but it is combined, bringing Federal resources with State, local and prosecutorial forces together to have tough enforcement in central Florida. If you do drugs in central Florida, you are going to do jail. We are going to arrest you. We are going to make it tough on you.

Tomorrow in central Florida, we hope to take a lead in stopping this rash of drug trafficking, this rash of deaths from heroin, cocaine overdoses among our youth. I know you can get tough. I know it will work.

In closing, let me tell Members a little example. Out here at First Street there is an Officer Thompson. Everyone knows about Officer Thompson because if you jaywalk at his corner and his beat, he enforces the law. So very few people, Capitol staff or Members, ever jaywalk where Officer Thompson is, because he is a tough enforcer of current laws. That is what we are going to do in central Florida. That is what we need to do in the United States of America, is stop drugs at their source. If you do drugs, you are going to do time. We are going to enforce the laws of this country.

AFFORDABLE HEALTH INSURANCE

The SPEAKER pro tempore. Under the Speaker's announced policy of January 7, 1997, the gentleman from New Jersey (Mr. PALLONE) is recognized for 60 minutes as the designee of the minority leader.

Mr. PALLONE. Mr. Speaker, next week I plan to introduce the Affordable Health Insurance Act of 1998. This is the House companion bill to Senator KENNEDY's legislation that he will also shortly introduce.

Mr. Speaker, in 1996, 2 years ago, Senators KENNEDY and Kassebaum introduced the Health Insurance Portability and Accountability Act of 1996, which became known as the Kennedy–Kassebaum bill. The Kennedy–Kassebaum bill sought to improve portability and continuity of health insurance coverage and to limit preexisting conditions exclusions. This was part of our overall effort to reform health care and health insurance and try to make it easier for people to transfer their health insurance when they moved from job to job and to make sure that people who had preexisting conditions were not excluded from being able to obtain health insurance because they lost their job or changed their job or decided that they needed health insurance.

At the time, 2 years ago, as cochair of our Democratic Health Care Task Force, I worked with a majority of Democrats and some moderate Republicans to push for passage of the Kennedy–Kassebaum bill. On August 21, 1996, it was signed into law by President Clinton as Public Law 104–191. Those of us who pushed for the Kennedy–Kassebaum legislation were hopeful that what we set out to do would be accomplished in the 2 years since it was enacted into law. However, the General Accounting Office recently issued a report. The GAO is the nonpartisan investigative arm of Congress. They recently, just this past week, issued a report that said that many people who tried to move from the group health insurance market to the individual health insurance market under the Kennedy–Kassebaum law may, and I quote, ''may be effectively priced out of the market.''

Those who fought for the original Kennedy–Kassebaum legislation thought that people who left the group market would be provided access to the individual health insurance market. Unfortunately, what the GAO found is that consumers who either leave their job or for other reasons leave the group market are being charged between 140 percent to 600 percent of the standard premiums when invoking Kennedy–Kassebaum to obtain insurance in the individual market.

Kennedy–Kassebaum was intended to provide access for people, for Americans, to health insurance. Unfortunately, when the price of the premiums becomes so outrageously unaffordable, essentially that access is denied. And so the promise of Kennedy–Kassebaum to provide access is essentially denied because the health insurance is unaffordable.

I wanted to, if I could, Mr. Speaker, talk a little bit more about the recommendations and the concerns that came out of this GAO report. As I said, the main concern was that the high rates that are being charged individuals basically make the guarantee of health insurance in Kennedy–Kassebaum not real. But the GAO mentioned a number of things in addition to the high rates which I think should be brought to my colleagues' attention and to the American people.

The GAO identified these problems. They said, first, that some States, including California, have not passed all the laws needed to carry out the Federal statute. And the Federal Government does not have enough money or personnel to fill the breach.

I am reading, I should say, Mr. Speaker, from a New York Times article from this past Tuesday, March 17, on the front page, which went into some of the recommendations and some of the concerns expressed in the GAO report.

The second thing that the GAO mentioned was that the regulations are vague and ambiguous, so insurers do not fully understand their obligations. Then they said the consumers lose most of their rights if they do not buy an individual insurance policy within 63 days of losing group coverage, but they are often unaware of this time line.

The GAO also said that some insurers have redesigned their benefits in ways that exclude coverage of particular illnesses or costly procedures for a specified period of time and that these tactics may not be illegal, but defeat the purpose of the law.

Finally, the GAO report says that some companies have told insurance agents that they will not get commissions for selling policies to individuals with medical problems; in other words, those with the preexisting conditions that we were concerned about.

President Clinton has said that he will address one problem this week by notifying State officials that it was against the law for insurers to penalize agents who sell policies to high-risk individuals. These are all concerns that we certainly need to address in Congress or that need to be addressed through agency action by the executive branch.

□ 1330

But really, the whole focus of the law and the main concern that I have is the issue of affordability. A lot of consumers I think may be disappointed because they cannot buy affordable policies pursuant to Kennedy–Kassebaum, and in The New York Times article it actually mentions that one insurer, American Medical Security of Green Bay, Wisconsin, a subsidiary of United Wisconsin Services, said it reserved the right to charge high-risk individuals 5 times the rates charged to healthy people.

Now, the law does not restrict the premiums that a company may charge for individual health insurance coverage. I think our feeling was, those of us who voted for this bill, was that we were hopeful that the insurance companies, even if it was not required by law, that there be a limit on how much they could charge, that they would voluntarily exercise some restraint in how much they would charge high-risk people or those with preexisting conditions. Obviously, the GAO report says that that is not necessarily happening, and I think, therefore, it means that the Federal Government must, and this Congress must, intervene to pass legislation that would limit how much could be charged these high-risk or these people with preexisting conditions.

The legislation that Senator KENNEDY and I will be introducing will end this price-gouging practice. It will ensure that the true intent of the original Kennedy–Kassebaum legislation will be guaranteed. Those who enter the individual market should not be denied health care for being responsible citizens by seeking to maintain health care coverage.

The Affordable Health Insurance Act of 1998 is responsible legislation, and I would urge my colleagues that they cosponsor the bill before we put it in next week, and that we see action swiftly to pass the legislation. Congress, I do not believe, can allow these excessive premium increases to go unchecked.

Mr. Speaker, I wanted to say that in many ways, the issue of affordability and the denial of access because of the lack of affordability that I mentioned in the context of Kennedy–Kassebaum makes me also feel that we should address the issue of affordability in the

context of the Medicare expansion legislation that has been proposed by President Clinton and that I support 100 percent. Democrats earlier this week announced expansion of health coverage for Americans aged 55 to 65, basically putting in legislation that would enact into law what the President has articulated.

The President has been saying for the near elderly, the people between 55 and 65 that are not yet eligible for Medicare, that they should be able to buy into the Medicare system in certain circumstances, depending upon their age or circumstances, because what we find is that increasingly, this group of people in that 10-year, from 55 to 65, are the ones who lose their job or whose spouse loses their job or loses their coverage and cannot find health insurance, affordable health insurance, on the private market. And so what we are saying, let us expand Medicare in certain circumstances so that they can buy into Medicare without additional cost to the Medicare program.

The President's bill that is now supported by the Democratic leadership both in the House and in the Senate, presents three options to this age group to obtain insurance, and I will just briefly mention it. It says, individuals 62 to 65 years old with no access to health insurance may buy into Medicare by paying a base premium now and deferred premium during their post-65 Medicare enrollment. Individuals in the second category from 55 to 62 who have been laid off and have no access to health insurance, as well as their spouse, may buy into Medicare by paying a monthly premium of about $400. Now, $400 generally is about what the cost would be to buy into the Medicare program.

Then the third category, retirees age 55 or older whose employer-sponsored coverage is terminated may buy into their employer's health insurance for active workers at 125 percent of the group rate.

I wanted to say, though, again, going back to the issue of affordability and how it may impact the Kennedy–Kassebaum legislation, I think again we may face a situation where the President's buy-into Medicare provides access, but for many people who cannot afford the $400 a month or can only afford to pay part of the $400 a month, they may be still denied access to Medicare and to health insurance because of the cost. So while I applaud the President's buy-into Medicare proposal as a means to provide additional access, I believe that providing some financial assistance to the near elderly will address issues surrounding its affordability.

I am working on legislation that will provide economic assistance for those aged 62 to 64 who choose to buy into the Medicare program and for those age 55 to 64 who have been laid off or displaced. As is the President, I am not necessarily seeking to increase Medicare costs, but am seeking to make one of the best health care programs in the world accessible and affordable to an important segment of the uninsured population. My idea, which would be to create a sliding scale of assistance in which any near elderly who chose to participate into the buy-into Medicare would still pay most of the costs, but would receive some assistance, depending on need.

While Medicare is now at one of its strongest points since its inception, I believe that now is not the time to further increase Medicare expenditures in an irresponsible manner. Instead, I would seek to offset any additional costs associated with this plan over and beyond the President's proposal. Potential sources would include additional Medicare fraud and abuse provisions and potential monies from the tobacco settlement.

Mr. Speaker, again, for those of us who believe, and I do very strongly, that health insurance should be guaranteed to every American, we have been, of course, disappointed in the last 4 or 5 years since the President proposed his universal health insurance proposal that more and more people are now uninsured. The number of Americans who have no health insurance continues to grow. And we have tried to address this issue by passing the Kennedy–Kassebaum legislation; by initiating a health care program for kids on the Federal level last year; and now by trying to address managed care reform, patient protections, and also by the Medicare expansion that I just spoke about.

The bottom line is that we have to do whatever we can to make health insurance more available to those Americans who have do not have coverage, because I am very fearful that as time goes on, more and more people will enter the ranks of the uninsured, and I see absolutely no positive benefit to our society or to our economy if that continues. I think in the long run, it will make health insurance in this country not only less accessible, but also will ultimately affect the quality of our health care as well. So it is something that every American needs to be worried about.

THE INTERNATIONAL ARENA: ARMENIA AND INDIA

Mr. Speaker, I would like to now switch, if I could, to a couple issues related to the international arena and focus on two areas where I have been very concerned. One is Armenia, and the other is India. I am the cochairman of our caucus on Armenia and our other caucus on India, and both of these two countries, interestingly enough, recently went through elections in a very democratic way, one that I think can be emulated, if you will, by the rest of the world.

If I could turn to Armenia, because of the election, this has been a very important week for the Republic of Armenia. On Monday, March 16, the first round of elections for the Presidency of Armenia took place. The turnout was approximately 66 percent. A runoff election between the 2 top vote-getters will be held on Monday, March 30.

Mr. Speaker, this election is an important development in Armenian democracy. Since gaining its independence from the Soviet Union in 1991, Armenia has worked to establish the procedures and institutions of civil society while adopting economic reforms. Despite being surrounded by hostile neighbors that have imposed economically devastating blockades, Armenia has overcome years of oppression and dictatorship to become a functioning democracy.

When former President Levon Ter-Petrosian, who led the Nation through the early years of independence, resigned last month, the succession of the Prime Minister to the post of acting President was held in a peaceful, orderly and lawful way. Although it is disappointing to see the extremely critical and often inaccurate portrayal provided by much of the media, I am proud to say, Mr. Speaker, that Armenia has become one of the true success stories of the former Soviet empire, and this week's elections are further proof of that.

As we celebrate the progress of democracy in Armenia, we cannot forget the suffering that has been and continues to be visited upon the Armenian people by Turkey. The latest Turkish assault on Armenians takes the form of an affront to the history, culture and religion of Armenians in Turkish-occupied northern Cyprus. Many Members of this body, including myself, have been very critical of the Turkish occupation of Cyprus and the fact that Turkey has not been willing to heed international calls that it withdraw from Cyprus.

The latest development is that the ancient Sourp Magar monastery, referred to as the ''Armenian Monastery,'' near Kyrenia in the northern part of Cyprus, which Turkey illegally occupies, is now to be converted into a tourist hotel. That is right, Mr. Speaker. A monastery that dates to 1,000 A.D., which was bombed during Turkey's invasion of the island 24 years ago, and which has been plundered and neglected, will be restored for the purpose of turning the property into a hotel.

I have to say, Mr. Speaker, that I am pleased to note that this desecration of the monastery has not gone unchallenged. The Honorable Nikitas Kaklaminis, member of the European Parliament from Greece, has officially raised a question with the European Parliament which I would like to quote from. He says, ''This plan by the Turks proves that the Turkish occupation authorities do not respect the cultural heritage of the island, and obviously the monuments of Christianity in the north part of Cyprus. I would like the European Commission to inform me about the way it intends to react against the practice of a brutal regime, which is supported by 40,000 Turkish soldiers who occupy almost 40 percent

of Cyprus, something that has lasted for 24 years.''

Catholicos Aram I of the Armenian Church of Antelias, Lebanon, who I had the honor to meet last year when he visited New Jersey, has also addressed a letter of complaint to the Executive Director of the U.N. Education, Scientific and Cultural Organization, UNESCO, also to the Secretary General, the President of Cyprus, the President of Armenia, the International Religious Council, the National Assembly of Armenia, and the Catholicos of All Armenians and other organizations, calling the restoration conversion scheme of this monastery sacrilegious and nonhumanitarian and a violation of our religious and cultural values.

Mr. Speaker, the plans for this monastery are consistent with the Turkish disrespect of both Armenian and Greek holy places in Cyprus and throughout Asia Minor. Turkey has tried to remove traces of Greek in Armenian history, change place names and generally tried to assert Turkish supremacy.

I hope that the European Commission and other international organizations will make it clear to Turkey that this type of behavior is simply not acceptable. I am also asking my colleagues in this House to join me in appealing to UNESCO to take a stand against this wanton disregard for a site with great religious, historic and cultural significance. I will also be calling to our administration to raise this issue with the Government of Turkey. While our list of grievances with Turkey is a long one, perhaps this issue can serve to convince the Turkish regime that it must have more respect for its neighbors.

TRIBUTE TO PATRIARCH KAREKIN II

Finally, Mr. Speaker, I wanted to pay tribute this afternoon to a great Armenian religious leader who labored for decades under Turkish rule, and this is Patriarch Karekin II, the spiritual leader of Turkey's Armenian Christians, who died on March 10 of this year at the age of 71 after a long illness. An estimated 50,000 ethnic Armenians live in Turkey, the majority of them members of the Patriarch's church. Karekin II was the 83rd holder of the position of Patriarch of Istanbul, obviously a title with a great historical legacy. The Armenian Patriarchate will begin the process of electing a successor on April 14th.

Mr. Speaker, Armenia was the first Christian state, and the church continues to play an important unifying role in the life of the Armenian community, both in Armenia itself and throughout the Armenian Diaspora, including here in the United States. I join Armenians everywhere in paying tribute to this great leader and mourning his passing.

AAPI LEGISLATIVE CONFERENCE

Mr. Speaker, finally this afternoon I would like to mention an issue of concern to those of us who are in the India Caucus, and I mentioned that I cochair the India Caucus in Congress. Next week the American Association of Physicians of Indian Origin, AAPI, will be having a legislative conference. They come to Washington every year, and they go around and visit various Members of Congress and also Senators to talk about the issues that they are concerned about that impact physicians of Indian origin.

□ 1345

This conference will focus a great deal on the issue of health care reform, particularly managed care reform. I wanted to say that, with approximately 30,000 physicians of Indian origin in the United States practicing medicine, AAPI has begun to be heard in Washington, D.C.

I have a number of Indian physicians and members of AAPI in my district and throughout the State of New Jersey. They have become very politically active, and this legislative conference is just another manifestation of that.

Two issues of particular importance to the AAPI members that they will be discussing next week are managed care reform and International Medical Graduate or IMG equity. I would just like to take a little time now to talk about these two issues.

On the issue of managed care reform, AAPI has played an active role for pushing for comprehensive managed care reform. At the end of 1996, I received a copy of AAPI's policy statement on managed care. This statement outlined five basic principles for managed care reform: first, to ensure patient choice; second, to provide for contract and termination nondiscrimination; third, to limit financial incentives that reduce appropriate health care; fourth, to eliminate gag clauses that restrict physician-patient communications; and, fifth, to ensure that medical decisions are in the hands of physicians and not a managed care bureaucrat.

These positions or these concerns that were outlined by AAPI are, of course, also the concerns that many Americans have with regard to managed care and HMOs. They are the same concerns, essentially, or among the same concerns that the President and the Democratic leadership in the House and the Senate have identified in putting together patient protection legislation, which is probably the number one priority for the President and for the Congress, for the congressional Democrats this year.

Of course, we have been thwarted so far in our efforts to move managed care reform legislation by the Republican leadership that has refused to move any bill in this regard.

Let me say that AAPI, after having read AAPI's white paper on managed care reform and working with AAPI and the Indian physicians, I introduced the Health Care Consumer Protection Act, H.R. 3009, last November. It is modeled after the AAPI policy statement and includes strong language prohibiting provider discrimination based on race, national origin, and place or institution in which a health professional's education was received.

In addition, important due process provisions will work to create objective, not subjective, criteria for choosing network physicians. This bipartisan legislation has 31 additional cosponsors.

Since that time, managed care reform has gained momentum. It is likely to become one of the biggest issue this year, 1998. I want to say that AAPI recognized managed care reform as the key issue years ago. I believe that their hard work and determination will ultimately lead to results for all physicians and for the benefit of American people.

The second major issue that AAPI is concerned about relates to international medical graduates, the so-called IMGs, those physicians who went to medical school abroad before they came to the United States.

As a result of the Balanced Budget Act that we passed in Congress and that the President signed into law last summer, residency slots at medical colleges or medical schools are expected to decline. Representing the largest group of international medical graduates, physicians of Indian origin are rightly concerned that IMG slots may be the ones that see the largest reductions in the context of these residency reductions.

Determining which slots will be reduced, I would say, and AAPI certainly says, should not be done in an arbitrary fashion; in other words, in deciding who is going to fill the reduced residency slots for medical education. It should be done in an objective way so that those who are IMGs can compete. The criteria should be objective and equitable. Qualifications of physicians, not national origin or geographic location of medical education, should be the deciding factor.

The reason why this is important to the average American is because approximately 85 percent of the IMGs are in practice serving predominantly in urban and underserved areas. They are the ones that go into the cities and into the rural areas where other doctors do not want to practice, particularly in public hospitals.

It is very important for us and for those who need health care in those urban centers as well as in those rural areas to be able to have a physician. If they cannot get a physician who happens to be an IMG, then, oftentimes, they are not going to get any physician at all.

So I am trying to point out why IMGs play a very vital role in the health care delivery system in the United States.

AAPI has been in the lead both on managed care reform to guarantee objective due process and then now leading the charge to ensure that IMGs are not discriminated against. I will continue to work with AAPI and other organizations that continue to fight for the same principles.

As this session of Congress moves forward, it is my hope that both issues will be addressed. Certainly the Indian physicians who come here next week for the legislative conference will go around to the various congressional offices and explain why managed care reform and objective criteria for international medical graduates is something that they should all support in the interests of the American people.

UPDATE ON THE CAMPAIGN FINANCE INVESTIGATION

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Indiana (Mr. BURTON) is recognized for 5 minutes.

Mr. BURTON of Indiana. Mr. Speaker, as we close this week, I thought I would inform my colleagues and anyone else who may be paying attention that, regarding the investigation that I am charged to chair involving illegal foreign campaign contributions and the possibility of people in very high offices of this country breaking the law, we are now up to 89 people, 89 people who have been associates or friends of the President or political allies or contributors, 89 people have either taken the fifth amendment or fled the country.

□ 1400

A lot of my colleagues have asked me about the progress of our investigation. I tried to explain to them that we are making some headway. Charlie Trie, one of the friends of the President who had fled the country and gone to China, has now returned. He is under indictment and we believe there is negotiations going on with him of a plea bargaining nature, but we are not sure about that. The fact of the matter is there has been an indictment of Mr. Trie, a personal friend and associate of the President. We have a number of others that we believe ultimately will face indictment.

But the biggest problem we face with the investigation is getting people to talk to us. Toward that end, we have asked the President to contact people who have fled the country to come back and appear before the committee so that they can help us get to the bottom of all these allegations. So far the White House, the President and the White House, has not been cooperative in asking foreign governments to insist that these people return. We have got James and Mochtar Riady in Indonesia whom we would like to have come back. We have asked for the assistance of the White House in convincing these gentlemen, who are executives of the Lippo Corporation and friends of the President in Indonesia, to help us get them back. So far we have had no cooperation.

We have asked the President and the State Department to work with us to get people back from other countries like China. We have not had that success. As a matter of fact, the Chinese government would not let my investigators even get a visa to come to China to investigate these allegations of illegal activities.

So we are having a difficult time. The President I understand is going to be going to China before too long. There will be Members of Congress, I understand, accompanying him. I would like to urge the President to postpone his trip until China allows my investigators to go in there and to give them visas so that they can do the job that they have been charged by the Congress to do.

Mr. Speaker, I hope if the President or any of his friends at the White House or any of his colleagues here in Congress happen to be paying attention, I hope they will urge him to send a message to China that any diplomatic missions to China will be deferred until we get some cooperation from the Chinese government regarding our investigation. I think it is unbelievable that all the trade that we do with China, all the business that we do with China, all the breaks we have given to China, even in spite of their human rights violations, which are legion, they will not cooperate by allowing our investigators to have a visa to get into China.

Mr. Speaker, I will just end up by saying that we want to get to the bottom of all this to finish this investigation as quickly as possible. If the President would just come forward and talk to us, if his friends would not take the Fifth Amendment and would come forward and talk with us, we could conclude the investigation rapidly. I would urge all those involved to give us their cooperation so we can get it concluded. That is what the American people want.

REPORT ON THE CAPITAL CITY

The SPEAKER pro tempore (Mr. GILLMOR). Under the Speaker's announced policy of January 7, 1997, the gentlewoman from the District of Columbia (Ms. NORTON) is recognized for 60 minutes.

Ms. NORTON. Mr. Speaker, I rise to bring to the House a report on the capital of the United States and its progress in relieving itself of financial and management distress.

Mr. Speaker, this House has had, and justifiably so, a special interest in its capital city. Almost 3 years ago the capital of the United States met the same fate as several large cities before it, as Cleveland, as New York, and as Philadelphia. The capital found that its bonds were no longer at investment grade and it could no longer borrow money without the assistance of a control board. To its credit, this House, working in a bipartisan fashion, passed a bill, very much like bills that had been passed to assist other cities who had met such problems. That bill preserved self-government in the District of Columbia, but as a result of quarrels between city officials and the control board and as a result of a pace that perhaps was too slow in fixing the city's problems, the Congress, largely through the appropriation committees, infringed upon self-government in the District of Columbia. And so we have a strange situation to be sure.

The capital of the United States has less democracy than any other piece of American soil. I know that this body joins me in wanting to assure that this state of affairs does not last much longer. I have indicated to my own constituents in the District of Columbia that, though they have every reason to be outraged that there would be any less democracy here than elsewhere, there is only one way to assure that democracy will be restored and that we will go further and have the same level of democracy as the States and the territories, and that is for the city to quickly bring itself to the point where particularly its services and operations are services that the residents of the District of Columbia, first and foremost, can be proud of, that every American would be proud of, and that of course this Congress would be proud of.

It seems to me, Mr. Speaker, that it is my obligation to keep this body informed of whether or not progress is indeed being made, especially since this body and the other body were concerned that progress had been too slow. Very substantial changes are beginning to occur and very substantial progress is beginning to be made, Mr. Speaker. Therefore, it is my intention to come to the floor sometimes in 5-minute debate period, sometimes in one-minute debate period, and sometimes for a special order debate period, as today, and report to this body on progress that is being made.

Mr. Speaker, a couple of weeks ago I came to report that the District was actually experiencing a surplus 2 years ahead of when the District budget was supposed to be balanced on an annual basis under congressional mandate. I reported that in a 1-minute speech before the House and I noted that Members on both sides of the aisle applauded, and I remember saying, only half jokingly, Mr. Speaker, let the record show that this body applauded for the District of Columbia. I know that this body will indeed applaud when the capital city of the United States is brought back to its full majesty.

Mr. Speaker, let me begin with a report not of the surplus and what it contains, not of the large picture, but, rather, of a small part of the picture that I think would especially please this body. Of all of the services in the District of Columbia, none has the attention or perhaps deserves the attention that this body has given to education. This body knows where to focus on when it looks to see whether the city is improving, and so it has looked at the schools and it has looked at education.

Mr. Speaker, on the front page of the Washington Times, just yesterday, I