(Ga.); DeLay (Tex.); DeMint (S.C.); Dickey (Ark.); Doolittle (Calif.); Dreier (Calif.); Dunn (Wash.); Ehlers (Mich.); Ehrlich (Md.); Emerson (Mo.); English (Pa.); Everett (Ala.); Ewing (Ill.); Fletcher (Ky.); Fossella (N.Y.); Fowler (Fla.); Gekas (Pa.); Gillmor (Ohio); Goode (D-Va.); Goodlatte (Va.); Goodling (Pa.); Goss (Fla.); Green (Wisc.); Gutknect (Minn.); Hansen (Utah); Hastert (Ill.); Hastings (Wash.); Hayes (N.C.); Hayworth (Ariz.); Herger (Calif.); Hill (Mont.); Hilleary (Tenn.); Hobson (Ohio); Hoekstra (Mich.); Hostettler (Ind.); Houghton (N.Y.); Hutchinson (Ark.); Isakson (Ga.); Istook (Okla.); Johnson (Conn.); Johnson, Sam (Tex.); Kasich (Ohio); Kingston (Ga.); Knollenberg (Mich.); Kolbe (Ariz.); Kuykendall (Calif.); LaHood (Ill.); Largent (Okla.); Latham (Iowa); Lazio (N.Y.); Lewis (Calif.); Lewis (Ky.); Linder (Ga.); Lucas (Okla.); Manzullo (Ill.); McCrery (La.); McInnis (Colo.); McIntosh (Ind.); McKeon (Calif.); Metcalf (Wash.); Mica (Fla.); Miller (Fla.); Miller, Gary (Calif.); Myrick (N.C.); Nethercutt (Wash.); Ney (Ohio); Northup (Ky.); Nussle (Iowa); Ose (Calif.); Oxley (Ohio); Packard (Calif.); Paul (Tex.); Regula (Ohio); Riley (Ala.); Rogan (Calif.); Rogers (Ky.); Rohrabacher (Calif.); Royce (Calif.); Ryan (Wisc.); Ryun (Kan.); Salmon (Ariz.); Sanford (S.C.); Schaffer (Colo.); Sensenbrenner (Wisc.); Shadegg (Ariz.); Shimkus (Ill.); Simpson (Id.); Skeen (N.M.); Smith (Mich.); Smith (Tex.); Souder (Ind.); Stearns (Fla.); Stump (Ariz.); Sununu (N.H.); Talent (Mo.); Tancredo (Colo.); Tauzin (La.); Taylor (N.C.); Terry (Neb.); Thomas (Calif.); Thune (S.D.); Tiahrt (Kan.); Toomey (Pa.); Upton (Mich.); Walden (Oreg.); Watkins (Okla.); Watts (Okla.); Weller (Ill.); Whitfield (Ky.); Wicker (Miss.); Young (Ak.).

Not Voting on H.R. 2723 were:

Clyburn (D-S.C.); Granger (R-Tex.); Hulshof (R-Mo.); Kaptur (D-Ohio); Portman (R-Ohio); Sabo (D-Minn.); Scarborough (R-Fla.); Shuster (R-Pa.).

### Conference Committee

Now, the House version, a combination of the Bipartisan Consensus Managed Care Improvement Act (H.R. 2723) and H.R. 2990, and the Senate version, S. 1344, the Republican-passed bill that *broadens the rights of HMOs,* have been to conference. So far, nothing conclusive has emerged from the conference committee.

Traditionally, conference committee members are chosen from the committees of jurisdiction, and may include other members who were instrumental in crafting the bill at issue. Hastert ignored this in his Nov. 3 appointments to the committee. Of the 14 Republican members he appointed, 13 opposed the Bipartisan Patients' Bill of Rights. Norwood (R-Ga.), Ganske (R-Iowa), and Coburn (R-Okla.), all members of the Commerce Committee's Health subcommittee, and all instrumental in drafting the Bipartisan Consensus bill, were all excluded from the conference committee.

Other House Republican conferees are: Bill Archer (Tex.); Michael Bilirakis (Fla.); Tom Bliley (Va.); John A. Boehner (Ohio); Dan Burton (Ind.); Ernie Fletcher (Ky.); Porter Goss (Fla.); Nancy L. Johnson (Conn.); Joe Scarborough (Fla.); John Shadegg (Ariz.); Jim Talent (Mo.); and Bill Thomas (Calif.). The House Democratic conferees are: John Dingell (Mich.); Marion Berry (Ak.); William L. Clay (Mo.); Robert Andrews (N.J.); Frank Pallone (N.J.); Charles Rangel (N.Y.); Pete Stark (Calif.); and Henry Waxman (Calif.).

The Senate Republican conferees are: James Jeffords (Vt.); William Frist (Tenn.); Tim Hutchinson (Ark.); Don Nickles (Okla.); Phil Gramm (Tex.); Mike Enzi (Wyo.); and Judd Gregg (N.H.). The Senate Democratic conferees are Edward Kennedy (Mass.); Christopher Dodd (Conn.); Tom Harkin (Iowa); Barbara Mikulski (Md.); and John Rockefeller (W.V.).

# The Hill-Burton Act

*The Hill-Burton Act became law on Aug. 13, 1946, as Public Law 725. The official title is, "Hospital Survey and Construction Act," and the document is nine pages in length. The chief sponsor was Sen. Lister Hill (D-Ala.). The act was an amendment to the Public Health Service Act, which authorized grants to the states for surveying their hospitals and public health centers and for planning construction of additional facilities, and it authorized grants to assist in such construction. The law was extended in several subsequent acts of Congress.*

*The following are excerpts from 42 U.S.C. 291 et seq., which are, at present, incorporated into current U.S. law by the Hill-Burton Act.*

### 291. Declaration of Purpose

The purpose of this title is

(a) to assist the several States in the carrying out of their programs for the construction and modernization of such public or other nonprofit community hospitals and other medical facilities as may be necessary, in conjunction with existing facilities, to furnish adequate hospital, clinic, or similar services to all their people;

(b) to stimulate the development of new or improved types of physical facilities for medical, diagnostic, preventive, treatment, or rehabilitative services; and

(c) to promote research, experiments, and demonstrations relating to the effective development and utilization of hospital, clinic, or similar services, facilities, and resources, and to promote the coordination of such research, experiments, and demonstrations and the useful application of their results.

### 291c. General Regulations

The Surgeon General, with the approval of the Federal Hospital Council and the Secretary of Health, Education, and Welfare, shall by general regulations prescribe

(a) Priority of projects. The general manner in which the State agency shall determine the priority of projects based on

the relative need of different areas lacking adequate facilities of various types for which assistance is available under this part, giving special consideration

(1) in case of projects for the construction of hospitals, to facilities serving areas with relatively small financial resources and, at the option of the State, rural communities;

(2) in the case of projects for the construction of rehabilitation facilities, to facilities operated in connection with a university teaching hospital which will provide an integrated program of medical, psychological, social, and vocational evaluation and services under competent supervision;

(3) in the case of projects for modernization of facilities, to facilities serving densely populated areas;

(4) in the case of projects for construction or modernization of outpatient facilities, to any outpatient facility that will be located in, and provide services for residents of, an area determined by the Secretary to be a rural or urban poverty area;

(5) to projects for facilities which, alone or in conjunction with other facilities, will provide comprehensive health care, including outpatient and preventive care as well as hospitalization;

(6) to facilities which will provide training in health or allied health professions; and

(7) to facilities which will provide to a significant extent, for the treatment of alcoholism;

(b) Standards of construction and equipment, general standards of construction and equipment for facilities of different classes and in different types of location, for which assistance is available under this part.

(c) Criteria for determining needs. Criteria for determining needs for general hospital and long-term care bed, and needs for hospitals and other facilities for which aid under this part is available, and for developing plans for the distribution of such beds and facilities;

(c) Modernization, criteria for determining the extent to which existing facilities, for which aid under this part is available, are in need of modernization; and

(e) State plan requirements. That the State plan shall provide for adequate hospitals, and other facilities for which aid under this part is available, for all persons residing in the State, and adequate hospitals (and such other facilities) to furnish needed services for persons unable to pay therefor. Such regulations may also require that before approval of an application for a project is recommended by a State agency to the Surgeon General for approval under this part assurance shall be received by the State from the applicant that (1) the facility or portion thereof to be constructed or modernized will be made available to all persons residing in the territorial area of the applicant; and (2) there will be made available in the facility or portion thereof to the constructed or modernized a reasonable volume of services to persons unable to pay therefor, but an exception shall be made if such requirement is not feasible from a financial viewpoint.

# German Rail Derailed by Privatization

by Rainer Apel

The famous times when one could set one's clock by the trains in Germany, which used to run on schedule down to the precise second, are definitely over. The new summer train schedule, beginning at the end of May, will be one that very few German trains will be able to keep. Delays, cancellations, and accidents are becoming the daily norm for passengers—resembling the situation in Britain, where a train ride almost always is an adventure.

In Britain, the leading protagonists of rail privatization are those whose train service is the worst. Sir Richard Branson, for example, one of the closest personal friends of "New Labour" Prime Minister Tony Blair, owns Virgin Trains, which holds the dubious record of having the most delayed or cancelled high-speed trains in the entire nation.

"High-speed trains" in Britain operate at speeds of 120-140 kilometers per hour (kph), which is the technological standard that continental (state-owned) European railway companies had in the late 1970s. Branson would not invest in electrification of the outdated lines, to equip them for modern high-speed trains, that run at 240-280 kph, as they are now in use on the European continent. Branson wants to purchase Canadian trains powered by gas turbines, that operate at speeds of 160 kph.

Branson is but a small scoundrel to blame—the real culprits are those who decided, during Margaret Thatcher's reign, not to invest in the lines as such, nor to electrify them, nor to invest in rolling stock or signals technologies. When Thatcher took office in 1979, rail privatization became a top items on her agenda, and in the late 1990s, rail investments were reduced to one-third what continental European railways invested. Railtrack, the privatized company that runs the lines and signals infrastructure in Britain, published a memorandum that called for £52 billion (roughly $75 billion) to be invested over the next 12 years, which would bring the British system up to the levels of the continental European railways today.

## Privatization comes to the continent

On the continent, the privatization drive has also hit the state-owned railway systems. All European Union (EU) member governments approved the European Commission's 1991 guideline 91/440, which had the ambitious target of decoupling the control of the lines from the control of the rolling stock, and, after ten years, fully privatizing the rail-