

largest minority group, the Roma, and violates international law.

The Helsinki Commission, which I now chair, flagged this problem in a report in 1994. More recently, in early April, the Council of Europe and the UNHCR each released reports on the Czech Republic. Although the reports differ in their specific mandate and analysis, their final conclusions are consistent: The current Czech citizenship law, both as drafted and applied, violates international standards. In particular, both reports found that—contrary to the previous assertions of the Czech Government—the Czech law has created both de jure and de facto statelessness. The Council of Europe report used particularly pointed language, noting that while some of the practices associated with the implementation of the law “might have been lawful under the Czech law of 1967. \* \* \* [they] clearly do not meet European legal standards.” Moreover, according to the recently released State Department country report, some who are affected by this law have been deported, contrary to the assurances I had previously received from Czech officials.

I appreciate that efforts have been made to improve the citizenship law and strengthen its association with international human rights norms. In particular, I understand an amendment to the law was passed on April 26. That amendment, however, fails to address the fundamental shortcomings of the law.

For example, it appears that former Czechoslovaks who were long-term residents of the Czech Republic must still make cumbersome applications and pay so-called administrative fees in order to be considered for citizenship in the only homeland they have ever known. In addition, it has been reported that the amended law gives the Ministry of Interior complete discretion to require those applicants to have a clean criminal record. It seems to me that this would be like telling charter 77 dissidents that of course they have a right to free speech—provided they got a waiver from the Ministry of Interior before exercising it. In short, even as amended, the Czech citizenship law still stands in violation of the Czech Republic's international commitments.

In a few weeks, Czechs will return to the polls to elect a new parliament. In that context, the significance of the citizenship law is all the more poignant: those wrongly denied citizenship are also wrongly denied the right to vote.

Mr. Speaker, I do not understand what benefit the Czech Government sees in maintaining provisions of this law that have generated international criticism. Those who have criticized this law, including the Helsinki Commission, are not proposing that the Czech Republic adopt dual citizenship; we are not proposing that former Czechoslovaks who were or are permanent residents in Slovakia be given citizenship; and we are not saying that the Czech Republic does not have a right to protect its borders. Instead, a finite number of people, all of whom are, by definition, permanent residents in the Czech Republic anyway, must have their citizenship restored if the Czech Republic is to bring its law into conformity with the international standards it has adopted.

DR. JIMMY SIMON RECEIVES JOSEPH W. ST. GEME, JR., LEADERSHIP AWARD

HON. TOM LANTOS

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

*Thursday, May 16, 1996*

Mr. LANTOS. Mr. Speaker, I rise today to honor and congratulate Dr. Jimmy Simon, one of the preeminent practitioners of pediatric medicine in the United States. I join with the American pediatric community, who honored Dr. Simon here in Washington last week with the Joseph W. St. Geme, Jr., Leadership Award for Distinguished Service in Pediatrics, in expressing our most heartfelt gratitude for his work and continued leadership.

It is extremely important to recognize the extraordinary accomplishments of great Americans like Dr. Simon. Dr. Simon has not only been an excellent physician and teacher for 40 years, he has also provided for a bright and productive future for the field of pediatrics.

Dr. Simon, born and raised in San Francisco, CA, is currently the chairman of the Department of Pediatrics at the Bowman Gray School of Medicine in Winston-Salem, NC. Shortly after completing his medical and postdoctoral training, Dr. Simon served his country with distinction as a captain in the Air Force. He has been a physician and professor at the University of Oklahoma School of Medicine, at the Kern County General Hospital in Bakersfield, CA, at the University of Texas Medical Branch, and, since 1974, at the Bowman Gray School of Medicine.

Dr. Simon has served in numerous public service and policymaking capacities throughout his long and productive career. Through his wide-ranging memberships in professional organizations, Dr. Simon has helped develop a vision for pediatric medicine in the 21st century.

The Joseph W. St. Geme, Jr., Award is an annual award given to a practicing pediatrician who has contributed to an extraordinarily broad range of areas of pediatrics and who has created a future for pediatrics. I am extremely pleased that Dr. Simon has been recognized for possessing these outstanding qualities.

Dr. Jimmy Simon has shown us that one person dedicated to a cause can make a difference. Dr. Simon inspires us all to strive for excellence out of love for one's profession and all the benefits it can bring. I invite my colleagues to join me in expressing our appreciation of Dr. Simon's remarkable career.

TOM TRACY: DISTINGUISHED IRISH-AMERICAN LEADER

HON. ROBERT K. DORNAN

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

*Thursday, May 16, 1996*

Mr. DORNAN. Mr. Speaker, I rise today to recognize the honorable achievement of a good friend and fellow Irish-American, Tom Tracy. Tom recently received the 1996 Distinguished Leadership Award by the American Ireland Fund. The award acknowledges an American of Irish heritage whose lifetime accomplishments personify the spirit of the Irish

immigrants who contributed to making our Nation the greatest in the history of mankind.

I am especially proud of Tom because I share his Irish roots. I value my ancestry because it has given me a feeling of being connected to a long history of a people in love with life. The Irish have suffered mightily through history, but the essence of life is to persevere and conquer the challenges that life presents. Irish-Americans like Tom Tracy have excelled at that task.

Tom has been associated with about 28 Irish-related organizations, including many devoted to achieving peace in Northern Ireland. Over the last 5 years, Tom has spent much time and money trying to work towards that peace.

I also share one of Mr. Tracy's other passions: our Catholic Church. We have both been dedicated to strengthening and protecting the church and our particular dioceses. Mr. Tracy has been deeply involved in the Diocese of Orange, CA, where he has served on key committees and numerous other Catholic organizations, including the effort to gain sainthood for Father Junipero Serra.

I thank Tom for his many contributions. He honors all Irish-Americans for his dedication and his good will.

THE AGENCY FOR HEALTH CARE POLICY AND RESEARCH

HON. WILLIAM M. THOMAS

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

*Thursday, May 16, 1996*

Mr. THOMAS. Mr. Speaker, as the chairman of the Ways and Means Health Subcommittee, I want to take this opportunity to comment on the Budget Committee's report language relating to the Agency for Health Care Policy and Research [AHCPR] that was included with its discussion of the major discretionary health programs funded under function 550. The report language refers to the committee's objections to AHCPR's role in the development of outcomes research-based clinical practice guidelines and the need to better integrate survey and data collection efforts at a number of agencies, including AHCPR. This is an important goal but think it is important to note that AHCPR has already addressed the two issues raised in this report.

First, in the area of clinical practice guidelines, AHCPR has been responsive to the committee's concerns. The Agency took this criticism seriously, engaged in a dialog with the health care community, and announced last month that it will no longer directly support the development of clinical practice guidelines. Instead, AHCPR will concentrate on its strength, the development and assessment of the scientific evidence that physicians, health plans, and other providers need so that they, not AHCPR, can develop guidelines or other quality improvement strategies. This approach will provide physicians and health plans with the information they need to develop better, evidence-based guidelines, without the implication that the Federal Government is telling them how to practice medicine.

Second, the agency has been responsive in attempting to minimize their overlap with other Health and Human Services agencies in the area of the data collection. Despite the fact