THANK YOU TO MY WIFE

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from California [Mr. DORNAN] is recognized for 5 minutes.

Mr. DORNAN. Mr. Speaker, my colleagues and the broad C–SPAN audience of a million people or more, sometimes a million and a half when we are having a hot debate here on public policy, I watch in 1-minute speeches at the beginning of some days hear Members from both sides of the aisle get up and proudly talk about a little league team, a professional basketball team, a professional baseball team, or some worthy American citizen in their district who has passed away who lived a great life and contributed to the overall greatness of our country and to the benefit of their fellow citizens. But today I rise to do that very thing for someone very close to me, my wife. Today is her birthday, but it is also our 41st wedding anniversary. Last year it was the day that I declared for President in the city of by birth, the island of my birth, Manhattan, in New York City.

It was Easter Sunday last year, the 16th, and we went to mass in the beautiful cathedral where I was baptized, the seventh largest church in the world, St. Patrick's Cathedral in New York. On that beautiful Easter Sunday, we went up to the baptismal font where I became a Christian and we retook our wedding vows, and this last year has been one of the most exciting, delightful years of my life, running, fulfilling a boyhood dream for the Presidency of this great United States.

Mr. Speaker, I just want to thank my wife for putting up with an Air Force fighter pilot who ejected twice, saved a couple other aircrafts, landing in dangerous conditions without any power, dead-sticking, almost lost at sea once, traveling around the world in dangerous areas. The plane that killed our Commerce Secretary Ron Brown was the very airplane that Mr. CALLAHAN flew on not 4 weeks before, 3 weeks and 6 days before. Four times I flew with that same wonderful Air Force crew. About seven of the eight on that crew were with SONNY CALLAHAN's crew and BOB STUMP of Arizona and myself. Great, fine young people.

We flew into some dangerous fields, Tuzla, in a snowstorm, Sarajevo in a snowstorm. That could have been me. It could have been six Members of this House instead of 24 CEO's, 35 people overall, including Ron Brown. But it is not easy being married to someone that is living a life of adventure and trying to serve his fellow countrymen, giving up wonderful opportunities in media to make a lot of money and still contribute significantly.

I just want to thank my wife, Sally Hanson Dornan, for putting up with me for 41 years, giving us five beautiful children, all of them charging conservatives of principle.

This year, on the eve of the Iowa debate, I won the Presidential election because I got a 10th grandchild. And I woke up this morning to my granddaughter handing me Molly Dornan, looking at that beautiful, precious face. We have had all 10 grandchildren together for the first time over this Easter week, and I am just overwhelmed that I have so many blessings from God to account for an to never retire, to just find some way to serve my fellow Americans.

We spent Saturday all day at Mount Vernon. What an inspirational point in American history, the birthplace of the Father of our country, first in war, first in peace, and first in the hearts of his countrymen.

□ 1600

That was the first time I would be back to Mount Vernon since my dad took my two brothers and me there in 1941 in the summer, right before we were drawn into World War II, and I remember those 8-year-old boyhood memories of the beautiful vistas of the Potomac, but I did not remember the house, and what a humble way, in spite of the dark clouds of slavery over that plantation and that Washington freed his slaves on the death of his wife, which happened 4 years after his own. He died at age 67; Martha died at age 70.

But you walk through those small bedrooms, wooden floors, looked at the bed where George Washington died, and thought what great dreams he had for this country, this man of character, how far we have fallen in some areas, then the promise that Washington, Adams, Jefferson, Madison, the Father of our Constitution, Abraham Lincoln, fighting Teddy Roosevelt; all these Presidents, so many of them general officers that were shot and wounded in combat.

Washington, when he was with Braddock, was 1 of only 4 officers out of 100 that were not wounded. Thirty-eight of them were killed, and he said only by God's hand was he saved, and he was 23 years old and he wondered why.

Mr. Speaker, that is what I wondered when I bailed out of the jet the second time at 23, wondered why did God keep me around, and hope I am not disappointing anybody. I will continue, Mr. Speaker, to keep fighting for faith, for family, and for freedom, and again I thank my wife on here birthday for 41 wonderful years.

DOD MEDICAL AND DENTAL SUPPORT CONTRACTS

The SPEAKER pro tempore (Mr. COBLE). Under the Speaker's announced policy of May 12, 1995, the gentleman from North Carolina [Mr. JONES] is recognized for 60 minutes as the designee of the majority leader.

Mr. JONES. Mr. Speaker, I rise this afternoon along with my colleague from the State of Georgia, Mr. NORWOOD, to talk about our military health care system, specifically to discuss TriCare and its implementation.

I believe there are a number of important issues this body needs to address. The long-established ways of providing medical care for soldiers, military retirees, and family members are changing. As the bond with Korea's soldiers for lifetime medical care is being redefined, the historic promise of free lifetime medical care is coming face to face with the fiscal realities of the post-cold war.

The most significant change in military health care is the introduction of TriCare, the Defense Department's regional managed care program. It is my understanding that TriCare is intended to provide high-quality, low-cost, successful care to dependent and retiree beneficiaries by partnering with civilian sector health care providers. The change has begun in selected areas of the United States and is scheduled to be fully operational in the continental United States and Hawaii by 1997.

As we closely watch TriCare evolve, it seems that several outcomes appear apparent. Throughout the transition, Congress will examine TriCare closely, and alternatives to TriCare will be considered if problems of access and cost escalate and TriCare is unable to provide a uniform benefit.

Mr. Speaker, at this time I would like to yield to the gentleman from Georgia [Mr. NORWOOD].

Mr. NORWOOD. I thank my friend from North Carolina, and I am honored to share this time with you.

Mr. Speaker, we are grateful for the opportunity to bring to you a very complex subject, and I hope that we can bring this down to a point where the people understand what we are talking about in terms of a national problem and by bringing it to you on a very local level.

Now, I want to say up front I have the highest praise for the Department of Defense medical care system. In my district, the Eisenhower Army Medical Center is an outstanding example of how the Department of Defense provides the highest quality medical care to its military beneficiaries. However, with the military drawdown, this has forced many of our military families and our retirees out of the military hospitals and clinics. Under the new DOD medical management care system, now called TriCare that you referred to earlier, many of these beneficiaries are treated by civilian medical and dental care providers through the use of managed care contractors.

Now, the intent, I believe, of the Department of Defense is to use these contracts to be sure that our military retirees and our active-duty dependents have access to care, and quality of care, but at the same time manage the health care costs; in other words, try to bring that cost down.

Now, if this is done well and properly, I believe these managed care contracts can successfully augment the outstanding care that is now being provided in our military hospitals and dental clinics all over the country; in

fact, the world. But if this is done poorly, the effects on the military beneficiaries could be devastating, and I think we are going to see some of that as we go through this today.

These medical and dental contracts are worth billions of dollars to civilian managed health care companies. The financial advantage to these companies in securing a DOD contract is clearly very obvious, and we must insure that the value of the services that they provide is equally as obvious to our military beneficiaries as well as to the American taxpayers, and at this time the General Accounting Office and the Congressional Budget Office are not convinced that the TriCare program can do what it is supposed to do in its current form.

Serious, serious questions have been raised in congressional hearings about questionable procurement procedures, uncertain budgetary projection, unresolved compliance violations by contractors. Last August, just last August, the GAO stated that the members of the DOD source selection evaluation board, and I will quote, ''have little or no experience with private sector managed care plans and thus have difficulty distinguishing among offenders who can perform effectively in the private sector and those who are less effective insuring quality care and controlling costs.''

Now, that is what the GAO said. At a congressional hearing last month that Congressman JONES and I were both able to attend, the Assistant Secretary of Defense for health affairs was unable to list any substantial improvements in the way medical and dental managed care contracts are procured since that last GAO report. The GAO revealed unresolved concerns about the abilities of DOD to evaluate the effectiveness of TriCare programs and to measure the performance of the TriCare contractors.

Now, this is going to be very important, I say to the gentleman, Congressman JONES, as we get into our story here to show how this is actually happening. An earlier Congressional Budget Office estimate suggested that TriCare will increase DOD's cost of health care delivery, says it will increase the cost of health care delivery despite the statutory requirement that TriCare not raise Government costs.

In addition, CBO projects that DOD will not be able to meet its congressional mandate of offering beneficiaries a more uniform and stable benefit nationwide.

Now, we are going to lead into all that when we talk about one little tiny town in this country.

Despite these findings, an article in the December 27, 1995, Washington Post noted that the Foundation Health Corp., which is a TriCare contractor that manages 5 of the 12 TriCare regions now, pays its chairman and CEO an annual salary of $6.1 million. This is the highest paid or compensated health care executive in the United States.

Within a few days of this, after last month's TriCare hearing, articles appeared in each of the Army, Navy, and Air Force Times which described access problems with the new contractor of the TriCare family member dental plan.

Now, that is about to get into where we are going.

This program provides comprehensive dental benefits to dependents of active-duty personnel and has historically been one of the Defense Department's most popular and successful health care programs.

The problems reported in these articles certainly raise questions about whether DOD's confidence in the process it claims to have made in the area of procurement reforms is truly justified. These reports strongly suggest that the very problems GAO found with TriCare medical procurements may now extend as well to the dental contracts.

Now, we want to try to discuss this afternoon a case where our fears about TriCare are real, happening to real Americans, and I am talking about a TriCare dental contract in Mr. JONES' district where patients, meaning military dependents and retirees as well as the dental providers, are living a pure nightmare.

I would ask my colleagues if he wishes to tell us a little bit about what is happening in Jacksonville, NC.

Mr. JONES. Well, I really appreciate having this opportunity, knowing of your background and your interest in providing for adequate medical, both health and dental, plans for our military and retirees. You and I share this same commitment to our retirees and to those serving on active duty and to their families to make sure that they get the very best medical care, both physical and dental.

I will have to say, back in, I guess, January of this past year, I happened to be down in Jacksonville, which is the home of Camp Lejeune Marine Base, and we are very proud to have Camp Lejeune in eastern North Carolina, particularly in my district.

Well, a group of dentists wanted to talk to me, and I will be very honest with you, I was very unfamiliar with the dental plan because it was something new. I think the Concordia is now the provider of this dental plan, and in the past, and I hope you are in touch with this in just a couple of minutes, Delta had been the provider.

Well, according to these dentists that I met with, they had a tremendous concern about the fact that they were going to have to provide this dental care with a less fee, and they had it well broken down and documented as to the amount of money that it cost them to provide adequate medical care to the military family and the retirees, and the fact that Concordia was asking them to take a very, very significant decrease, and they were showing me with documentation how they could not afford to provide this dental care for the military at Camp Lejeune.

Well, when I came back to Washington, I met with my military person, and we started looking into this matter, and in addition to what I heard when I was in Jacksonville, also these dentists were telling me, and, CHARLIE, they have been doing work with the military for years and years, and they were telling me that they were being threatened that if you do not buy into our contract, we will put our own dentists down here in Jacksonville to provide the dental service.

So this is what really made me very upset because again my concern is for the dentists, but also my concern is for the military and the retirees, and what I was trying to do, and the reason you and I developed this relationship on this issue, is because you and I both share the concern with what the Department of Defense is doing. And I would appreciate if you would share with me and those that might be watching us this afternoon a little background on how DOD decided to go with Concordia, and my concern is that DOD is not, does not, have the proper oversight on the actions of Concordia as they are, in my opinion, intimidating many of the dentists in my district.

Mr. NORWOOD. If the gentleman would yield, Congressman JONES, you have been hearing a lot, I know, from your constituents back home, and I have been hearing a lot from some of your constituents, too, because I practiced dentistry for 25 years, and I think they know and realize that I can understand what the problem is.

Concordia is a managed care company. There are no health care providers there. They are managed care entrepreneurs, and as a Department of Defense put out bids to see who would manage the dental care for all of the Nation's retirees and so forth, Concordia bid on it. Now Delta dental plans had been running the same type of contract for something like 8 years; my understanding is all, if not most, of the dentists in Jacksonville were signed up with this particular managed care company, and it is a discounted fee, and everybody seemed to be pretty happy in that area with Delta dental plan, and I will have to tell you this thing with Concordia is not just in North Carolina, but it is nationwide. This is a $1.7 billion contract.

Now that interests entrepreneurs. That is a lot of money. Yet Concordia, by most measures, would be considered a very small company, and they were interested in this contract for a couple of reasons: No. 1, if they get it, then that would put them into a position to go nationwide, and in the long run we are talking about lots and lots of money.

□ 1615

Concordia came to the dentists in Jacksonville, NC, I think there were about 40 in a town of about 75,000 people, all of whom or most all of whom are connected with the military, either retired, one way or the other. These 40

dentists were already treating the people from LeJeune and in the area of North Carolina. They came to these guys and said, ''We won the bid. We would like for you to come work for us.''

They said, ''We have been doing this for a long time with Delta Dental. What do you have?'' Concordia said, ''We want you to sort of do the same thing, but we are going to have to cut your fees by 20 percent, 20 to 25 percent.''

The problem with that that Concordia should have known is that most dentists practice with an overhead of about 70 cents. Another way to say that, for every dollar that comes in, the dentist gets to keep 30 cents of that dollar. Then he pays 15 cents of that to the Federal Government. Concordia comes in and says, ''We are going to take 25 cents out of that dollar,'' which means there is no way they could do that. They cannot make a living, they cannot stay in practice. It particularly affects a smaller town like this, because all of their patients are wrapped up and already involved in this.

Concordia put this to the dentists and the dentists, as I understand it, simply said, ''Sorry, we can't do this. We can't make a living. We can't offer any kind of quality of care. We cannot do it.'' So none of them have signed up.

I do not know if Concordia underbid Delta Dental to get the contract so they could grow nationwide. I do not know what they did in terms of their bid. But they have gone to the providers of health care and said, ''We can't pay you enough for you to make a living,'' and the providers of health care in North Carolina said, ''Sorry, we can't be involved in that.'' Then comes the pressure. Your constituents are getting pressure from a big insurance company that is hired by the Department of Defense. That is how then we get involved.

Mr. Speaker, it is not just the Jacksonville dentists. They are not alone in the rejection of this Concordia managed care company. The previous contractor, Delta Dental, had a provider network across the Nation of 113,000 dentists. Only 33,000 of that 113,000 agreed to sign up with Concordia. The Jacksonville dentists shared the opinion of the other 80,000 dentists across the country that will not sign up with Concordia because it is purely unacceptable. You cannot practice that way.

Mr. JONES. Let me ask the gentleman, before he became a Member, since he was a dentist, is it not true that the dentists, and you explained this 30 cents out of a dollar, I believe you said, they work on a very tight margin, so many times these dentists, even though they might have been in business for 10 or 12 years, they still owe for equipment, they still owe moneys on the facility itself.

So the concern that I had when I first heard about this was the fact that Concordia, if you will let me use this word, seemed to come in there in a very roughshod way to say, ''You either buy into our plan, or we are going to hurt your business by putting our own people in.''

If you do not mind touching on that, I think you might have just a moment ago, but do you not see a problem with a company that has been OK'd, so to speak, or approved by the Department of Defense going into a community that has welcomed and loved the Marine base, it has been there for years and years, and then they come in and say, ''If you do not accept our fee structure, which is quite a reduction from what you had previously, if you do not follow our orders, then we are going to go in direct competition with you.'' Is that any way to build rapport in a town where you have a military facility as important as Camp LeJeune?

And not only the providers or the patients, none are happy with a situation like that, but my understanding is they threatened to come into town, build a new clinic and import people from outside, in effect closing down 40 families, 40 offices in town who had been there doing the right things all these years.

It is also my understanding, and it is a pretty clear understanding, that there is a real effort by Concordia to characterize the local dentists as selfish and uncooperative and unwilling to accept a discounted fee. But they have been doing that for the past 8 years with Delta Dental. The difference is that Delta Dental was paying them enough to make a living and they could still offer a good quality of care.

The problem here, WALTER, as I see it is that the Department of Defense, in fact CHAMPUS, selected this company, Concordia, Inc. This company has come under serious fire from patients and providers since it replaced Delta Dental earlier this year.

We think, and we are looking into this, as you are, too, but we think there are certain deficiencies going on in the Concordia contract which I alluded to when I opened. The Congressional Budget Office alluded to it, too, that we basically do not have oversight of a situation like this.

Concordia has not been able to establish an adequate provider network, meaning they do not have enough dentists working for them. Therefore, the patients, the military dependents and retirees, do not have as many choices. They do not have access to patients, which is one of the very first things the Department of Defense said they wanted to make sure that we had.

Concordia has inadequate claims services, creating, really—that causes a serious financial crisis, not only for your patients, but also for the providers. They have been accused of making changes in the procedure codes during claim processing. Another way of saying that is that they go in, and if a provider puts a particular code down for a particular procedure that is supposed to pay *x* dollars, Concordia does not mind changing that code so it will pay fewer dollars. In other words, that is another way for them to make up for the fact that perhaps they underbid this contract.

There have been unresponsive and most certainly uninformed service representatives causing delays in treatment and delays in claims processing. It has gotten to the point where there are just hostile relations down there between this managed care company—and again, that is not people who do any type of treatment, they are managed care, they are health care entrepreneurs—and the providers.

Mr. JONES. When the gentleman has approached the Department of Defense, I know the gentleman mentioned in his earlier statement that we did have a hearing in one of our military committees and this subject did come up, but knowing that you have done an extensive amount of work, you and your staff along with my staff, will you tell me what your response has been from the Department of Defense when you say. ''What in the heck is going on?''

Mr. NORWOOD. Mr. Speaker, we have been assured that everything is wonderful, that everybody is doing exactly what they need to do, that patients will have all the access to care that they possibly want, and that there are really no problems.

You know, I want to just point out a little small inconsistency in that. DOD says that the Concordia dental network is adequate, meaning there are enough dentists to provide the care that the patients need. Since the size of this network determines access, which you mentioned and I mentioned, which is so important, that beneficiaries have to dental care, how did the DOD determine what constituted an adequate network?

The previous dental provider was Delta Dental. When they were first granted the contract from DOD, CHAMPUS determined that their existing national network, they had 90,000 dentists, and CHAMPUS said, ''That is too small.'' They required Delta Dental to go out and hire more people to work.

Concordia stated that their goal for an adequate network was only 40,000 dentists. To date, they have really been able to only sign up 33,000 from the Delta Dental network plan of 113,000. Yet, Concordia claims, ''That is small enough to take care of all the patients.'' I am saying that somebody needs to oversee Concordia.

Mr. JONES. Mr. Speaker, I want to touch on a couple of areas the gentleman has mentioned, but I want to share with him a letter that we received several months ago from a dentist, and I will not give his name. It says:

> My opinion is that the schedule of allowances known as fees paid by United Concordia is too low to be profitable. My income is solely derived from my fees. I get no subsidy from the government. These United Concordia fees are 20 to 33 percent less than

the fees paid by the old administrator, Delta. A reduction of fees of this magnitude reduces my profit by 60 to 82 percent. I cannot afford to see these patients at such a loss.

In addition to the fact that dentists should not be expected to stay in business if they cannot make a profit, no one can in America, the problem that I have is that, again, not only are our dentists, in my opinion, being treated unfairly, but the fact that we do not have the network to service those at the base and their families and the retirees. We have a real serious problem, CHARLIE, and I am delighted that you are so involved in this issue. We have a serious problem, and that is giving adequate care to our men and women in the military.

Mr. NORWOOD. If the gentleman will yield, Mr. Speaker, the gentleman is totally right. When we do not pay enough to let people make a living, then we may be assured access will be affected, and so will quality of care. Those are the three things that the Department of Defense says it is interested in. I hope that they have not gone out and accepted a bid just based on who is cheapest. There is more to it than that.

They say so, too. They say access of care is very important, and they say quality of care is very important, but they want it for less money, and the problem in this particular area is they want it for so much less people cannot make a living, so nobody will join the program. Therefore, there are no providers.

Mr. Speaker, I want to remind the gentleman from North Carolina, we are talking about a $1.7 billion, with a B, billion, contract to provide dental care to military families. With this contract in billions of taxpayers' dollars, Concordia, which is a small, regional, managed care company, is going to transform itself into a major national player in the emerging dental care managed care industry. The potential for rapid corporate growth and huge future profits for Concordia is staggering. The question remains: What will the American taxpayer and our military beneficiaries receive in exchange for a very lucrative contract?

Mr. JONES. Along these lines, Mr. Speaker, I want to read a newspaper article, just a couple of quotes from this article, one being from a dentist in New Bern, NC, which is Craven County, adjacent to Onslow County.

It says: Dr. Jim Congleton has not signed with United Concordia. He said that he wished the company had been more honest and open in developing the dental plan which they are offering to military dependents.

In addition to that, let me share a comment by a dependent. ''Military dependents are not happy with this situation. Our costs are going to go way up,'' said Jeannette Coulsey, a military spouse. ''UCCI says if no dentist in the area signs up, or we see a dentist who is not in the plan, United Concordia will pay the dentist 10 to 12 percent less than one of their participating dentists.''

So your point about our concern should be for the dentists, and also it certainly should be for those in the military and their families, and again, this is why I really appreciate you joining me this afternoon, because this is a very serious problem in my opinion, and one that, thank goodness for people like you, and I want to say my staff, the fact that we are willing to look into a firm that could receive $1.7 billion, and that is with a B, billion dollars, $1.7 billion, and yet we have so many unhappy, dissatisfied people.

Mr. NORWOOD. If the gentleman will continue to yield further, Mr. Speaker, one of the questions I think we have to ask ourselves is how did Concordia wrestle away this $1.7 billion contract from a managed care plan that had been in business for the last 8 years? Did they bid less? Did they bid so low that they cannot pay the providers enough to sign up, so they can at least make a living? I am not sure. We need to understand these problems.

Concordia assures us that patients are satisfied with their program. That is what they said at the hearings. Health affairs has no formal plan for determining patient satisfaction or assessing contractor compliance. That is very, very important. who is going to oversee this? The only method being used at this point is to perform periodic spot checks using the participating provider list, using trend analysis, or to evaluate complaints by beneficiaries.

I want to remind Members, this is a $1.7 billion contract. I will tell the Members something I do not understand at all.

□ 1630

Prior to having TriCare, the health care of our military, the dental care of our military was left up to the commanders at local military hospitals.

Why does Health Affairs not allow local dental commanders and regional dental service support area commanders to have oversight authority over Concordia? I do not understand that. Once CHAMPUS selects a contractor, Mr. Speaker, the contractor is responsible only to CHAMPUS and DOD Health Affairs.

Currently dental commanders do not have the official oversight authority over Concordia. That is not true in the medical side of the house, where the medical commanders, they are called lead agents, they have oversight authority over TriCare contractors, and they are responsible for ensuring that the contractor is complying with the terms of the contract.

Who is responsible here to be sure that your constituents in Jacksonville, NC, have a good deal?

Mr. JONES. That is why I sincerely appreciate your joining me in this effort to find out what we can do to help correct a very bad situation. I am like you. I do not know why we do not have oversight over situations like this, because we are talking about the taxpayers' money. We are talking about providing good health plans for our military and our retirees, and we all know that we are talking about the taxpayers' money, and you said again, I keep using this, $1.7 billion contract.

Let me share this also with the gentleman from Georgia [Mr. NORWOOD] and also those that might be watching. This is a quote from, again, a news article. I want you to know that I give credit to the news article, because these are not my words but the words of someone else. This has to do with a statement by a gentleman named Jeff Album, spokesman for Delta Dental. I would like to share this with you.

''But Onslow County is not alone. There are other counties across the country around military bases without dentists signed up with UCCI,'' which again is United Concordia, said Jeff Album, spokesman for Delta Dental.

Then I go further with his quote. ''We believe the criteria specified for selection of a winner in the request for proposal did not match the criteria that seems to have been used in the selection of UCCI,'' Album said. And I further quote: ''It appears DOD opted for the least expensive bid rather than best value.''

Let me read that again, and I want you to comment, if you will. ''We believe the criteria specified for selection of a winner in the request for proposal did not match the criteria that seems to have been used in the selection of UCCI,'' Album said. ''It appears DOD opted for the least expensive bid rather than best value.''

Since you have looked into this matter in detail, can you comment on that? Do you think that the bid process was equal to what Delta had been asked to bid on before?

Mr. NORWOOD. No. And, more importantly, maybe I do not believe it has been, but neither has GAO or the Congressional Budget Office. I talked about that when we first started.

In their hearings before us, they had made more than a few comments about the fact that they were not sure we had this together enough yet, and what we are doing is we are making sure now, because we have rushed into this and perhaps did not take the best contract. We have got our military retirees, our active duty dependents that do not have access to care. Their care is going up. I cannot speak to the quality, but one has got to question it when you start reducing the dollars in it.

We have got these, and then we have got other citizens, small business people who have a small office. They are being attacked by this giant insurance company saying,

You better come to work for me because I put out a $1.7 billion bid and I can't fix teeth. I've got to have dentists to do that. You guys come to work for me, or we're going to spread your name around town as being unselfish or unwilling to cooperate.

That is hard to take for a small business, and that is what a little dental

office is. They are being picked on by this giant conglomerate of insurance companies, where they are trying to force them to come to work and not be able to make a living. Then they have done worse than that. We will get into that in just a minute, too.

Mr. JONES. It is our responsibility to oversee the spending of the taxpayer dollar, you and I and other Members of the House. It is our responsibility to be sure whether it is DOD or another agency that they are getting their money's worth. Certainly the taxpayer needs to get his or her money's worth and certainly our military needs to be treated fairly with the best plan possible for the money. What I have gathered from the last 20 or 25 minutes that we have been talking from your comments as well as mine, that we feel that they are not getting their dollar's worth and you just said about the dentists, and this probably appalled me as much as anything. When I had dentists and, I want people to remember, these are taxpayers of America.

Mr. NORWOOD. That is right.

Mr. JONES. These are taxpayers. Yet they have a company that comes down and threatens their livelihood and says, ''If you don't join our group, we're going to take your money, because you're a taxpayer, we're going to spend your money and put you out of business.''

Mr. NORWOOD. Some of your constituents who are dentists have been writing me and I am going to take just a minute, Mr. JONES. I want to read two paragraphs, but it says so much. This is a 10-page letter that lays out lots of the problems. Just two paragraphs.

He says:

> You may correctly assume that I have much better things to do with my time than to argue with and complain about a government contractor that is not performing as specified. My full attention should be given to my patients and their families, my staff, my practice and my family and friends. The amount of effort I have given to this issue never should have been necessary but I will do whatever it takes to protect my patients and my practice and to make sure everyone gets a fair deal. I do not believe that the United States government is getting what it contracted for, optimum dental health for military families through a fee-for-service dental plan. Indications are that we are entering into an ordeal with Concordia where only Concordia is benefitting.

I will jump off the letter for a minute to remind you that they are going to get their 25 percent of that $1.7 billion. I bet it works for the company.

He goes on to say:

> Because of situations like this, those of us in the trenches work ourselves to the bone and then have to scramble to meet our overhead. Consider the fact that some of my regular monthly expenses are around, say, $50,000 for payroll, without the provider, close to $19,000 for mortgages of office, $5,000 for utilities, $12,000 for dental and office supplies, and because of a massive need of supplies, I have not taken a salary since last September. I have virtually exhausted my savings and may shortly be forced to sell or borrow against assets. Surely this was not the intent of the Department of Defense. I know this is also happening to numerous other colleagues in the Jacksonville area.

Mr. JONES. Mr. Speaker, I think it is worth restating. Would the gentleman from Georgia [Mr. NORWOOD] tell me again how many dentists were in the network when Delta had the plan versus Concordia today?

Mr. NORWOOD. Delta Dental had 113,000 dentists in their network nationwide. Concordia has said, ''Well, we can do it with 40,000.'' That means less access. They have only been able to sign up 33,000. Eighty thousand not willing to sign up and work for nothing.

I want to present to the Speaker some corrections that I think that DOD Health Affairs really has to bring out and deal with, because this is just the beginning. They have not even awarded the contracts all across the country yet. This is just the beginning. So if I could, Mr. JONES, I would like to list a few things for the record because we are going to bring it back to them in other ways as time goes on.

First of all, DOD must establish a full-time oversight board to monitor complaints of the Concordia contract, which are numerous. They must authorize local dental commanders and regional dental service support area commanders. That means the colonels and the majors and the captains and so forth that are working in the different armed services clinics around the world, we need to let them exercise some oversight over this Concordia program. In the same manner, by the way, as the TriCare lead agents and medical facility treatment commanders have over TriCare contractors.

Third, we need to establish a methodology for measuring the effectiveness of the Concordia program to provide access, choice, and quality of care, not just how much cheaper is it. Establish an effective means to receive comprehensive input from beneficiaries on patient satisfaction. In other words, how do the patients feel about this. That is who this is all about and that is who this is for.

We need to issue a, quote, cure notice to Concordia, require correction of contractual deficiencies within a specified time. And after an appropriate transition period, give them some time to get it right, if Concordia does not live up to its contractual agreements, Health Affairs should issue a cancellation by default order and allow another more capable contractor to assume the program.

Those are things we are going to have to deal with if, No. 1, we are going to deal with the patients and your constituents, and, No. 2, the providers of health care.

Mr. JONES. I like those four or five points the gentleman from Georgia [Mr. NORWOOD] made because as you said in your comments a few minutes ago, there is no oversight. Once the bid process is finished and a company gets the contract, then this has become very helter-skelter. We have dentists that have not been treated fairly in my opinion, we have patients who have not been treated fairly in my opinion, and I am delighted to hear these four or five points, because if there is anything I want those that might be watching to fully understand in fact that this new majority, we understand making Government more efficient. Here we have got a dental system that in my opinion is not efficient and is not serving the people it was intended to serve. When you think about our military, these are men and women that were willing to sacrifice their life, and they should not be denied dental care. Yet we have our dentists as we have said, I am being a little repetitious but I want to repeat it again, they are taxpayers, American citizens, and here we have got the Government through this Concordia group working against the taxpayer who is paying for this $1.7 billion plan.

So I am delighted to join you, and I am sure you will have many others as you go forward with these four or five points that you think would help with oversight as it relates to dental care for our military.

Mr. NORWOOD. If the gentleman from North Carolina [Mr. JONES] would yield further, as we are headed toward conclusion, I want to point out another thing that has happened in this contract that drives me crazy. It is one of the reasons why the American people lose faith in their Government. It is one of the things that I think make people dislike a strong Federal Government.

We have talked about this great big insurance company spreading bad information around this small community of 70,000 people about the providers because the providers won't come to work for them for nothing. Then we are talking about this large company that then says to the providers, the dental care providers, ''Well, if you don't come to work for us, we're going to close you, we're going to build this big office in town and import people from out of town to take care of it.''

But the icing on the cake to me is now Concordia, this big insurance company, has called in the Federal Government, has called in the Federal Trade Commission, and it said, ''Come get 'em, they're bad guys, they've actually been talking about what this costs.''

Now, it is perfectly legal for Concordia to set the price of the cost of dental care across the Nation. But if two dentists in Jacksonville, NC, sit down to talk about what this does to their practice and how it affects them, we get the Federal Trade Commission lawyers running in at the behest of Concordia.

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All they got to do is make an allegation. It does not—you are guilty. If they make an allegation to the Federal Trade Commission, you are guilty until you can prove yourself innocent. What does that do to people? Well, it is like

the IRS running in. The first thing you know is no matter who wins, I lose.

There is no way to win that, because you get involved in a lawsuit to defend yourself against the Federal Trade Commission. What does it do? It costs you a ton of money to defend yourself. It costs time. You spend hours and hours and hours answering all the questions that you must answer because the Federal Trade Commission has come rushing in. No matter there is no point to it. If they are called, they are glad to run in. I presume that maybe they do not have anything else to do, but they are going to go down there and they are going to pick on these guys in Jacksonville, NC.

And this is a managed care company using the Federal Government as a big club to make people, small family businesses, come to work for them at absolutely no way to make a living.

I do not know what we should do about this, but I have been involved in this thing once before in my life. Some years ago when I was President of the Georgia Dental Association, the dentists of Pennsylvania told Blue Cross and Blue Shield, no, thanks, we are not coming to work for you because you will not pay us enough. By the way, that is the parent company of Concordia. Now, this happened. I was involved in this. They said we are not coming to work for you because you will not pay us enough to make a living.

So what do the Blues do? They run straight down here to Washington, get the Federal Trade Commission in on it. The Federal Trade Commission, the entire Pennsylvania Dental Association. By the way, all of the North Carolina Dental Association is being sued now by the Federal Trade Commission.

This goes on for months and months and months. We raised money around the country to help this one little dental association defend itself against the Federal Trade Commission. They got all through and found nothing was wrong, and it cost $2 million.

These are not rich people that you can just go throw around $2 million. This is not Ford Motor Co. These are small family businesses, very small businesses, and we cannot continue to allow the Federal Government to be used as a club to beat on your folks in your district.

Mr. JONES. Let me tell you. Mr. NORWOOD, I know we are closing down in another 5 or 6 minutes and will be ready to yield back the balance of our time, but I could not agree more. We have gotten to a point in this country where too many times those people, and you are right about the dentists in eastern North Carolina. Most of the dentists in North Carolina, but particularly eastern North Carolina, these are hard working, family people. they are not muntimillionaires, they are not millionaires; they are just people working hard to provide a very valuable service, trying to take care of the people in their community. Yet, as you said, too many times the Federal Government, whether it bve DOD or another agency that you were just talking about, comes down with a heavy hand or club, as you said, and as long as there are people like you and I and many on both sides of the aisle up here in Congress, we are going to fight for that man, that woman, in our district that we feel has not been treated fairly.

If I can before closing, I would like to read, because this is a letter sent to me by an Air Force captain on April 1, 1996. I am just going to read a couple of sentences to you. It says, ''Dear MR. JONES: As a member of the USAF stationed at Seymour Johnson in your Congressional District, I am writing to you about the new military dental plan. I attempted to follow my chain of command and in doing so determined this is a Congressional issue.''

''According to Champus,'' and this is a quote, '''there would be no change in coverage' under the new plan.''

I am just skipping around in this letter.

''My payments have almost doubled. Personally, I would rather pay the extra $308 per month'' for the service that I had prior to this new company. ''I am certain that I am not the only military member. With this problem with Concordia's limits being so low, I can hardly blame dentists for not accepting the new plan.''

Let me repeat that again. ''I am certain I am not the only military member with this problem. With Concordia's limits being so low, I can hardly blame dentists for not accepting the new plan.''

''In all honesty, it gets old having your health packages changed, being told that 'coverage is the same', and discovering that twice as much money is coming out of your pockets.''

I want to get that in for the RECORD, Mr. NORWOOD, because again, with all of this 30 or 40 minutes we have had, what we are talking about is American citizens, taxpayers and military. I am going to continue to work with you and your staff to see if we cannot correct this problem. I think it is a problem that has gone too far, to the detriment of taxpayers in my district and some of your friends elsewhere. I am going to work with you and your staff as you work with me and my staff to see if we cannot correct this situation.

Mr. NORWOOD. If the gentleman would yield, I will conclude by saying this, Mr. JONES: I think the people in your district are very fortunate to have you up here. In many cases there is no other advocate for those people. You have military retirees, you have dependents of active duty military people, who are not winning under this program. In fact, they are losing. You are up here defending them. Who else will?

I mean, we do not have any oversight from the DOD. I am glad you are. We have your constituents who provide dental care in your district, my colleagues. You know, who is going to help them? They have got a large manage care company coming after them with all the resources in the world. Now they have the Federal Government coming after them through the Federal Trade Commission. Who is going to be on their side in this?

Well, they are your constituents, but they are my colleagues, and I am not going to ever let this go until we give them some protection down there from that big heavy arm of the Federal Government.

Mr. JONES. CHARLIE NORWOOD, I want to thank you for joining me today. I look forward to joining you on this issue. We are going to right a wrong before it is over. I promise you that.

TRIBUTE TO THE LATE HONORABLE RON BROWN

The SPEAKER pro tempore (Mr. COBLE). Under the Speaker's announced policy of May 12, 1995, the gentlewoman from North Carolina [Mrs. CLAYTON] is recognized for 60 minutes as the designee of the minority leader.

Mrs. CLAYTON. Mr. Speaker, on the hillside over Bosnia, this Nation lost 33 dedicated and committed Americans. Among those lost was the man we pay tribute to today, Secretary of Commerce Ron Brown. We pay tribute to Secretary Brown because, in the finest tradition of America, he gave his life in service to his country, while performing peace in a region torn by war.

This tribute has been organized by those of us who serve on and have participated with the President's Export Council [PEC], a bipartisan effort with the private and public sector working together for export. Secretary Brown was a public sector member of PEC and the driving force behind a notable private-public partnership, whose mission is to expand the United States' exports abroad.

At the very first meeting of PEC of February 13, 1995, President Clinton attended and Secretary Brown welcomed and swore in the appointees. Secretary Brown emphasized that he would regard the PEC members as the Board of Directors for America's national export strategy, first implemented then in September 1993.

So, Mr. Speaker, we think it is only fitting that the PEC Board of Directors leave a tribute to the person who in our mind was the chairman and chief executive officer of America's effort to achieve free and fair trade, to give a chance to U.S. businesses of all sizes to market their goods and services abroad.

I am pleased to be joined by several of my colleagues, both Democrats and Republicans, and we will alternate as there are Members available. We will ask Members to limit their remarks to 2 or 3 minutes.

Ron Brown was born in Washington, DC, and you will hear more about that, on August 1, 1941. He was raised in Harlem by his parents, attended