresay if there were a case study of a failed foreign policy of the Clinton administration, Haiti would probably be the first example. And I am sorry to report that.

I think the administration first lost sight of what went wrong in Haiti when they lost sight of the fact that the solution to democracy in any country is the people going about the business of looking after themselves, having accountability and reliance for their own activities on behalf of their community, their country, and putting forth their own social value message about what they stand for and what they want to be.

When another country comes in and tries to do that job or intercedes, and did we ever intercede in Haiti, we sent something like 20,000 troops down there initially armed but, fortunately, at the last minute turned into a non-armed invasion force, as opposed to an armed one, and we spent somewhere between \$2 billion and \$3 billion, that would be billions of dollars of taxpayers' money, in Haiti in the past few years.