New York Times was to suggest that there are no safe havens—because narcotraffickers operate outside a designated area does not guarantee them impunity.

Finally, our training activities in Colombia are vetted. We have established procedures to select individual students, provide collective training for units and focus counternaroctic assistance where it is most needed. We coordinate training and assistance within the Department of Defense, with the Department of State for sensitive training and always with the approval of the Ambassador. I assure you that we comply with both the letter and spirit of the end-use monitoring agreement as we strive to train a professional Colombian military supportive of our counternarcotics goals and sensitive to human rights.

Very Respectfully,

C.E. WILHELM,
General, U.S. Marine Corps, Commander in Chief, U.S. Southern Command.

COMMITTEE ON INTERNATIONAL RELATIONS, HOUSE OF REPRESENTATIVES,
Washington, DC, June 11, 1998.

Hon. SAMUEL BERGER,
National Security Adviser, The White House, Washington, DC.

DEAR SANDY: I write to you in regards to U.S. policy toward Colombia, and to seek your assurance about implementation of the end-use monitoring agreement that the U.S. reached with the Colombian Army in August 1997.

Violence in Colombia is escalating. There are some 25,000 murders each year in that country, a great many of them politically motivated. While many of those murders are perpetrated by irregular paramilitary organizations, it is increasingly clear that these paramilitary organizations maintain ties with at least some parts of the Colombian Army.

I commend the strong steps the Administration has taken in defense of human rights in Colombia, particularly given this growing alliance between the military and irregular paramilitary organizations. You were right, for example, to suspend the visa of the Inspector General of the Colombian military, an individual with ties to the paramilitary organizations. I am especially supportive of the agreement the Administration reached in August 1997 with the Colombian Army on end-use monitoring of U.S.-provided assistance. The agreement calls for units that use U.S.-provided assistance to be vetted for human rights abuse. It also goes a step further and restricts the area within which U.S. assistance can be utilized to the region of the country where drug cultivation and production takes place. These are two important conditions that help ensure that U.S. assistance is used properly and for its stated purpose.

I am, however, concerned about recent statements in the press from high ranking U.S. personnel regarding these important end-use monitoring requirements. In a recent New York Times article, for example, the Commander in Chief of U.S. Southern Command was quoted as saying, ''In terms of geograph, the use of resources, I'm personally not aware of any restrictions.'' I hope that this quotation is only a misunderstanding, and I look forward to your assurance that U.S. policy on end-use is being fully implemented.

Thank you in advance for your consideration of my letter. I look forward to hearing from you.

With best regards,

Sincerely,

LEE H. HAMILTON,
Ranking Democratic Member.

CONGRATULATIONS TO OUTSTANDING ST. PAUL FAMILY

HON. BRUCE F. VENTO

OF MINNESOTA

IN THE HOUSE OF REPRESENTATIVES

Monday, September 28, 1998

Mr. VENTO. Mr. Speaker, I would like to submit for the record the following article from the Sunday, August 23, 1998 edition of the St. Paul Pioneer Press in recognition of the Crutchfield family of St. Paul, for their outstanding and tireless efforts in community service. My congratulations to the Crutchfields and their many admirable achievements.

This recognition is well deserved and is a small reward for the service that Dr. Charles Crutchfield and his wonderful wife, Pat Crutchfield, have performed. They have remained in a community of modest means, while actively involved in their church, educational and social life, attempting to help give back to their community their love and labor to make St. Paul a better place to extend hope and the opportunity to grow to succeed to make a difference. Through their example and sacrifice, they have walked the walk. The Crutchfields' reward has been the great success of their children and the extended family and community they have embraced and their payment our love, affection and heartfelt thanks.

Thanks to the Crutchfields of St. Paul. They make us proud—very proud.

[From the St. Paul Pioneer Press, Aug. 23, 1998]

AN OUTSTANDING FAMILY

(By Pat Burson)

In St. Paul, the Crutchfield name is synonymous with family, education, community and success.

Those attributes made the family of Dr. Charles E. Crutchfield, a nationally recognized obstetrician and gynecologist, and his wife of 22 years, Pat, a tireless community fund-raiser and volunteer, a natural choice to receive the 1998 Family of the Year award from the St. Paul Urban League, said president Willie Mae Wilson.

''It's an outstanding family,'' she said.

Pat Crutchfield said she was shocked and humbled to learn that her family had been selected.

''I was embarrassed,'' she added. ''I never look at what we do, getting recognized for it. You just do it. I just feel like I'm doing what I'm supposed to do. Not anything special.''

They're just being modest, said neighbor Dick Mangram, who has known the Crutchfields for about 30 years.

Mangram, executive director of Hallie Q. Brown/Martin Luther King Community Center, also served on the St. Paul Urban League's board with Pat Crutchfield from 1982 to 1987.

''They're not the kind of people that will go around and toot their own horn,'' he said. ''They're just good people. What you see is what you get. They're really proud to be right here in the city.''

Charles Crutchfield was the first private black obstetrician/gynecologist in Minnesota. He entered private practice with his mentor, Dr. Joseph Goldsmith, in 1969. In addition to having a main office in the Fort Road Medical Center on West Seventh Street near downtown St. Paul, he and his partner, Dr. Rainer Rocheleau, also have offices in Apple Valley, Inver Grove Heights and White Bear Lake. Crutchfield has performed more than 3,000 operations and delivered almost 6,000 babies.

One of those deliveries earned him national media attention in December 1982, after he walked three miles in a blizzard to deliver a baby by emergency Caesarean section.

Crutchfield was honored in January by the Washington-based National Medical Association for his numerous contributions to the organization. He also has served as president of the Minnesota Association of Black Physicians.

In addition to the other medical and community organizations he is involved with, Crutchfield also is a physician and safety official for amateur boxing in Minnesota. He's an avid softball player and has even had his own team that his wife calls the ''Crutchbangers.''

A Chicago native, Pat Wilson Crutchfield moved with her family to the Twin Cities at age 4. Community service is part of the wellknown family's legacy. Her youngest brother, Steve Wilson, is president of Rondo Ave. Inc., which puts on the annual Rondo Days Parade. She had a Catholic education, attending St. Peter Claver Elementary School, Archbishop Murray High School and the College of St. Catherine.

Through United Hospital's ''First Steps'' program, Pat Crutchfield has helped many teen mothers cope with the challenges and the uncertainties they face. She wrote a popular weekly social column, ''Pat's Tidbits,'' for the St. Paul Recorder and the Minneapolis Spokesman from 1990 to 1996. The column chronicled the births, deaths, reunions, club events, parties and other activities of Twin Cities African-Americans.

The couple met in June 1974 at Model Cities Health Center, a community clinic at 430 N. Dale St., where both were volunteers. She was 29 and single, a business services instructor and communications specialist at Northwestern Bell Telephone Co., now US West. He was six years her senior, separated and the father of three young sons. They were married Jan. 30, 1976.

On their honeymoon, the couple sketched a design of their dream home. The result is the three-story house on Aurora Avenue in St. Paul's Summit-University neighborhood, where they still live.

Their longevity in the area endears them to many who know them, including Steve Wilson.

''A lot of doctors, when they make it, the first thing they do is move to the suburbs,'' he said. ''People ask (Crutchfield), 'Why do you stay?' And his answer has always been, 'Why would I leave?' ''

The front yard is decorated with Pat Crutchfield's flower beds of canna lilies, peonies, pansies, roses and day lilies. Out back is Charles Crutchfield's pride and joy: his vegetable garden, with its assortment of greens, from collard to ruffled kale. He also has an orchard of apple, cherry, plum, pear and peach trees, wild strawberries and vines bearing seedless grapes

Things haven't always been rosy. In 1983, a jury found Charles Crutchfield was not at fault for the cerebral palsy of a child he delivered. The girls' parents had brought a civil lawsuit against Crutchfield for malpractice.

In 1984, Crutchfield was accused of rape in a civil lawsuit brought by Renee Reed, a woman he treated at a free clinic years before. She was seeking monetary damages for a 1982 sexual encounter the doctor said was consensual, part of a three-year affair. He, in turn, sued Reed's father and her spiritual adviser, claiming the men were attempting to extort money from him with the rape allegation. Reed was awarded $21,500 by the judge in the case. Her father won $5,000 when the extortion claim was denied.

Charles Crutchfield said his attorney told him the only reason he had to pay anything

was because the judge felt he should at least cover part of the court costs and because he had admitted having the affair.

''This was strictly civil and had no criminal implications,'' Crutchfield added. ''I was hurt, but my wife and I moved on with our lives, our family and our service to the community.''

Added Pat Crutchfield: ''It was one of our storms that we weathered, and it did bring us closer. It strengthened our marriage, our relationship.''

Now they are facing a serious challenge involving the health of the family matriarch. Pat Crutchfield was diagnosed in 1992 with scleroderma, a fairly rare disease affecting the blood vessels and connective tissue. She has changed her hairstyle and wears long-sleeved blouses to cover areas where her skin has become hardened, a symptom of the disease.

The condition dramatically altered her role as family caretaker.

''I've never had a health problem. I've always been the doer for my family,'' she explained. ''The biggest thing is that my family has had to care for me.

''They've had to take more responsibility, which has probably been good. It has changed us around as far as commitments that we make. We've had a couple of trips that we've had to cancel, or I've just stayed home. I just wasn't able.

''It beats me down,'' she conceded, though she refuses to allow it overtake her. ''I stay down for a while, and then I jump up and keep stepping.''

The Crutchfields say her illness has forced family members to rethink and reorder some of their priorities.

''The disease has made us appreciate what is important and what is not important,'' Charles Crutchfield said. ''And all I do is support her and tell her she's the best.''

And its effect on the family?

''It disrupted the family,'' he conceded. ''It cracked it. It didn't break it.''

Those who know Pat Crutchfield say the disease has left its mark on her body but cannot quench her spirit. One of them is childhood friend Dee Dee Ray. The women have known one another since grade school.

''Pat has such faith, and she always looks on the bright side,'' Ray said, ''She's a very religious person. I've seen her make many, many novenas.... She doesn't give up hope. She just keeps going.''

Even with their busy schedules and numerous commitments, the Crutchfields still have time for each other, whether it's visiting, talking on the phone or during harvesting, canning, preserving and freezing the home-grown bounty from their vegetable gardens and orchards.

Sunday dinners, birthdays and holidays are special times in their home, as is fight night, when about 40 to 50 of their closest friends come over to watch boxing and eat Charles Crutchfield's famous chili.

He learned about growing food while growing up in Jasper, Ala., a small, segregated coal-mining town. His father was a barber whose business was the oldest owned by an African-American in that town. Wanting their son to have a chance to fulfill his dream of becoming a doctor, his parents sent him to live with an aunt in Minneapolis in 1955. He is a graduate of North High School and the University of Minnesota School of Medicine.

The Crutchfields have instilled their value of education in their children. Since their children were small, they have always told them to ''work hard, get good grades and always do your best.''

It appears to have sunk in. Crutchfield's three sons with former wife, Dr. Susan Crutchfield-Mitsch, a family physician, are all in either the legal or medical profession. Charles III, 37, is a dermatologist, Carleton, 33 is an attorney and Chris, 28, also is an attorney and a staff assistant to state Rep. Andy Dawkins of St. Paul. Charles and Pat Crutchfields' daughter Raushana, 21, is a junior and psychology major at Virginia Union University in Richmond, Va., and son Rashad, 18, will be a senior at Concordia Academy in Roseville.

Rashad said he knows he's part of a very special family.

When asked if he'll be the next Crutchfield doctor or lawyer, he smiled. No, he said. Right now, he's leaning toward attending a college that specializes in film, theater arts or graphic design.

''I'm not that much for blood and guts, except in slasher films,'' he said.

'''Crutchfield.' I do see power in that name,'' he said proudly. ''We're an African-American family that's just trying to find a way through life, trying to succeed.''

TAX DEDUCTIONS FOR HEALTH INSURANCE DON'T HELP THE UNINSURED—WE NEED TAX CREDITS

HON. FORTNEY PETE STARK

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Monday, September 28, 1998

Mr. STARK. Mr. Speaker, in the $80 billion tax bill the House voted last week, the Republicans proposed to provide immediate, 100% deductibility for the self-employed (but not their workers!) to purchase health insurance. The issue is now before the Senate.

Democrats have proposed this type of tax relief before, but have tried to ensure it includes both the boss and the worker. It would be a little step toward helping people meet the costs of health insurance—but it would do almost zilch to reduce the number of America's 43 million uninsured.

Most uninsured either don't file tax returns, are in the zero tax bracket or, at most, the 15% bracket. We should admit that deductions will do little or nothing to make affordable individual health insurance policies bought at retail.

Today, the law allows a 45% deduction—scheduled to increase to 100% by 2007—for the self-employed (but not their workers) who buy health insurance. An immediate deduction for the purchase of insurance will help folks in the 36% and 39.6% bracket and make insurance more affordable for them—but these are taxpayers with incomes above $121,300 ($147,700 if a family) who almost certainly already have health insurance.

In June, the U.S. General Accounting Office issued a report showing how useless tax deductions are for helping the overwhelming number of uninsured.

First, the GAO pointed out that a tax deduction is good only if you itemize your deductions. But in 1995, only 29% of all tax filers itemized. Lower income people, of course, are less likely to itemize. Only 5% of those with adjusted gross incomes of less than $20,000 itemized that year.

Second, deductions are useful only if you pay taxes. Yet of the uninsured, about 13 million—more than the population of Virginia, Maryland and Delaware combined—were in the zero tax bracket and six million others didn't even have to file a return. A deduction is totally meaningless for them.

Third, deductions don't do much for the lower income—and it doesn't take a Sherlock Holmes to figure out that the lower income are the people who are uninsured. Twenty-plus million uninsured were in the 15% bracket and would be helped if they itemized—but not much. This tax bracket is for those individuals with taxable incomes of $24,000 or less, or if married and filing a joint return, $40,100 or less. As the GAO points out, ''The value to a single tax filer in the 15-percent bracket who had paid $2,100 in premiums for single coverage would have been about $315 while the value to an individual in the highest bracket could have been $832 for this same premium amount. For a $5,664 premium for a family of four, the value to a family in the 15-percent bracket could have been about $850 compared to $2,243 for a family in the highest tax bracket.''

Think of it: a family with taxable income below $40,100 is going to spend $4,832 out-of-pocket for health insurance, because they got a tax deduction of $850? I sincerely doubt it. The Congressional Joint Committee on Taxation has estimated that the benefits of a similar Senate bill would go 95% to the already insured; only 5% would go to benefit people previously uninsured.

Tax deductions will make little difference for those in need, but will provide additional savings for the already-insured upper income.

What we really need are tax credits—including refundable credits—that would be equal for all individuals and families to buy into reasonably priced, ''wholesale'' health insurance plans—plans that would be group health plans, such as Medicare or the Federal Employee Health plans.

Because credits would actually do something to help the 43 million uninsured, they will be expensive. We will need to talk about tobacco taxes and other revenue sources to pay for them. It will be tough. But if America want to really do something about the uninsured, let's be honest: Deductions won't do it. Credits will.

RECIPROCAL TRADE AGREEMENT AUTHORITIES ACT OF 1997

SPEECH OF

HON. LOUIS STOKES

OF OHIO

IN THE HOUSE OF REPRESENTATIVES

Friday, September 25, 1998

Mr. STOKES. Mr. Speaker, I rise in strong opposition to H.R. 2621, the Reciprocal Trade Agreement Authorities Act, more commonly known as ''Fast Track.'' The measure was pulled last year when it appeared that it would be defeated. Fast Track was a bad bill for hard-working families then, and it is a bad bill for them now.

The ''Fast Track'' debate is not simply a matter of whether we want to expand trade, more importantly, the question regarding free trade agreements is ''how we go about pursuing negotiations and effectively addressing the subsequent effects of these pacts.''

If the Congress delegates its negotiating authority to the President through Fast Track, this action would remove directly-elected Representatives from having any meaningful input