

"inch," as a measure of length, can be changed. It is a gross misrepresentation to equate our irredeemable paper-ticket or electronic money to "dollars."

However, during the 20th century, the legal tender power enabled politicians to fool the public into believing the dollar no longer meant a unit redeemable in silver or gold. Instead, the government told the people that dollar now meant a piece of government-issued paper backed up by nothing except the promises of the government to maintain a stable value of currency. Of course, history shows that the word of the government to protect the value of the dollar is literally not worth the paper it is printed on.

Tragically, the Supreme Court has failed to protect the American people from unconstitutional legal tender laws. Salmon Chase, who served as Secretary of the Treasury in President Lincoln's administration, when he was Chief Justice of the Supreme Court, dissenting in *Knox vs. Lee*, summed up the argument against legal tender laws in twelve words: "The legal tender quality [of money] is only valuable for the purposes of *dishonesty*." [Emphasis added.]

Another prescient Justice was Stephen Field, the only Justice to dissent in every legal tender case to come before the Court. Justice Field accurately described the dangers to our constitutional republic posed by legal tender laws: "The arguments in favor of the constitutionality of legal tender paper currency tend directly to break down the barriers which separate a government of limited powers from a government resting in the unrestrained will of Congress. Those limitations must be preserved, or our government will inevitably drift from the system established by our Fathers into a vast, centralized, and consolidated government." A government with unrestrained powers is properly characterized as a tyranny.

Repeal of legal tender laws will help restore constitutional government and protect the people's right to a medium of exchange chosen by the market, thereby protecting their current purchasing power as well as their pensions, savings, and other promises of future payment. Because honest money serves the needs of ordinary people, instead of fiat irredeemable paper-ticket electronic money that improperly transfers the wealth of society to a small specially privileged financial elite along with other special interests, I urge my colleagues to cosponsor the Honest Money Act.

FOREIGN RELATIONS AUTHORIZATION ACT, FISCAL YEARS 2004 AND 2005

SPEECH OF

HON. WALLY HERGER

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Tuesday, July 15, 2003

The House in Committee of the Whole House on the State of the Union had under consideration the bill (H.R. 1950) to authorize appropriations for the Department of State for the fiscal years 2004 and 2005, to authorize appropriations under the Arms Export Control Act and the Foreign Assistance Act of 1961 for security assistance for fiscal years 2004 and 2005, and for other purposes:

Mr. HERGER. Mr. Chairman, concerning Rollcall Vote 108-364, On Agreeing to the

Amendment of Representative RON PAUL of Texas to H.R. 1950, the Foreign Relations Authorization Act of 2003: Although I was correctly recorded as voting against the passage of this amendment, which eventually failed by an overwhelming vote of 74 to 350, I would like the CONGRESSIONAL RECORD to reflect that my "No" vote was in error, and I would have liked to have voted "Aye" on this provision.

Specifically, Representative PAUL's amendment would have prohibited funds authorized under H.R. 1950 to be used to pay any U.S. contribution to the United Nations or any affiliated agency of the United Nations. Like many, I firmly believe evidence of the need for a dramatic reevaluation of current U.N. policy is glaring. Over the years, the United States has been a host nation to the U.N., headquartered in New York City, and has contributed greatly to the funding for the organization, including the enormous cost to the American taxpayer of deploying our military on the numerous U.N. peacekeeping missions worldwide, amounting to roughly one-quarter of the peacekeeping expenses of the 191-member body. However, recent events surrounding the ousting of Saddam Hussein's tyrannical regime in Iraq, and the inability of the U.N. to enforce its own Security Council resolutions, has renewed questions of the legitimacy of this body, as well as the necessity and level of U.S. participation in its funding and daily activities.

I would also like to note that I have cosponsored a number of pieces of legislation in the House of Representatives, which, I believe, address these questions more thoroughly. While I do not object to the U.N.'s founding objectives of peace through positive discussions and diplomacy, the organization has clearly failed in this charter mission. As it currently exists, the United Nations merely provides a weighted platform to non-democratic and anti-American nations. Perhaps a more constructive and strategically important avenue would be to pursue an entirely new federation of nations, limiting voting membership to democratic countries that share our values and goals.

For these reasons, I have cosponsored H.R. 1146, introduced by Representative RON PAUL (R-TX), which calls on the U.S. to withdraw from the United Nations entirely. I have also cosponsored two related bills, which would impact our involvement in the U.N. in lesser ways. H.R. 800 would provide for the withholding of United States contributions to any U.N. commission, organization, or affiliated agency that is chaired or presided over by a country that has repeatedly provided support for acts of international terrorism. H. Con. Res. 116 takes this bill a step further, issuing a sense of Congress that the United States should withhold all payments to the U.N. until its bylaws are amended to prevent countries whose leaders are not democratically elected from holding a position of authority within the U.N.

MEDICARE ADVISORY COMMISSION

HON. PETER DEUTSCH

OF FLORIDA

IN THE HOUSE OF REPRESENTATIVES

Thursday, July 17, 2003

Mr. DEUTSCH. Mr. Speaker, I rise today to submit into the RECORD a letter from the Medi-

care Payment Advisory Commission, MEDPAC, to the Administrator of the Centers for Medicare and Medicaid Services Administrator regarding CMS's proposed rule entitled Medicare Program; Inpatient Rehabilitation Facility Prospective Payment System for FY 2004; Proposed Rule, 68 Fed. Reg. 26786 (May 16, 2003). This letter calls upon CMS to construct a fair rule that allows Medicare beneficiaries to receive appropriate rehabilitation services. To achieve this goal, in effect, MEDPAC recommends a revision to the ten diagnoses—conceived twenty years ago in 1983—in an effort to better characterize today's patient population.

Based on my concern for the critical need of my constituents in Florida to continue to have access to inpatient rehabilitation facilities, I rise to express my support for MEDPAC's recommendation and feel that a modernization of the "75 percent rule" to include 20 of the 21 rehabilitation inpatient categories, all except miscellaneous, is necessary.

Under CMS's proposed rule, 86 percent of Intensive Rehabilitation Facilities would be excluded from reimbursement. If promulgated, this rule would place an increased burden on acute care hospitals. Patients with serious conditions such as stroke, brain injury, hip fracture, as well as those individual recovering from cardiac surgery, oncology surgery and severe pulmonary conditions could potentially be denied access to critically needed rehabilitative care. It is my sincere hope that CMS will take into account MEDPAC's recent recommendations on this matter.

MEDICARE PAYMENT ADVISORY
COMMISSION

Washington, DC, July 7, 2003.

Re: File code CMS-1474-P

THOMAS SCULLY, Administrator, Centers for Medicare & Medicaid Services Department of Health and Human Services, Hubert H. Humphrey Building, Washington, DC.

DEAR MR. SCULLY: The Medicare Payment Advisory Commission (MedPAC) welcomes the opportunity to comment on the Centers for Medicare & Medicaid Services (CMS) proposed rule entitled Medicare Program; Inpatient Rehabilitation Facility Prospective Payment System for FY 2004; Proposed Rule, 68 Fed. Reg. 26786 (May 16, 2003). We appreciate your staff's careful work on this prospective payment system, particularly considering the competing demands on the agency.

Inpatient rehabilitation facilities (IRFs) are one of several settings that provide Medicare patients with rehabilitation services. Medicare also covers rehabilitation services in skilled nursing facilities, long-term care hospitals, at home from home health agencies, and on an outpatient basis (e.g., from a hospital outpatient department). Medicare generally varies its payments based on the setting and type of services.

CMS's criteria to distinguish IRFs from acute care hospitals and other settings for payment purposes require IRFs to:

Have provider agreements to participate in Medicare as a hospital.

Determine whether patients are likely to benefit significantly from intensive inpatient hospital programs or assessments by preadmission screening.

Ensure that patients receive close medical supervision and furnish rehabilitation nursing, physical therapy, occupational therapy, speech therapy, social or psychological services, and orthotic and prosthetic services.

Have full-time medical directors experienced in medical management of inpatients requiring rehabilitation.