pair of freebies to cut the Grizzley lead to 50–49.

With the clock ticking down, the Warriors were forced to foul with five seconds remaining. Radanovich then made one of two with OHS rebounding and calling time-out with four seconds left. Orestimba inbounded the ball to mid-court, and a Warrior drove the left side of the lane, putting up a six-foot bank shot just before the buzzer sounded to send the game into a second overtime.

In the second extra period both teams seemed focused on defense as OHS took the lead at 52–51. Radanovich then bombed in her sixth shot of the night from beyond the arc to give MCHS a 54–52 lead. Following a free throw by Fuqua, and with just 40 seconds left, freshman forward Melissa Bevington stunned the Warriors by hitting from just inside the arc, giving the Grizzlies a five-point lead at 57–52.

OHS answered with a three-pointer of their own, but were forced to foul Radanovich to regain the ball. With 24 seconds left to play, the smiling Radanovich hit nothing but net on both free throws, making it 59–55. The Warriors then air-mailed another trey in the closing seconds to make the final score 59–58.

Besides Radanovich, Fuqua also played well in the absence of the sophomore front court, finishing with eight points and a game high 13 rebounds. Miller had 12 rebounds before fouling out, while Steele totaled nine boards and three assists.

The JV's are now 15–9 on the season, and 9–3 (tied for second) in SL action. They will conclude their season this Thursday, Feb. 15, at 6 pm., when they host the Gustine Reds (9–3 in league).

Mr. Speaker, I want to congratulate Emily Radanovich, as well as the entire girls JV team at Mariposa High School. I urge my colleagues to join me in applauding Emily and the girls for a great season and a job well done.

EVEN OUTSIDE INDIA, SIKHS CONTINUE TO BE HARASSED BY THE INDIAN GOVERNMENT AND ITS ALLIES

HON. EDOLPHUS TOWNS

OF NEW YORK

IN THE HOUSE OF REPRESENTATIVES

Tuesday, February 27, 2001

Mr. TOWNS. Mr. Speaker, a disturbing case of Indian harassment against the Sikhs recently came to my attention. Dr. Harjinder Singh Dilgeer is a Sikh who serves as co-editor of the International Journal of Sikh Affairs. Dr. Dilgeer is a Norwegian citizen.

Dr. Dilgeer went to India a few years ago to work for the Shiromani Gurdwara Prabandhak Committee (SGPC). When new leaders achieved power in the SGPC, Dr. Dilgeer lost his job. He decided to move his family back to Norway.

On January 1, Dr. Dilgeer and his wife and two sons went to the New Delhi airport. The Indian immigration authorities at the airport detained the Dilgeer family because Dr. Dilgeer was on the Indian government's blacklist. An immigration official took Mrs. Dilgeer and the Dilgeer's two sons into another room. He accused them of not being related to Dr. Dilgeer and he threatened them.

After about an hour, Dr. Dilgeer demanded to speak to the Norwegian Ambassador and to a Member of Parliament who is a friend of his. At that point, the Dilgeers were allowed to board their flight. They arrived at the gate with just two minutes to go.

The Dilgeers' flight to Moscow, where they were to meet a connecting flight back to Norway, missed the connection, so the Dilgeers had to stay in Moscow. They were supposed to be put up in a hotel, but when the Russian immigration authorities checked their passports, they detained Dr. Dilgeer and his family at the airport because Dr. Dilgeer was labelled an ''International Terrorist.'' They said they were acting on information received from Indian immigration authorities. The Dilgeers spend the night sleeping on the airport floor while Dr. Dilgeer was in a Russian lock-up.

Russia is India's long-time ally. India supported the Soviet invasion of Afghanistan and has a friendship treaty with the Soviet Union. Russia was one of the countries whose Ambassador attended a meeting led by Indian Defense Minister George Fernandes to discuss setting up a security alliance ''to stop the U.S.'' The Indian government used its influence with its old ally to harass a Sikh simply for leaving the country.

This is typical of Indian tyranny. The Indian government 250,000 Sikhs since 1984, more than 200,000 Christians in Nagaland since 1947, over 70,000 Muslims in Kashmir since 1988, and tens of thousands of Dalits, Assamese, Tamils, Manipuris, and others. Two independent investigations confirmed that the Indian government massacred 35 Sikhs in the village of Chithi Singhpora in March and evidence suggests that the government was responsible for the murders of six Sikhs last month. The book Soft Target shows that the Indian government shot down its own airliner in 1985, killing 329 people, to damage the Sikhs. Christians have been subject to a wave of violence and oppression since Christmas 1998. This repression has included church burnings, raping nuns, murdering priests, and the burning to death of a missionary and his 8- and 10-year old sons. The Hitavada newspaper reported in 1994 that the Indian government paid the late governor of Punjab, Surendra Nath, to foment covert terrorist activity in Punjab, Khalistan, and in Kashmir. These are just some examples of India's ongoing tyranny against minorities.

Mr. Speaker, this is not acceptable conduct from any country, especially one that claims to be ''the world's largest democracy.'' Yet despite a pattern of tyranny India remains one of the largest recipients of U.S. aid. That aid should be ended and Congress should go on record in support of self-determination for the people of Khalistan, Kashmir, Nagalim, and the other minorities seeking their freedom from India. That is the best way to ensure freedom for all the people in South Asia.

I would like to place in the RECORD a report on the Dilgeer incident by Dr. Awatar Singh Sekhon, editor of the International Journal of Sikh Affairs. It is very informative about India's repressive treatment of minorities.

[From the International Journal of Sikh Affairs]

TORTURE, THREATS AND INHUMANE TREATMENT BY INDIAN IMMIGRATION PERSONNEL AT THE INDIRA GANDHI INTERNATIONAL AIRPORT, ON 1ST JANUARY, 2001 AND BY THE RUSSIAN IMMIGRATION PERSONNEL, MOSCOW (INTERNATIONAL) AIRPORT, MOSCOW, RUSSIA

(By Dr. Awatar Singh Sekhon, Editor)

No. of Victims: Four (Husband and wife and Two sons) (a) First Names of victims: (Dr.) Harjinder and Mrs. Harjinder Middle Name: Singh, Mrs. Dilgeer & Singhs (Two sons).

Dr. Harjinder Singh Dilgeer is an authority on the Sikh faith, Sikh history and Sikh culture. Dr. Dilgeer is the founder and Editor in Chief of The Sikhs: Present and Present An International Journal of Sikh Affairs Dr. Dilgeer is the Editor in Chief (on leave) of the International Journal of Sikh Affairs ISSN 1481–5435.

(b) Family Name: Dilgeer (Author of the article, ''Delhi Airport Te Sikhan Naal Salook'' meaning ''Delhi Airport Authorities' Treatment To the Sikhs'': Sant Sipahi (International), Punjabi monthly, published from AMRITSAR, PUNJAB, February 2001, Volume 55 (issue No 2), p. 34–35.

(c) E-mail/address: Sant Sipahi C/-<santsipahi@hotmail.com>; 4313 Ranjitpura; Post office: Khalsa College, AMRITSARJI 143 002, India.

(d) Country: formerly of PUNJAB, India (C/-<santsipahi.hotmail.com>; 1413 Ranjitpura; Post office: Khalsa College, AMRITSARJI 143 002, India) Citizenship: Norwegian Travelled on: Norwegian Passport Airline: Aeroflot Russian Airline Flight No.: Not available.

(e) Persons involved: Family of the Victims (Total 4 persons of a family).

(f) Details of incident: Dr. Harjinder Singh Dilgeer, Mrs. Dilgeer and their two sons arrived at the Delhi airport on 1st January, 2001, to go back to his country, Norway. His connecting flight was via Moscow. After checking in, Dr. Dilgeer and family went to the Immigration counter. The immigration authorities detained the family as his name was in their computer (Black listed). One of the immigration personnel told his colleague that he (they) is going out of country and let him/them go. However, the checking continued and they were asked to sit on a bench. In the meantime, another personnel came. He took away their passports (Dr. Dilgeer and Mrs. Dilgeer; their sons travelled on the mother's passport). This immigration personnel asked Mrs. Dilgeer and her sons that you have to prove that you are Dr. Dilgeer's wife and his sons. In the meantime another personnel named Chohan (Chauhan) came. He behaved rudely. Dr. dilgeer told him that ''I am not an Indian citizen and you behave like a gentleman.'' This Chohan fellow took Mrs. Dilgeer and their sons along and asked them (mother and sons) and threatened them that ''you have no relationship with Dr. Dilgeer.'' Dr. Dilgeer and you (three) are not related. The immigration personnel threatened them and applied psychological pressure during the interrogation. One hour had gone/passed. Then Dr. Dilgeer demanded from the personnel that ''he would like to speak to the Ambassador of Norway, Delhi, on phone. Also he would like to speak to one of his friend who is a Member of Parliament of India. After his demand, the immigration personnel changed his behavior and ''stamped their passports.'' Dr. Dilgeer and family arrived just ''two'' minutes before closing the aircraft's door.

TREATMENT AT MOSCOW AIRPORT

The flight from Delhi missed connection to their flight to Norway. The Russian Immigration personnel checked their passport in order to provide them Hotel until the next available flight to Norway. Dr. Dilgeer was told that you cannot stay in a hotel and you will have to stay at the airport, because you are an ''International Terrorist.'' Their terminology of the International Terrorist was based on the ''Terrorists' List provided by the Government of India.'' The Moscow Immigration authorities kept him (Dr. Dilgeer) in a lock up under their custody. Dr. Dilgeer's family spent the night at the airport and slept on the floor.

This has been the treatment, threats and slandering the Sikhs by the Indian immigration personnel at the Delhi international airport and by the Russian airport authorities of the Moscow airport. India, as everybody knows it, is the best partner (political) bed fellow of Russia in the world affairs.

The writer, Dr. Awatar Singh Sekhon (Machaki), Managing Editor and Acting Editor in Chief of the International Journal of Sikh Affairs ISSN 1481–5435, requests the Amnesty International, UN High Commission for Human Rights and other agencies to consider Dr. Dilgeer and his family's case based on the serious violations of their human rights, violations of the rights as international passengers and defaming Dr. Dilgeer as International terrorist by the Russian immigration authorities, based on the information provided to them by the world's ''terrorist'' administration. India is known to the peace-loving countries of the world as ''the largest democracy, India.'' Democracies do not harass and kill innocent citizens and torture them indiscriminately.

BLAME CONGRESS FOR HMO'S

HON. RON PAUL

OF TEXAS

IN THE HOUSE OF REPRESENTATIVES

Tuesday, February 27, 2001

Mr. PAUL. Mr. Speaker, I highly recommend the attached article, ''Blame Congress for HMOs'' by Twila Brase, a registered nurse and President of the Citizens' Council on Health Care, to my colleagues. Ms. Brase demolishes the myth that Health Maintenance Organizations (HMOs), whose power to deny Americans the health care of their choice has been the subject of much concern, are the result of an unregulated free-market. Instead, Ms. Brase reveals how HMOs were fostered on the American people by the federal government for the express purpose of rationing care.

The story behind the creation of the HMOs is a classic illustration of how the unintended consequences of government policies provide a justification for further expansions of government power. During the early seventies, Congress embraced HMOs in order to address concerns about rapidly escalating health care costs. However, it was Congress which had caused health care costs to spiral by removing control over the health care dollar from consumers and thus eliminating any incentive for consumers to pay attention to costs when selecting health care. Because the consumer had the incentive to control health care cost stripped away, and because politicians where unwilling to either give up power by giving individuals control over their health care or take responsibility for rationing care, a third way to control costs had to be created. Thus, the Nixon Administration, working with advocates of nationalized medicine, crafted legislation providing federal subsidies to HMOs, preempting state laws forbidding physicians to sign contracts to deny care to their patients, and mandating that health plans offer an HMO option in addition to traditional fee-for-service coverage. Federal subsidies, preemption of state law, and mandates on private business hardly sounds like the workings of the free market. Instead, HMOs are the result of the same Nixon-era corporatist, Big Government mindset that produced wage-and-price controls.

Mr. Speaker, in reading this article, I am sure many of my colleagues will think it ironic that many of the supporters of Nixon's plan to foist HMOs on the American public are today promoting the so-called ''patients' rights'' legislation which attempts to deal with the problem of the HMOs by imposing new federal mandates on the private sector. However, this is not really surprising because both the legislation creating HMOs and the Patients' Bill of Rights reflect the belief that individuals are incapable of providing for their own health care needs in the free market, and therefore government must control health care. The only real difference between our system of medicine and the Canadian ''single payer'' system is that in America, Congress contracted out the job of rationing health care resources to the HMOs.

As Ms. Brase, points out, so-called ''patients' rights'' legislation will only further empower federal bureaucrats to make health care decisions for individuals and entrench the current government-HMO complex. Furthermore, because the Patient's Bill of Rights will increase health care costs, thus increasing the number of Americans without health insurance, it will result in pleas for yet another government intervention in the health care market!

The only true solution to the health care problems is to truly allow the private sector to work by restoring control of the health care dollar to the individual through Medical Savings Accounts (MSAs) and large tax credits. In the Medicare program, seniors should not be herded into HMOs but instead should receive increased ability to use Medicare MSAs, which give them control over their health care dollars. Of course, the limits on private contracting in the Medicare program should be lifted immediately.

In conclusion, Mr. Speaker, I hope all my colleagues will read this article and take its lesson to heart. Government-managed care, whether of the socialist or corporatist variety, is doomed to failure. Congress must instead restore a true free-market in health care if we are serious about creating conditions under which individuals can receive quality care free of unnecessary interference from third-parties and central planners.

[From the Ideas On Liberty, Feb. 2001]

BLAME CONGRESS FOR HMOS

(By Twila Brase)

Only 27 years ago, congressional Republicans and Democrats agreed that American patients should gently but firmly be forced into managed care. That patients do not know this fact is evidenced by public outrage directed at health maintenance organizations (HMOs) instead of Congress.

Although members of Congress have managed to keep the public in the dark by joining in the clamor against HMOs, legislative history puts the responsibility and blame squarely in their collective lap.

The proliferation of managed-care organizations (MCOs) in general, and HMOs in particular, resulted from the 1965 enactment of Medicare for the elderly and Medicaid for the poor. Literally overnight, on July 1, 1966, millions of Americans lost all financial responsibility for their health-care decisions.

Offering ''free care'' led to predictable results. Because Congress placed no restrictions on benefits and removed all sense of cost-consciousness, health-care use and medical costs skyrocketed. Congressional testimony reveals that between 1969 and 1971, physician fees increased 7 percent and hospital charges jumped 13 percent, while the Consumer Price Index rose only 5.3 percent. The nation's health-care bill, which was only $39 billion in 1965, increased to $75 billion in 1971. Patients had found the fount of unlimited care, and doctors and hospitals had discovered a pot of gold.

This stampede to the doctor's office, through the U.S. Treasury, sent Congress into a panic. It had unlocked the health-care appetite of millions, and the results were disastrous. While fiscal prudence demanded a hasty retreat, Congress opted instead for deception.

Limited by a noninterference promise attached to Medicare law—enacted in response to concerns that government health care would permit rationing—Congress and federal officials had to be creative. Although Medicare officials could not deny services outright, they could shift financial risk to doctors and hospitals, thereby influencing decision-making at the bedside.

Beginning in 1971, Congress began to restrict reimbursements. They authorized the economic stabilization program to limit price increases; the Relative Value Resource Based System (RVRBS) to cut physician payments; Diagnostic-Related Groups (DRGs) to limit hospitals payments; and most recently, the Prospective Payment System (PPS) to offer fixed prepayments to hospitals, nursing homes, and home health agencies for anticipated services regardless of costs incurred. In effect, Congress initiated managed care.

NATIONAL HEALTH-CARE AGENDA ADVANCES

Advocates of universal coverage saw this financial crisis as an opportunity to advance national health care through the fledgling HMO. Legislation encouraging members of the public to enter HMOs, where individual control over health-care decisions was weakened, would likely make the transition to a national health-care system, where control is centralized at the federal level, less noticeable and less traumatic. By 1971, the administration had authorized $8.4 million for policy studies to examine alternative health insurance plans for designing a ''national health insurance.''

Senator Edward M. Kennedy, a longtime advocate of national health care, proceeded to hold three months of extensive hearings in 1971 on what was termed the ''Health Care Crisis in America.'' Following these hearings, he held a series of hearing ''on the whole question of HMO's.''

Introducing the HMO hearings, Kennedy said, ''We need legislation which reorganizes the system to guarantee a sufficient volume of high quality medical care, distributed equitably across the country and available at reasonable cost to every American. It is going to take a drastic overhaul of our entire way of doing business in the health-care field in order to solve the financing and organizational aspects of our health crisis. One aspect of that solution is the creation of comprehensive systems of health-care deliver.''

In 1972, President Richard M. Nixon heralded his desire for the HMO in a speech to Congress: ''the Health Maintenance Organization concept is such a central feature of my National Health Strategy.'' The administration had already authorized, without specific legislative authority, $26 million for 110 HMO projects. That same year, the U.S. Senate passed a $5.2 billion bill permitting the establishment of HMOs ''to improve the nation's health-care delivery system by encouraging prepaid comprehensive health-care programs.''

But what the House of Representatives refused to concur, it was left to the 93rd Congress to pass the HMO Act in 1973. Just before a voice vote passed the bill in the House,