

moment of observance. They will be submitting remarks for the RECORD later on.

I will simply close today with the words of a fellow Mississippian, William R. Ferris, Chairman of the National Endowment of the Humanities, who said this afternoon, "Eudora Welty's mastery of language was unparalleled, and her unswerving commitment to her craft as a writer will inspire future generations. We mourn the loss of a truly great writer and friend whose love and compassion enriched us all."

PUTTING PATIENTS BEFORE PROFITS

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

Mr. DAVIS of Illinois. Mr. Speaker, on Sunday evenings I usually do a radio show called "Talking to the People" with a co-host, Garfield Major; and on last evening, we were supposed to have a guest, a young lady who was going to be with us. But then, of course, during the week she passed away, and we decided that we would dedicate the show in her memory. Her funeral is going to take place on Thursday of this week, and I simply want to say to the family of Evelyn Spivery and all of the people who worked with her that we share with them in their grief and sorrow at her early and untimely death.

Mr. Speaker, I rise today to lend my support to and talk about an issue that is important to all of America, and that is the issue of a patients' bill of rights. Not just any patients' bill of rights, but I support the patients' bill of rights sponsored by my colleagues Mr. MCCAIN, Mr. KENNEDY, and Mr. EDWARDS in the Senate, and the companion legislation sponsored by the gentleman from Iowa (Mr. GANSKE) and the gentleman from Michigan (Mr. DINGELL) here in the House. I support the patients' bill of rights that puts patients before profits, and values human life over the bottom line.

The idea of a patients' bill of rights is nothing new to this Congress. We have all listened to the rhetoric, and we have all been involved in the debate. As a matter of fact, as a Member of Congress since 1996, I must say that it is interesting to see where this debate has gone.

I find it worth commenting that the question we are now faced with is not so much whether we should pass a patients' bill of rights, but which version we shall pass. In other words, we are all pretty much in agreement that patients need to be afforded an increased level of protection from the predatory tendencies of some components of our health care delivery system. But rather than immediately delving into the particulars of why we should prefer one version over another, I believe it is instructive to take a step back for a mo-

ment and look at the concept of a patients' bill of rights in the first place.

The very idea that we need a patients' bill of rights, an idea, I remind you, we are all in support of, implies the presence of an injurious element within our health care system. The simple fact that we are debating this idea means that each one of us at some level acknowledges the basic reality that the interests of some parts of our health care delivery system seem to be adversarial to the interests of patients.

I believe that the debate over which patients' bill of rights to accept can be resolved simply by looking more closely at what I will call the nature of the beast. Too often I believe that we talk about solutions without fully understanding the problem. I believe that with a careful examination of the means and motives by which some components of our health care system make money off the pain and suffering of patients, the answer to the question of which patients' bill of rights is the real patients' bill of rights becomes self-evident.

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Now, what is it about those components of our health care system that is so inherently evil? Well, let me read a quote from Milton Friedman, a well-known advocate of free market economics. Mr. Friedman says that "few trends could so thoroughly undermine the very foundations of our free society as the acceptance by corporate officials of a social responsibility other than to make as much money for their stockholders as possible." In other words, if we go by the dictates that managed care organizations live by, not only is it undesirable to take a patient's well-being into account, it is simply unethical to do so. Any motive other than the profit motive is extraneous and inappropriate. This narrow-minded approach has placed our great Nation in a completely unique situation. We are the only Nation in the entire world with a health care system whose fundamental organizing principle is to avoid as many sick people as possible.

Let me say that again. I believe this gets to the crux of the matter. Many managed care corporations are predicated upon avoiding the needs of patients.

Now, given the fact that some managed care corporations are opposed to the needs of patients, given the fact that some managed care guidelines, as they are currently written, do not allow patients to stay overnight for a mastectomy or see a neurologist for new onset seizures, and given the fact that some corporations spend 25 cents of every dollar on administrative expense while Medicare is administered at a rate of over 12 times less, and given the fact that many of these same corporations feel that patients' rights that would allow the patient to go into a court of law to seek redress for injury, I think it is clear, Mr. Speaker, that the only real Patients' Bill of

Rights is the one that puts people over profits, and the motive is to protect the patient.

STAND UP FOR THE NATIONAL GUARD

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

Mr. TIAHRT. Mr. Speaker, I rise today to speak on behalf of our National Guard. For 225 years our young men in the National Guard and our young women in the National Guard have stood in the gap when our Nation was called. From Concord to Kosovo, they have put their lives on hold, left their families, their jobs and responded to our Nation's needs. Today, they are continuing that great tradition.

If it was the will of the President to send our young men and women into harm's way tonight, they would drop everything and they would go. As we speak, the 184th Bomber Wing at McConnell Air Force Base, an Air National Guard unit in Wichita, Kansas, is on call. If the assignment came to send our B-1 bombers to a foreign target, it would be the volunteers of the 184th Air National Guard Bomber Wing that would fuel the planes, load the bombs, fly the mission and, once again, stand in the gap for us and for our children.

I tell my colleagues this with great pride because I know many of these young men and women in the 184th. Some of them grew up in Wichita, Kansas, the air capital of the world, home of Boeing, Beech, Cessna and Lear Jet. Some of them are second and third generation aircraft workers. It is almost genetic for them. It is a passion for them.

That may explain why the 184th B-1 Wing has the highest mission-capable rate of any of the B-1 bases, including the three active duty B-1 bases, the highest mission-capable rate. Of course, the average length of experience on the flight line at the McConnell Air Force Base for the Air Force workers is 15 years, 15 years of experience. However, at the active duty bases, it is only 3 years. On top of that, the cost per flight hour is lower at the Air National Guard unit at McConnell Air Force Base. It is a little over \$6,000 per hour to fly the B-1, compared to over \$10,000 per hour at the active duty base, considerably more. Lower cost, more experience, higher mission-capable rate: That is an attractive alternative to the active duty, and it tells us how important Air National Guard is to our Nation.

Mr. Speaker, when we compare how the Air National Guard has handled their mission with the B-1 to the active duty, one would think there would be no question whether we should keep the B-1 mission in the National Guard. But, Mr. Speaker, the Guard is under attack. According to the Secretary of the Air Force and released program