

initial problem will no longer suffice. It now takes a major change. Moreover, at this stage, the direction of any likely change is clear to everyone—in the case of Thailand, a devaluation. A speculator who sold the Thai baht short could at worst lose commissions and interest on his capital since the peg meant that he could cover his short at the same price at which he sold it if the baht was not devalued. On the other hand, a devaluation would bring large profits.

Many of those responsible for the East Asia crisis have been unable to resist the temptation to blame speculators for their problems. In fact, their policies gave speculators a nearly one-way bet, and by taking that bet, the speculators conferred not harm but benefits. Would Thailand have benefited from being able to continue its unsustainable policies longer?

Capital controls and unified currencies are two ways out of the trilemma. The remaining option is to let exchange rates be determined in the market predominantly on the basis of private transactions. In a pure form, clean floating, the central bank does not intervene in the market to affect the exchange rate, though it or the government may engage in exchange transactions in the course of its other activities. In practice, dirty floating is more common: The central bank intervenes from time to time to affect the exchange rate but does not announce in advance any specific value that it will seek to maintain. That is the regime currently followed by the U.S., Britain, Japan and many other countries.

FLOATING RATE

Under a floating rate, there cannot be and never has been a foreign exchange crisis, though there may well be internal crises, as in Japan. The reason is simple: Changes in exchange rates absorb the pressures that would otherwise lead to crises in a regime that tried to peg the exchange rate while maintaining domestic monetary independence. The foreign exchange crisis that affected South Korea, Thailand, Malaysia and Indonesia did not spill over to New Zealand or Australia, because those countries had floating exchange rates.

As between the alternatives of a truly fixed exchange rate and a floating exchange rate, which one is preferable depends on the specific characteristics of the country involved. In particular, much depends on whether a given country has a major trading partner with a good record for stable monetary policy, thus providing a desirable currency with which to be linked. However, so long as a country chooses and adheres to one of the two regimes, it will be spared foreign-exchange crises and there will be no role for an international agency to supplement the market. Perhaps that is the reason why the IMF has implicitly favored pegged exchange rates.

The present crisis is not the result of market failure. Rather, it is the result of governments intervening to or seeking to supersede the market, both internally via loans, subsidies, or taxes and other handicaps, and externally via the IMF, the World Bank and other international agencies. We do not need more powerful government agencies spending still more of the taxpayers' money, with limited or nonexistent accountability. That would simply be throwing good money after bad. We need government, both within the nations and internationally, to get out of the way and let the market work. The more that people spend or lend their own money, and the less they spend or lend taxpayer money, the better.

MENTAL HEALTH CRISIS

HON. MARGE ROUKEMA

OF NEW JERSEY

IN THE HOUSE OF REPRESENTATIVES

Tuesday, October 13, 1998

Mrs. ROUKEMA. Mr. Speaker, I am pleased to take this time (with the gentlelady from Ohio, Ms. KAPTUR) to illuminate what needs to be done to address the silent medical crisis in America of mental illness.

Mental illness is not a character flaw, but a tangible treatable health problem as real as hypertension or heart disease or tuberculosis or the many forms of cancer.

The good news: advances of our medical system have provided scientific breakthroughs that make appropriate mental health care as effective as insulin for a diabetic.

While we do have the ability to treat mental illness, we have a tremendous amount of work to do in the critical area of public understanding of mental illnesses—leading to appropriate treatment.

Unfortunately, America is witnessing more violence every day resulting from untreated mental illness and a failed policy of deinstitutionalization without any proper community follow-up.

All too often we hear of situations where an individual with a mental disorder has not received adequate treatment and has reacted violently and endangered him—or herself or, tragically, taken the life of another. Last year, alone, over 1,000 homicides were directly attributable to improperly treated mental illnesses.

This crisis is not just a crisis for adults. This crisis also affects our children.

The American Academy of Child & Adolescent Psychiatry estimates that 12 million American children have a mental illness at any one time, but fewer than one in five is identified as needing treatment. Early diagnosis, follow-up treatment, and prevention and intervention programs can help children and adolescents at risk for violent incidents.

My colleagues, these are the dimensions of this silent crisis. But we are not powerless. We can do something.

I, along with Representative KAPTUR, have introduced a sense of the House resolution to establish a mental illness working group to probe the gaping holes in the network of services designed to identify, assist, and treat those people with mental illness.

While treatment of the mentally ill is primarily a function of the separate states, there does exist significant sharing of costs and some joint federal/state responsibilities in such areas as reciprocity between states, the relationship of SSI and Medicaid to mental illness and the designation of Institutions of Mental Diseases.

Other key federal components that require oversight and analysis are the effectiveness of mental health block grants and the federal prison costs attributed to mental illness.

Our proposed mental illness working group would be charged with gathering information about the nature of the problem, current state and federal policy gaps as well as reviewing the need for reciprocity and how states and communities failed to provide follow-up treatments to these individuals.

This will involve Members of the various Committees that have jurisdiction over federal

issues involving the mentally ill, including Ways and Means, Judiciary, Commerce, Veterans Affairs, Appropriation, Banking and the Education and the Workforce Committee. They are involved in issues ranging from discrimination in health care coverage to public housing.

We must take responsible action and seize this opportunity to ensure that something beneficial results from recent tragedies, such as that which occurred here on Capitol Hill.

I hope you will join us in this effort.

OPPOSING REPUBLICAN LAST MINUTE EFFORTS TO PASS A MODIFIED VERSION OF H.R. 4006, THE LETHAL DRUG ABUSE PREVENTION ACT

HON. FORTNEY PETE STARK

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Tuesday, October 13, 1998

Mr. STARK. Mr. Speaker, I rise to express my strong opposition to attempts that I understand are currently underway to attach a version of H.R. 4006, The Lethal Drug Abuse Prevention Act of 1998, to the omnibus appropriations bill that will soon be considered by Congress.

H.R. 4006 has been scheduled for floor consideration by the Full House several times this year. Each time it has been pulled from consideration because of the great concerns expressed by our medical community. The bill purports to simply combat the practice of physician-assisted suicide. Unfortunately, that is not all the bill accomplishes. It also presents real barriers to the appropriate care of terminally ill and dying patients.

It does not appear that the supporters of this legislation intend to affect palliative care for the dying. But, regardless of intent, it is the effect of this bill. The latest version of the bill would have the same result.

If it becomes law, doctors will be deterred from providing appropriate pain management to their terminally ill patients. If you've ever lost a loved one after a long, painful illness, you know the importance of these medications. They are vital to ease the pain of people in their final days of life. It should be up to the patient, the doctor, and the patient's family to develop an appropriate pain management program—without the doctor needing to fear intervention from the federal government.

The tools exist today at the state level through the State medical and pharmacy boards to seek out and discipline doctors and other health care providers that violate the law regarding the dispensing of controlled substances. This legislation is not necessary.

The medical community is opposed to this action and patient advocacy groups are opposed to it as well. In total, more than 55 such organizations have signed up to express their opposition. The Department of Justice, the very agency that would be required to enforce the policy if it were to become law, has also voiced strong opposition to this action. In a letter to Chairman Hyde regarding H.R. 4006, the Departments states: "Virtually all potent pain medications are controlled substances. Thus, physicians who dispense these medications to ease the pain of terminally ill patients could well fear that they could be the subject

of a DEA investigation whenever a patient's death can be linked to the use of a controlled substance."

If we've learned anything from the managed care debate, it is that the American public wants medical decisions made by doctors and their patients—not health plan or government bureaucrats. This bill goes in the opposite direction from those desires.

We are at this point not because of any need for a new law. We are here because the Christian right is pushing this issue as yet another part of their wish list. They want to force it through the process even though there are serious, legitimate questions about its unintended consequences. Its supporters want it passed regardless of those concerns so that it can send a political message. We should resolve those concerns, not shut our eyes and rush it into law.

The last minute appropriations gimmick is Congress at its worst. Because there is legitimate opposition to passing the legislation through the regular legislative process, this is an attempt to tie the Department of Justice's hands via Congress' ability to control their spending authority. I strongly oppose inclusion of this provision in the omnibus appropriations package and urge my colleagues to join me in defeating this misguided legislation, which attempts to please a political constituency at the cost of appropriate medical care for terminally ill patients.

DISSENTING VIEWS TO H.R. 1842
OMITTED FROM COMMITTEE ON
RESOURCES REPORT

HON. GEORGE MILLER

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Tuesday, October 13, 1998

Mr. MILLER of California. Mr. Speaker, due to an administrative error, dissenting views were inadvertently omitted when the Committee on Resources filed House Report No. 105-781, on H.R. 1842, a bill to terminate further development and implementation of the American Heritage Rivers Initiative. I submit a copy of the dissenting views that would have been filed on this legislation to be printed in the CONGRESSIONAL RECORD. I have also asked that these views be included in the official Archive of the legislative history of this bill.

H.R. 1842—DISSENTING VIEWS

The American Heritage Rivers Initiative is intended to make the government serve the people more efficiently—and in fact that is what it will do. The program would affect only rivers where the local citizens have specifically requested the designation of their rivers as American Heritage Rivers. H.R. 1842 is a bill that would prevent the President from responding to those requests and coordinating the delivery of government services to those local communities. We must oppose this bill, which would stand in the way of government efficiency and effectiveness.

The American Heritage Rivers Initiative is designed to help citizens who ask for assistance with federal river programs. It is driven entirely by requests from local communities who ask to have their rivers designated, and specify the federal programs they believe can serve community goals for their rivers. Once the designations are made, the program will continue to be guided by *local* goals for river restoration and economic development. The

designated "River Navigator" will respond to *local* requests to coordinate federal agency assistance.

The American Heritage Rivers Initiative doesn't involve new regulatory authority or new land acquisition. It simply coordinates existing federal programs and asks the federal government to be more responsive to the people. It will not impose any new federal mandates on private land. In fact, the Executive Order on the American Heritage Rivers Initiative provides repeated assurances that no such actions will occur and that Fifth Amendment rights will be protected. And of course, zoning and land use decisions will remain under local control. Nothing about the American Heritage Rivers Initiative changes that traditional local authority.

Concerns have been raised regarding the participation of designated "River Navigators" in local court proceedings and zoning board hearings. CEQ Chair Kathleen A. McGinty assured the Committee that the River Navigators would not take such action in their roles as River Navigators. Obviously, the White House cannot anticipate every circumstance where the government might be sued and federal employees might have to testify. But the White House has promised that River Navigators will not be intervening in local courts and zoning boards in their roles as River Navigators. This is as much as could be expected.

The American Heritage Rivers Initiative will not impose new zoning or new regulations on private property. It will not involve new federal land acquisition. It will simply respond to local communities who request help in accessing government services. We oppose the bill to terminate this worthwhile program.

GEORGE MILLER, ED MARKEY, NEIL ABERCROMBIE, ENI FALCOMAVAEGA, SAM FARR, PATRICK KENNEDY, ADAM SMITH, DONNA CHRISTIAN-GREEN, LLOYD DOGGETT, DALE KILDEE, FRANK PALLONE, NICK JOE RAHALL, BRUCE VENTO, MAURICE HINCHEY, CALVIN DOOLEY, WILLIAM DELAHUNT, CARLOS ROMERO-BARCELO

IN HONOR OF BROOKLYN COPS
AWARDED THE TOP COPS AWARD

HON. EDOLPHUS TOWNS

OF NEW YORK,

IN THE HOUSE OF REPRESENTATIVES

Tuesday, October 13, 1998

Mr. TOWNS. Mr. Speaker, I rise today to pay tribute to the Brooklyn Police Officers who were honored in the Top Cop Award Ceremony.

These men, who everyday place themselves on the line are a vital resource to Brooklyn in particular and New York State in general. Their heroism above and beyond their call to duty is an admirable and honorable task. These officers without regard for their own safety, used their excellent training and resources to thwart a potential domestic terrorist act.

With the use of civilian informants, the officers were made aware of plans to use explosive devices with the intent of targeting and destroying a section of the New York subway system. One can imagine the tragedy that may have ensued had those deadly plans been carried out. Thanks to the expedient tactical plans created by the officers they were able to catch the would be domestic terrorists

before they were able to do any harm. This act is just one of the many these officers do day in and day out constantly protecting civilians from unseen dangers and harm.

These officers embody the true and honorable spirit of law enforcement. They stand as shining examples of what it means to uphold law and justice. Though they deserve so much more for their constant and tireless commitment, this award shows our support and understanding of the danger of the job they do for us everyday. I want these officers to know that I personally thank them for protecting me and my loved ones from an all too close possible incident of domestic terrorism. May their honor and valor stand as an example to others, officers and civilians, of the true meaning of dedication and selflessness.

Mr. Speaker, I would like to ask you and my colleagues on both sides of the aisle to rise with me to give a well deserved round of applause for Brooklyn's Top Cops—Officer Joseph Dolan, Sergeant, John A. English, Jr., Officer Michael F. Kenan, Officer David Martinez, Lieutenant Owen C. McCaffrey, Deputy Inspector Raymond McDermott, Captain Ralph Pascullo, and Officer Mario Zorovic.

SENSE OF CONGRESS REGARDING
FORMER SOVIET UNION'S RE-
PRESSIVE POLICIES TOWARD
THE UKRAINIAN PEOPLE

SPEECH OF

HON. TOM LANTOS

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Saturday, October 10, 1998

Mr. LANTOS. Mr. Speaker, I join my colleagues on the House International Relations Committee in supporting the adoption of House Concurrent Resolution 295 remembering the suffering of the people of Ukraine on the 65th anniversary of the horrendous 1932-1933 famine which resulted in the death of more than seven million people—a quarter of the population of that land.

Such massive loss of life, Mr. Speaker, is always a great tragedy, but the Ukrainian famine was a particularly devastating event because it was largely an artificial disaster—it was the consequence of vicious misguided policies of the Stalinist regime in the Soviet Union. In 1929, the Soviet dictator, Josef Stalin, decreed the implementation of the policy of collectivization in agriculture, largely to ensure government control over the country's agriculture. This was done in order for the totalitarian government in the Kremlin to control more of the country's agricultural products to provide hard currency and capital for investment in industrialization.

After forced collectivization began in 1929, the rural population of Ukraine began to suffer. The diet of the population began to worsen. By the fall of 1931 the people of this rich breadbasket were trying to survive on a diet of potatoes, beets and pumpkins. Hunger people from Ukraine were traveling in ever larger groups to neighboring areas, particularly to Russia, to find food.

By the spring of 1932 people began to die of starvation. Conditions were so difficult that when peasants began the spring sowing, they kept the seeds that were necessary for that year's crop home for their children to eat. This