

constraint; and they were all raising their voices to President Clinton and to Madeleine Albright, saying let's keep talking. Let's keep negotiating. Let's continue to look and see if there is not a way to avert this crisis. That as long as there is a sliver of hope, let us find that hope and let us have the alternative and let us not put the American people in the predicament where we would have to know that because some innocent child lived down the road from Saddam Hussein, or some elderly citizen, who had no interest in moving towards war, had to be maimed, hurt or killed because of our inability to find a peaceful solution.

I think people like yourself, who talk about peace and who talk about alternatives, we know it is difficult.

Peace has never been easy. I grew up sort of in the traditional Christian experience, and we were led to believe that at one time there were only four people on the earth: Adam and Eve and Cain and Abel. And it seems as though they had some difficulty. One thought that the other one had something that was his or that he ought to have. And only four people, yet some friction.

I think if we try and live in movement towards peace, it can be obtained.

I am reminded of something I believe John Kennedy was supposed to have said, that peace is not really found in treaties, covenants and charters but in the hearts and souls of men and women; and if we actually look for a way, if people all over the world can believe that there is the opportunity to peacefully coexist and if we can use our resources to find solutions to the major problems that plague our earth, rather than using those to create and develop weapons of war, then, perhaps, we can find a cure for cancer. Perhaps we can indeed find a way to eradicate hunger or we can find a way to make people healthy, to create the kind of quality of life that we are looking for.

So, again, I commend the gentleman for taking out the time, for giving the rest of us an opportunity to share and participate; and I believe that if people continue to pursue, as the gentleman is doing, as difficult as it might be, we can ultimately find a peaceful solution to the world's problem.

Mr. PAUL. I thank the gentleman very much for participating.

Early on, I talked about a policy of nonintervention; and I would like to talk a little bit more about that. Because some might construe that if you have a policy of nonintervention, it means you do not care; and that is not the case. Because we can care a whole lot.

There are two very important reasons why one who espouses the constitutional viewpoint of nonintervention, they do it. One, we believe in the rule of law and we should do it very cautiously, and that is what we are bound by here in the Congress. So that is very important.

The other one is a practical reason, and that is that there is not very good

evidence that our intervention does much good. We do not see that intervention in Somalia has really solved the problems there, and we left there in a hurry.

We have spent a lot of money in Bosnia and the other places. So the evidence is not very good that intervention is involved, certainly the most abhorrent type of intervention, which is the eager and aggressive and not-well-thought-out military intervention. That is obviously the very worst.

I would argue that even the policy of neutrality and friendship and trade with people, regardless of the enemy, would be the best.

Of course, if you are involved in a war or there is an avowed enemy, declared enemy, that is a different story. For the most part, since World War II, we have not used those terms, we have not had declared words, we have only had "police actions," and, therefore, we are working in a never-never limbo that nobody can well define.

I think it is much better that we define the process and that everybody understands it.

I would like to go ahead and close with a brief summary of what we have been trying to do here today.

It was mentioned earlier, and I want to reemphasize it, something that has not been talked about a whole lot over this issue, has been the issue of oil. It is oil interests, money involved.

As I stated earlier, we were allies with Hussein when we encouraged him to cross the border into Iran, and yet, at the same time, the taking over of the Kuwait oil fields was something that we could not stand, even though there has not been a full debate over that argument. We have heard only the one side of that, who drew the lines and for what reason the lines were drawn there and whose oil was being drilled. There is a major debate there that should be fully aired before we say that it is the fault of only one.

But it is not so much that it was the crossing of borders. I do believe that oil interests and the huge very, very important oil fields of Iraq and what it might mean to the price of oil if they came on has a whole lot to do with this.

We did not worry about the Hutus and the Tutus in Africa. A lot of killing was going on there; 1 million people were being killed. Where was our compassion? Where was our compassion in the killing fields of Cambodia? We did not express the same compassion that we seem to express as soon as oil is involved.

We cannot let them get away with the repetition of "we got to get the weapons of mass destruction." Of course. But are they mostly in Iraq? I would say we have done rather well getting rid of the weapons there. They are a much weaker nation militarily than they were 10 years ago, and those kind of weapons are around the world, so that, as far as I am concerned, is a weak argument.

Another subject that is not mentioned very often, but the prime minister of Israel just recently implied that, hopefully, we will pursue this policy of going in there and trying to topple this regime. I can understand their concerns, but I also understand the concerns of the American taxpayers and the expense of the American lives that might be involved. So I can argue my case.

But even taking it from an Israeli point of view, I do not know how they can be sure it is in their best interests to go over there and stir things up. They are more likely to be bombed with a terrorist bomb if we go in there and start bombing Iraq. If we do, Israel will not stand by as they did once before. They told us so.

So if we bomb first and then the goal of Saddam Hussein is to expand the war, what does he do? He lobs one over into Israel, and Israel comes in, and then the whole procedure has been to solidify the Islamic fundamentalists. Then there is no reason not to expect maybe Iran and Syria coming in.

Right now Iraq is on closer ties with Syria and Iran than they have been in 18 years. This is the achievement of our policy. We are driving the unity of those who really hate America, and will do almost anything. So we further expose ourselves to the threat of terrorism. So if they are attacked and they have no way to defend themselves against this great Nation of ours, they will strike out. Therefore, I think in the practical argument, we have very little to gain by pursuing this policy.

It is not difficult for me to come down on the side of arguing for peace. Peace is what we should be for. That does not mean you give up your military, but you use your military more wisely than we have over the past 30 or 40 years. You use it for national defense.

Today we have a powerful military force, but a lot of people do not think we are as strong in defense as we used to be. So, yes, we are stronger than others, but if we have a failed and a flawed policy and a military that has been weakened, then we are looking for trouble.

So even the practical arguments call for restraint and a sensible approach, for debate and negotiations. It is for this reason I think for the moment we can be pleased that Mr. Annan went to Iraq and came back with something that is at least negotiable, and that the American people will think about and talk about. Hopefully this will lead not only to peace immediately in this area, but hopefully it will lead to a full discussion about the wisdom of a foreign policy of continued perpetual interventionism and involvement in the internal affairs of other nations.

If we argue our case correctly, if we argue the more argument, the constitutional argument, and the argument for peace as well, I cannot see how the American people cannot endorse a policy like that, and I challenge those who think that we should

go carelessly and rapidly into battle, killing those who are not responsible, further enhancing the power and the authority of those who would be the dictators. They do not get killed. Sanctions do not hurt them. The innocent people suffer. Just as the economic sanctions that will be put on Southeast Asia as we give them more money, who suffers from the devaluations? The American taxpayer, as well as the poor people, whether they are in Mexico or Southeast Asia, in order to prop up the very special interests. Whether it is the banking interests involved in the loans to the Southeast Asians, or our military-industrial complex who tends to benefit from building more and more weapons so they can go off and test them in wars that are unnecessary.

REPORT OF THE CORPORATION
FOR PUBLIC BROADCASTING—
MESSAGE FROM THE PRESIDENT
OF THE UNITED STATES

The SPEAKER pro tempore (Mr. COOKSEY) laid before the House the following message from the President of the United States; which was read and, together with the accompanying papers, without objection, referred to the Committee on Commerce.

To the Congress of the United States:

As required by section 19(3) of the Public Telecommunications Act of 1992 (Public Law 102-356), I transmit herewith the report of the Corporation for Public Broadcasting.

WILLIAM J. CLINTON.

THE WHITE HOUSE, February 25, 1998.

HEALTH CARE REFORM

The SPEAKER pro tempore. Under the Speaker's announced policy of January 7, 1997, the gentlewoman from Connecticut (Ms. DELAURO) is recognized for 60 minutes as the designee of the minority leader.

Ms. DELAURO. Mr. Speaker, I want to stand here and have the opportunity to have a discussion with some of my colleagues this evening, to talk about an issue that is near and dear to the hearts of the American people, and that is for those who are today in something called managed care for their health care, people who are looking at how they are going to afford health care, how in fact they can meet the rules and regulations that some of the HMOs have put upon them, how they can have the option of selecting their physician or specialist if they need one, how in fact they can get all of the information that they need in order to make good choices and good decisions about their medical treatment, and how, if they run into a difficulty with their provider, their HMO, their insurance company, that they have an appeal process that they can go to to see if this can be sorted out.

□ 1730

This is a topic that is going to be hotly debated in this Chamber in the

next several months. The President talked about a patient's Bill of Rights, if you will. That sounds like a very elevated term. Essentially it is what I have talked about, having for individuals the opportunity to know what their best options are in order to get their health care.

This patient's Bill of Rights is going to be debated. The President talked about it in his State of the Union Address. He wants to see something like this passed. There are a number of us on both sides of the aisle, and as a matter of fact it was one of those issues the night of the State of the Union where Democrats and Republicans were on their feet because it makes good sense. It makes good sense for people to have the adequate kind of health care, the adequate treatment that they need in order that they may survive, themselves and their families. What is at stake here is not just the bottom line, the profit motive in health care today, but in fact the health and safety of the American public.

An issue that I have specifically focused on is the issue of mastectomies. I have found through a Dr. Sarfos in Connecticut, a surgeon, he came to me and told me that women were being treated as outpatients for mastectomies, and that they were getting a few hours' treatment, or less treatment than both their doctor and they thought they needed in order for them to be healthy, to be on that road to recovery both emotionally and physically.

Together a number of us have written legislation that says in fact that the length of stay in a hospital needs to be determined by a doctor and by a patient, and not be the decision of the insurance company. In the case of this specific piece of legislation, it says 48 hours for a mastectomy, 24 hours for a lymph node dissection, and that the individual, the woman can in fact have the luxury, if you will, of not having to stay for 48 hours if the doctor and patient make that determination that in fact it can be a shorter stay.

These are commonsense kinds of decisions that we are talking about. What we want to do is to make sure, as I say, at the base of all of this, is that people's health is the first order of business, and not the profit motive of the insurance provider or of the HMOs.

I am delighted to have with me tonight a colleague from Illinois, and I yield to the gentleman from Illinois (Mr. DAVIS).

Mr. DAVIS of Illinois. Mr. Speaker, I thank the gentlewoman from Connecticut for yielding to me, and I also want to do more than that. I want to thank her for the kind of leadership that I think she displays and continues to display in this House of Representatives by bringing before the American people on a daily basis issue by issue, making the greatest use of herself to awaken the conscience of the American people; for putting before them positions that they need to be aware of,

things that they need to understand, and then taking the lead in actually not only talking the talk but walking the walk, and voting her conscience and convictions. It is just a pleasure and an honor for me to serve in this body with her.

Ms. DELAURO. Mr. Speaker, I thank the gentleman very much.

Mr. DAVIS of Illinois. Mr. Speaker, when we look at health care delivery and we look at what has happened in health care all over the place, there have been changes and changes and changes. We see in America right now thousands of individuals who are physicians who decided to go to medical school, learned their profession, because they wanted to be engaged in the practice of medicine. They wanted to work out with patients treatment plans and treatment patterns. They wanted to make use of the skills which they had acquired to provide the best possible care for their patients and their clients.

Now we reach a point where many of these very same physicians, individuals who have spent years and years and years of study and training, are actually being told how they must practice. They are being told what it is they have to prescribe for certain illnesses, what it is that they have to do for certain patients, how long they can keep their patients in the hospital, what they have to do with them if they have to go home. It just seems to me that rather than making use of that training and skills, now we have health maintenance organizations, managed care organizations, HMOs, which are telling the physician how he or she must practice.

I can understand when we first evolved to the point where managed care became a real part of the American scene, people were concerned about cost containment, lack of regulation. It appeared as though the health care industry was running wild, and in some instances people may have been staying in hospitals much longer than they actually needed to. There may have been a few physicians in some cases who may have been taking liberties with their prescriptions and what they were doing, or seeing patients when they were not needed to be seen. But that was not the majority. That was not even anything close to a majority.

I think we have now given managed care, HMOs, a little too much action. I think we have given them too much leeway to set the pace, to make the decisions, to make the determinations. It is time to look at the needs of the patients. That is why, when the President talks about a patient's Bill of Rights, what he is really talking about is looking now at what the patient can logically and reasonably expect from a health care provider, from a health care institution that will meet his or her individual needs.

I do not believe that you can practice medicine wholesale, when it gets down