

## EXTENSIONS OF REMARKS

INTRODUCTION OF H.R. 4855

**HON. LEONARD L. BOSWELL**

OF IOWA

IN THE HOUSE OF REPRESENTATIVES

*Tuesday, July 20, 2004*

Mr. BOSWELL. Mr. Speaker, I am pleased to join Mr. CRAMER in introducing H.R. 4855, a bill to create an Independent National Security Classification Board.

As a Member of the House Permanent Select Committee on Intelligence, I have been privy to many of our nation's most precious secrets. Much of the information and reports provided to the Committee has been properly classified by the Executive Branch. I and many of my Intelligence Committee colleagues, however, have been concerned that some decisions to keep certain information classified are not based on the need to protect national security. Instead, they may have been motivated by a desire to shield officials from accountability and otherwise keep information away from those who have a right to know—concerned citizens. Such action serves only to stifle public debate and undermine the integrity of the system. It is unacceptable.

The proper test is one that balances national security requirements with the public's interest in receiving information. Unfortunately, this has not been done in the recent past. While serving on the House and Senate Joint Inquiry into Intelligence Community Activities Before and After the Terrorist Attacks of September 11, 2001, I witnessed first-hand the struggle related to declassification of information of great import to the families who lost their loved ones on 9–11 and the general public. The 9–11 Commission, which will release its report later this week, faced similar struggles.

The time has come to establish an independent panel of experts to review classification policies and decisions and requests for declassification of information. Such a panel is needed in order to restore integrity and accountability to the classification and declassification process.

H.R. 4855 would establish an Independent National Security Classification Board. The Board would be comprised of three national security classification experts, appointed by the President with the advice and consent of the Senate.

The Independent Board would be charged with reviewing and making recommendations to reform standards and procedures related to the classification of national security information. The Board would submit proposed new standards and processes to both Congress and the Executive Branch for comment and revision, and then implement the new standards and process once they have had the opportunity to comment. The Board would then begin to implement the new system, reviewing and making recommendations on current and new national security classifications, subject to Executive Branch veto that must be accompanied by a public, written explanation.

The balance in this proposal would help ensure that the public and Congress have access to an Independent Board for national security classification matters while leaving undisturbed the constitutional prerogative of the President, our Commander-in-Chief, to appoint the Board and to veto the Board's classification decisions.

This same measure was introduced by a bipartisan group of Senators. I hope H.R. 4855 will attract similar bi-partisan support in the House. Because of the critical need to address the issues associated with the classification of national security information, Mr. CRAMER and I, both Members of the Intelligence Committee, believed it imperative not to delay introduction of this bill. I urge Members to support it.

**DR. MARVIN LEWIS SHELTON: A  
SURGEON'S SURGEON**

**HON. CHARLES B. RANGEL**

OF NEW YORK

IN THE HOUSE OF REPRESENTATIVES

*Tuesday, July 20, 2004*

Mr. RANGEL. Mr. Speaker, I rise to recognize the loss and to pay tribute to one of America's outstanding surgeons who pioneered advanced operative techniques and implants for the treatment of ankle fractures, Dr. Marvin Lewis Shelton. His genius as a researcher and inventor in his field earned him the moniker, "the George Washington Carver of Orthopedic Surgery."

Dr. Shelton died at his home in Riverdale, New York, on July 7, 2004. He was 72.

What a man he was and what a family he left behind. With all of his professional and academic successes, Dr. Shelton's first loves were his family and his beautiful and devoted wife of 48 years, Arden Shelton, a great talent and songstress in her own right. They were blessed with four accomplished children: Dr. Yvonne Shelton of Northboro, Mass; Le Ann Shelton, AIA, Esq., of New York; Marla L. Shelton, Ph.D., of New York and Marvin Lloyd Shelton of New York. To Arden and the entire Shelton family, I offer my deepest condolences.

A surgeon's surgeon, Dr. Shelton was an innovator of techniques adapted in his field for 30 years. A social trailblazer at some of New York City's greatest medical institutions, he was the first African American board-certified orthopedic attending surgeon at Columbia University Medical Center, and the first of his race to gain admitting privileges to an Ivy League-affiliated hospital.

As Director of Residency Training Program and Director of Orthopedic Surgery at Harlem Hospital, where he worked for twenty-five years, Dr. Shelton formalized the rotation of Columbia/New York Presbyterian residents at the Harlem institution. He also established an independent training program that facilitated the medical licenses for many minority and foreign-trained physicians to practice in New York and other cities.

Born in Pittsburgh in 1931, Dr. Shelton was raised in Wilmington, North Carolina, and educated at Howard University, where he graduated with honors in earning his B.A., M.A. and medical degrees. After completing his internship, he completed his residency in Honolulu, then served as Chief of the Orthopedic Section at Fort Jackson, South Carolina.

A doctor, teacher and family man, Dr. Shelton was also an avid sportsman who was actively involved in golf and skiing. He shared his wife's interest in the arts, and for a time owned the Shelton Gallery on E. 62nd Street in Manhattan.

I will remember his love for Harlem, for Harlem Hospital, and his willingness to forego so many opportunities so that he could remain there to train and inspire many young doctors.

Dr. Shelton published widely and presented numerous papers at national meetings. He was a Diplomat of the American Board of Orthopedic Surgery since 1964 and was a member of the American Orthopedic Association, Alpha Omega Alpha Medical Honor Society, Academy of Orthopedic Surgeons, American College of Surgeons, American Association for the Surgery of Trauma, American Trauma Society, New York Academy of Medicine, National Medical Association, Orthopedic Trauma Association and Orthopedic Association, among others.

His discoveries and advances made Dr. Shelton a highly sought-after speaker who delivered more than two dozen lectures around the world. He also held visiting professorships at Yale University, University of Minnesota and the University of Oregon.

A part of Marvin will always be with me. I was his patient in 1971 when, applying one of his inventions, he restored and healed my badly fractured ankle. I haven't taken a bad step since.

**PAYING TRIBUTE TO GUNNISON  
WATER COMMISSION**

**HON. SCOTT McINNIS**

OF COLORADO

IN THE HOUSE OF REPRESENTATIVES

*Tuesday, July 20, 2004*

Mr. McINNIS. Mr. Speaker, I rise to pay tribute to the Gunnison Water Commission in Gunnison, Colorado. The water commissioners aid citizens and friends to efficiently and effectively use the precious resource of water. I am honored to recognize their contributions to their community before this body of Congress and this nation today.

This year the Gunnison Water Commission will celebrate one hundred and twenty-five years of serving the Western slope of Colorado. The water commissioners bring both a wealth of knowledge and experience to their field and a true sense of dedication to helping the public understand how the water system works throughout the state.

The water commissioners work partial year contracts mostly in the summer when water is

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Matter set in this typeface indicates words inserted or appended, rather than spoken, by a Member of the House on the floor.

in high use for irrigation and the snow has melted. They collect data on how much water flows through streams or ditches; inspect headgates, flumes and springs, and during particularly dry times, undertake the difficult task of enforcing water rights. These hard working commissioners have improved their efficiency field by adding global positioning system technology and many other modern capabilities to facilitate better tracking and locating procedures for water in their districts.

Mr. Speaker, the Gunnison water commissioners work hard and take pride in the stewardship of a precious resource, and I am confident that the Gunnison community is grateful for their dedication. It is a privilege to bring the contributions of these fine water commissioners to light before this body of Congress. I thank them for their service and I wish them all the best in their future endeavors.

CONGRATULATIONS TO ST. CROIX  
HOSPITAL AND STAFF

HON. DONNA M. CHRISTENSEN

OF THE VIRGIN ISLANDS

IN THE HOUSE OF REPRESENTATIVES

*Tuesday, July 20, 2004*

Mrs. CHRISTENSEN. Mr. Speaker, it is with pride that I rise today to congratulate the St. Croix—Governor Juan F. Luis—Hospital administration and staff.

On June 30, 2004, the Juan Luis Hospital received accreditation from the Joint Commission on Accreditation of Healthcare Organizations. This achievement has brought us a step closer to our goal of providing first-class health care services for the people of the Virgin Islands.

The St. Croix Hospital has faced many challenges over the years, but the past one was particularly difficult. When they were without a Chief Executive Officer, two physicians, Dr. Lloyd Henry and Dr. Michael Potts stepped up and stepped in, to lead. The Board provided continuity and gave them their full support. The staff put differences, and any personal concerns aside and pulled together. When a leader was finally selected, in the person of Mr. Gregory Calliste, they all became one team on a mission.

There are still challenges to be faced and overcome. But with this achievement, they have proven their mettle to the community, and what working together with a common vision can produce, to themselves.

The St. Croix community as well as the entire Virgin Island community—for all of us will benefit—are grateful for the hard work and dedication that went into this successful effort. It is an undeniable testimony to their commitment to providing quality health care to us.

Mr. Speaker, on behalf of my family, staff, and all Virgin Islanders I once again congratulate the entire Juan Luis Hospital family for their shining accomplishment. Our community looks forward to their continuing superior service and further crowning accomplishments.

INTRODUCTION OF THE MEDICARE  
HOSPITAL ACCREDITATION ACT  
OF 2004

HON. FORTNEY PETE STARK

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

*Tuesday, July 20, 2004*

Mr. STARK. Mr. Speaker, I rise today to introduce the Medicare Hospital Accreditation Act of 2004. Forty years ago, the Congress abdicated the federal government's regulatory responsibilities to ensure that hospitals meet Medicare requirements. Congress empowered the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) with a unique authority to deem hospitals as eligible for Medicare payments with minimal government interference. That was clearly a mistake. In the decades that JCAHO has had this unsupervised authority, serious inadequacies in hospitals have gone unchecked. Our current process is not working and it's time for the federal government to reassert its authority. This bill would do just that.

This bill today responds to a report by the Government Accountability Office (GAO—04—850) raising serious concerns about the effectiveness of the current system used to accredit and oversee hospitals that serve Medicare beneficiaries. The investigation, based on a retrospective survey of 500 hospitals, indicates that JCAHO failed to detect a large number of serious deficiencies subsequently found later by a team of government inspectors. These deficiencies are not superfluous. They are important, basic minimum standards needed to ensure both a safe environment and quality health care. For example, JCAHO accredited hospitals with inadequate procedures for preventing the spread of infections, inadequate safeguards to assure competent performance of physicians and nurses, and hospitals that outright failed to protect patients and staff from fire-related disasters. While this survey cannot be generalized to the entire hospital community, it implies a troubling lack of compliance with important safety standards and is a signal for change.

This is not the first time that problems in the Medicare hospital accreditation and oversight process have come to light. In 1990, we held a hearing on this issue in the Ways and Means Committee. Gail Wilensky, the Medicare Administrator for President George H.W. Bush, expressed concern that JCAHO-accredited hospitals displayed serious deficiencies when subsequently surveyed by government surveyors. In 1999, an investigation by the Health and Human Services Office of the Inspector General (OIG) concluded that JCAHO accreditation surveys were not likely to identify patterns of deficient care. Finally, for the past three consecutive years, CMS has found that JCAHO failed to meet the CMS performance standard for the hospital survey process. This is one more indication of JCAHO's need to improve its performance, and, more importantly, the need to increase CMS' authority to oversee JCAHO.

Despite this body of evidence, until now, the federal government has done little to address the problem. This stems in part from the original Medicare law passed by Congress in 1965. In that Act, JCAHO was granted the authority to "deem" hospitals as meeting the Medicare conditions of participation and qual-

ify for Medicare payments. As a result, the federal agency administering the Medicare program was not granted adequate oversight authority. The agency had no authority to regularly review JCAHO's surveying processes, to mandate or approve changes to the procedures, or to sanction JCAHO for inadequate performance. No other accrediting organization is immune from government oversight.

Thus, Congress delegated oversight to a private entity that is essentially under the control of the very industry it attempts to regulate. In fact, the American Hospital Association and key physician groups appoint approximately 70 percent of the JCAHO Board of Directors! This special status is even more alarming when JCAHO's role in the market is taken into consideration. In addition to its Medicare activities, JCAHO accreditation partially or fully substitutes for state regulators in 49 states, it certifies VA facilities, and is often used by private insurers and plan sponsors as a requirement for plan participation and payments.

The hospital oversight process is comprised of a three-legged stool—the private Joint Commission on Accreditation of Healthcare Organizations (JCAHO), the Centers for Medicare and Medicaid Services (CMS) and their delegates at the state level, and the Congress. This report shows that each party needs to act to improve patient safety and assure that taxpayer dollars are spent in facilities that meet Medicare's minimum requirements.

Along with Senator CHARLES GRASSLEY, who is introducing companion legislation in the Senate, the bill I'm introducing today is the first step toward addressing this problem. This legislation would provide CMS with the same oversight authority over JCAHO that it has for all other national organizations with deeming authority. We may need to do more, but this is an important start.

In addition, the Administration has also agreed to make significant improvements under its current, limited authority. Administrator McClelland has worked closely with us on this issue and is committed to make the needed changes. Establishing a clear chain of command will improve accountability, and that is our goal.

As far as I am concerned, the GAO report indicates that all three legs of the hospital oversight process need to be revamped. JCAHO needs to improve its ability to assess the extent a hospital is meeting the Medicare quality conditions of participation. CMS needs to make better use of the limited authority over JCAHO it currently has and be prepared to assume increased authority with the passage of this legislation. Finally, Congress needs to correct a decision made nearly 40 years ago to allow the federal government to abdicate its regulatory responsibilities to ensure that hospitals meet Medicare requirements.

I am here today to announce our bipartisan, bicameral commitment to work with each other, our colleagues, the Administration and the community to do just that. I encourage my colleagues in the House and Senate to support this legislation. It will provide CMS with the tools it needs to ensure that Medicare beneficiaries receive quality hospital care in a safe environment. The time to act is now. It is a matter of life and death.