

local level, but only through a system of measurable indicators of desired outcomes.

As the father of a young son, I know the difficulty families face when searching for a caregiver for their children. I believe we must give families peace of mind by helping states provide the high quality of care every child deserves. We must not threaten a parent's chance at succeeding on the job and achieving self-sufficiency.

OFFERING BODY PARTS FOR SALE

HON. CHRISTOPHER H. SMITH

OF NEW JERSEY

IN THE HOUSE OF REPRESENTATIVES

Thursday, November 18, 1999

Mr. SMITH of New Jersey. Mr. Speaker, I would like to commend to the attention of my colleagues this disturbing article by Mona Charen, which appeared in the November 11, 1999 edition of the Washington Times. As the article itself states, "This is not a bad joke. Nor is it the hysterical propaganda of an interest group." It is comprised of the personal recollections of a medical technician who worked for a medical firm engaged in selling the body parts of the victims of late-term abortions. In her most chilling descriptions, she relates the means by which children born alive are killed, so that their bodies may be sold for profit. On this life and death issue, I urge my colleagues to consider this woman's words for themselves:

[From the Washington Times, Nov. 11, 1999]

OFFERING BODY PARTS FOR SALE

(By Mona Charen)

"Kelly" (a pseudonym) was a medical technician working for a firm that trafficked in baby body parts. This is not a bad joke. Nor is it the hysterical propaganda of an interest group. It was reported in the American Enterprise magazine—the intelligent, thought-provoking and utterly trustworthy publication of the American Enterprise Institute.

The firm Kelly worked for collected fetuses from clinics that performed late-term abortions. She would dissect the aborted fetuses in order to obtain "high-quality" parts for sale. They were interested in blood, eyes, livers, brains and thymuses, among other things.

"What we did was to have a contract with an abortion clinic that would allow us to go there on certain days. We would get a generated list each day to tell us what tissue researchers, pharmaceutical companies and universities were looking for. Then we would examine the patient charts. We only wanted the most perfect specimens." That didn't turn out to be difficult. Of the hundreds of late-term fetuses Kelly saw on a weekly basis, only about 2 percent had abnormalities. About 30 to 40 babies per week were around 30 weeks old—well past the point of viability.

Is this legal? Federal law makes it illegal to buy and sell human body parts. But there are loopholes in the law. Here's how one body parts company—Opening Lines Inc.—disguised the trade in a brochure for abortionists: "Turn your patient's decision into something wonderful."

For its buyers, Opening Lines offers "the highest quality, most affordable, freshest tissue prepared to your specifications and delivered in the quantities you need, when you

need it." Eyes and ears go for \$75, and brains for \$999. An "intact trunk" fetches \$500, a whole liver \$150. To evade the law's prohibition, body-parts dealers like Opening Lines offer to lease space in the abortion clinic to "perform the harvesting," as well as to "offset [the] clinic's overhead." Opening Lines further boasted, "Our daily average case volume exceeds 1,500 and we serve clinics across the United States."

Kelly kept at her grisly task until something made her reconsider. One day, "a set of twins at 24 weeks gestation was brought to us in a pan. They were both alive. The doctor came back and said, 'Got you some good specimens—twins.' I looked at him and said: 'There's something wrong here. They are moving. I can't do this. This is not in my contract.' I told him I would not be part of taking their lives. So he took a bottle of sterile water and poured it in the pan until the fluid came up over the mouths and noses, letting them drown. I left the room because I could not watch this."

But she did go back and dissect them later. The twins were only the beginning. "It happened again and again. At 16 weeks, all the way up to sometimes even 30 weeks, we had live births come back to us. Then the doctor would either break the neck take a pair of tongs and beat the fetus until it was dead."

American Enterprise asked Kelly if abortion procedures were ever altered to provide specific body parts. "Yes. Before the procedures they would want to see the list of what we wanted to procure. The [abortionist] would get us the most complete, intact specimens that he could. They would be delivered to us completely intact. Sometimes the fetus appeared to be dead, but when we opened up the chest cavity, the heart was still beating."

The magazine pressed Kelly again: Was the type of abortion ever altered to provide an intact specimen, even if it meant producing a live baby? "Yes, that was so we could sell better tissue. At the end of the year, they would give the clinic back more money because we got good specimens."

Some practical souls will probably swallow hard and insist that, well, if these babies are going to be aborted anyway, isn't it better that medical research should benefit? No. This isn't like voluntary organ donation. This reduces human beings to the level of commodities. And it creates of doctors who swore an oath never to kill the kind of people who can beat a breathing child to death with tongs.

MEDICARE FRAUD PREVENTION AND ENFORCEMENT ACT OF 1999

HON. JUDY BIGGERT

OF ILLINOIS

IN THE HOUSE OF REPRESENTATIVES

Thursday, November 18, 1999

Mrs. BIGGERT. Mr. Speaker, I rise today to introduce the Medicare Fraud Prevention and Enforcement Act of 1999.

The vast majority of health care providers in this country are honest. Yet all large health care programs are vulnerable to exploitation, and Medicare is no exception. Over the past few years, Medicare fraud has skyrocketed, depriving millions of seniors quality care and bilking taxpayers out of literally billions of dollars.

According to the Department of Health and Human Services Inspector General, in fiscal

year 1998 alone, waste, fraud, abuse and other improper payments drained as much as \$13 billion from the Medicare Trust Fund.

How is this happening? Well, according to a June 1999 General Accounting Office examination of three states—North Carolina, Florida and my home state of Illinois—as many as 160 sham clinics, labs or medical-equipment companies have submitted fraudulent claims.

For example, two doctors who submitted in excess of \$690,000 in fraudulent Medicare claims listed nothing more than a Brooklyn, New York laundromat as their office location. In Florida, over \$6 million in Medicare funds were sent to medical equipment companies that provided no services whatsoever; one of these companies even listed a fictitious address that turned out to be located in the middle of a runway at the Miami International Airport.

Phony addresses and bogus providers add up to Medicare fraud and taxpayers being swindled out of billions of dollars.

In an attempt to change this equation, I am introducing the Medicare Fraud Prevention and Enforcement Act of 1999. This legislation is designed to prevent waste, fraud and abuse by strengthening the Medicare enrollment process, expanding certain standards of participation, and reducing erroneous payments. Among other things, my bill gives additional tools to the federal law enforcement agencies that are pursuing health care swindlers.

This bill is by no means a solution to Medicare fraud. But the Medicare Fraud Prevention and Enforcement Act of 1999 will make it more difficult for unscrupulous individuals to enter and take advantage of the Medicare system.

It is my hope that, come the next legislative session, my colleagues will join me in making a commitment to preventing and detecting fraud and abuse.

PERSONAL EXPLANATION

HON. ROBERT E. WISE, JR.

OF WEST VIRGINIA

IN THE HOUSE OF REPRESENTATIVES

Thursday, November 18, 1999

Mr. WISE. Mr. Speaker, on November 16 and 17, I missed several votes because I was home recovering from surgery. Had I been present, here is how I would have voted on the various bills. I would request that you insert this at the appropriate place in the RECORD.

H.R. 3257, State Flexibility Clarification Act: I would have voted "aye".

H. Con. Res. 222, Condemn Armenian Assassination: I would have voted "aye".

H. Con. Res. 165, Commend Slovak Republic: I would have voted "aye".

H. Con. Res. 206, Express Concern Over Chechen Conflict: I would have voted "aye".

H. Con. Res. 211, Support Elections in India: I would have voted "aye".

H. Res. 169, Support Democracy and Human Rights in Laos: I would have voted "aye".

H. Res. 325, Importance of Increased Support and Funding to Combat Diabetes: I would have voted "aye".

Rule to allow suspension bills to be brought up on Wednesday: I would have voted "no".

H.R. 2336, United States Marshals Service Improvement Act of 1999—Amends the Federal judicial code to provide for the appointment of U.S. marshals for each judicial district of the United States and for the Superior Court of the District of Columbia by the Attorney General of the United States (currently, by the President), subject to Federal law governing appointments in the competitive civil service: I would have voted "no".

H.J. Res. 80, Continuing Resolution: I would have voted "aye".

S. 440, Provides Support for Certain Institutes: I would have voted "no".

CONGRESSIONAL BLACK CAUCUS
VETERANS BRAINTRUST

HON. SANFORD D. BISHOP, JR.

OF GEORGIA

IN THE HOUSE OF REPRESENTATIVES

Thursday, November 18, 1999

Mr. BISHOP. The Honorable CORRINE BROWN and I recently convened the 11th Annual Congressional Black Caucus Veterans Braintrust. Traditionally known as one of the highlights of the CBCF Legislative Conference, the Veterans Braintrust has truly become a family affair bringing together African American veterans and supporters from across the nation.

This year's Braintrust forum entitled, "Veterans Health Care Issues for 2000 and Beyond" convened with the hope of facilitating a national dialogue between the veterans community and lawmakers. The Braintrust addressed the future course of the veterans health care system with an emphasis in planning for the needs of an aging veterans population. The moderator, Dr. Lawrence Gary, a preeminent scholar from Howard University, led a distinguished panel of experts that included doctors, researchers, government officials, veterans service representatives and community advocates. Participants at the event included: Dr. Eugene Oddone, Dr. Jeff Whittle, Georgia State Senator Ed Harbison, Dr. Sissy Awoke, Mr. Charles McLeod, Jr., Mr. Ralph Cooper, Mr. Dennis Wannemacher, Mr. Carroll Williams, Mr. Calvin Gross and Dr. Erwin Parson.

The panel was invited to help focus our attention on racial disparities in the veterans health care arena. The implications of these preliminary findings, as well as the urgent need to eliminate racial disparities in veterans health care led Congresswoman BROWN to call for the creation of a national working group to develop a series of legislative and policy recommendations to address these issues.

Our keynote speaker was Dr. Thomas Garthwaite, the Acting Under Secretary for Health at the Department of Veterans Affairs. Dr. Garthwaite stated that the VA is facing new challenges in the health care arena, specifically issues relating to veterans of African-American descent. He noted concerns in the area of long-term care, increased rates of Hepatitis C, behavioral and mental illnesses, and homeless veterans. He stated that these

problems are compounded by a rapidly aging veteran population and a continued lack of sufficient funding for veteran-related expenditures.

Congresswoman BROWN and I agreed that funding for veterans health care is inadequate. We believe that we cannot have a budget surplus, if we have not paid our dues to America's veterans. Georgia State Senator Ed Harbison expressed the sentiment of many at the Braintrust when he stated, "It used to be said, that 'old soldiers never die, they just simply fade away.' But in 2000, its more like 'old soldiers never die, they're just ignored to death!'"

Dr. Erwin Parson, Vietnam veteran and health care professional, summarized the essence of the forum by acknowledging, "We know too well that little attention has been given to the issue of African American elderly health by society. Our elderly veterans, especially our African American elderly, have important health care needs that are not being met satisfactorily. We are aware that the stream of scientific studies on comparative health seem to always reach the same conclusion: race is a factor in access and quality care for many life-threatening medical conditions which afflict African Americans."

We found it disconcerting that studies found that race is often a controlling factor in the assessment and management of many administrative and clinical decisions in veterans health care. We all realize that accurate data is vital to evaluating the true health care needs of African American veterans. However, current research is much too sparse and fragmented. It is obvious that we urgently need to get better, more meaningful data on African American elderly veterans.

Finally, the reality is simply this: The aging veterans population is upon us now! We are grateful and will never forget that African Americans have fought gallantly for America, beginning as far back as the Revolutionary War. They are our living 'Legacy' and, today, we honor that legacy when we care for those who gave all they had. Therefore, I believe we do owe them a special debt of gratitude. Health care is something promised, a promise that must be paid in full. So let us honor them who honored us, and give them the best health care to be found anywhere in America, or the world.

At the conclusion of the session, Congresswoman BROWN and Ron Armstead, Executive Coordinator for the Veterans Braintrust, presided over our 11th annual awards ceremony. This event was conceived by Congressman CHARLES RANGEL and begun 11 years ago with General Colin Powell in attendance. At this historical gathering General Powell was joined by some of the highest ranking African-American military officers ever to serve this great Nation: Lt. Gen. Julius Becton, USA, Ret., Brig. Gen. Hazel Johnson-Brown, USA, Ret., Dr. Roscoe Brown, Vice Adm. Samuel Gravely, Jr., USN, Ret., Gen. Frank Petersen, Jr., USMC, Ret., and Col. Fred Cherry, USAF, Ret.

Commenting on the significance and rich tradition of this awards ceremony, Congressman RANGEL noted that each of these recipients has distinguished themselves as true patriots in the war for veterans' rights, and they

have not allowed racism to hamper their achievements.

The 1999 awards were presented to twenty-nine exemplary veteran supporters. Individual winners of the 1999 CBC Veterans Braintrust Awards included: Julius Allen, John "Buddy" Andrade, Charles Blatcher, III, Delegate Clarence "Tiger" Davis, Jeff Hansen, Alex Holmes, John Howe, Chris Jenkins, Sgt. Henry Johnson (Posthumous), John Johnson, John J. Johnson, Karen Johnson, Ruben "Sugar Bear" Johnson, Phillip "Jay" Jones, Kathleen Andrews-Lindo, Frankie Manning, Charles McLeod, Jr., Dr. Shari Miles, Wallace "Wally" Miles, W. Roy Owens (Posthumous), Robert "Pope" Powell, Larry Smith, Alexander Vernon, Cordell Walker, Barbara Waiters, and Martha Watts.

Organizations receiving this year's honors were: The Civil War Memorial Freedom Foundation, The Civil War Soldiers and Sailors Project (CWSS), and the National Minority Museum Foundation.

We also took a moment to recognize Jeanette Boone and Roy Martin from the Office of Senator JOHN KERRY for their excellent assistance on behalf of African-American veterans.

Special citations were given to stalwarts in the battle for veterans rights. The first award was given to Dr. Erwin Parson, co-founding member of the Congressional Black Caucus Veterans Braintrust and renowned expert in trauma/PTSD mental health. He was recognized for his 22 years of dedicated service to veterans and their families. The second award went to Congresswoman CORRINE BROWN (D-FL) Co-Chair of the CBC Veterans Braintrust and Ranking Member of the House Veterans Affairs Subcommittee on Oversight and Investigation. Ms. BROWN has shown her continued and steadfast commitment to our nation's veterans.

At the end of the ceremony, the Executive Committee members of the Braintrust and past awardees in attendance—Jerry Cochran, Arthur Barham, Morocco Coleman, Joann Williams, Ralph Cooper, Robert Blackwell, Ruben Johnson, Leroy Colston, Robert Powell, Calvin Gross, Daniel Smith and Brig. Gen. Clara Adams-Ender, USA, Ret.—were asked to stand and be publicly recognized.

In closing, I want to personally thank Congressional staff members Brittley Wise and Nick Martinelli, Executive Director of the Braintrust Ron Armstead and forum moderator Dr. Lawrence Gary for everything they did to make the event a success. We appreciate the assistance of forum evaluators Dr. Shari Miles, Director of the African American Women's Institute, and Michael Tanner, Director of Health and Welfare Studies at the Cato Institute for all their hard work.

As I have said before and will say again, when veterans answered the call in faithful service, the nation in essence wrote them a check for certain benefits—and it is our duty as members of Congress and as American citizens to make sure this check never comes back marked "insufficient funds!" They were promised more. They have earned more. They deserve no less.