

came the important message that the battle for free expression is everybody's battle, and if one author is threatened, all people are threatened.

The columnist Christopher Hitchens reminded all of us yesterday of the prophetic words of the German author Heinrich Heine. Heine wrote, commenting on book burning in Germany in the 1800's, that "where books are burned, men will be burned." We are all familiar with the history that followed Heine's chillingly accurate statement, and which must never be allowed to repeat.

The United States must stand in solidarity with Mr. Rushdie and the international writing community against this immoral and lawless attack on freedom of expression. I invite my colleagues to join in sending a letter to President Bush expressing our concerns on this matter, the text of which I would like to include in the RECORD.

Mr. Speaker, the safety of Mr. Rushdie and of the principle of freedom of expression is clearly an American interest, and indeed a world interest. Let us join the many members of the international community to protect these interests and preserve artistic freedom.

FEBRUARY 1989.

Hon. GEORGE BUSH,  
President of the United States, The White House, Washington, DC.

DEAR MR. PRESIDENT: We are writing to express our dismay over the Ayatollah Khomeini's soliciting the murder of author Salman Rushdie. We also deplore the threats against booksellers and publishers who trade in the book.

While the government of Iran has been engaged in various acts of extreme behavior for many years, until now it has not attempted to patrol the expression of the international artistic community through death threats and intimidation. All cultures and freedom-loving people have an interest in stopping this most recent example of Iran's disrespect for the norms of international behavior.

We must stand together with the international writing community in condemning this incident. On February 22nd, in public meetings in New York and other cities around the United States, American writers expressed their solidarity with Mr. Rushdie. It is crucial that we join them in this important message. With them, we urge you to recall the prophetic words of the German author Heinrich Heine, "where books are burned, men will be burned."

In recent weeks, many members of the international community have expressed their disapproval of the Ayatollah's actions in various ways. We believe it is important to work closely with all nations who have publicly declared their outrage and to assure, in every way possible, the safety of Mr. Rushdie. Clearly, his safety is an interest shared by the United States along with everyone who seeks to preserve artistic freedom.

Therefore, we respectfully request that the government of Iran be put on public notice that it is the United States' intention to postpone indefinitely any possibility of normalized trade or diplomatic relations until the threats have been rescinded and the safety of the author, publishers, and sellers of "The Satanic Verses" has been assured.

Thank you for your attention to this important matter.

Sincerely,

H.R. 141, TO AMEND TITLE XVIII OF THE SOCIAL SECURITY ACT TO PROVIDE FOR COVERAGE UNDER PART B OF THE MEDICARE PROGRAM FOR ROUTINE PAPANICOLAOU TESTS

HON. CARDISS COLLINS

OF ILLINOIS

IN THE HOUSE OF REPRESENTATIVES

Thursday, February 23, 1989

Mrs. COLLINS. Mr. Speaker, I rise today to speak on behalf of H.R. 141, a bill I introduced on the first day of the 101st Congress which would provide or coverage of routine papanicolaou tests under part B of the Medicare Program. A papanicolaou or pap smear tests cells to provide for early detection of cervical and endometrial—together known as uterine—cancer. The bill would extend Medicare coverage to routine pap exams performed not more frequently than once every 6 months.

The proposed law is part of a continuing movement of change from covering a Medicare patient who is seriously ill to paying for tests for the early detection of diseases. Last year, the Senate version of the Medicare Catastrophic Coverage Act counted a wide range of preventive services toward the catastrophic cap. These services included: glaucoma screening by tonometry, cholesterol screening, a pap test, mammography screening, an immunization or booster for tetanus, influenza, or bacterial pneumonia, an occult blood stool test, and tuberculosis sensitivity testing. The final version of the Catastrophic Coverage Act included coverage for mammography or breast cancer screenings for women over age 65. I am pleased with this partial success and urge Congress to consider covering other cancer detection tests such as the one in H.R. 141.

Statistics show that early detection and treatment prevents the spread of cancer and dramatically improves the survival rate of the patient. The death rate for women diagnosed with cancer of the uterus has dropped 70 percent during the last 40 years due to the general use of pap tests and regular check-ups to discover the cancer or precancer conditions in their early stages.

Women whose cancer is detected at the earliest stages are likely to live longer. The 5-year survival rate among women who are diagnosed with cervical cancer at any stage is 66 percent. The survival rate jumps to 80 to 90 percent if the cancer is detected at stage 1, which is when the carcinoma has not spread past the cervix. Most significantly, virtually 100 percent of women whose cervical cancer is discovered in its earliest stage will live 5 years or longer. And by common definition, a uterine cancer patient who survives 5 years without a recurrence is cured of that cancer.

The lab fees for pap tests are relatively expensive compared to other cancer screening tests. The Medicare Program could save money by covering pap tests, instead of allowing gynecological cancers to go undetected and paying for treatment that demands much higher fees at a later date. This approach also would save medical resources, which are at a premium in our society.

Mr. Speaker, pap tests do matter for women across this country. We can save Medicare

money and women's lives by enacting my bill, H.R. 141.

THE MEDICAL CARE CRISIS IN SOUTHERN ILLINOIS

HON. GLENN POSHARD

OF ILLINOIS

IN THE HOUSE OF REPRESENTATIVES

Thursday, February 23, 1989

Mr. POSHARD. Mr. Speaker, across the Nation and in my southern Illinois district, hospitals are in trouble. They are suffering from rising medical equipment costs, soaring insurance rates, and increasing patient loads.

I am very concerned that many of my constituents are not receiving the medical care they need and others have to drive for miles to receive treatment. During the February district work period, I held a series of 20 town meetings throughout my area and I had a chance to talk with many southern Illinoisans. In every one of those meetings, health care was the No. 1 concern.

From Vandalia in the north to Cairo in the south, veterans, the elderly, and families are all concerned about the quality and availability of medical care. I certainly share their concern, as do the men and women who operate hospitals in Illinois' 22d District. We are all worried that unless Medicare and Medicaid reimbursements to hospitals are increased, more hospitals will close and medical services will further deteriorate.

Recently, one of the major daily newspapers in my district, the Southern Illinoisan, ran a story on Medicaid and area hospitals and I am including the article in the RECORD to demonstrate the seriousness of the health care crisis in southern Illinois:

MEDICAID TURNS HOSPITALS, CLINICS INTO VICTIMS, TOO

(By Beth Haller)

As influenza swept the Carbondale area recently, 31-year-old Loretta Mathis of Carbondale developed a pretty serious cough. So two weeks ago she went to the Carbondale Clinic to see a doctor.

Mathis, however, could not receive care. She is on Medicaid and had just been introduced to the new clinic policy on public aid patients.

In the spring of 1988, the clinic stopped accepting new Department of Public Aid patients for regular office visits. A new Medicaid patient is defined as someone who has not been to the clinic for six months.

For Mathis, this meant a trip to Memorial Hospital of Carbondale's emergency room for treatment of her cough.

Kay Sherman of Carbondale ran up against the same policy when she tried to see the new clinic allergist for a skin rash. She couldn't book a routine appointment with the gynecologist there, either.

"Now, I don't know what's going to happen to me," she said. "It was quite a shock when I found out I couldn't get in there. That's the one place we were all able to go."

It meant leaving physicians we trusted, too.

"I had several doctors at the clinic, none of whom I can go back to," Sherman said.

The clinic's policy still allows for new public aid patients to be seen at the clinic, but they must be routed there as emergency cases or have been referred by another phy-