transformation from a regional to a highly-respected national law school.

Whereas, Dean Richard G. Huber built upon these traditions in expanding the law school faculty and program, and in 1975 secured the eventual move of the Law School to its current site on the Newton campus, providing urgently needed space for the educational component as well as for students and faculty offices and meeting facilities.

Whereas, under the leadership of Deans Daniel R. Coquillette and Aviam Soifer, the University embarked on a campaign to build a new physical plant for the Law School on its present site, which facility would reflect the breadth and statute of the law school's programs, and which would allow for the full integration of technology in legal teaching and research.

Whereas, we also celebrate a revered member of the Law School faculty, Professor Emil Slizewski, who this year retires from his teaching responsibilities at Boston College Law School after 56 years of distinguished service to the Law School and the legal profession.

Whereas, on October 8, 1999, members of the Law School and the Boston College communities join together in celebration of an institution which has launched the careers of illustrious government officials and leaders in the profession, and which has inspired an unwavering commitment to social justice among its esteemed graduates. After 70 years of academic excellence, students, administrators, alumni and faculty join together today to celebrate the opening of a new academic wing at Boston College Law School.

Now, therefore, I, Congressman Edward J. Markey, hereby request that my colleagues in the United States House of Representatives join me in saluting Boston College Law School as it celebrates 70 years of excellence in legal education.

PROFILES OF SUCCESS HONORS MS. LORRAINE LEE

HON. ED PASTOR

OF ARIZONA

IN THE HOUSE OF REPRESENTATIVES

Thursday, October 7, 1999

Mr. PASTOR. Mr. Speaker, I rise before you today to draw attention to the accomplishments of a woman who has long been an activist for all Arizonans and who has is at the ready when it comes to championing for the Latino community and the issues that affect them. The woman of whom I speak is Ms. Lorraine Lee, a good friend and an invaluable community leader in southern Arizona.

Ms. Lee has been the vice president of Chicanos Por La Causa in Tucson for the past 15 years. She is a much esteemed leader who has worked diligently on empowerment, self–sufficiency and goal attainment for not only members of the Tucson community but, Chicanos nationwide.

Recently, Lorraine was recognized at Valle del Sol's Annual Profiles of Success Leadership Awards. Valle's award ceremony is the premiere Latino recognition event in Arizona each year that acknowledges Arizona's leaders and their contributions.

Lorraine received the Special Recognition Award for her efforts in spearheading the anit–Unz initiative in southeastern Arizona and nationwide. This initiative is named after the man who started the movement against bilingual education in California. In Tucson, Unz is trying to bring the same movement to Arizona. But in Tucson, the birthplace of the first official bilingual education program, Lorraine has initiated efforts to raise social awareness in ethnically diverse segments of the community. She is currently working with several community representatives in organizing a coalition to ensure that the Unz initiative does not appear on this year's upcoming ballot. This effort consists of educating citizens from the public and private sector, including politicians and youth, about the importance of bilingual education programs.

But beyond the issue of bilingual education, Ms. Lee has been a well-respected activist in Arizona who does not shy from leadership roles and is ready to take on new challenges to strengthen the Latino community.

That is why I ask you to join me in paying tribute to my friend Lorraine Lee and in wishing her great success.

QUALITY CARE FOR THE UNINSURED ACT OF 1999

SPEECH OF

HON. RON PAUL

OF TEXAS

IN THE HOUSE OF REPRESENTATIVES

Wednesday, October 6, 1999

Mr. PAUL. Mr. Speaker, as an MD, I know that when I advise on medical legislation I may be tempted to allow my emotional experience as a physician to influence my views, but nevertheless I am acting the role of legislator and politician. The MD degree grants no wisdom as to the correct solution to our managed care mess. The most efficient manner to deliver medical services, as it is with all goods and other services, is determined by the degree the market is allowed to operate. Economic principles determine efficiency of markets, even the medical care market; not our emotional experiences dealing with managed care.

Contrary to the claims of many advocates of increased government regulation of health care, the problems with the health care system do not represent market failure, rather they represent the failure of government policies which have destroyed the health care market. In today's system, it appears on the surface that the interest of the patient is in conflict with rights of the insurance companies and the Health Maintenance Organizations (HMOs). In a free market this cannot happen. Everyone's rights are equal and agreements on delivering services of any kind are entered into voluntarily, thus satisfying both sides. Only true competition assures that the consumer gets the best deal at the best price possible, by putting pressure on the providers. Once one side is given a legislative advantage, in an artificial system, as it is in managed care, trying to balance government dictated advantages between patient and HMOs is impossible. The differences cannot be reconciled by more government mandates which will only makes the problem worse. Because we are trying to patch up an unworkable system, the impasse in Congress should not be a surprise.

No one can take a back seat to me regarding the disdain I hold for the HMOs' role in managed care. This entire unnecessary level of corporatism that rakes off profits and undermines care is a creature of government interference in health care. These non-market institutions and government could have only gained control over medical care through a collusion among organized medicine, politicians, and the HMO profiteers, in an effort to provide universal health care. No one suggests that we should have ''universal'' food, housing, TV, computer and automobile programs and yet many of the ''poor'' do much better getting these services through the marketplace as prices are driven down through competition.

We all should become suspicious when it is declared we need a new ''Bill of Rights'' such as a Taxpayer's Bill of Rights, or now a Patient's Bill of Rights. Why don't more Members ask why the original Bill of Rights is not adequate in protecting all rights and enabling the market to provide all services. If over the last fifty years we had a lot more respect for property rights, voluntary contracts, state jurisdiction and respect for free markets, we would not have the mess we're facing today in providing medical care.

The power of special interests influencing government policy has brought us this managed care monster. If we pursue the course of more government management—in an effort to balance things—we're destined to make the problem much worse. If government mismanagement, in an area that the government should not be managing at all, is the problem, another level of bureaucracy—no matter how well intended—cannot be helpful. The law of unintended consequences will prevail and the principle of government control over providing a service will be further entrenched in the nation's psyche. The choice in actuality is government provided medical care and it's inevitable mismanagement or medical care provided by a market economy.

Partial government involvement is not possible. It inevitably leads to total government control. Plans for all the so-called Patient's Bill of Rights are a 100% endorsement of the principle of government management and will greatly expand government involvement, even if the intention is to limit government management of the health care system to the extent ''necessary'' to curtail the abuses of the HMOs. The Patients' Bill of Rights concept is based on the same principles that have given us the mess we have today. Doctors are unhappy, HMOs are being attacked for the wrong reasons, and the patients have become a political football over which all sides demagogue.

The problems started early on when the medical profession, combined with tax code provisions making it more advantageous for individuals to obtain first-dollar health care coverage from third-parties rather than pay for health care services out of their own pockets, influenced the insurance industry into paying for medical services instead of sticking with the insurance principle of paying for major illnesses and accidents for which actuarial estimates could be made. A younger, healthier and growing population was easily able to afford the fees required to generously care for the sick. Doctors, patients and insurance companies all loved the benefits until the generous third-party payment system was discovered to be closer to a Ponzi scheme than true insurance. The elderly started living longer, and medical care became more sophisticated, demands because benefits were generous and insurance costs were moderate until the demographics changed with fewer young people