Bronx community through times both of glory and of decline. Happily, this venerable institution survives not only to see the renaissance of the Bronx, but to contribute to it.

Mr. Speaker, I ask my colleagues to join me in extending best wishes to the Rev. Victor Aloyo, moderator of the Presbytery of New York and pastor of the Presbyterian Church of the Redeemer, and to the congregation and administration of Beck Memorial Presbyterian Church on the occasion of this momentous celebration.

BREAST CANCER AWARENESS MONTH

SPEECH OF

HON. SUE W. KELLY

OF NEW YORK

IN THE HOUSE OF REPRESENTATIVES

Wednesday, October 22, 1997

Mrs. KELLY. Mr. Speaker, I rise today to commemorate Breast Cancer Awareness Month and to honor those women who are forced to live with this disease and to their families who support them during their time of need.

While we stand here and recognize October as Breast Cancer Awareness Month, I realize that in many families every month is Breast Cancer Awareness Month.

Sometimes because a mother is fighting the disease;

Sometimes because an aunt is in remission from the disease;

Sometimes because a grandmother lost her life to breast cancer;

Or in my case, because my sister is fighting this silent predator.

As if it is not enough that today over 2.5 million women in America are living with breast cancer, we read story after story about the additional hardships these women are made to endure.

Some women are forced out of a hospital 12 hours after a radical mastectomy with tubes left in their back and no one to assist them;

Some women are denied reconstructive surgery following a mastectomy and are told that it is deemed cosmetic—an excuse that masquerades the truth that denying coverage is merely a cost-savings measure;

Some women who have already lost several family members to breast cancer fear they will lose their job or health insurance if they decide to be genetically tested in an attempt to save themselves;

Some women are denied access to the full menu of medical options of breast cancer treatment because their physician has been gagged by the health plan for which he works;

Some women are diagnosed with an advanced stage of breast cancer because of a prior false negative test result and no insurance coverage for a second opinion.

These are real stories of real women who not only had to fight breast cancer, but then had to fight a health care plan which practiced bottom-line medicine instead of patient-first medicine.

Breast cancer survivors must be treated with compassion and dignity, not as an accounting figure. This is why I introduced the Women's Health and Cancer Rights Act of 1997, H.R. 616. This legislation:

Ensures coverage for inpatient hospital care for women following a mastectomy, lumpectomy, or lymph node dissection for a period determined by the physician and patient;

Allows for coverage of second opinions for all cancer diagnosis for men and women, whether negative or positive;

Requires coverage of reconstructive surgery for breast cancer patients—including symmetrical reconstruction; and

Protects physicians from retribution for recommending longer stays.

One breast cancer survivor wrote the following about the Women's Health and Cancer Rights Act; ''It would be a wonderful feeling knowing that until there is a cure for this horrible disease women would at least be able to face breast cancer with dignity and peace of mind knowing that their health care plan would stand with them and not against them.''

The experiences of the thousands of breast cancer survivors have made me realize that we should have no greater priority than empowering those with breast cancer the right and ability to play an active role in the management of their treatment. It is our obligation as leaders to ensure them that their medical treatment is in the hands of physicians, not insurance companies. It is a profound injustice when health care forgets about the patient, yet with regard to mastectomy recovery and breast construction following a mastectomy, that is just what has been done.

Let's put the reality of this disease in perspective. When a woman is told that she has breast cancer, the feeling that immediately follows the initial denial is lack of control. My bill is a patient's bill aimed at providing patients, in consultation with their physicians, a greater degree of autonomy when deciding appropriate medical care and, therefore, taking back control of their lives.

Some people call the Women's Health and Cancer Rights Act a mandate. How is this a mandate when I only ask that patients get what they pay for—health insurance. If health insurance can abandon you, ignore you, or even kill you, it isn't insurance.

Now, to be clear, all insurance companies are not so insensitive as to not provide these basic benefits and, therefore, all will not be affected by this legislation. But we have a responsibility to protect the doctor/patient relationship, ensuring that the medical needs of patients are fully addressed.

The Women's Health and Cancer Rights Act should be the top social issue for the 105th Congress. I ask my colleagues to join me in making that a reality.

Lastly, my heart goes out to the women struggling with this disease, for whom we hold this special order tonight.

BETWEEN PEACE AND TERROR

HON. BOB SCHAFFER

OF COLORADO

IN THE HOUSE OF REPRESENTATIVES

Tuesday, October 28, 1997

Mr. BOB SCHAFFER of Colorado. Mr. Speaker, I rise today to speak about terrorism. The suicide bombings at the pedestrian mall on Ben Yehuda Street in Jerusalem captivated my attention. Just days before the terrorist act, I had been there, in the exact spot of detonation.

In addition to the 3 Palestinian bombers, 4 innocent people died, more than 170 were injured. Three weeks prior, two Hamas members walked into an open-air market in Jerusalem, blew themselves up and killed 15 civilians. The total number of Israelis killed since the signing of the Oslo peace agreement in 1993 now exceeds 250.

While some may speculate on motives, I have come to my own conclusion: Suicide bombings on civilian targets are not meant to fulfill some thoughtful act of persuasion. They are designed to kill people—period.

My mission in Israel was sponsored by the United States—based non-profit American Israel Education Foundation. Five other Members of Congress made up our party. Our meetings with various Israeli and Palestinian leaders and officers, and United States Embassy officials, persuaded me that the Hamas terrorists didn't act alone.

The suicide bombers relied upon considerable help to plan, fund, and execute their terror. The bombings could have and should have been prevented.

My colleagues and I, who studied Israel together fired off a terse letter to Palestinian Chairman Yassir Arafat on September 8. ''As members of the United States Congress who have supported our country's efforts to bring about peace in the Middle East, we are writing to express our collective outrage not only at the latest terrorist attack in Jerusalem, but at the indifference you continue to demonstrate at the brutal murder of innocent Israeli citizens,'' the letter read.

We supported our belief that Arafat had failed to fulfill the most fundamental commitments he had made to the peace agreements at Oslo. Because of that failure to take decisive actions against terrorism, the peace process is now on the verge of collapse. This is certainly not in the best interest of his own people.

Clearly, the peace process is seriously set back, perhaps mortally. By ending security cooperation with Israel and by resorting to inflammatory rhetoric, Yasser Arafat has left himself with only one option at this point: Comply with every term in the agreements he has made.

On her recent visit to the Middle East, Secretary of State Madeline Albright failed to press this point to a sufficient degree. There are plenty of issues upon which to measure the merit of further attempts to maintain Oslo, but the fact remains, that the PLO charter still calls for the destruction of Israel. Senior Palestinian Negotiator, Dr. Saeeb Erekat looked me right in the eyes and assured me the pernicious clause would be removed by now.

If the United States is to ever expect the successful resumption of peace negotiations, it must demand specific responses from Arafat. The Palestinian Covenant must be amended, and the inflammatory rhetoric must end. Full security cooperation must be restored including the transfer to Israel of jailed terrorists accused of murdering Israelis and dramatic reduction of the Palestinian police force in accordance with the 1995 Oslo II agreement.

Moreover, the Palestinian Authority must take concrete steps to arrest and punish terrorists, confiscate their weapons and crush the underground network of support which makes terrorist attacks possible.

Unless the United States can pressure Arafat to honor the terms of past agreements,

there is little cause for optimism. However, America must never confuse its role in the Middle East. We are not a party to the Arab-Israeli conflict and our role is predicated on the desire of both parties to have us work with them to secure peace.

As such, the United States is in a unique position to press for swift compliance, issue by issue, and force Arafat to decide once and for all, between peace and terror.

CONGRATULATING THE ASSOCIATION OF SOUTH EAST ASIAN NATIONS (ASEAN) ON THE OCCASION OF ITS 30TH ANNIVERSARY (H.R. 282)

HON. BENJAMIN A. GILMAN

OF NEW YORK

IN THE HOUSE OF REPRESENTATIVES

Tuesday, October 28, 1997

Mr. GILMAN. Mr. Speaker, I am submitting today a Resolution (H.R. 282) congratulating the Association of South East Asian Nations [ASEAN] on the occasion of their 30th anniversary. ASEAN's emphasis on cooperation and the nonviolent settlement of disputes has fostered peace among its members in a region of the world which has long been wrought with instability and conflict. It is now difficult to visualize armed strife between ASEAN nations.

Since its inception in 1967, ASEAN has grown to become an influential political and economic grouping composed of nine member nations. By tempting the longstanding rivalries among its members, ASEAN helps to foster a stable and secure environment conducive to economic growth and the political development of Southeast Asian nations.

Its efforts to promote the economic, social, and cultural development of the region through cooperative programs; to safeguard the political and economic stability of the region; and to serve as a forum for the resolution of intra-regional differences has made ASEAN a model of regional integration.

The United States has important strategic, economic, and political interests at stake in Southeast Asia. Maintaining stability remains an overriding U.S. security interest in the region. Instability would not only threaten significant U.S. economic interests, but could also undermine important U.S. political relationships. ASEAN's Regional Forum [ARF], the region's only security consultative platform, is a key partner of the United States in maintaining regional stability.

The ASEAN countries provide the United States with significant commercial opportunities. ASEAN, is the fourth largest trading partner of the United States and constitutes a larger market for United States exports than the People's Republic of China, Taiwan, and Hong Kong combined. Despite current difficulties, projections of future ASEAN growth indicate that the Southeast Asian regional market will become even more important to United States economic interests in the future. At the same time, U.S. policymakers hope to see greater trade liberalization among the nations of ASEAN as economic ties deepen.

The Congress rightfully has expressed its concern about the development of human rights and democracy for the nations of ASEAN but is pleased with the flourishing of democracy in Thailand and the Philippines. It is hoped that these examples will encourage progress by the other nations of ASEAN in the furthering of democratic principles and practices, respect for human rights, and the enhancement of the rule of law.

The Congress looks forward to a broadening and deepening of friendship and cooperation with ASEAN in the years ahead for the mutual benefit of the people of the United States and the nations of ASEAN.

I call upon my colleagues in the House of Representatives to support this resolution.

H. RES. 282

Whereas 1997 marks the 30th anniversary of the Association of South East Asian Nations (ASEAN);

Whereas the emphasis of ASEAN on cooperation and the nonviolent settlement of disputes has helped to bring peace between the nations of the region which for decades had been characterized by instability and conflict;

Whereas the economies of the member nations of ASEAN have experienced significant economic growth benefiting the lives of many of their people;

Whereas ASEAN as a group is the 4th largest trading partner of the United States and constitutes a larger market for United States exports than the People's Republic of China, Taiwan, and Hong Kong combined;

Whereas ASEAN has successfully fostered a sense of community among its member nations despite differing interests, including the establishment of the region's only security forum, the Association of South East Asian Nations Regional Forum (ARF), and the Association of South East Asian Nations Free Trade Area (AFTA);

Whereas ASEAN has played a pivotal role in international efforts of global and regional concern, including securing the withdrawal of Vietnamese forces from Cambodia and diplomatic efforts to foster a political settlement to the civil war in Cambodia;

Whereas the United States relies on ASEAN as a partner in fostering regional stability, enhancing prosperity, and promoting peace; and

Whereas the 30th anniversary of the formation of ASEAN offers an opportunity for the United States and the nations of ASEAN to renew their commitment to international cooperation on issues of mutual interest and concern: Now, therefore, be it

Resolved, That the House of Representatives—

(1) congratulates the Association of South East Asian Nations (ASEAN) and its member nations on the occasion of its 30th anniversary;

(2) looks forward to a broadening and deepening of friendship and cooperation with ASEAN in the years ahead for the benefit of the people of the United States and the nations of ASEAN;

(3) encourages progress by ASEAN members toward the further development of democracy, respect for human rights, enhancement of the rule of law, and the expansion of market economies; and

(4) recognizes the past achievements of ASEAN and pledges its support to work closely with ASEAN as both the United States and the nations of ASEAN face current and future regional and global challenges.

WHAT HEALTH ANTI-TRUST POLICY?

HON. FORTNEY PETE STARK

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Tuesday, October 28, 1997

Mr. STARK. Mr. Speaker, following is an editorial from the October 13, 1997, ''Modern Healthcare.'' I wish I'd said it first.

AS GOVERNMENT CAVES, PROVIDERS MAKE THEIR OWN ANTITRUST POLICY

When the government sets antitrust policy for a particular industry, you would hope the policy is being driven by the concerns of buyers who are wary of the potentially anticompetitive market clout of sellers.

Not so in healthcare.

As evidenced by numerous events over the past several years, it's clear federal antitrust policy as it pertains to healthcare providers is guided by providers themselves and their well-paid lawyers and economists.

In other words, the sellers are setting their own rules of competition with the full acquiescence of federal lawmakers. The providers' sole justification? Trust us, we know what we're doing. We know what's best for patients.

In fact, the provider industry is so brazen and so confident it expects special treatment under the federal antitrust laws.

For a definition of brazen, read Mary Chris Jaklevic's coverage of the deal between the two largest hospitals in Grand Rapids, Mich., which merged despite not having final clearance from the Federal Trade Commission, or Charlotte Snow's story on how the only two acute-care hospitals in Greensboro, N.C., outwitted the FTC and the North Carolina attorney general's office to obtain their monopoly (Oct. 6, pages 2 and 14, respectively). The hospitals in both cases have promised to limit price increases and pass along millions of dollars in economic efficiencies to consumers.

Why shouldn't providers act with such bravado? The government has caved in to virtually all their demands:

In 1993 the FTC and the U.S. Justice Department release the first-ever antitrust enforcement guidelines for providers that created six ''safety zones,'' or categories of business transactions that won't be subject to federal antitrust scrutiny.

In 1994 the two agencies revised the guidelines and added two more safety zones.

In 1996 the agencies released more lenient antitrust standards for reviewing physician networks.

Federal judges have thrown out the agencies' last three antitrust lawsuits against merging hospitals.

In a time when hundreds of deals are being put together, the government has only one pending case against merging hospitals and one against a physician network.

Despite all this, Sen. Orrin Hatch (R–Utah), who heads the Senate Judiciary Committee, recently said special antitrust rules for not-for-profit hospitals may be in order after he heard testimony from hospital executives, their lawyers and their consultants. Earth to Sen. Hatch.

Where are the buyers in this debate? The managed-care plans? The employers? The patients? Somehow, they've largely been left out of the antitrust policy reviews.

At first, newly consolidated hospitals and physicians will find it easy to generate economic efficiencies given the excess capacity and duplicated services in many markets. Only time will tell if they pass those benefits along to the public or use their power to stifle new competition. Let's hope somebody with influence is watching.