

Compliance, but it has now had to be filed in Federal Court against our own Architect of the Capitol. Now they are about to embark on costly interrogatories, which of course comes out of our budget, or the funds that we allocate to the Architect of the Capitol.

This body needs greater oversight of the Architect of the Capitol and of the new Office of Compliance when a suit can get this far. Apparently these people were willing to settle. And when a party is willing to settle, it is usually on the basis that they may not get everything that they want, but what they certainly are entitled to is to have their work reclassified so that they are paid for doing the work they are performing. And, of course, in any such case there would be back pay.

What we are talking about here, to make myself clear, is that laborers who are men make more money for doing the same work as custodians, formerly called charwomen, who are women in the House.

When the President of the United States in his State of the Union message for the last several years has gotten to the part where he talked about equal pay for equal work, all Members rise as if to salute in majesty the women of America. And yet right here, in the House where we work, the first class action certified has been a simple equal-pay case of the kind rarely found in civilian society today. If this case goes much further, it will become an open embarrassment to this body.

As my colleagues are aware, there is no disagreement among us when it comes to the Equal Pay Act, passed in 1963. We all agree that if women are doing the same work as men, they should not be paid less, and in this case perhaps as much as a dollar or more less, by classifying them by some other name. Whether we call her a laborer or a custodian, we must pay her under the act for the work she is doing.

I regret that the case has gone this far. I feel it is my obligation, as a former chair of the EEOC, to bring this matter to the attention of Members. Because I am certain that Members on neither side of the aisle understand or know or have reason to know this case has gone this far, and that when we go home into our districts women are likely to ask us how in the world have we allowed ourselves to be sued by our own employees for not paying them the same wage as men for doing the same work.

It is time that we rectified this situation. If not, I can assure my colleagues, I have spoken with the plaintiffs, I have spoken with their lawyers. There is no turning back now. They are not afraid that it is the Congress of the United States that is involved. After all, we said in passing the Congressional Accountability Act that we wanted to be treated the way civilian employers are treated. Please treat the

women who clean our offices the way we would want always to have people treated under our jurisdiction.

#### TRIBUTE TO THOSE WHO SERVED IN THE KOREAN WAR

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

Mr. SHIMKUS. Mr. Speaker, at 22 years old, a young man, a loving husband, with yet an unborn child, was called to serve the United States Government in the Army. He served 21 months active duty, 11 months in Korea. During that time in Korea, his first son was born.

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He served and returned home. Upon his return, he continued being a model citizen, raising seven children. The young man in this story is my father. He is emblematic of all our Nation's heroes who served and then went home.

I voted "yes" commemorating the 50th anniversary of the Korean War to thank my dad and all those dads and granddads in our country who laid down their lives for the cause of freedom.

Well done. We will not forget you, and we will not forget your sacrifice.

#### HMO REFORM

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

Mr. GREEN of Texas. Mr. Speaker, I thank our Democratic leader for allowing us to take the first hour tonight to talk about the Patients' Bill of Rights.

I know that we have been talking about this for many years now it seems like, not only the last Congress but also last year and this year. We actually have a conference committee that is meeting now and had their first meeting. The concern has been expressed. It took that conference committee a good while to meet since it was appointed last year, and the concern was that the conference committee was not reflective of the final vote on the House floor.

But be that as it may, that is the way life is. And so now a number of us are trying to make sure that we continue the effort to have real managed care reform in this Congress, not next year, because the issues are so important.

American people support the need for real HMO reform. In fact, last year, with the bipartisan support of the Norwood-Dingell Patients' Bill of Rights bill, I think most Americans felt like we were going to see some Federal consumer protections. And yet, what we

have seen is a bill passed in the Senate that was much weaker even than current law but that the American people supported.

The Kaiser Family Foundation shows that 58 percent of Americans are very worried and somewhat worried that if they become sick their health care plan will be more concerned about saving money than providing the best treatment.

According to the Kaiser Family Foundation, a full 80 percent of Americans support comprehensive consumer protections. That is up from 71 percent last year. So the support is building; it is not decreasing.

The Dingell-Norwood bill is so strongly supported by Americans, by moderates in both political parties, because it holds five principles that are so important. A person that buys insurance should get what they pay for, no excuses, no bureaucratic hassles. A lot of people think bureaucracy is just a function of the Federal Government. That is not the case. We can have insurance company bureaucracy that just cause hassles for people.

What we need is an appeals process, independent external appeals, that if an insurance company or HMO company decides that you should not have a certain procedure, then you should be able to go to someone, an outside appeals process, that will work and be swift. Because if it is not swift, then they will just delay the coverage; and health care delayed is health care denied, Mr. Speaker.

In an experience in Texas, and we have had an outside appeals process since 1997, so we have had over 2 years of experience in Texas with an independent appeals process, and frankly a little over half the appeals are being found for the patient.

My constituents in Texas say, well, we would rather have better than a chance of a flip of a coin when somebody is making a decision on our health care. So we need to have an independent external reviews process that is timely.

And again, the Texas experience shows that it is not that costly. In fact, it has actually cut down on lawsuits; and I will talk about that later. But it is being found in favor of the patient over half the time. And that is what is important, the people are getting their health care that they deserve quickly.

The second issue is that we need to eliminate gag clauses from insurance policies, that physicians can communicate openly and freely with their patients. A lot of companies are already doing that. And that is great. I want to congratulate them. But we also know that that standard does not only need to go from A-B-C company to X-Y-Z company, it needs to be a standard that everybody ought to feel comfortable with no matter who their insurance carrier is. They ought to be