

The bipartisan EPHIC legislation will make health coverage more affordable and accessible to millions of small business workers and their spouses and children. EPHIC will help make insurance more affordable, by expanding coverage and lowering costs; more accessible, by removing barriers and increasing choice through association plans; and more secure, by improving continuity of coverage and consumer protections.

The problem of the uninsured, both children and adults, is a problem of small businesses lacking access to affordable health coverage. Over 80 percent of the 40 million uninsured Americans live in families with an employed worker who is likely to work for a small employer or be self-employed. Over 80 percent of all uninsured children are in families with working parents. Nearly two-thirds of these parents work for small businesses.

To address the affordability problem of the uninsured, EPHIC would give franchise networks, union collectively bargained plans, bona-fide trade, business and professional associations i.e., retailers, wholesalers, printers, agricultural workers, grocers, and churches—and organizations such as chambers of commerce and the National Federation of Independent Business [NFIB] the ability to form regional and national group health plans. These Association Health Plans would enjoy the economies-of-scale allowing them to fully insure or self-insure the workers, spouses, and children of America's small businesses, just as large- and mid-sized businesses have been able to do for 23 years under ERISA.

The pooling allowed under EPHIC will bring to America's small businesses immensely increased economies-of-scale to effectively bargain with providers and insurers, uniformity of plans, freedom from costly State mandated benefits, and significantly lower overhead costs. It is estimated that employers could save as much as 30 percent in overhead costs and that up to one-half of the 40 million uninsured would find accessible and affordable health care in the private market.

The newly formed Association Health Plans will be able to replicate for small- and medium-sized employers the recent success large employers have had in limiting health cost increases to less than the rate of inflation. EPHIC would thus expand coverage and do so through the private market without new taxes or costly mandates.

In summary, EPHIC will help millions of employees, especially those who work for small businesses, to obtain health insurance. Mandates have driven costs up and, if expanded, will further discourage employers from providing health insurance to their workers. In contrast, this legislation will lower costs and increase choice to make it easier for employees to purchase affordable health coverage.

PERSECUTION OF CHRISTIANS

HON. NEWT GINGRICH

OF GEORGIA

IN THE HOUSE OF REPRESENTATIVES

Thursday, May 1, 1997.

Mr. GINGRICH. Mr. Speaker, the persecution of Christians is one of today's overlooked tragedies. On April 29, 1997, columnist A.M. Rosenthal of the New York Times addressed the torture of Christians in Asia, Africa and the

Middle East. I enter Mr. Rosenthal's valuable insights into the CONGRESSIONAL RECORD

[From the New York Times, Apr. 29, 1997]

THE WELL POISONERS

(By A. M. Rosenthal)

They are outsiders among us. They use their foreign religion to poison our wells, and destroy our belief in ourselves and the God we must follow.

Throughout the persecution of Jews, that has been the accusation and justification: an evil religion of the evil outsider.

In their terror and helplessness, sometimes victims pleaded that the charge of foreignness was not true—look at us, we are like you—almost as if being different made their persecution at least explicable to the human mind.

Now foreignness is the weapon used by persecutors of Christians in Asia, Africa and the Middle East. Islamicist inquisitors use the weapon in the name of heavenly righteousness, the Chinese political police in the name of their frightened, last-ditch nationalism.

Both types of persecutors of Christians benefit from a peculiar protection—the attitude of many Western Christians that Christianity is indeed foreign to Asia and Africa, a valuable export certainly, but not really, well, indigenous, to the soil. So they see faraway Christianity as separate from themselves. This profits persecutors, by preventing the persecuted from getting the succor they need, and due them.

The aloofness of Christians to their distant persecuted is a denial of the reality that Christianity was not only born in the Middle East but spread wide and deep in Asia and Africa long before Islam or Western Christian missionaries arrived.

By now, according to David B. Barrett's Annual Statistical Table on Global Mission, 1996, there are 300 million church-affiliated Christians in Asia, the same number in Africa—and 200 million in all of North America.

Americans are waking up to the persecution of Christians in Communist China. Their own Government, however, gives it zero priority compared with Washington's lust for the bizarre privilege of trade with China granted by Beijing: to buy eight times more from China than China does from America.

But how many Americans know or care about the increasing persecution of Mideast Christians, like the 10 million Copts of Egypt—the largest Christian community in the region? Copts are vilified as outsiders, though they have lived in Egypt since the seventh century.

In February and March, 25 Copts were shot to death in Islamicist attacks on a church and a school. The attacks were part of the worst outbreak of Christian-killing in 25 years. And Islamic fundamentalists have been allowed to carry out year-round harassment of Copts, including destruction of churches that Copts then are not allowed to rebuild.

In early April Mustapha Mashour, "general guide" of the Muslim Brotherhood movement, a fountain of Mideast terrorism for 50 years, announced a new goal: to bar Copts from the army, police and senior government positions on the grounds that they were a fifth column. He also demanded that a "protection tax" be imposed on Christians, as in the time of the Prophet.

Elsewhere in the Mideast, persecution includes the Sudan's trade in Christian slaves. But the Egyptian Government boasts of fighting extremists and has received praise and billions from America.

In the U.S., a coalition of 60 human rights and ethnic organizations watches out for persecution of minorities under

"Islamization." The coalition's definition is a political and cultural process to establish Islamic law, the Sharia, as the ruling principle of all society, to which all must conform.

This is what the Very Rev. Keith Roderick, an Episcopal priest, who is secretary general of the coalition, reports about Egypt:

"The government has created an atmosphere of bigotry and hatred toward the Coptic minority, allowing the Copts to become human safety valves for Islamic militants. . . . A significant reduction in [U.S. foreign aid] for Egypt would send a strong signal that the U.S. has adopted a serious priority objective in its foreign policy to eliminate Christian persecution."

Ignorance of the history or huge number of Christian worshipers in faraway countries tends to make American Christians, and Jews too, passive about the persecution of Christians. As long as passivity lasts, so long will persecution continue. It has always been so.

PROGRESS REPORT ON WOMEN'S HEALTH

SPEECH OF

HON. ANNA G. ESHOO

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Wednesday, April 29, 1997

Ms. ESHOO. Mr. Speaker, I am here today to speak about the Reconstructive Breast Surgery Benefits Act of 1997 H.R. 164 and S. 609.

I am proud to be the original House sponsor of this critical legislation which will end the short-sighted insurance practice of denying coverage for post-mastectomy breast reconstruction based on the false assumption that the surgery is merely a "cosmetic" procedure. When in reality, reconstructive surgery is often an integral part of the mental and physical recovery of a woman who undergoes a traumatic amputation of her breast.

Specifically, the Reconstructive Breast Surgery Benefits Act requires health insurance companies that provide coverage for mastectomies to also cover reconstructive breast surgery resulting from those mastectomies (including surgery to establish symmetry between breasts).

Approximately 85,000 American women undergo a mastectomy each year as part of their treatment for breast cancer. While this is a life-saving procedure, it's also a horribly disfiguring operation. Studies have demonstrated that many women say that fear of losing a breast is a leading reason why they do not participate in early breast cancer detection programs. More than 25,000 mastectomy patients each year elect to undergo breast reconstruction.

Since I began my work on this bill, I've heard daily from so many who have relayed their own individual experiences to me. Karen Ingalls, for example—a breast cancer survivor from San Mateo, CA—read about my legislation and asked her coworkers to write to me if they support it. In just 4 hours, she collected signatures and comments from 120 people. Karen herself wrote, "I feel denial of coverage is just one more assault on [a] women's psyche. Something must be done to prevent this."

I sometimes hear from critics who ask why "all-of-a-sudden" there seems to be a congressional rush toward breast cancer legislation as opposed to other serious health care