

the world against Polio. Rotary's efforts in conjunction with the WHO, CDC and UNICEF have nearly eradicated the disease, reducing worldwide incidence from 350,000 cases in 1988 to 1,266 cases in 2004. By the end of 2005, PolioPlus will have donated over \$500 million to this remarkable effort. Since its inception in 1947, the Rotary Foundation has awarded over \$1.1 billion in humanitarian and educational grants, focusing on international humanitarian service programs and educational and cultural exchanges.

The scholarship program established by Rotary International is the largest privately-funded source of international scholarships in the world. Through this program, 8,000 secondary school students have studied abroad, 35,000 students have participated in the Rotary Ambassadorial Scholars program, and 46,000 young professionals have explored careers in other countries.

Next month, over 37,000 members representing 150 countries will attend the 2005 Centennial Rotary International Convention in Chicago as apart of the greatest celebration in Rotary's history. On behalf of the people of Chicago, I would like to welcome these members to the birthplace of their organization.

Madam Speaker, I congratulate Rotary International and all of its members worldwide for their impressive accomplishments over the past one hundred years in the areas of community service, Polio eradication and international exchange. I look forward to another hundred years of commendable service to the country and the world.

HEALTH INSURANCE CRISIS

SPEECH OF

HON. PATRICK J. KENNEDY

OF RHODE ISLAND

IN THE HOUSE OF REPRESENTATIVES

Tuesday, May 3, 2005

Mr. KENNEDY of Rhode Island. Mr. Speaker, I rise today in the hopes that this day might mark a turning point for our nation's health care. I'm proud to join my friend from Pennsylvania and my co-chairman of the House 21st Century Health Care Caucus, Mr. Murphy, in introducing the 21st Century Health Information Act.

Mr. Speaker, we politicians love to say that we have the best health care system in the world. It's true that we have the best medicine in the world, practiced by the best people in the best facilities. But the system we have makes it harder rather than easier to deliver the best care at the lowest cost.

The status quo is not sustainable. Hundreds, of Americans die every day as a result of preventable errors or health care-acquired infections. Nearly half the time, patients aren't given recommended care. Doctors and other providers face extraordinary bureaucratic demand that, coupled with tightening reimbursement rates, leave them with less time to—treat patients. Administrative costs consume 30 cents on the health care dollar. Duplication, inefficiencies, and unnecessary care result in some regions of the country spending 60% more than others on Medicare, on a risk-adjusted basis, with worse health outcomes and patient satisfaction.

Whether you're worried about Medicaid, access to prescription drugs, malpractice pre-

miums, the uninsured—you name it—the trend lines are going in the wrong direction because we aren't set up to get the best possible health outcomes at the lowest possible cost.

We are living in the information age, and information technology is the underpinning of any effort to improve the long-term quality, safety, and efficiency of health care. And that's why I'm hopeful that the legislation we introduce today will begin the much needed transformation of health care.

Today can be the beginning of the end of us having to fill out that confounded clipboard every time we go to the doctor.

Today can be the beginning of the end of the 150 million calls pharmacists make to doctors every year to clarify handwriting on prescriptions.

Today can be the beginning of the end of the bureaucratization of the practice of medicine, letting physicians get back to what they love, and what we need them to do: take care of patients.

And today can be the beginning of the end of seeing hundreds of thousands of Americans die unnecessarily because our system isn't set up to deliver the safest, most effective care despite the best efforts of doctors and nurses.

This bill is the first bipartisan legislation that addresses some of the systemic obstacles that have hindered the movement of health care into the information age. It is based on a regional approach, catalyzing a process that will bring together providers, patients, health plans, employers—all stakeholders—locally to do three crucial things: first, figure out how to collaborate on getting IT into physicians' hands; second, build a secure, confidential health information network to allow information to be shared as appropriate and authorized; and third, begin coming up with strategies to make sure we get the right care to the right people at the right time as efficiently as possible.

This bill will make sure that the federal government, in addition to getting the process rolling with grants, carries its own weight as a stakeholder in every community. And it takes down existing barriers by accelerating the process of standards adoption to ensure that information can be exchanged across platforms and creating narrow safe harbors in the Stark Act and anti-kickback law.

A key to making this work, Mr. Speaker, is ensuring that privacy is a key priority as we move into an electronic medium. Electronic health records can be significantly more secure than paper records. Unlike with paper, we can create audit trails so we know whenever someone accessed a record. We can set up authentication systems to ensure that people are only able to access the parts of records that they need to see. While people understandably worry about security breaches and hackers, it's a lot easier to limit unauthorized access to electronic records than paper records that are passing through countless hands as they are filed, copied, faxed, transcribed, or simply left lying around. We can and must ensure that privacy and security are paramount as these systems are designed.

It is also important to note that under this bill, no physician will be required to implement anything unless he or she wants to. Physicians will have a key decisionmaking role in deciding how networks will be structured and what information will be shared. The bill does not require the use of a common platform or

product but accelerates the development of interoperable electronic medical records and other products so physicians can choose products that are right for them. Well-designed systems should simplify physicians' compliance with HIPAA, not expand their potential liability, and should give doctors new tools to streamline billing, eligibility checks, patient tracking and notification, and public health and quality reporting.

We received a vast amount of help an input on this legislation from too many quarters to mention individually. I would like to single out, however, a distinguished former colleague of ours, Speaker Newt Gingrich. He has been a terrific supporter of this legislation, and I know both the gentleman from Pennsylvania and I are grateful for his help and that of his staff.

Mr. Speaker, with the President's support for health IT, with David Brailer and Secretary Leavitt laying out a vision that's very similar to this bill, with our colleagues in both the House and Senate increasingly interested in health IT, we are poised to finally begin the belated transformation of our health care system.

Each of us, whether as patient, provider, taxpayer, or health care bill-payer, desperately needs to see our health care system to produce better value for the dollar. The stakes are enormous and I look forward to working with my colleagues to see that we meet this challenge, starting today. Thank you.

HOLOCAUST REMEMBRANCE DAY

SPEECH OF

HON. PETER J. VISCLOSKEY

OF INDIANA

IN THE HOUSE OF REPRESENTATIVES

Thursday, May 5, 2005

Mr. VISCLOSKEY. Mr. Speaker, I rise today in observance of Holocaust Martyrs, and Heroes Remembrance Day. Known as Yom Hashoah in Hebrew, this solemn day commemorates the anniversary of the beginning of the Warsaw Ghetto uprising. This year is of particular import, as it marks the 60th anniversary of the liberation of Nazi concentration camps. I join my distinguished colleagues in remembering the victims of the Holocaust while vowing that such a horror shall never again take place.

In remembering the six million victims of the Holocaust, we must recommit ourselves to fighting against the evils that led to the Holocaust; anti-Semitism, racism, bigotry, and intolerance. This commitment requires that we tell the story of the Holocaust to our children and grandchildren. We owe nothing less to the survivors and to the brave men who fought to liberate the Ghettos and the death camps.

I rise also to condemn the rising tide of anti-Semitism around the globe and to demonstrate the United States' lasting commitment to the elimination of such bigotry and ignorance. It is essential that each and everyone of us takes action to prevent such atrocities and vigorously pursues justice for the victims of acts of hatred and inhumanity. The crimes against humanity that were perpetrated by the Nazis must never be forgotten, lest we allow such evil to spread again.

We must also remember the handicapped, homosexuals, gypsies, political dissidents, and even Poles who were murdered in the Nazi "Final Solution," simply for being different. The

Nazi hatred for anyone considered different stands as the antithesis of the values of freedom and liberty that we hold so dear.

It is also important to recognize the sacrifices, service, and dedication of Allied soldiers and underground fighters that resulted in the defeat of the Nazi regime and the liberation of the concentration camps. We are indebted to the service of these brave souls who fought against evil to stop the death and destruction of the Holocaust.

Mr. Speaker, today we mourn the innocent lives lost and vibrant communities destroyed by the Holocaust. We also honor those heroes of the Warsaw Ghetto who faced certain death when they fought against the Nazi's planned extermination of their community. With our solemn remembrance of the atrocities of the Holocaust, we empower a new generation to ensure that such crimes are never again repeated.

PAYING TRIBUTE TO VIVIEN SPITZ

HON. THOMAS G. TANCREDO

OF COLORADO

IN THE HOUSE OF REPRESENTATIVES

Wednesday, May 11, 2005

Mr. TANCREDO. Mr. Speaker, I would like to take a moment to honor Vivien Spitz for her dedication and devotion to the court reporting profession over the past six decades. She has given so much to the court reporting profession and gained the admiration of friends and colleagues.

Vivien Spitz has played a valuable role in preserving history and documenting events of epic proportion throughout her career. She is a Fellow of the Academy of Professional Reporters of the National Court Reporters Association. Ms. Spitz was an Official Reporter of Debates and Chief Reporter in the United States House of Representatives from 1972 to 1982. During this time she reported Presidents Nixon, Ford, Carter, and Reagan on their State of the Union Addresses to the Nation.

Vivien also reported all foreign Heads of State who addressed Congress during this period including King Juan Carlos of Spain, President Anwar Sadat of Egypt, and Prime Minister Itzhak Rabin of Israel. She reported President Carter's establishment in 1978 of the President's Commission on the Holocaust, appointing Elie Wiesel as Chairman. She was also the first woman reporter in the U.S. Senate on temporary assignments during 1969, 1970, and 1971 out of her Denver district court.

By contract with the United States War Department, Ms. Spitz reported the Nuremberg War Crimes Trials in Germany from 1946 to 1948, including the Nazi Doctors Case. She recorded verbatim the words that came from the mouths of witnesses and victims who survived the heinous experiments "in the name of scientific medical research" conducted by doctors who had taken the Oath of Hippocrates to heal and cure, turned into doctors who became torturers and murders. Through the record that she helped to create this serious tragedy will never be forgotten.

Mr. Speaker, I would like to thank Vivien for her years of work and dedication to her profession. The history that she has preserved through her devoted work as a court reporter will never be forgotten.

SECURE ACT OF 2005

HON. JOE BACA

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Wednesday, May 11, 2005

Mr. BACA. Mr. Speaker, today, following two school bus crashes that resulted in multiple injuries and fatalities in the last month, I reintroduced the SECURE Act of 2005, which requires all school buses to have safety belts.

Just yesterday, 23 children were injured in a bus crash in Missouri. Video from another accident in 2003 in Ohio shows 30 children literally falling out of their seats and being thrown against the other side of the bus. How can we say that our school buses are safe? We cannot wait for another tragedy to occur. It is time for Congress to take action.

Since we were old enough to ride in cars, we were taught to buckle our safety belts. We have taught our children these basic safety lessons to potentially save their lives during collisions. Yet, one of the most frequent forms of transportation used by school-aged children is not equipped with any life-saving safety belts. How can we not give our children the safest possible ride by assuring that all school buses are equipped with safety belts?

Currently, only six states require safety belts on school buses, including California, which was the first state to require three-point safety belts. The remaining states use the "compartmentalization" method to secure the safety of the occupant. This method assures a reasonable level of safety in frontal crashes; however, a 1999 report by the National Transportation Safety Board found that compartmentalization does not adequately protect passengers from lateral impact and rollover crashes because passengers do not always remain completely in their seats. Also, the national Highway Traffic Safety Administration concluded that there is less trauma to the head and neck of passengers wearing 3-point safety belts.

Many people argue that the cost of installing safety belts on school buses is too high, when in fact it is only about \$1.80 per child. That is a minimal cost to pay to protect a child's life.

I hope that my colleagues will join me in co-sponsoring this legislation. We should not offer our children anything less than the safest ride to school each day.

CORRECTING MISCHARACTERIZATIONS IN PRESS REGARDING ASSISTANCE FOR PALESTINIANS

HON. JIM KOLBE

OF ARIZONA

IN THE HOUSE OF REPRESENTATIVES

Wednesday, May 11, 2005

Mr. KOLBE. Mr. Speaker, I rise to correct mischaracterizations in the press regarding assistance for the Palestinians included in the fiscal year 2005 Emergency Supplemental that passed Congress on May 10. As my colleagues are aware, the conference agreement includes \$200 million in assistance for the Palestinian people. Contrary to statements of others, this is the amount requested by the President.

Several recent articles and editorials have inaccurately portrayed the way in which Con-

gress provided this funding. The inaccuracies contained in these articles do not reflect the intent of the Administration or Congress and threaten to undermine the good work of the United States in supporting a lasting peace in the Middle East. These inaccuracies must be corrected.

First, the President did not request the \$200 million as a direct payment to the Palestinian Authority. As Administration officials have repeatedly stated publicly and in communications with Congress, this funding was requested predominantly for projects that benefit the Palestinian people. For instance, Secretary Rice on February 16 testified before the Foreign Operations Appropriations Subcommittee and on February 17 before the House International Relations Committee that most of these funds would be used for projects, not direct payments to the Palestinian Authority. In fact, the supplemental conference agreement includes a chart highlighting how assistance should be provided on a project-by-project basis. This chart directly tracks the justification material provided by the Administration to support its supplemental request and establishes a mechanism for proper Congressional oversight and intent.

Second, it is simply incorrect to call an additional \$200 million of U.S. taxpayer assistance a "no-confidence vote" for Mr. Abbas. There is widespread Congressional support and confidence in Mr. Abbas which is reflected by the \$200 million provided in the supplemental and the \$75 million provided in the fiscal year 2005 appropriations bill. This constitutes a nearly three-fold increase in U.S. assistance to the Palestinian people in just six months. As the final bill makes clear, these funds are provided with the same terms and conditions that have applied to Palestinian assistance in years past. Under these terms, the President may provide direct payments to the Palestinian Authority only if he certifies to Congress that such assistance is important to our country's national security interests.

Finally, the final bill requires that \$50 million of the assistance should be provided to Israel to improve the movement of people and goods to benefit the Palestinian people. A stable Palestinian state must be built on economic development, and economic development must be built upon a smooth flow of goods and people to and from the Palestinian territories and Israel. The Congress also made it clear that infrastructure will have to be developed in both the Palestinian and Israeli territories.

Mr. Speaker, it concerns me that editorial boards of certain newspapers would make such strong statements about our lack of support for the Palestinian people based on inaccurate information. These issues are too delicate and too important to be damaged by careless journalism.

TRIBUTE TO DR. IAN HARRIS, IN RECOGNITION OF THIRTY YEARS OF SERVICE TO THE UNIVERSITY OF WISCONSIN-MILWAUKEE

HON. GWEN MOORE

OF WISCONSIN

IN THE HOUSE OF REPRESENTATIVES

Wednesday, May 11, 2005

Ms. MOORE of Wisconsin. Mr. Speaker, I rise to today to congratulate a distinguished