

EXTENSIONS OF REMARKS

DEPARTMENTS OF LABOR,
HEALTH AND HUMAN SERVICES,
AND EDUCATION, AND RELATED
AGENCIES APPROPRIATIONS
ACT, 1996

SPEECH OF

HON. THOMAS M. DAVIS

OF VIRGINIA

IN THE HOUSE OF REPRESENTATIVES

Wednesday, August 2, 1995

The House in Committee of the Whole House on the State of the Union had under consideration the bill (H.R. 2127) making appropriations for the Departments of Labor, Health and Human Services, and Education, and related agencies, for the fiscal year ending September 30, 1996, and for purposes:

Mr. DAVIS. Mr. Chairman, I want to thank my colleagues, Mr. EDWARDS, Mr. BATEMAN, Mr. SAXTON, Mr. CHRISTENSEN and others for their work on restoring money to the Impact Aid Program. By funding this program at the amounts mentioned by the majority leader, Prince William County could gain \$1.5 million and Fairfax County would gain an additional \$800,000. Both of these school systems are spending far more in educating children of active duty military personnel on bases than they receive from the Government. And just as homeowners and businesses pay their local taxes annually, the Federal Government has an obligation to pay its fair share. Anything less amounts to an unfunded Federal mandate on localities.

DEPARTMENTS OF LABOR,
HEALTH AND HUMAN SERVICES,
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SPEECH OF

HON. VIC FAZIO

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Wednesday, August 2, 1995

The House in Committee of the Whole House on the State of the Union had under consideration the bill (H.R. 2127) making ap-

propriations for the Departments of Labor, Health and Human Services, and Education, and related agencies, for the fiscal year ending September 30, 1996, and for other purposes:

Mr. FAZIO of California. Mr. Chairman, I agree with Mr. OBEY. If he's said it once, he's said it a thousand times: This language has no place in an appropriations bill. It should not be hidden in an appropriations bill.

That said, I rise in support of Mr. GANSKE's amendment to strike this language. First, this language is completely unnecessary. Its supporters will say that it protects those who have moral and religious reservations about abortion from discrimination. But the Accreditation Council for Graduate Medical Education—the independent organization of medical professionals who set the standards for medical education—does not mandate abortion training. Anyone, either an individual or an institution, with a legal, moral, or religious objection to such training is not required to participate.

I would argue that the language in this bill serves a different purpose. It serves to restrict academic freedom. It serves to restrict knowledge about a legal medical procedure its supporters find personally unacceptable.

In order to satisfy their personal priorities, they have inserted this language which represents an unprecedented intrusion into the actions of a private organization. As Dr. James Todd, executive vice president of the American Medical Association has said, accreditation is a "private sector, professional process."

I don't know about you, but I do not pretend to know the first thing about the ins and outs of a medical education. Congress has no business regulating medical curriculum. Not only do we not know enough about it, it is not within our jurisdiction. To again repeat the words of Dr. Todd, "The curriculum of educational programs, and the standards by which these programs are evaluated, should not be subject to Federal or State legislative initiatives, and should not be politicized by governmental regulation."

Listen to the experts. Support the Ganske amendment.

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SPEECH OF

HON. PATSY T. MINK

OF HAWAII

IN THE HOUSE OF REPRESENTATIVES

Wednesday, August 2, 1995

The House in Committee of the Whole House on the State of the Union had under consideration the bill (H.R. 2127) making appropriations for the Departments of Labor, Health and Human Services, and Education, and related agencies, for the fiscal year ending September 30, 1996, and for other purposes:

Mrs. MINK of Hawaii. Mr. Chairman, I rise to express my deep disappointment in the Committee's decision to eliminate the Native Hawaiian Health Care Act. The program was established in 1988 because of the poor health conditions of Native Hawaiians and the many cultural barriers that prevent them from receiving adequate care.

The Native Hawaiian people currently suffer from extraordinarily high rates of heart disease, cancer and chronic conditions, such as diabetes.

A Office of Technology Assessment Study authorized by the Congress in 1984, which compared both Native Hawaiians and part-Hawaiians to other populations in the United States, found that overall Native Hawaiians have a death rate that averages 34 percent higher than all other races in the United States.

Pure-blooded Native Hawaiians have a death rate that is an astounding 146 percent higher than other Americans. The study also revealed that Native Hawaiians die from diabetes at a rate that is 222 percent higher than for all races in the United States.

Recent studies in the State of Hawaii show that 44 percent of all infant deaths in the State are Native Hawaiian children, cancer rates among Native Hawaiians far exceed other ethnic populations in our State, and health care services are often lacking in Native Hawaiian communities.

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By order of the Joint Committee on Printing.

WILLIAM M. THOMAS, *Chairman.*

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