during his last assignment before retiring, when he served as the Senior Adviser on the staff of the Commission on Security and Cooperation in Europe, better known to us as the Helsinki Commission.

I was Chairman of the Helsinki Commission at the time and relied heavily on his expertise in the early 1990s, when the former Soviet Union and the countries of East-Central Europe were in a state of transition and, in some cases, turmoil. With the Cold War coming to a close, it was a challenge for many foreign policy experts to understand the new world into which we were heading. David, however, had a keen sense of where things were heading, both in terms of the wonderful possibilities and of the dangerous obstacles that stood in the way. Thanks in large part to him, the Helsinki Commission played a prominent role during that period: observing the first multi-party elections countries from the Warsaw Pact held in at least four decades; organizing congressional delegations to these countries to learn firsthand what was happening; attending meetings of what is now the Organization for Security and Cooperation in Europe (OCSE) to raise concerns about human rights violations in particular; and overseeing the drafting of Commission reports which helped educate policy-makers about what needed to be done.

David Evans had a strong background in Soviet and East European affairs going back to his education at Harvard University and his tours at the U.S. embassies in Moscow, Belgrade and Warsaw. He had focused considerably on economic and trade issues, and he understood early on that the entrepreneurial spirit and free market, not the collectivism and central planning of communism, were what the people in these countries needed. He further understood that this could not happen without the development of democracy, and he became a committed human rights advocate. Indeed, the Commission's first encounters with David Evans were during OSCE negotiations on economic, scientific and environmental questions. Rather than pushing generic ''international cooperation'' in these areas, he pushed for improved human contacts through developing the tourist industry; he criticized the Soviets for taking action against scientists like Andrei Sakharov who expressed independent political views; he promoted the right of environmental activists in the Soviet Union and East-Central Europe to raise their concerns without being punished by the state.

David also had a particular expertise on Yugoslav affairs, and while the violent demise of Yugoslavia beginning in 1991 had a strong affect on all of us, it brought him a personal anguish. He spoke the language fluently, traveled there frequently with the Commission staff and worked tirelessly to make us aware of what was happening and why. He was in Sarajevo in March 1992, when the city was first surrounded by Serb militants, and got a glimpse of the nightmare that Bosnia and its capital would have to endure one month later and the more than three years thereafter.

I worked mostly with David, however, in dealing with the break-up of the Soviet Union and the emergence of new countries about which we knew little. I can remember mostly his seriousness of purpose combined with a good sense of humor. Among other things, he introduced us all to the word ''gefuffle,'' his description of a scene of chaotic confrontation where people are shouting at each other. And, as I said, he was a man of great dignity. He was, for example, generally conservative and formal in his attire. Still, he would travel to some of the muddiest, dustiest, dilapidated places in Europe without hesitation in order to carry out the Helsinki Commission's mandate.

In the five years he was with the Helsinki Commission, the staff truly appreciated his presence and sense of purpose. They could rely on him to provide the direction and judgment needed to carry out their tasks. They could also count on his support for their efforts to promote human rights when those from other branches of government or countries sought to minimize human rights in international relations. Many of the same staff are still at the Commission, and kept in touch with him in his retirement. Indeed, he continued his activism during this period, working to preserve country estates and museums throughout Russia.

Along with his wonderful family, friends, fellow foreign service officers and Commission staff, I will miss David Evans and will always remember and value his advise and presence while at the Helsinki Commission. He was, Mr. Speaker, an American who dedicated his life to representing his country and the ideals on which it is based, and I am grateful to have known him.

MINORITY HEALTH AND HEALTH DISPARITIES RESEARCH AND EDUCATION ACT OF 2000

SPEECH OF

HON. SILVESTRE REYES

OF TEXAS

IN THE HOUSE OF REPRESENTATIVES

Tuesday, October 31, 2000

Mr. REYES. Mr. Speaker, I rise today in support of S. 1880. This bill, the ''Health Care Fairness Act'' will improve the health of minority populations including Hispanics, African Americans, Native Americans, Alaska Natives and Asian-Americans. I am a cosponsor of H.R. 3250, the House companion to S. 1880. Mr. Speaker, as you know, minority communities suffer disproportionately from many health problems and have higher mortality rates than whites for many treatable health conditions. They also continue to suffer from inequities in the U.S. health care system.

The legislation that is on the House floor today will increase federal commitment to biomedical research on minority health and will improve health related data collection on minorities. This legislation will implement demonstration projects that address bias in the health care system that adversely impact minority populations and will establish pilot projects in medical schools to reduce racial and ethnic health disparities. This bill will also make grants available for the development of health care education curriculum and for continuing health education professional development. Another important aspect of this bill is that it will elevate the Office of Minority Health to a Center of Research on Minority Health at NIH. The Center will conduct and support basic and clinical research, training, the dissemination of health information, and other programs with respect to minority health.

Mr. Speaker, more needs to be done in our country to address the disparities in healthcare for minorities. The Health Care Fairness Act is a step in the right direction and I urge my colleagues to support this important piece of legislation.

THE RIGHT TO KNOW ACT OF 2000

HON. TOM A. COBURN

OF OKLAHOMA

IN THE HOUSE OF REPRESENTATIVES

Wednesday, November 1, 2000

Mr. COBURN. Mr. Speaker, a young woman visits a health clinic. She consults with a nurse, undergoes a series of tests and exams and then is sent home with a clean bill of health. She is not, however, perfectly healthy. She is infected with HIV. The clinic tested her, without her knowledge, and never told her the results. Because she was never told, she has been denied medical treatment that would have kept her healthy. Because she is never told, she unknowingly places others at risk for contracting the disease, including her husband and children. And because she is never told, her life is prematurely cut short and she dies from AIDS.

At 51 clinics across the country, the federal Centers for Disease Control and Prevention (CDC) is financing such a project. As a practicing physician, I find this to be highly unethical and appalling. In essence, government scientists have reduced men and women to bacteria in a Petri dish, disposal subjects for experimentation.

Because the CDC has failed to properly monitor the HIV epidemic with the same reliable reporting system used to track every other disease, the agency implemented these so called serosurveillance, or ''blind'', studies to determine the size and demographics of the HIV/AIDS epidemic.

The director of research at the Pediatric AIDS Foundation in California, Arthur Amman, has compared the CDC's blind testing to the notorious Tuskegee study that followed 400 black Alabama sharecroppers infected with syphilis in order to observe the disease's progression. Begun in the early 1930s, the Tuskegee 'experiment' financed by the Public Health Service, continued until 1972 despite the fact that treatment became available in the 1940s.

Likewise, the CDC's 'blind' HIV testing began in the 1980s and continues today even though medical treatment for HIV is now available.

Of those found to be HIV-positive through these government funded tests, up to 90 percent did not themselves receive an HIV test at some clinics according to the CDC's own data. That means at these locations, nine out of ten individuals that the CDC diagnosed as infected, were never told they are infected with a terminal and contagiouis disease.

The CDC rationalizes these 'bline' tests by conducting the surveys in facilities which offer counseling and voluntary HIV testing to all patients. Regardless of whether testing is or is not otherwise available, it is criminal that anyone diagnosed with a life threatening, contagious disease is not told and is instead allowed to die and infect others. It is even more despicable that those charged with protecting the public's health are running this program.

The Right to Know Act will prohibit the CDC, or any other federal agency, from conducting or supporting such an unethical practice. It will