

TRIBUTE TO EMPLOYEES OF
TRANSPORTATION SECURITY AD-
MINISTRATION

HON. PETER T. KING

OF NEW YORK

IN THE HOUSE OF REPRESENTATIVES

Thursday, August 2, 2007

Mr. KING of New York. Madam Speaker, today I rise to honor the employees of the Transportation Security Administration.

When Congress created the TSA, we intended to form a security force that could quickly adapt and respond to crises in order to protect our nation's transportation system.

On August 10, 2006, TSA demonstrated that it can perform its mission admirably.

As we now know, 21 terrorists from London were conspiring to detonate liquid explosives aboard transatlantic flights bound for the United States. They wanted to create a catastrophe that could have rivaled the horror of September 11th. Though their plot was foiled, the event should serve to remind us that we must remain vigilant in the ongoing war against terror.

The TSA's response to this imminent threat helped guide our nation through that crisis. In the evening hours of August 9, 2006, TSA quickly responded. As British authorities began arresting the terrorist suspects, TSA altered its screening to ensure that the plot would be foiled.

Within four hours—before the first flight took off on August 10th—TSA implemented new security procedures, trained and deployed more than 43,000 Transportation Security Officers to execute these new procedures, and deployed Federal Air Marshals to multiple locations overseas. The dedication that the employees of TSA demonstrated in response to this terrorist plot should not be forgotten.

Notably, the work attendance for Transportation Security Officers on August 10th was an all-time high in the history of TSA. As one Federal Security Director recalled, "All our security officers came in; every single one of them. Anytime something happens . . . you have to fight them off. Mission is never our problem."

On this anniversary of that failed attempt of terror, I want to thank the employees of the Transportation Security Administration. We owe them great gratitude.

RECOGNIZING PROVIDENCE HOOD
RIVER MEMORIAL HOSPITAL'S 75
YEARS OF SERVICE

HON. GREG WALDEN

OF OREGON

IN THE HOUSE OF REPRESENTATIVES

Thursday, August 2, 2007

Mr. WALDEN of Oregon. Madam Speaker, I rise today to bring the honor associated with the United States House of Representatives to Providence Hood River Memorial Hospital. On August 4, 2007, the hospital, located at 13th and May Streets in my hometown of Hood River, Oregon, will officially celebrate 75 years of service. I was fortunate enough to serve on the hospital's Board of Directors for five years and that experience provided me the opportunity to see firsthand the dedication and commitment of the staff and administration to the health of the entire community.

At the turn of the 20th century, 622 people inhabited Hood River. The advent of the railroad transformed this once isolated community into a hub for some of the nation's finest timber and fruit producers. Within five years, the population tripled. Today, 20,500 people call Hood River County home and timber and fruit produces remain a significant element of the region's fabric but so do windsurfers, skiers and hikers.

In 1905, local physicians came together to open Cottage Hospital at 716 Oak Street. Hood River's first hospital served the community for 19 years, before it was declared structurally unsafe and closed by the fire marshal in 1924.

Although a disappointing loss to the community, the closure of Cottage Hospital set into motion a tremendous local commitment to health care that carries on today. The Hood River Hospital Association organized for the purpose of building a new community hospital to replace Cottage Hospital. Successful fundraising efforts netted enough money to begin construction on a new hospital in 1931. Hood River Hospital admitted 501 patients during its first year of operation in 1932.

In the late 1940s, Hood River Hospital's surgery department owned all the latest equipment: an operating table, a spotlight, basins, forceps, knives, probes, clips and clamps. However, the medical field did not yet know the convenience of disposable items. Following surgery, rubber gloves were washed, dried and powdered to sterilize them. Surgery needles were sharpened, sterilized and re-used.

As the population of Hood River grew after World War II, the patient population soon outpaced hospital capacity. The residents of Hood River swung into action again and with generous donations from community members the hospital was enlarged in 1958. In response to the abundant donations that were made in memory of those whose lives were touched by the hospital, the name of the facility was officially changed to Hood River Memorial Hospital.

A cycle was becoming clear; every two to three decades the hospital outgrew its space and an expansion was necessary to keep pace with the needs of patients and technological advancements. It happened in the late 1950s and again in the 1980s when community donations allowed for the construction of new patient care wings. In the 1990s the hospital footprint was expanded, allowing for the addition of a new family birthing center and the Ray T. Yasui Dialysis Center, the first dialysis center in the Columbia Gorge. All of these efforts were made possible by unwavering donations of time, talent and treasure from the Hood River community.

As Providence Hood River Memorial Hospital celebrates 75 years in a structure that no longer physically resembles the original hospital that opened its doors in 1932, another much-needed expansion and renovation project begins. This new phase of development will feature a new entrance and lobby. It also will allow the diagnostic imaging department to operate from one location. The short stay surgery department will be transformed to include 18 private rooms. The family birthing center will add a dedicated cesarean section operating room and other features to comfort laboring mothers.

Construction is set to begin in the fall and should be completed in about a year. At that

time, the current building will be renovated and modernized to include a 10 bed rehabilitation center which will allow patients who have experienced a stroke or heart attack to recover and rehabilitate close to home.

Milestones such as anniversaries cause us to pause and reflect on history, achievements and the individuals that contributed to the successes that have brought us to where we are today. Madam Speaker, indeed it is important for us to celebrate milestones. However, it is my hope that we will all strive to acknowledge the extraordinary care and compassion that is provided each and every day by those who staff and support community hospitals throughout the year, not just during milestone celebrations.

My colleagues, please join me in congratulating Providence Hood River Memorial Hospital for their exemplary service over the past 75 years and in wishing them very well as they break ground on the next 75 years.

PERSONAL EXPLANATION

HON. MELISSA L. BEAN

OF ILLINOIS

IN THE HOUSE OF REPRESENTATIVES

Thursday, August 2, 2007

Ms. BEAN. Madam Speaker, due to circumstances beyond my control, I was unable to vote on the amendment offered by Mr. SESSION to H.R. 3093 (rollcall No. 721) on Wednesday, July 25, 2007. Had I been present, I would have voted "no."

INTRODUCTION OF THE
KALAUPAPA MEMORIAL ACT

HON. MAZIE K. HIRONO

OF HAWAII

IN THE HOUSE OF REPRESENTATIVES

Thursday, August 2, 2007

Ms. HIRONO. Madam Speaker, I rise today to introduce a bill to authorize establishment of a memorial at Kalaupapa National Historical Park on the island of Moloka'i, HI, to honor the memory and sacrifices of the some 8,000 Hansen's disease patients who were forcibly relocated to the Kalaupapa peninsula between 1866 and 1969. I want to thank my friend and colleague Congressman NEIL ABERCROMBIE for cosponsoring this legislation.

The policy of exiling persons with the disease that was then known as leprosy began under the Kingdom of Hawaii and continued under the governments of the Republic of Hawaii, the Territory of Hawaii, and the State of Hawaii. Children, mothers, and fathers were forcibly separated and sent to the isolated peninsula of Kalaupapa, which for most of its history could only be accessed by water or via a steep mule trail. Children born to parents at Kalaupapa were taken away from their mothers and sent to orphanages or to other family members outside of Kalaupapa. Hawaii's isolation laws for people with Hansen's disease were not repealed until 1969, even though medications to control the disease had been available since the late 1940s.

While most of us know about the sacrifices of Father Damien, who dedicated his life to care for those exiled to Kalaupapa, fewer know of the courage and sacrifices of the patients who were torn from their families and

left to make a life in this isolated area. It is important that their lives be remembered.

Of the some 8,000 former patients buried in Kalaupapa, only some 1,300 have marked graves. A memorial listing the names of those who were exiled to Kalaupapa and died there is a fitting tribute and is consistent with the primary purpose of the park, which is "to preserve and interpret the Kalaupapa settlement for the education and inspiration of present and future generations."

Ka 'Ohana O Kalaupapa, a non-profit organization consisting of patient residents at Kalaupapa National Historical Park and their family members and friends, was established in August 2003 to promote the value and dignity of the more than 8,000 persons—some 90 percent of who were Native Hawaiian—who were forcibly relocated to the Kalaupapa peninsula. A central goal of Ka 'Ohana O Kalaupapa is to make certain that the lives of these individuals are honored and remembered through the establishment of a memorial or memorials within the boundaries of the park at Kalawao or Kalaupapa.

Ka 'Ohana O Kalaupapa has made a commitment to raise the funds needed to design and build the memorial and will work with the National Park Service on design and location of the memorial.

The House Resources Subcommittee on National Parks held a hearing on the 109th Congress version of this bill, H.R. 4529, on September 28, 2006. I have read the heartfelt and compelling testimony submitted by current patients and family members of former patients who want to make sure not only that the story of Kalaupapa is told but that the patients are recognized as individuals by having the names of each of those exiled to Kalaupapa and buried there recorded for posterity. Families that have visited Kalaupapa and Kalawao searching in vain for the graves of their family members will find comfort in seeing those names recorded on a memorial.

I urge my colleagues to join me in supporting this important legislation.

INTRODUCING THE QUALITY
HEALTH CARE COALITION ACT

HON. RON PAUL

OF TEXAS

IN THE HOUSE OF REPRESENTATIVES

Thursday, August 2, 2007

Mr. PAUL. Madam Speaker, I am pleased to introduce the Quality Health Care Coalition Act, which takes a first step towards restoring a true free market in health care by restoring the rights of freedom of contract and association to health care professionals. Over the past few years, we have had much debate in Congress about the difficulties medical professionals and patients are having with Health Maintenance Organizations (HMOs). HMOs are devices used by insurance industries to ration health care. While it is politically popular for members of Congress to bash the HMOs and the insurance industry, the growth of the HMOs are rooted in past government interventions in the health care market through the tax code, the Employment Retirement Security Act (ERSIA), and the federal anti-trust laws. These interventions took control of the health care dollar away from individual patients and providers, thus making it inevitable that some-

thing like the HMOs would emerge as a means to control costs.

Many of my well-meaning colleagues would deal with the problems created by the HMOs by expanding the federal government's control over the health care market. These interventions will inevitably drive up the cost of health care and further erode the ability of patients and providers to determine the best health treatments free of government and third-party interference. In contrast, the Quality Health Care Coalition Act addresses the problems associated with HMOs by restoring medical professionals' freedom to form voluntary organizations for the purpose of negotiating contracts with an HMO or an insurance company.

As an OB-GYN who spent over 30 years practicing medicine, I am well aware of how young physicians coming out of medical school feel compelled to sign contracts with HMOs that may contain clauses that compromise their professional integrity. For example, many physicians are contractually forbidden from discussing all available treatment options with their patients because the HMO gatekeeper has deemed certain treatment options too expensive. In my own practice, I tried hard not to sign contracts with any health insurance company that infringed on my ability to practice medicine in the best interests of my patients and I always counseled my professional colleagues to do the same. Unfortunately, because of the dominance of the HMO in today's health care market, many health care professionals cannot sustain a medical practice unless they agree to conform their practice to the dictates of some HMO.

One way health care professionals could counter the power of the HMOs would be to form a voluntary association for the purpose of negotiating with an HMO or an insurance company. However, health care professionals who attempt to form such a group run the risk of persecution under federal anti-trust laws. This not only reduces the ability of health care professionals to negotiate with HMOs on a level playing field, but also constitutes an unconstitutional violation of medical professionals' freedom of contract and association.

Under the United States Constitution, the federal government has no authority to interfere with the private contracts of American citizens. Furthermore, the prohibitions on contracting contained in the Sherman antitrust laws are based on a flawed economic theory which holds that federal regulators can improve upon market outcomes by restricting the rights of certain market participants deemed too powerful by the government. In fact, anti-trust laws harm consumers by preventing the operation of the free-market, causing prices to rise, quality to suffer, and, as is certainly the case with the relationship between the HMOs and medical professionals, favoring certain industries over others.

By restoring the freedom of medical professionals to voluntarily come together to negotiate as a group with HMOs and insurance companies, this bill removes a government-imposed barrier to a true free market in health care. Of course, this bill does not infringe on the rights of health care professionals by forcing them to join a bargaining organization against their will. While Congress should protect the rights of all Americans to join organizations for the purpose of bargaining collectively, Congress also has a moral responsibility to ensure that no worker is forced by law

to join or financially support such an organization.

Madam Speaker, it is my hope that Congress will not only remove the restraints on medical professionals' freedom of contract, but will also empower patients to control their health care by passing my Comprehensive Health Care Reform Act. The Comprehensive Health Care Reform Act puts individuals back in charge of their own health care by providing Americans with large tax credits and tax deductions for their health care expenses, including a deduction for premiums for a high-deductible insurance policy purchased in combination with a Health Savings Account. Putting individuals back in charge of their own health care decisions will enable patients to work with providers to ensure they receive the best possible health care at the lowest possible price. If providers and patients have the ability to form the contractual arrangements that they find most beneficial to them, the HMO monster will wither on the vine without the imposition of new federal regulations on the insurance industry.

In conclusion, I urge my colleagues to support the Quality Health Care Coalition Act and restore the freedom of contract and association to America's health care professionals. I also urge my colleagues to join me in working to promote a true free market in health care by putting patients back in charge of the health care dollar by supporting my Comprehensive Health Care Reform Act.

IN CELEBRATION OF THE LIFE OF
THADDEUS EDGAR OWENS, SR.

HON. STEPHANIE TUBBS JONES

OF OHIO

IN THE HOUSE OF REPRESENTATIVES

Thursday, August 2, 2007

Mrs. JONES of Ohio. Madam Speaker, I rise in celebration of the life of Thaddeus Edgar Owens, Sr., a great citizen, father, and friend who recently passed away at the age of 88.

Thaddeus was born on January 7, 1919 to Alex Owens and Carrie Brown in Pine Bluff, Arkansas. He enjoyed a happy childhood with his sister, Cleopatra, and a large extended family. An attentive student, he received a scholarship to attend Morehouse College in Atlanta, enrolling at the young age of sixteen. There, he played football and pledged Kappa Alpha Psi Fraternity, Inc.

After graduation, Thaddeus lived and worked in New York until 1941 when he was drafted into the armed forces. He achieved the rank of a sergeant and worked as a clerk in the office of the Quartermaster. In preparation for work with the French Underground, Thaddeus was chosen to participate in a secret project at Hamilton College where he studied and became fluent in French. Despite their training, Thaddeus and his fellow African American soldiers were never permitted to participate in this aspect of the war. Thaddeus confronted the injustices existing within the segregated armed forces protesting the railroading of a fellow soldier. His actions resulted in him being accused of mutiny and reduced in rank. Despite this incident, he was honorably discharged in 1945 after receiving the Asiatic Pacific Service, Good Conduct and World War II Victory Medals.