

thank General Moore for his service and wish him the best in his new and important assignment as Deputy Director of the Defense Threat Reduction Agency—an agency that will become the Department of Defense's focal point for addressing the many serious threats associated with weapons of mass destruction.

Mr. Speaker, General Moore has served the nation and the Air Force admirably for over 31 years. Throughout his career, the nation has asked a lot of General Moore and his family—his wife, Carol, and their two daughters, Rachel and Laurel. I want to congratulate General Moore on his new assignment, thank him for the job he has done during the past three years as Director of Special Programs, and wish him, and his family, health, happiness and prosperity in the future.

TRIBUTE TO COL. LAWRENCE W. STYS, WISCONSIN WING COMMANDER OF THE CIVIL AIR PATROL

HON. GERALD D. KLECZKA

OF WISCONSIN

IN THE HOUSE OF REPRESENTATIVES

Wednesday, September 9, 1998

Mr. KLECZKA. Mr. Speaker, I rise today to honor a skilled pilot and dedicated public servant, Col. Larry Stys, Wisconsin Wing Commander of the Civil Air Patrol. After 33 years with the CAP, Col. Stys will step down as the Wisconsin Wing Commander October 17.

His lasting legacy is a record unparalleled in the history of the Civil Air Patrol in Wisconsin. He achieved this by hiring the best individuals for duty assignments and inspiring them to the highest principles. Mr. Speaker, perhaps the philosophy of Col. Stys can best be expressed in his own words written to all Wisconsin Unit Commanders:

"I realized that the most important thing in one's life was principles. If one's life was ordered to and grounded in a set of principles, the arrangement of things will fall into line automatically. Principles are more than character traits. Traits can sometimes be worn without truly believing in them. This fundamental basis of character is called integrity. People can look at you and believe you. You can persuade without recourse to cajole."

This philosophy enjoyed obvious success, Mr. Speaker. In 1995, Wisconsin Wing was named best in the region in Search and Rescue proficiency.

And in 1997 during the Air Force Quality Inspection, Wisconsin Wing earned the distinction as best in the nation, excelling in all categories, including an unprecedented 13 benchmarks, which other wings will be rated against. Despite these laudable achievements, Col. Stys repeatedly deflected praise from himself to his staff.

Mr. Speaker, volunteer service is held in such high regard because of the dedication and professionalism of men like Col. Stys. As he leaves his command, we commend his invaluable service, we celebrate his contributions to air safety, and we salute his high regard for standards and principles.

TRIBUTE TO STATE SENATOR RALPH DILLS

HON. GEORGE MILLER

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Wednesday, September 9, 1998

Mr. MILLER of California. Mr. Speaker, I ask the House to join me in recognizing the retirement of the senior member of the California State Senate, Sen. Ralph Dills. Sen. Dills will leave office at the end of the year, and in August completed his last session in a career that began 60 years ago.

I had the pleasure to know Sen. Dills when I worked as an intern and a staff person in the state Senate in the 1960s and 1970s. A colleague of my father, who was himself a senator then, Sen. Dills was even in those days an institution in Sacramento, and he certainly remains one today.

We all honor his devotion to public service and to the people of the state of California. I would like to submit an editorial from the Sacramento Bee that pays tribute to this distinguished legislator and Californian, and I know all members of this Congress join me in honoring his career.

[From the Sacramento Bee, Sept. 2, 1998]

RALPH DILLS BOWS OUT: SENATOR WAS THE STATE'S LONGEST-SERVING LAWMAKER

Franklin Roosevelt was serving his second term as president when Ralph Dills was first elected to the California Legislature in 1938. President Clinton wasn't yet born, nor were most lawmakers with whom Dills now serves.

Dills arrived in Sacramento from Long Beach, a liberal New Deal Democrat and staunch friend of labor, and he departs 60 years later much the same way. In 1949, he left the Assembly to accept a judgeship, but 17 years later he was elected to the Senate, where he has been ever since, often presiding over sessions, a chore he relished.

One of Dills' proudest achievements was authoring the law that created Long Beach State University; another was the 1977 measure that gave collective bargaining rights to state workers. In speeches lauding him last week, fellow lawmakers remembered that Dills was among a small minority of legislators who opposed the internment of Japanese Americans during World War II.

As a senator, Dills presided over the influential Governmental Organization Committee. The panel handles liquor, horse racing and gambling legislation and has traditionally been a channel for large campaign contributions that Dills used to help keep himself and his fellow Democrats in power.

In his later years, Dills was known less for his legislative prowess than for his colorful attire, purple-tinted hair and saxophone playing. Reapportionment had pushed his district westward, from a gritty inland neighborhood to a more upscale coastal area, forcing him to acquire an environmental sensitivity he'd never shown before. He was 88, ailing and in a wheelchair when he cast his last votes in the Legislature late Monday. However he is ultimately rated, term limits ensure that Ralph Dills' durable presence in Sacramento is unlikely to be repeated.

WHY PATIENT COST-SHARING SAVES LITTLE: THE HEALTH LESSONS FROM EUROPE

HON. PETE STARK

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Wednesday, September 9, 1998

Mr. STARK. Mr. Speaker, various Members of Congress frequently say that one of the ways to save Medicare is to require the patient to pay a higher share of the cost—thus making the patient a more careful consumer and reducing the demand for care.

Following is a portion of a 1997 study published by the World Health Organization entitled, "European Health Care Reform," which shows why such an approach will save little, but of course will greatly increase the burden on the poorest and sickest in our society. This portion of the study is also interesting in that it shows that in most foreign countries, patients have much more time with their doctor and have much longer hospital length of stays than Americans—yet those foreign societies spend about 30 to 40% less than we do on health care.

Before Americans push more of the burden of Medicare onto the poor and sick, we should look to the lessons from abroad.

THE EFFECTS OF COST SHARING

TOTAL HEALTH EXPENDITURE

Evidence suggests that cost sharing reduces utilization but does not contain costs. Overall costs are not contained because cost sharing is a set of demand-side policies, and costs are primarily driven by supply-side factors. Intercountry comparisons indicate that the United States has lower rates of contact with physicians and beddays per head of population than many other countries, including Canada, France, Germany, Japan and the United Kingdom, but costs in the United States are much higher relative to GDP than in these other countries. This strongly suggests that it is the intensity of care provided per contact in the United States that is responsible for this apparent paradox (198). The United States has the highest out-of-pocket expenses, mostly to meet cost-sharing obligations; it also has the highest overall costs. Other countries have lower cost-sharing and higher utilization rates, but lower costs. This does not mean that cost sharing causes higher costs; it means that measures other than cost sharing (supply-side measures such as budgetary controls) are much more effective mechanisms for cost-containment.

The Rand Study (199,200) suggests that cost sharing is associated with a decrease in total health spending, but the design of the experiment does not really permit strong conclusions to be drawn about the consequences for total expenditure of the broad implementation of cost sharing within a retrospective reimbursement system. The reason is that providers may compensate for a reduction in consumer-initiated demand by inducing increases in service volume or intensity. Table 9, which shows intercountry data (198) on contacts with physicians, hospital days and health expenditure as a percentage of GDP, suggests that consumer-initiated demand is not the major factor driving health care costs. Rather, it appears to be the intensity of services provided. Since intensity is largely provider initiated, there is little scope for cost sharing to make much of an impact on the overall level of spending. . . .