''Milos Crnjanski'' and ''Dusan Matic''; Refugee camp ''7 juli'' in Paracin has sustained heavy damage; Office building of the Provincial Executive Council of Vojvodina, Novi Sad; Several thousand housing facilities damaged or destroyed, privately or State owned, across Yugoslavia—most striking examples being housing blocks in downtown Aleksinac and those near Post Office in Pristina.

7. INFRASTRUCTURE

Electrical Power Supply in Batajnica (26 March 1999); Damage to water supply system in Zemun (5 April 1999); Damage to a power station in Bogutovac (10 April 1999); Telephone lines cut off in Bogutovac (10 April 1999); Damage to a power station in Pristina (12 April 1999); Damage to Bistrica hydroelectric power station in Polinje (13 April 1999);

TELECOMMUNICATIONS

TV TRANSMITTERS (17):

Jastrebac (Prokuplje), Gucevo (Loznical), Cot (Fruska Gora), Grmija (Pristina), Bogutovac (Pristina), TV transmitter on Mt Goles (Pristina), Mokra Gora (Pristina), Kutlovac (Stari Trg), ''Cigota'' (Uzice), ''Tornik'' (Uzice), Transmitter on Crni Vrh (Jagodina), Satellite station (In Prilike near Ivanjica), TV masts and transmitters (Novi Sad), TV transmitter on Mt Ovcara (Cacak), TV transmitter on Kijevo (Belgrade), TV transmitter on Mt Cer, Communications relay on Mt Jagodnji (Jrupanj).

CULTURAL-HISTORICAL MONUMENTS AND RELIGIOUS SHRINES

MEDIEVAL MONASTERIES AND RELIGIOUS SHRINES (16):

Monastery Gracanica from 14th century (24 March—6 April 1999); Monastery Rekovica from 17th century (29 March 1999); Patriarchate of Pec (1 April 1999); Church in Jelasnica near Surdulica (4 April 1999); Monastery of the Church of St. Juraj (built in 1714) in Petrovaradin (1 April 1999); Monastery of Holy Mother (12th century) at the estuary of the Kosanica in the Toplica—territory of municipality of Kursumlija (4 April 1999); Monastery of St. Nicholas (12th century) in the territory of the municipality of Kursumlija (4 April 1999); Monastery of St. Archangel Gabriel in Zemun (5 April 1999); Roman Catholic Church St. Antonio in Djakovica (29 March 1999); Orthodox cemetery in Gnjilane (30 March 1999); Monuments destroyed in Bogutovac (8 April 1999); ''Kadinjaca'' memorial complex (8 April 1999); Vojlovica monastery near Pancevo (12 April 1999); Hopovo monastery, iconostasis damaged (12 April 1999); Orthodox Christian cemetery in Pristina (12 April 1999); Monastery church St. Archangel Michael in Rakovica (16 April 1999).

CULTURAL-HISTORICAL MONUMENTS AND MUSEUMS (8):

Severe damage to the roof structure of the Fortress of Petrovaradin (1 April 1999); Heavy damage to ''Tabacki bridge'', four centuries old, in Djakovica (5 April 1999); Substantial damage to the building in Stara Carsija (Old street) in Djakovica (5 April 1999); Destroyed archives housed in one of the Government buildings in Belgrade (3 April 1999); Memorial complex in Gucevo (Loznica); Memorial complex ''Sumarice'' in Kragujevac; Vojvodina Museum in Novi Sad; Old Military Barracks in Kragujevac—under the protection of the state (16 April 1999).

Mr. Speaker, we cannot have democracy in Serbia if we blow up the civilian infrastructure, which is a precondition for ever having a democratic movement in that country.

I am so grateful to my colleague, the gentleman from California (Mr. CAMPBELL), for his leadership, his willingness to stand up and speak out and challenge this illegal and immoral war.

Mr. CAMPBELL. Mr. Speaker, reclaiming my time, I want to thank my colleague and applaud his courage and farsightedness.

LIVABILITY

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Connecticut (Mr. LARSON) is recognized for 5 minutes.

Mr. LARSON. Mr. Speaker, today I rise to support a program that is helping cities and towns across the country find ways to build safer, stronger, and more economically viable communities. It is called the Transportation and Community and System Preservation Pilot program. While many of our state and local governments are struggling to deal with the problems relating to urban sprawl and how to create livable communities, this is one program that focuses on finding solution to these difficult problems.

Funds from this pilot program are provided to eligible state and local governments and municipal planning organizations to help them accomplish goals such as improving the efficiency of their transportation system and ensuring access to jobs, services, and centers of trade.

Just how necessary is this pilot program to cities and towns? Let's look at the numbers: This year 324 applications were received from communities across the country, all vieing to be one of the 35 that were finally selected.

Fortunately for the First District of Connecticut, one of the those 35 final selections was a joint application filed by the city of Hartford, the town of Suffield, and the town of West Hartford. After reading this unique and resourceful proposal, I was pleased to write a letter of support to Secretary Slater on behalf of the three communities. The driving force behind their project is quite simple: teamwork.

Their proposal, which has received a $480,000 grant through the pilot project, acknowledges the tension that often exists between grassroots, neighborhood efforts and more top-down regional planning. Therefore, it proposes to use this tension for its creative potential. They will work from both a regional and a neighborhood level to develop intermodel design standards that address walking, biking, parking, transit, trucking and easing traffic congestion.

I urge my colleagues to continue to support this innovative program so that our cities and towns can be better prepared to meet the challenge of the 21st century. They can only succeed if we provide the financial framework, but let their vision create the communities of tomorrow.

The SPEAKER pro tempore. Under a previous order of the House, the gentlewoman from Texas (Ms. JACKSON-LEE) is recognized for 5 minutes.

(Ms. JACKSON-LEE of Texas addressed the House. Her remarks will appear hereafter in the Extensions of Remarks.)

THE TECHNOLOGY EDUCATION CAPITAL INVESTMENT ACT OF 1999

The SPEAKER pro tempore. Under a previous order of the House, the gentlewoman from Oregon (Ms. HOOLEY) is recognized for 5 minutes.

Ms. HOOLEY of Oregon. Mr. Speaker, I rise today to address one of our Nation's fastest-growing industries, the high-tech industry. In 1998 alone, the information technology industry accounted for 15 percent of our Nation's economic growth, and there is no indication that this trend will slow in the future.

Our high-technology economy creates better-paying jobs, increases productivity in all sectors of the economy and relies on a knowledgeable workforce. Further, high-tech companies currently employ 4.8 million people.

But, Mr. Speaker, we have a problem. Recent studies have shown a significant shortage of qualified workers in high-tech industries nationwide. Today, there are about 190,000 unfilled information technology jobs in the United States, and nearly half of the CEOs of these companies report having inadequate numbers of workers to staff their companies.

This personnel shortage is expected to grow rapidly over the next decade. If we fail to give this issue the appropriate attention today, we may send many of these well-paying, high-paying jobs overseas.

In order to address this shortage, I have introduced H.R. 709, the Technology Education Capital Investment Act. This legislation would help to stimulate technology education and increase the number of graduates of engineering and technology workers from our universities and community colleges.

The act addresses the issue of worker shortage in high-technology industry by making science and technology a priority for elementary schools, higher education and businesses alike. My bill would provide money to the National Science Foundation to provide elementary school children with programs that encourage math and science.

H.R. 709 also creates scholarships for students entering math, science and engineering degree programs and develops partnerships between high-technology firms and institutions of higher education by providing hands-on internships for college students.

Finally, this legislation extends tax exemption for employer-provided education assistance and establishes a Technology Workforce Commission that would report back to Congress on what to do about this issue.

I have introduced this bill not only because I am deeply concerned with the shortage of well-trained high-tech workers but also out of concern that our children are falling behind their peers in what is already a worldwide marketplace.

We must make education and learning a priority. This bill, in fact, will reduce the current shortage of qualified

high-tech workers and provide our Nation's next generation of leaders with the resources they need to succeed.

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Indiana (Mr. ROEMER) is recognized for 5 minutes.

(Mr. ROEMER addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

The SPEAKER pro tempore. Under a previous order of the House, the gentlewoman from Hawaii (Mrs. MINK) is recognized for 5 minutes.

(Mrs. MINK of Hawaii addressed the House. Her remarks will appear hereafter in the Extensions of Remarks.)

MANAGED CARE REFORM

The SPEAKER pro tempore. Under the Speaker's announced policy of January 6, 1999, the gentlewoman from California (Ms. WOOLSEY) is recognized for 60 minutes as the designee of the minority leader.

Ms. WOOLSEY. Mr. Speaker, we are going to speak today in our special order about managed care reform. To get started, I yield to my colleague, the gentlewoman from North Carolina (Mrs. CLAYTON).

Mrs. CLAYTON. Mr. Speaker, I thank the gentlewoman from California (Ms. WOOLSEY) for yielding me this time; and I thank her for arranging this special order on the Patients' Bill of Rights. I also thank her for her leadership in this area.

Mr. Speaker, there is a young woman in my district who attends East Carolina University. She is a student in the Allied Health Department. This young woman is no different than any other student at ECU. She has hopes, dreams, goals and ambitions. However, her hopes and dreams, her goals and ambitions are inhibited.

She is a quadriplegic. The story of this young person, disadvantaged due to a disability, is not a new story, but this is a story that is distinct from others. This story is distinct because it could have been different. It could have been very different because if she had received the treatment she required she may have been able to avoid the complete paralysis that she must live with for the rest of her life. If she had received the treatment required, she may not have been a quadriplegic, which she is now.

Why then, one may ask, did she not receive the proper treatment? The reason is that her neurologist, under pressure from her insurance provider, did not render the treatment.

Mr. Speaker, let me share the words of this student. She states, ''Eventually, I had the surgery, and they told me that if I had the MRI that my radiologist recommended, I would not be in the condition I am today.''

She goes on to say, ''I feel that managed care, along with my neurologist, made a decision that changed my whole life.''

Life-changing decisions are being made every day by those who count numbers and do not count individuals.

Life-changing decisions are being made every day by those who put profit before people and the bottom line before the end result.

Witness, for example, the father of another student in my district. This father, a veteran, faced terminal illness. While hospitalized, his family was informed that his HMO had instructed that he be removed to a nursing home within 24 hours. The family was out of town, and while grappling with the pain of a father's illness, they had to endure the pressure from the HMO.

This father had defended the country when he had good health but now that he was down he could not defend himself. Worse, under current conditions, the country could not or would not defend him.

Mr. Speaker, there are countless horrible stories like these. Perhaps that is why 22,000 citizens nationwide now have signed a petition demanding a change. Almost 2,000 of those persons came from the State of North Carolina. These persons recognize that it is fundamental that every citizen have access to doctors of their own choice.

It is fundamental that every citizen have access to needed prescription drugs. It is fundamental that every citizen can appeal poor medical decisions, can hold health care providers accountable when they are wrongfully denied care and can get emergency care when necessary. The Patients' Bill of Rights Act, H.R. 358, provides these fundamental rights.

A bill reported from the Senate, which is S. 326, does not provide these fundamental rights. Health care should be about curing diseases, not counting dollars and dimes. Medical treatment should be about finding remedies, not a rigid routine that puts saving money over sparing pain and suffering of human beings.

Patients deserve service from trained, caring individuals; not narrow-thinking persons more interested in crunching numbers than saving lives.

The Patients' Bill of Rights Act effectively provides a panoply of basic and fundamental rights to patients.

The other managed care reform bill, passed by the Senate, does not.

The Patients' Bill of Rights Act provides real choice. The other bill does not.

The Patients' Bill of Rights provides access. The other bill does not provide comparable access.

The Patients' Bill of Rights Act provides open communication. The Senate committee-passed bill does not.

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Mr. Speaker, these are not radical rights, these rights are very basic and fundamental. Legislation of this type is needed and necessary because 60 percent of the American people living in this country do not have protection that will give them patient protection regulations.

The Patients' Bill of Rights Act simply provides minimum standards for the protection of patients in managed care. I am proud to be a cosponsor of the Patients' Bill of Rights Act. I am proud to join my colleague today in this special order, and I urge and encourage all the citizens to continue to sign onto the Internet, but more importantly, I urge my colleagues to make sure they support the Patients' Bill of Rights Act. We must change the way we provide health care, and we must respect the Patients' Bill of Rights Act.

Again, I thank my colleague for providing me the opportunity and arranging this special order.

Ms. WOOLSEY. I thank the gentlewoman for being here. I would like to point something out that the gentlewoman will find sad and yet interesting.

As far back as 1997, the Henry J. Kaiser Foundation and Harvard University School of Public Health had a study. One of their questions asked was, in the past few years, did they or someone they know have an HMO or managed care plan deny treatment or payment for something a doctor recommended.

Like the young woman the gentlewoman referred to earlier, the answer from 48 percent of the participants was, yes, denied care that was necessary from an HMO or a managed care plan. That 48 percent represents 96 million people who have had problems with health care, or know of someone who has. That is why we are here tonight. I thank the gentlewoman very much for coming and being part of this.

Mr. Speaker, 5 years ago the Republicans defeated President Clinton's health care reform bill. They claimed it would allow the Federal Government to interfere with doctor-patient relationships. Yet, when that same relationship between a doctor and a patient was threatened by a corporate bureaucracy, the managed health care industry, Republicans last year offered legislation that did absolutely nothing to protect the sanctity of choices made by doctors and their patients.

It is the same story in the 106th Congress. Democrats have been waiting for 2 years to pass the Patients' Bill of Rights Act, the bill that is outlined here on this board. Right now we are ready to work to improve Americans' access to quality health care. There must be enforceable rights to make consumer protections real and meaningful for all Americans.

Many States have passed legislation making a patchwork of protections. This patchwork does not provide a good fix for over 175 million Americans who need the Patients' Bill of Rights Act to be passed. We must remember, when we are talking about the Patients' Bill of Rights Act and managed care, that three of four people are in the managed care system.