

controls to nearly 300 Indian and Pakistani entities is inconsistent with specific national security interests of the United States, and that this entities list requires refinement."

I hope we can enact a similar provision here on this side of the Capitol and that the administration will respond in a meaningful way by removing entities from this list that really do not belong there; thereby reopening important bilateral contacts that benefit both sides. To that end, I am drafting a sense of the Congress resolution which I hope to introduce this week.

Mr. Speaker, repealing the sanctions would have a positive impact on the people of India. But I also want to stress that the remaining sanctions are causing American companies to lose opportunities to do business in India, while our economic competitors in Europe and Japan gain a major foothold in this great emerging market.

Finally, Mr. Speaker, we must get beyond the unproductive approach of confrontation and work towards policies that will promote improved opportunities for cooperation between the world's two largest democracies. Last week's action in the Senate, in the other body, certainly will contribute to that process.

HEALTH CARE

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

Mr. FLETCHER. Mr. Speaker, I rise this evening to speak on a very important issue: health care. It is an issue that we will be discussing as we begin to look at the markup of some bills this week and I think it is very important as we address these bills that we do so and try to get the politics as much out of it as we possibly can.

Mr. Speaker, when we talk to people across the United States, the number one problem that we have now is the number of uninsured: 43.4 million people are uninsured at this time. That number will rise to about 60 million over the next 10 or 15 years. So I think it is imperative, Mr. Speaker, that as we pass legislation, as we look at health care legislation, that we realize that the number one problem we have is the number of uninsured. That number of uninsured is driven by costs. That is a direct correlation as increasing costs of health insurance drives up the number of uninsured.

Mr. Speaker, we could make sure that we pass some patient protection that does a whole lot of things, but if it raises the cost substantially we are going to have some of our people and some of our patients that are going to see the physician too late after the cancer has already spread. They are going to see the physician too late or go to the emergency room too late

after the heart attack has already occurred when it could have been prevented. They are also going to go too late when the stroke has occurred when they could have had treatment for blood pressure. This is what is going to happen if we drive up the cost of insurance and we continue to drive up the cost of the number of the uninsured.

Not only is cost a factor, but it is morally the right thing to do. We need to make sure that we try to cover more individuals in this country, that we provide more provisions to make sure that there is more health coverage and not less.

A number two concern I hear from people and patients is the fact that they are concerned about making sure that they get the kind of treatment that they need, that they and their physician make that decision, and it is not insurance companies or lawyers or judges that are making the decisions, and to make sure that those decisions are made by providers.

Another major concern is that they want to make sure that they can choose a physician that they trust, one that they have established a relationship with, that they have the kind of choice of choosing those physicians, and that is very important to them.

This next week, Mr. Speaker, or this week, actually, we will begin to hear the debate on this bill that talks about external review, ensuring that there is a grievance process if care is denied, that they can go to objective, independent authorities in the area that they are concerned about to make sure that physicians make those decisions; that if they need emergency room care, they can be assured that if it is a layperson's definition of emergency, they can get that care paid for when they get there; making sure that there are no gag rules to prevent physicians from talking about all of the treatment options that are necessary; making sure that they have the kind of information so that they can have the benefit of informed choice so that they can compare one insurance plan with the next, making sure that they know exactly what the grievance processes are, all of the things that the insurance company covers.

Another thing we are going to be looking at is associated health plans. The gentleman from New York (Mr. TOWNS) has introduced this, and this will allow for small companies, which about 60 percent of the small companies now are not able to afford, or very small companies are not able to provide insurance because of cost, the number one factor. Yet, this bill should hopefully reduce the cost to those companies by about 10 to 12 percent. For each 1 percent that we increase health care, we lose about 300,000 to 400,000 people off of health insurance, strictly because of the cost.

Lastly, we are going to be looking at a commission that will establish some guidelines to help again to take the politics out of health care reform. We say when we get to do things, I get disappointed in many folks that try to come and demagogue on this issue and are not truly concerned about the patients that we are talking about.

One of the things I would like to introduce and will introduce, and I hope that we are able to pass, is what is called a point of service. This is a provision where one can choose the physician that one has established a relationship with, and that trust, and I think it is very important that we do that.

Mr. Speaker, I appreciate the opportunity to speak tonight, as we begin to debate this issue which is very important to the American people. I hope we can take the politics out and the demagoguery, making sure that we do not raise the cost of insurance, that we can have patients get the access to the care that they need, and not only that, but we allow them to choose the physician that they have trust in.

STOPPING SCHOOL VIOLENCE

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Connecticut (Mrs. JOHNSON) is recognized for 5 minutes.

Mrs. JOHNSON of Connecticut. Mr. Speaker, I rise to address an issue that concerns every parent in America and every child: school violence. The tragedy in Littleton, Colorado was a national wakeup call to all of us. Whether it is a form of rebellion, a means of revenge, intentional brutality and viciousness, or simply a way to make their voices heard, more and more students are resorting to acts of astounding violence and brutality, taking the lives of their fellow students and teachers.

Fortunately, some students are trying to do something about this. Last week, I had the pleasure of visiting the Clara T. O'Connell School in Bristol, Connecticut. What I found there gave me a sense of hope that our children do not want to live in a world of guns and violence.

□ 1845

Students at the O'Connell school recently completed a 10-week program entitled "Bullyproofing," the purpose of which was to teach them ways of combatting bullying and avoiding violence.

As part of this program, students conducted a survey of their classmates in grades 1 through 5, asking two important questions: First, do you watch scary or violent movies; and second, do your parents know you watch scary and violent movies? The results of this survey are unsettling. What the students did with them with you truly encouraging.