

## EXTENSIONS OF REMARKS

## A TRIBUTE TO VETERANS

## HON. CONSTANCE A. MORELLA

OF MARYLAND

IN THE HOUSE OF REPRESENTATIVES

Tuesday, February 8, 1994

Mrs. MORELLA. Mr. Speaker, it is always appropriate for us to reflect upon, and be grateful for, the freedoms preserved by our brave fighting men and women. We accept these freedoms as second nature, but it is appropriate to remind ourselves that they must be protected and nurtured.

Through the decades, our military has defended not only our freedom, but also freedom for people throughout the world.

A tribute to veterans was eloquently presented last Veterans Day by the State commander of the Maryland Veterans of Foreign Wars, Joseph W. Nassar. Following is the text of his speech as a reminder of our precious freedom and the dedication of our veterans.

Seventy-five years ago at the eleventh hour of the eleventh day of the eleventh month, World War I came to an end. The armistice was signed at 11:00 a.m. on November 11, 1918.

Five million Americans served in that war; 117,000 were killed, 204,000 wounded.

Three years later on November 11, 1921, an unknown soldier from World War I was buried in Arlington National Cemetery. Other nations paid the same tribute to their war dead and the day became known as Armistice Day, and would have remained Armistice Day forever had not World War II come along and then Korea.

Those who served in those wars and the survivors of those who died wanted a day on which their service could be remembered and their loved ones honored.

In 1954, President Eisenhower proclaimed November 11th as Veterans Day, and asked that on this day all Americans rededicate themselves to the cause of peace.

Today, at this observance, all of us share in that rededication, and we share too in a rededication to America and what this country stands for, and to an appreciation of what our veterans have done in protecting our American way of life.

The VFW theme for this year is "Commitment to Service." We are committed to serving the needs of our fellow veterans and the needs of our country.

One area in which we are very committed is that of foreign affairs. As our name implies, all of our members have served overseas in wartime. We know what happens when diplomacy fails and governments send armies onto the field of battle.

In this century, American military forces have been on the field of battle 45 times. It's easy to recall the big ones, WWI, WWII, Korea and Vietnam, but what about the North Russia Campaign, 1918-1919; After WWI was over. And the expedition to Siberia 1918-1920.

How about the North Atlantic Naval War of 1941—took place months before Pearl Harbor.

The list is long and painful to read because each location brings to mind the fact that Americans served there and Americans died there: The Chinese Civil War 1945-1947; Lebanon 1958; Belgian Congo 1960; Bay of Pigs 1961; Dominican Republic, Panama, Iran, Libya, Honduras, El Salvador—the list is long and in each case those who served were there to promote the national interests of the United States and to further the ideals of peace and freedom.

But as we meet here to honor the millions of Americans who have served our country, we cannot help but think of those American military forces now deployed on very questionable missions.

Less than a year ago, the Bush administration sent American forces to Somalia to assist in distributing food and medical care to the starving and sick. It was a noble mission and we were proud of our country and its ability to respond to a major international crisis. That mission, operation Restore Hope, Ended in May of this year. Yet our troops remain in Somalia. Why?

On October 3rd, 18 American Servicemen were killed in Somalia, killed by the same people they had been sent to feed and heal. And the bodies of some dragged through the streets.

Instead of realizing that we were no longer welcome there and that it was time to bring the troops home, the Clinton administration sent in more troops. Why?

The VFW response came out in a news release on October 5th. VFW national Commander-in-chief George R. Cramer said, "Americans are united in horror at the photographs of our servicemen being defiled by the Somalis they went to save. This action must teach us a lesson to stay out of places where our national interest is not at risk. The original mission of feeding the starving Somalis has long been over and our troops should have returned home long ago."

That's the VFW position. Even before the outrage of October 3rd, we had called for an end to the operation in a resolution adopted at our national convention in August. We have 2.2 million members in the VFW—they represent a cross section of America, and the opinion of that group is, bring the troops home.

Even while our government tries to find a purpose for the troops it is sending to Somalia other American forces are at sea off the coast of Haiti. They tried to land once but were asked to go away. Now they wait offshore while our government tries to come up with another idea on what to do with Haiti.

The answer to that question was given to us in 1934: Nothing. We first went to Haiti in 1915 to do some "nation building." Nineteen years later we came home. Other than building some roads and schools and clinics, and drilling a few fresh-water wells, we accomplished nothing. Haiti was the same the day we left as it had been the day we arrived. And if we land troops there tomorrow and leave them there for another 19 years, nothing will have changed.

Bring the troops home. We've covered a lot of commitments this century. Anyone who would question that

has only to look at the history of this turbulent and war-torn century.

Though punctuated with gunfire, this is a new era of world peace unlike any seen before. Despite the dangers and outrages, the misery of many and the burdens still to bear, this is also an era of great promise. Let's meet the challenge of peace.

If we are going to feed the hungry and heal the sick, let's take care of our own first. If we're going to take part in "nation building," let's do it here in America first. If we're going to take a stand against violence, terrorism and crime in the streets, let's do it today, right here in America. Our citizens deserve nothing less.

If we're going to bring to life the spirit of our own Declaration of Independence—"We hold these truths to be self-evident that all men are created equal, with certain unalienable rights \* \* \* life, liberty and the pursuit of happiness," and the promise of our own Constitution: "We, the people of the United States, in order to form a more perfect union, establish justice, insure domestic tranquility, provide for the common defense, promote the general welfare, and secure the blessings of liberty to ourselves \* \* \*" then we are going to have to devote our time, energy and commitment to doing them here at home, in America.

We cannot continue to pursue foreign policies which have no merit or virtue and which put American men and women in harm's way for purposes which do not serve any national policy.

I thank all of you for taking part in this very special observance of Veterans Day. I take pride in being a veteran and I take pride in all of the veterans we honor today. And I take great pride in those active duty military forces we have, at home and abroad, serving our nation.

TRIBUTE TO THE 75TH ANNIVERSARY OF B'NAI B'RITH WOMEN, PARADISE CHAPTER

## HON. JERRY LEWIS

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Tuesday, February 8, 1994

Mr. LEWIS of California. Mr. Speaker, I would like to bring to your attention the fine work and outstanding public service of the B'nai B'rith Women of San Bernardino, CA. The Paradise Chapter of B'nai B'rith Women will celebrate the 75th anniversary of its founding in 1919 on February 23 with a birthday party at Temple Emanu El in San Bernardino.

The Paradise Chapter of B'nai B'rith is the second oldest among over 1,600 chapters in the United States committed to fostering human understanding and providing essential services to the community and throughout the United States. Appropriately, the chapter's motto is "Pledged to Serve."

The contributions of the Paradise Chapter to our local community is extremely well known.

● This "bullet" symbol identifies statements or insertions which are not spoken by a Member of the Senate on the floor.

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

Over the years, B'nai B'rith has served Norco Naval Hospital, Banning Hospital, San Bernardino County Hospital, and has received special recognition for its part in Operation Sendoff at Norton Air Force Base. Presently, this wonderful organization is involved in ongoing projects at March Air Force Base regional hospital and the Loma Linda veterans hospital.

The community service programs of B'nai B'rith Women span many generations, from prenatal care to assistance for older adults. In addition, the chapter works in partnership with the National Foundation of the March of Dimes on Operation Stork, designed to reduce birth defects and infant mortality.

Additionally, B'nai B'rith Women works in conjunction with the Anti-Defamation League of B'nai B'rith in promoting human relations through sponsoring interfaith seminars and introducing its Dolls for Democracy program, sharing the stories of great humanitarians of various creeds and religions to thousands of children in hundreds of public and parochial schools.

Mr. Speaker, I ask that you join me and our colleagues in paying tribute to this most deserving organization. Throughout its 75 years, the Paradise Chapter of B'nai B'rith Women has demonstrated a tremendous commitment to the betterment of mankind and has touched the lives of many people in our community. It is only fitting that the House recognize the B'nai B'rith Women today.

UKRAINIAN NATIONAL ASSOCIATION  
CELEBRATES 100TH ANNIVERSARY

**HON. CAROLYN B. MALONEY**

OF NEW YORK

IN THE HOUSE OF REPRESENTATIVES

*Tuesday, February 8, 1994*

Mrs. MALONEY. Mr. Speaker, I rise today to bring to the attention of my colleagues an important event which will take place later this month. On February 22, 1994, the Ukrainian National Association [UNA], a fraternal insurance organization which was founded in Shamokin, PA, will mark its 100th anniversary. Its creation was sparked by the founding in 1893 of Svoboda, the first Ukrainian newspaper printed in the United States. Svoboda began publishing on September 15, 1893, and is now the oldest Ukrainian newspaper in the world.

Svoboda's founder and editor, Rev. Gregory Hrushka, had clearly seen the need for a financial organization in the growing Ukrainian immigrant community, and it was his visionary leadership which made this idea a reality. Upon the establishment of the Ukrainian National Association, Svoboda became its official organ. It still is today.

UNA began with just 13 branches in 1894, but has steadily expanded to its present 370 branches in the United States and Canada. It is the largest Ukrainian-American fraternal insurance organization, with over 66,000 members and over \$100 million in assets. UNA now has branches in 27 States in the United States and 7 provinces in Canada.

In addition to providing for the life insurance needs of tens of thousands of Ukrainian Americans by offering low-cost insurance protection, UNA provides its members with a wide range of social, educational, cultural, and charitable benefits. UNA has contributed immeasurably to preserving the traditions and customs of Ukrainians in the United States, and consequently to enriching American culture.

Along with Svoboda, UNA has also published the Ukrainian Weekly, an English language newspaper, for over 60 years and a monthly children's magazine entitled "Veselka" which means "Rainbow." UNA has an ongoing commitment to promoting literature which deals with Ukrainian subjects.

UNA works even more directly with the Ukrainian-American community, providing over \$120,000 in scholarships to its members each year, and operating a retirement home for senior citizens. UNA is also a major patron of the Ukrainian community's cultural and religious activities. Over the 100 years since UNA's establishment, countless Ukrainian churches and community centers owe their existence to UNA's generous low-interest mortgage loans.

In June 1964, President Dwight D. Eisenhower dedicated a monument in Washington, DC to Taras Shevchenko, the national poet of Ukraine. This was a major project initiated by UNA. The Ukrainian Congress Committee of America [UCCA] and the Ukrainian American Coordinating Council [UACC] were both established by UNA to better coordinate the work of the many financial, social, youth, and political organizations in the Ukrainian-American community. Their establishment is just another example of UNA's visionary leadership in its community.

And while UNA was established to assist Ukrainians living in the United States and Canada, it has never lost sight of the struggles and aspirations of Ukrainians in Ukraine. Throughout its history, UNA has assisted the cause of a free and independent Ukraine by bringing to the attention of the American people and government the events taking place in Ukraine. UNA has always risen to meet the challenges which the people of Ukraine have faced, from assisting the many refugees created by World War II, to providing assistance to the victims of natural disasters.

Now that Ukraine has at long last achieved its independence, that commitment has taken on new meaning. In 1990, UNA established a fund to provide humanitarian, educational, and technical assistance to Ukraine. This fund has been a tremendous success, and UNA is continuing to work with the United States Government and numerous private voluntary organizations to promote the establishment of democratic and free-market institutions in Ukraine. This assistance took on a new dimension with the creation, in 1992, of the Ukrainian National Foundation which will further coordinate humanitarian and development programs.

Because the Ukrainian National Association has been assisting the Ukrainian-American community and the people of Ukraine for a century, and because it has become the key-stone of the Ukrainian-American community

through its extensive membership network, newspapers, foundations, and offices in both Ukraine and here in the United States, I would like my colleagues to join me in congratulating UNA on its 100th anniversary and wishing it another 100 years of good fortune and service to the Ukrainian-American community, Ukraine, and the United States.

TRIBUTE TO PAUL A. DODD

**HON. JAMES T. WALSH**

OF NEW YORK

IN THE HOUSE OF REPRESENTATIVES

*Tuesday, February 8, 1994*

Mr. WALSH. Mr. Speaker, I rise today to ask my colleagues to join me in congratulating a skilled and talented public servant, Paul A. Dodd, the New York State director of the Soil Conservation Service, on the occasion of his recent retirement.

I have worked with Paul and found his professional expertise to be as vast as his dedication. As I said in a statement at his retirement party last month, my envy over his retirement is exceeded only by my admiration of his career.

Future SCS directors will have a big job in trying to duplicate his performance—whether in service to taxpayers or mentoring of co-workers.

It is significant that, just as he retires, we in central New York are set to benefit from his 35 years of watershed management experience—from the Bush Creek watershed in West Virginia in the 1960's to the New York City watershed just a few years ago.

Our recent project is a watershed protection pilot program, which will use Federal funding to educate property owners about how to help protect Skaneateles, Otisco, and Owasco Lakes.

One way we can judge our work in public service is to observe the impact. As many of those Paul has taught go on to great careers of their own, he can be extremely proud. No doubt the SCS will see the results for years to come.

CAPITAL FLIGHT FROM RUSSIA

**HON. LEE H. HAMILTON**

OF INDIANA

IN THE HOUSE OF REPRESENTATIVES

*Tuesday, February 8, 1994*

Mr. HAMILTON. Mr. Speaker, in November I wrote Ambassador Strobe Talbott seeking information on the magnitude of capital flight from Russia.

The response which I received in late January states that capital flight was \$14 billion in 1991, in the range of \$9 to \$12 billion in 1992, and would be close to the 1992 level in 1993.

Given rising concern over the direction and nature of Russian reform and over the most effective use of United States assistance, I am inserting in the RECORD the full text of the response to my inquiry:

U.S. DEPARTMENT OF STATE,  
Washington, DC, January 26, 1994.

HON. LEE H. HAMILTON,  
Chairman, Committee on Foreign Affairs, House  
of Representatives.

DEAR MR. CHAIRMAN: I am responding to your letter of November 30 regarding Russian capital flight and debt as they relate to our assistance program. I regret the delay in this response.

Capital flight in 1992 has been estimated at \$9-12 billion, somewhat less than the \$14 billion estimated for 1991, because of the sharp fall in exports and the reduced opportunity for capital flight. The volume of capital flight in 1993 will probably be close to 1992 levels. Government efforts to control capital flight include elevating the Federal Export Currency Control Service to the ministerial level and the transfer of former security service personnel to its staff as of 28 September 1993. Legally held hard currency accounts—different from "capital flight"—include funds held overseas for buying imports; Russia probably has \$15 to 25 billion in declared accounts. The bulk of Russian capital flight is the result of barter deals, misreported or underreported exports. Enterprises use capital flight as a means of protecting themselves from inflation or the high taxes on hard currency export earnings. Before July 1992, 50 percent of these earnings had to be sold at an unfavorable rate to the Central Bank. The introduction of the Unified Exchange Rate helped reduce that incentive for capital flight.

The high inflation which Russia has been experiencing has encouraged hard-currency earners not to convert their assets in rubles, in order to maintain their value. The most important measures which the Russian government is undertaking to respond to the problem of capital flight are those directed at economic stabilization and combating inflation. It would be reasonable to expect that, as the Russian government makes progress in this effort, hard-currency assets held outside of Russia by enterprises and individuals will return and be reinvested in Russia. This was also the case—dramatically so—for many Latin American nations as their own structural reforms took hold.

Technical assistance to Russian government entities is generally provided through advisors, either short-term or resident, seminars, training courses and professional visits to the United States to observe counterpart agencies. No direct transfers of funds have been made to the Russian government nor have these funds been used to prop up Russian government corporations. It is in our interest, however, to support the Russian transition to a democratic government, and U.S. assistance is provided to government agencies to help them perform more efficiently, to assist in reorganizing their mandates and reexamining priorities, and to help them be more responsive to the public they serve.

Western governments rescheduled over \$15 billion in payments due from Russia in 1993 on the debt of the former Soviet Union, for which Russia has assumed managerial responsibility. The U.S. share of \$1.1 billion in the 1993 rescheduling included over \$1 billion in payments due CCC for grain credits extended during 1991 as well as the \$75 million first annual payment toward the former Soviet Union's WWII-era Lend Lease debt. For its part, Russia agreed to pay \$2 billion to these creditors, the bulk of Russia's obligations due in 1993. The Russian government is current on its payments to the USG under this rescheduling.

Western government creditors hold approximately 50 percent of Russia's \$82 billion debt. While Russia's economic potential is such that it should be able to repay this external debt over the medium term, a short-run bunching of payments is likely to require a further rescheduling in 1994, and perhaps 1995 as well. Approximately \$10 billion falls due to Western governments in 1994, of which over \$1.7 billion is due to the U.S. alone. Overall official debt to the USG is \$3.7 billion, and Russian debt to U.S. commercial financial institutions is estimated to be \$110 million.

I hope that this has been helpful. Please do not hesitate to contact me again on this or any other matter of interest to you.

Sincerely,

WENDY R. SHERMAN,  
Assistant Secretary, Legislative Affairs.

IN HONOR OF GEORGE NEVILLE  
SMITH

HON. NICK SMITH

OF MICHIGAN

IN THE HOUSE OF REPRESENTATIVES

Tuesday, February 8, 1994

Mr. SMITH of Michigan. Mr. Speaker, I react to the President's budget proposal with renewed vigor, because of a special incident that happened last week. Our son Brad and his wife Diane gave birth to our fourth grandchild. George Neville Smith, born February 2, 1994, in Houston, TX, is going to have a tough time paying back all of this money we are borrowing.

Spending under the Clinton budget increases to \$1.52 trillion in fiscal year 1995, an increase of \$34 billion over fiscal year 1994. When George is 5 years old, spending will be \$1.8 trillion, or \$346 billion higher.

In the previous 5 years before George Neville Smith was born, the national debt increased \$1.4 trillion—going from \$3.2 trillion to \$4.6 trillion. This budget drives us into debt even faster, reaching \$6.3 trillion of debt by fiscal year 1999. This budget continues the trend that was started last year of deficit spending, billions more in debt, and a bigger, more intrusive Government.

My wife Bonnie and I join our other grandchildren, Nicholas, Emily, and Clair as well as George's other grandparents, Neville and Jennifer Monteith from Orillia, ON, in welcoming George to this world.

I would conclude by asking all parents and grandparents that are Members of Congress to work with me to minimize the extent to which we mortgage our children's future by making their generation pay for our undisciplined deficit spending.

THE CONGRESSIONAL HUMAN RIGHTS CAUCUS HAS NO RELATIONSHIP WITH THE CONGRESSIONAL HUMAN RIGHTS FOUNDATION

HON. TOM LANTOS

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Tuesday, February 8, 1994

Mr. LANTOS. Mr. Speaker, various stories have appeared in Roll Call and other sources in the press discussing links between legislative service organizations [LSO's]—which are official organizations established by a group of Members of the Congress and which are funded only by official funds—and outside, non-public, nonprofit foundations. Some of these press accounts have incorrectly linked the Congressional Human Rights Caucus with the Congressional Human Rights Foundation.

Mr. Speaker, I wish to set the record straight with my colleagues. There is absolutely no connection between the two organizations. Some years ago, I served on the board of the Congressional Human Rights Foundation along with our colleague, Congressman JOHN PORTER, the Republican co-chairman of the Congressional Human Rights Caucus. Both of us resigned from the board some years ago. There has never been any link between the Congressional Human Rights Caucus and the Congressional Human Rights Foundation.

In order to make clear the fact that there is no relationship between the Congressional Human Rights Caucus and the Congressional Human Rights Foundation, Congressman JOHN PORTER, the Republican co-chairman of the Caucus, and I sent a letter to Mr. David Phillips, the president of the Congressional Human Rights Foundation, as well as to Mr. Don Bonker and Mr. John Buchanan, the co-chairmen of the foundation board. We have sent copies of our letter to Congressman CHARLIE ROSE, the chairman of the Committee on House Administration, and to Congressman WILLIAM THOMAS, the ranking Republican member of the Committee on House Administration. Copies of that letter were also sent to each member of the Committee on House Administration.

Mr. Speaker, for the information of our colleagues, I ask that the full text of this letter be placed in the RECORD.

HOUSE OF REPRESENTATIVES,  
CONGRESSIONAL HUMAN RIGHTS CAUCUS,  
Washington, DC, January 31, 1994.

Mr. DAVID PHILLIPS,  
President, Congressional Human Rights Foundation, Washington, DC.

DEAR DAVID: We are writing with regard to a story that appeared in the Capitol Hill newspaper *Roll Call* which discusses, among other things, ties between Legislative Service Organizations (LSOs) and outside, nonprofit foundations. A copy of this story is enclosed for your information. The *Roll Call* report incorrectly links the Congressional Human Rights Caucus with the Congressional Human Rights Foundation as a foundation affiliated with a House LSO.

The first purpose of this letter is to set the record straight with regard to the relation-

ship between the Congressional Human Rights Caucus and the Congressional Human Rights Foundation—there is absolutely no connection between the two organizations. The two of us served on the board of the Congressional Human Rights Foundation at one point after it was organized in the late 1980s, but both of us resigned from the Foundation leadership some years ago. Even during the time when we were involved in the leadership of both organizations, there was no link between the two organizations. Activities were kept separate.

To our knowledge, there has never been any benefit to the Congressional Human Rights Caucus that has been provided by the Congressional Human Rights Foundation. On some occasions in the past, briefings sponsored by the Congressional Human Rights Caucus for Members of Congress and congressional staff have included human rights victims or human rights activists who have been assisted by the Congressional Human Rights Foundation and other non-profit organizations such as Amnesty International and Human Rights Watch. To our knowledge, bringing such individuals to the attention of the Congressional Human Rights Caucus has been the extent of cooperation between the two organizations. Furthermore, it is our understanding that human rights victims and activists who have been assisted by the Congressional Human Rights Foundation have appeared at briefings sponsored by a number of other LSOs and other organizations on Capitol Hill.

Furthermore, the Board of Directors of the Congressional Human Rights Foundation does not include any current Members of Congress. While the Congressional Human Rights Foundation has an honorary "Congressional Advisory Board," the two of us do not serve on that board. Some Members of Congress who serve on this advisory board may also be members of the Congressional Human Rights Caucus, but they do not represent the Caucus in that capacity and they do not serve because of their membership in the Caucus.

We expect that if there are any inquiries from *Roll Call* or other representatives of the press or from any other source regarding a relationship between the Congressional Human Rights Caucus and the Congressional Human Rights Foundation, that officials and employees of the Foundation will make clear and explicit the fact that no relationship exists between the two organizations. For many years, it has been our policy as Co-Chairmen of the Congressional Human Rights Caucus to make certain that no confusion exists with regard to a relationship between these two organizations.

The second purpose of this letter is to ask that the Congressional Human Rights Foundation change its name to avoid confusion and misidentification with the Congressional Human Rights Caucus. The Caucus is an official organization of the Congress. According to the new regulations for LSOs adopted by the Committee on House Administration of the House of Representatives, every effort must be taken to prevent any organization or person from using the name of the LSO in connection with activities in which the LSO is not involved. For this reason it would be appropriate for the Congressional Human Rights Foundation should change its name to prevent poorly informed individuals from attributing a link between the two organizations, when clearly no such link exists.

Because of the misinformation that has been circulating about a relationship be-

tween the Congressional Human Rights Caucus and the Congressional Human Rights Foundation, we are sending an identical letter to Don Bonker and John Buchanan, who serve as Co-Chairmen of the Congressional Human Rights Foundation, and to the Members of the Board of the Congressional Human Rights Foundation making this request that the name of the Foundation be changed.

Because of misinformation regarding the relationship between the Congressional Human Rights Caucus and the Congressional Human Rights Foundation, we are also sending copies of these letters to Congressman Charlie Rose, Chairman, and to Congressman William M. Thomas, Ranking Republican Member of the Committee on House Administration of the House of Representatives.

Sincerely,

TOM LANTOS,  
Co-Chairman.  
JOHN EDWARD PORTER,  
Co-Chairman.

RURAL COMMUNITY WASTEWATER  
TREATMENT AFFORDABILITY  
ACT OF 1994

HON. JIM CHAPMAN

OF TEXAS

IN THE HOUSE OF REPRESENTATIVES

Tuesday, February 8, 1994

Mr. CHAPMAN. Mr. Speaker, today I am pleased to be introducing the Rural Community Wastewater Treatment Affordability Act of 1994. This legislation, which was drafted with the assistance of the National Rural Water Association and the Rural Community Assistance Program, is designed to ensure that rural and disadvantaged communities have greater access to the Clean Water Act's State Revolving Fund [SRF] Program.

EPA has estimated that 75 percent of the communities in violation of the Clean Water Act's sewage treatment requirements are rural and that the estimated cost of addressing these sewage treatment needs exceeds \$13 billion. While the purpose of the SRF Program is to assist localities in their efforts to modernize existing treatment works and construct new ones through a low-interest loan program, it has fallen far short of this goal in rural communities. One of the largest obstacles for rural systems is that they can rarely finance 100 percent loans, even at low interest rates, because they have limited revenue generating capabilities and cannot achieve economies of scale.

It has become clear to me and many of my colleagues who represent rural and disadvantaged communities that the Federal Government must take a more active role in assisting these communities with their wastewater treatment infrastructure needs.

Mr. Speaker, my bill will make SRF loans more affordable to small systems by allowing negative interest loan financing, extending the loan repayment period from 20 to 40 years and requiring that 1 to 2 percent of each State's SRF allocation be used to make grants to communities for planning and predevelopment costs. In addition, the bill allows nonprofit corporations to be eligible for

SRF funding, as they currently are under the Rural Development Administration's water and sewer program, and authorizes \$15 million for rural water organizations technical assistance programs.

As reauthorization of the Clean Water Act has emerged as a priority for Congress this year, I look forward to working closely with my colleagues on the Public Works Committee to ensure that rural and disadvantaged communities are not left behind.

TRIBUTE TO IRMI BLUM

HON. JERRY LEWIS

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Tuesday, February 8, 1994

Mr. LEWIS of California. Mr. Speaker, I would like to bring to your attention the fine work and outstanding public service of my dear friend, Irmi Blum of San Bernardino, CA. Irmi was recently honored by the Arrowhead Chapter of Hadassah for her commitment and countless hours of community service on behalf of so many people in southern California.

The story of Irmi and her late husband, Hugo, is among the most touching and inspiring I know. Escaping Nazi Germany and fleeing to London in the early 1940's, together they came to California in the late 1940's. They opened a jewelry store in San Bernardino in 1948 which they ran successfully until their retirement. To say the least, their lives are a testimony to faith and hope. Over the years they never wavered in the face of adversity and together they embraced the American Dream.

Over the years, Irmi has been involved in a myriad of community activities and has been outspoken in her concerns over community and national matters. Though working full time with Hugo, Irmi made time to contribute her talents and energy to a number of civic organizations. She has served on numerous boards including Hadassah, Congregation Emanu El Sisterhood, the San Bernardino Community Concert Association, and was the first woman elected to serve as president of the California Jewelers Association. In addition, she was instrumental in establishing the San Bernardino Chapter of the City of Hope and the San Bernardino Herzilya Sister City Committee, serving each as its first president. She has also been a member of the San Bernardino Downtown Association and the San Bernardino Redevelopment Agency.

Mr. Speaker, I ask that you join me, our colleagues, Irmi's daughter, Sonia, and our many friends in San Bernardino in wishing Irmi our congratulations for this deserved recognition. In her many years of devoted service, Irmi Blum has touched the lives of many people in our community and it is only fitting that the House recognize her today.

**GEORGE ALEXIOU RECOGNIZED  
FOR TREMENDOUS ACHIEVEMENTS**

**HON. CAROLYN B. MALONEY**

OF NEW YORK

IN THE HOUSE OF REPRESENTATIVES

*Tuesday, February 8, 1994*

Mrs. MALONEY. Mr. Speaker, I rise today to pay tribute to a New Yorker who has given so much to our great city, the Borough of Queens, and the community of Astoria.

On February 12, the Greek-American Home-Owners Association of Astoria, NY, is recognizing George Alexiou for his vigilant dedication to the welfare and advancement of this organization and the improvement of the greater Astoria community.

George was a past president of the Greek-American Home-Owners. During his highly successful tenure, the organization significantly expanded the services which it provides to the Astoria community. Countless residents have Mr. Alexiou to thank for the work which he has done on their behalf.

George also exemplifies the American dream. He came to this country from Greece and successfully entered into business. He is a devoted husband of Elpida, and a doting father to Melina. Showing his appreciation for his adopted country and the true American spirit, George has used his good fortune to help others in his community.

Because of his tremendous achievements on behalf of others, I hope my colleagues will join me and the Greek-American Home-Owners Association in honoring Mr. Alexiou on this auspicious occasion.

**TRIBUTE TO COL. WILLIAM A.  
FORKHAMER**

**HON. JAMES T. WALSH**

OF NEW YORK

IN THE HOUSE OF REPRESENTATIVES

*Tuesday, February 8, 1994*

Mr. WALSH. Mr. Speaker, I rise today to honor Col. William A. Forkhamer who is retiring after 40 years with the 174th fighter wing of the New York Air National Guard. Colonel Forkhamer was most recently the director of logistics for the 174th, known as the "Boys from Syracuse."

Colonel Forkhamer has received numerous awards and citations. His advancement over the years reflects the responsibility he has taken on—and the confidence that has been placed in him by his superiors.

Colonel Forkhamer received a direct commission in the Air National Guard as a 2d Lieutenant in November 1963. He was recalled to active duty for the *Pueblo* crisis in May 1968 as an aerospace munitions officer. While assigned to the 140th tactical fighter wing at Cannon AFB, NM, he was assigned as maintenance control officer. Upon release from active duty, he was assigned as organizational maintenance officer until September 1975, at which time he was assigned as the group logistic plans officer until his promotion to commander of the 174th consolidated air-

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craft maintenance squadron in October 1976. When the 174th tactical group was converted to the 174th tactical fighter wing on July 1, 1979, Colonel Forkhamer was appointed deputy commander for maintenance and held this position until being appointed director of logistics.

In 1982, under his leadership, the squadron received the USAF Maintenance Effectiveness Award, symbolic of the best maintenance squadron in the USAF worldwide.

Colonel Forkhamer has served his country well. I salute him and wish him all the best in a retirement he richly deserves.

**BLACK HISTORY  
TELECONFERENCE TRIBUTE**

**HON. JAMES E. CLYBURN**

OF SOUTH CAROLINA

IN THE HOUSE OF REPRESENTATIVES

*Tuesday, February 8, 1994*

Mr. CLYBURN. Mr. Speaker, for the past 7 years during the month of February, the South Carolina Educational Network has held a teleconference to showcase the courage, accomplishments, and progress of African-Americans who have contributed to the well being of this Nation and the world. This year's Black History Teleconference titled, "The Struggle Continues: Empowering Afro-American Organizations: Present and Future" features eight high school students from South Carolina who interview eight nationally prominent African-Americans. Under the guidance of its creator, Dr. Marianna Davis of Keenan High School in Columbia, the teleconference has proven to be of tremendous benefit to the students, panelists, and viewers.

It is in the spirit of Dr. Davis' zeal and focus on a brighter future for our youth that I acknowledge this year's high school participants: Allison S. Feaster of Chester High School; Mary Emma Fulwood of Dillon High School; Sean Gallman of Dutch Fork High School in Irmo; Victor Gardner of Blue Ridge High School in Greer; Caren C. Kelly of Westside High in Anderson; Macella Scott of Kingstree Senior High; Terrance Smalls of Holly Hill-Roberts High School; and Scipia Williams of James Island High in Charleston. They, and others like them, are our future. For it will be through their achievements that others will see hope and a brighter tomorrow.

Mr. Speaker, I commend Mr. Henry Cauthen, president of the South Carolina Educational Television Network, SCETV staff, Dr. Davis, the students, and panelists of "The Struggle Continues," for their dedication to quality education and broadcasting.

**THE WATERWAYS OBSTRUCTION  
REMOVAL ACT OF 1994**

**HON. JACK FIELDS**

OF TEXAS

IN THE HOUSE OF REPRESENTATIVES

*Tuesday, February 8, 1994*

Mr. FIELDS of Texas. Mr. Speaker, I am pleased to introduce today a bill that responds

*February 8, 1994*

to a critical problem that exists in Texas ports and in waterways throughout this Nation.

Emergency closure of the Port of Houston to commercial traffic because of obstructions by sunken or grounded vessels in the Houston Ship Channel has resulted in over \$200 million in losses during recent years. It is time to take action to keep our Nation's ports and waterways open to trade and prevent even greater financial losses from occurring in the future.

Section 2 of my bill addresses this problem by requiring immediate action by the owner or operator of a sunken or grounded vessel to remove or destroy a vessel that is obstructing a navigable waterway. Within 24 hours after a port or other navigable waterway is closed because of a sunken or grounded vessel by order of the Secretary of Transportation, the owner of the vessel must begin removal of the vessel or, if appropriate, secure the vessel to allow commercial traffic to resume. The owner or operator of the vessel must consult with the Secretary of the Army and gain the Secretary's approval before the owner or operator begins removal of the vessel or secures the vessel. Before approving a plan of removal, the Secretary must determine that the owner or operator is using the most expeditious method available under the circumstances to remove the vessel.

Under this section, if the owner or operator fails to begin removal of the sunken or grounded vessel, or to secure the vessel pending removal, within 24 hours of the closure of the port or other navigable waterway, the Secretary of the Army may impose a civil penalty of up to \$25,000 per day for each day during which the owner or operator fails to begin removal of the vessel. In addition, if the owner or operator fails to begin removal of or to secure the vessel within 24 hours, the Secretary of the Army shall remove or destroy the vessel using the summary removal procedures under subsection (a) of section 20 of the Act of March 3, 1899, 33 U.S.C. 415. Subsection (b) of this section amends section 20 of the Act of March 3, 1899, to allow the Secretary to recover from the owner or operator of the vessel the actual costs, including administrative costs, of any removal action taken under this section.

Compliance with the requirement to begin removal of the vessel within 24 hours will vary under the circumstances of each case. In some cases, it will be reasonable for the Secretary of the Army to determine that actual physical removal of the vessel must begin within 24 hours of the closing of the port. In other cases, it may be impossible to actually begin removal of a vessel in 24 hours because a specialized piece of equipment is not available. The Secretary of the Army must determine whether the owner or operator has satisfied the requirement to begin removal, based on the facts of each particular situation. The costs of a particular method of removal are not a factor in deciding whether or not an owner or operator has satisfied the requirement to begin removal. What must be determined by the Secretary under this bill is whether or not the owner or operator is doing everything feasible to remove the vessel, using the method that will allow commercial traffic to resume as quickly as possible. In all

cases, the vessel must be secured pending removal of the vessel if securing the vessel allows commercial traffic to resume while removal actions continue to take place.

Mr. Speaker, I look forward to early action on this important piece of legislation, and I want to thank my distinguished colleague from Texas, GREG LAUGHLIN, for joining with me in this effort.

CONGRESSMAN KILDEE HONORS  
DR. JEROME AND SHERRY KASLE

HON. DALE E. KILDEE

OF MICHIGAN

IN THE HOUSE OF REPRESENTATIVES

Tuesday, February 8, 1994

Mr. KILDEE. Mr. Speaker, I rise today to pay tribute to Dr. Jerome Kasle, and his wife Sherry, for their continual efforts to improve the education of Jewish children in my hometown of Flint, MI.

Mr. Speaker, I have known the Kasle family for many, many years. They have been true community activists and have worked to improve the quality of life for the people in the Flint area. On December 12, 1993, the Chabad House of Flint honored Dr. Jerry and Sherry Kasle for their efforts to enhance and expand Jewish education in the Flint Jewish Community. I also want to congratulate Jerry on his 50th birthday, and their 25th wedding anniversary. Mazel Tov to the both of you.

Mr. Speaker, a few years ago, Rabbi Yisroel Weingarten, a Lubavitch Rabbi, came to the Flint community and established the Chabad House. Rabbi Weingarten and his wife have greatly enriched the lives of many people in the Flint Jewish Community. Dr. and Mrs. Kasle have been dedicated supporters of Rabbi Weingarten, the Chabad House and all of their programs. And because of their efforts, the Chabad House has blossomed. Together, they began a unique partnership to establish the Chabad House Flint Torah Academy. This program, already in its third year, allows Jewish children to attend school in the morning, and study Jewish culture, art, music, dance, history, language, and writing, at the Flint Torah Academy each afternoon.

Dr. and Mrs. Kasle recognize the importance of education and maintaining the continuity of Judaism in one's life. The Kasles believe that in order for Judaism to prosper, Jewish education and culture must be taught to the children. It is their commitment to these Jewish principles that has enabled the Flint Torah Academy to flourish.

Even before the arrival of Chabad House, the Kasles have been long time supporters of the Flint Jewish Community and the State of Israel. The Kasles were one of the first anchor families in the resettlement of Russian Jews in Flint. Dr. Kasle also sees many Russian Jews on a pro bono basis at his eye clinic. Jerry and Sherry have also been loving parents to their six children.

Mr. Speaker, it is with much joy and respect, that I pay tribute to these two exceptional people. They have certainly made a difference in many lives, both in Flint and in Israel, and we are all deeply grateful to them.

TRIBUTE TO STAFF OF EMERGENCY  
MANAGEMENT INSTITUTE

HON. DAN BURTON

OF INDIANA

IN THE HOUSE OF REPRESENTATIVES

Tuesday, February 8, 1994

Mr. BURTON of Indiana. Mr. Speaker, I recently received a letter from a constituent of mine who had attended a training program at the Emergency Management Institute in Emmitsburg, MD. Sam Williams, director of the Johnson County, IN, Office of Emergency Management, had high praise for the Institute's staff and programs. He was so impressed that he took the time to ask his Congressman and Senators to commend the Institute for the fine work they do.

The Emergency Management Institute is the training arm of the Federal Emergency Management Agency. With a staff of 30 people, the Institute trains local emergency management officials from around the country to prepare for spills of hazardous materials, earthquakes, tornadoes, floods, and other natural disasters. Those local officials in turn return to their home States to train their colleagues.

This training is critically important. By enhancing the ability of local governments to prepare themselves for the unthinkable, the Emergency Management Institute has, I am sure, quietly saved many lives. I would like to commend Joseph Bills, the Institute's program coordinator, and the Institute's entire staff for their fine work.

I submit Mr. Williams' letter for the RECORD.

JOHNSON COUNTY OFFICE  
OF EMERGENCY MANAGEMENT,  
Franklin, IN.

HON. DAN BURTON,  
U.S. House of Representatives, Washington, DC.

DEAR CONGRESSMAN BURTON. I recently had the opportunity to attend the Mass Fatality Incident Course held at the Emergency Management Institute in Emmitsburg, Maryland. The program coordinator, Mr. Joseph K. Bills, should be commended for his tireless energy and the quality of materials introduced.

While we do not like to think of incidents of this nature, through training of this type, we can feel confident we will be able to handle any situation should the need arise. We can also minimize the suffering of those who have a loss.

Sincerely,

SAMUEL J. WILLIAMS,  
Director.

JULIA PAPPAS RECOGNIZED FOR  
TREMENDOUS ACHIEVEMENTS

HON. CAROLYN B. MALONEY

OF NEW YORK

IN THE HOUSE OF REPRESENTATIVES

Tuesday, February 8, 1994

Mrs. MALONEY. Mr. Speaker, I rise today to bring to the attention of my colleagues the special recognition being bestowed upon Julia Pappas this Saturday, February 12, by the Greek-American Home-Owners Association of Astoria, NY.

As one of the leading groups which seek to strengthen the residential and business com-

munities in Astoria, the Greek-American Home-Owners Association serves the entire community in so many ways.

Julia Pappas exemplifies the members of this organization. That's why I am pleased to say that her loyalty and dedication to the organization and her exemplary leadership as president of Community School Board 30 are being justly recognized. As the founder and past president of the Federation Parents Club, Queens, as a member of community board I, and as chairperson of the parks committee, Julia has constantly strived to promote community unity and the development of innovative and effective programs.

Because of her tremendous achievements on behalf of the entire community of Astoria, NY, I hope my colleagues will join me and the Greek-American Home-Owners Association in honoring Ms. Pappas on this auspicious occasion.

A COMMUNITY PULLS TOGETHER

HON. ROMANO L. MAZZOLI

OF KENTUCKY

IN THE HOUSE OF REPRESENTATIVES

Tuesday, February 8, 1994

Mr. MAZZOLI. Mr. Speaker, today, I would like to call attention to a very special group of people who live and work in my hometown of Louisville and Jefferson County, KY.

A couple of weeks ago the Louisville area, along with most of the eastern half of the Nation, fell under the grip of a furious winter storm. With 16 inches of snow on the ground in Louisville and with temperatures dipping to -22 degrees, venturing out into that nearly lethal weather was the last thing on most minds. Most, that is, except for Michelle Schmitt and her family.

Michelle Schmitt is a bright and enthusiastic 3-year-old who is like almost any other toddler her age with one major exception: she has had liver problems since birth and has been on a waiting list for 2 years for a liver transplant. And, that long-awaited call that a liver was available came, not when the weather was benign but when it was brutish, and not from a transplant center near Louisville but from one hundreds and hundreds of miles distant in Omaha, NE.

There appeared to be no way for Michelle and her family to make it out of their house much less to make the trek to Louisville's Standiford Field for the trip to Omaha. But, when the word of Michelle's plight went out on WHAS Radio 840, a concerned group of people got together with imagination, courage and selflessness and devised a plan to get Michelle to her plane and then to the hospital for the operation.

The accompanying Courier-Journal articles describe the ordeal—and that's really what it was—surrounding Michelle's evacuation. I will not recount the details, as awe-inspiring as they are, but I need to cite some of the people whose heroic efforts helped Michelle.

Joe and Teresa Amshoff came up with the idea of using a parking lot as a helipad and led a shovel brigade of 200 volunteers who

cleared the parking lot of Southeast Christian Church. The church's pastor and associate pastor, Rev. Bob Russell and Rev. Dave Stone, and Southeast Christian's congregation also pitched in with the effort to clear the parking lot so the helicopter could land. Hank Wagner and David Fleming of Jewish Hospital made the medical helicopter service, Skycare, available. Skycare's communications director, Kimberly Phelps, worked to get flight nurse, Rick Nickoson and paramedic, Joe Vetter scheduled for the flight. Volunteer pilots Jason Smith and Jeff Bowlan of Pattco, Inc. flew the mercy mission to Omaha. Many others worked hard to clear the runway at Louisville's Standiford Field so Michelle and her family could leave Louisville for Omaha.

I am immensely proud to represent such a dedicated and giving group of individuals. The work everyone put forth to give a little girl a chance for a full life was a labor of love and was evidence, once again, of the devotion and true charity of the people of Louisville and Jefferson County. The episode is a prime example of how noble and caring people are when called upon.

One last note—Michelle is doing well and our thoughts and prayers are with her for a successful and speedy recovery.

Mr. Speaker, I ask permission to include at this point the Courier Journal articles referred to in my statement:

[From the Courier Journal, Jan. 18, 1994]  
FROZEN CITY WARMED TO A SICK LITTLE  
GIRL'S PLIGHT

(By Beverly Bartlett and Laurel  
Shackelford)

People from all over Kentucky came together yesterday in a breathtaking battle against time and nature for a Louisville girl, who just may win.

Since 3-year-old Michelle Schmitt was a year old, she has been on a waiting list for a liver transplant. Yesterday, at 9 a.m., as a record snowfall paralyzed Louisville, her grandmother got the call the whole family had been waiting for. By sundown, a liver would be waiting for her.

In Omaha, Neb.

But there was no way for Michelle to get to the airport. No way for pilots to get there. No way for planes to take off, with the airport closed. No way for emergency medical workers to get out of their driveways.

To have the best chance of success, hospital workers in Nebraska wanted Michelle in Omaha by 6 p.m.—7 p.m. at the latest. The race was on.

Michelle is one of 251 children waiting for a liver transplant. More than 100 U.S. hospitals do liver transplants, but only about 50 perform them for children. Not one is in Kentucky. Kosair Children's Hospital expects to start performing such surgeries this summer.

But that did Michelle no good yesterday. She was born with biliary atresia, the same condition her older sister, Ashley, had. Ashley received a liver transplant in 1991, at the age of 3. She is now reportedly doing well.

But Michelle was still in desperate need. She weighed just 22 pounds, an average weight for a 1-year-old.

(Michelle and Ashley's mother, Theresa, died in August 1992, after overwhelming pneumonia progressed to Adult Respiratory Distress Syndrome. As a complication, doctors also suspected an uncommon vascular disorder called Wegener's granulomatosis.)

Friends had come to the Schmitt's aid, raising money all over the county—from donations, raffles and charity auctions. But yesterday the community came to the child's aid in other ways.

Jewish's air ambulance service, SKYCARE, agreed to fly Michelle to Standiford Field, after an employee heard the family's plea for help on a radio station.

She was supposed to be picked up there by a Lear jet, which would take her to Omaha, where a liver was being flown in from an undisclosed location.

David Fleming, a Jewish Hospital vice president, said SKYCARE's communications director, Kimberly Phelps, worked frantically to put together a medical team for the trip. Rick Nickoson, the flight nurse, drove a four-wheel-drive vehicle to pick up paramedic Joe Vetter.

Two volunteer pilots, Jason Smith and Jeff Bowman, of Pattco Inc., waited at Standiford Field.

But first Michelle had to get there—and for hour after agonizing hour, that looked iffy.

Members of Southeast Christian Church have been leading the fight for money to pay for her transplants, and yesterday the church came to the rescue again.

The brilliant idea to transform a church parking lot into a helicopter landing pad came from Teresa Amshoff who spent the day "stuck here in the house, listening to the story" about Michelle on WHAS.

She heard about the plan to drive her from Hikes Point to Clark County airport, "and I knew it would take them two hours to get to Clark County. As I was staring out the window it came to me: Bring the helicopter to Southeast Christian Church," right behind her house.

Amshoff called the station, and after some huddling, rescuers decided to go for it.

"They asked if I could get people to shovel. I said, 'No problem.' I ran door to door on Glen Meade Road screaming for help. I told everyone we needed them with their shovels. Everyone was tired from shoveling their driveways off, but no one turned me down."

Soon a team of six snow shovelers turned into a crowd of hundreds with a big will—and big shovels.

Her husband, Joe, went ahead and walked off a 100-foot area for a landing site, and everybody dug in.

"People just started pulling in," said Dave Stone, the church's associate preaching minister. "It looked like a four-wheel-drive convention."

While some arrived in four-wheel-drives, people who lived in the neighborhood flocked in on foot, carrying snow shovels.

The family pulled up in a four-wheel-drive vehicle. Michelle was carried to the helicopter on a stretcher. Her father, Ed, was shivering. Bob Russell, the church minister, asked if he was cold.

"No," he said. "I'm just really nervous."

Hospital officials in Nebraska weren't; they were confident that Michelle would reach Omaha by nightfall, the optimum time for her liver transplant.

[From the Courier Journal, Jan. 19, 1994]

GIRL, 3, "DOING REAL WELL" AFTER LIVER  
TRANSPLANT

(By Patrick Howington)

Hours after undergoing a liver transplant that was made possible by snow-shoveling volunteers, a 3-year-old Jefferson County girl was making an impressive recovery yesterday in an Omaha hospital.

Michelle Schmitt's condition was upgraded from critical to serious-but-stable yesterday afternoon. Doctors at the University of Nebraska Medical Center were "really happy and amazed at how she's bouncing back," said Edward Schmitt, Michelle's father.

"She's doing real well right now. They've already pulled the respirator from her and she's sitting up," Schmitt said. "She wants her bottle, she wants chocolate, she wants Coke \* \* \*. It's amazing."

Michelle had been waiting two years for a donor liver, but when the call finally came Monday the timing couldn't have been worse. Louisville roads and airports were virtually shut down by record snow.

The flight to Omaha wouldn't have been possible if 200 neighbors and volunteers hadn't shoveled a clearing at Southeast Christian Church, where the Schmitts are members, so a helicopter could land and take Michelle to a waiting private jet. Without a quick departure, the donor liver in Omaha would no longer have been useable.

"I want to thank everybody from the bottom of my heart," Edward Schmitt said. "I feel like they saved her life."

Michelle arrived at the Nebraska hospital about 6:45 p.m. CST Monday, hospital spokeswoman Mary Zgoda aid. She was on the operating table by 9 p.m. The surgery ended at 4 a.m. yesterday.

Michelle and her family flew to Omaha on a corporate jet donated by Paco Aire of Jefferson County.

The jet had been lined up months ago by Sharon Stevens, a hairdresser who has been raising money for the Schmitts for two years. Stevens said a non-profit group she set up for that purpose, Hair Angels—its members initially were all hair-dressers—has raised about \$50,000 for the family.

But Stevens said that is "a drop in the bucket" compared with the family's medical bills. She said care just for Michelle's older sister Ashley, who received a liver transplant in 1991, has totaled \$700,000. Insurance covers 80 percent of medical bills, she said.

Money raised by Hair Angels has gone toward medication (Michelle's costs up to \$1,000 a month), insurance premiums and flights to Omaha, where Ashley also received her transplant and follow-up care.

Now the group is trying to raise money to cover the Schmitts' housing in Omaha, where Michelle may be for up to three months.

Donations for Michelle's medical expenses can be sent to Hair Angels, 239 Chenoweth Lane, Louisville, KY 40207. Contributions are tax-deductible.

#### SOLIDARITY—SARAJEVO

HON. STENY H. HOYER

OF MARYLAND

IN THE HOUSE OF REPRESENTATIVES

Tuesday, February 8, 1994

Mr. HOYER. Mr. Speaker, the eyes of the world will be focused on Lillehammer, Norway, from February 12–27, as that city hosts the 1994 Winter Olympic Games. Exactly 10 years ago today athletes gathered in Sarajevo for 12 days of competition as that city hosted the XIV Winter Olympic Games. Hundreds of folk dancers greeted the athletes in a profusion of color during the opening ceremonies in Kosevo Stadium. The sounds of "When the

Saints Come Marching In" and "The Yellow Rose of Texas" could be heard during the course of the festivities presided over by Juan Antonio Samaranch, president of the International Olympic Committee.

An estimated 8,000 Americans were among the 40,000 visitors who converged on Sarajevo for the games. Actor Kirk Douglas, singer John Denver, and Princess Ann of Britain could be spotted in the crowds. A fresh snowfall transformed the city into a winter wonderland. Vucko, the mascot wolf of the winter games could be seen just about everywhere. Guests crowded Sarajevo's shops, restaurants, and cafes to escape the cold and enjoy the warm hospitality.

A thousand troops were deployed in the hills around Sarajevo to keep competition tracks clear of snow. Flushed with excitement athletes looked forward to testing their skills on the slopes and on the ice. Skating star Scott Hamilton was there as was downhill skier Bill Johnson, giant slalom skier Debbie Armstrong, figure skater Rosalynn Summers, the brother and sister pair, Peter and Kitty Carruthers, along with the Mahre brothers, Phil and Steve. Soviet athletes paused to mourn the death of President Yuri Andropov as the crimson hammer and sickle Soviet flag was flown at half staff in the Olympic Village.

As the Olympic flame was extinguished during the closing ceremonies of the XIV Winter Olympic Games, IOC president Samaranch concluded, "Do videnja, Sarajevo"—"Until we meet again, Sarajevo."

Ten years later and after nearly 2 years of shelling, Sarajevo is almost destroyed by hate and power mongers. The city's stadium has been turned into a cemetery, the final resting place for some of the over 10,000 Sarajevans killed since the outbreak of fighting in and around the Bosnian capital.

The siege of Sarajevo continues unabated with some of the heaviest shelling having recently been recorded. Serb heavy weapons surround the city from the very hills where athletes tested their skills in Olympic competition. This once pristine alpine community, known for its distinctive multicultural society, has been reduced to rubble. There is no running water. There is no natural gas to provide heat against severe winter weather conditions. Medical supplies are scarce. Food supplies are dwindling. People are starving and children are being murdered as they attempt to play amidst a dying city.

Despite death and destruction, the people of Sarajevo have remained remarkably resilient. The Olympic creed says, in part, that "the essential thing is not to have conquered but to have fought well." The people of Sarajevo have displayed tremendous courage throughout their struggle for survival. Unfortunately, the West has yet to do so.

When the Olympic flame, a symbol of continuity, is ignited this Saturday in Lillehammer its glow will be dimmed by the harsh reality surrounding the strangulation of Sarajevo and the aggression and genocide waged against the people of Bosnia and Herzegovina.

Mr. Speaker, the people of Sarajevo are fighting for their very survival as well as the survival of their city. I urge my colleagues to

join me in expressing solidarity with the people of Sarajevo and calling upon the international community to stop the strangulation of Sarajevo before there is no one left but the aggressors.

#### TRIBUTE TO ROBERT CHAIS

##### HON. ROBERT G. TORRICELLI

OF NEW JERSEY

IN THE HOUSE OF REPRESENTATIVES

*Tuesday, February 8, 1994*

Mr. TORRICELLI. Mr. Speaker, I rise to pay tribute to Robert Chais, a constituent of mine and a founder of one of the foremost emergency medical services facilities in the Nation.

Mr. Chais founded the Bergen County Emergency Medical Services [EMS] Training Center in Paramus, NJ. This center has become nationally respected as one of the finest EMS training facilities in America.

Under Bob Chais' direction, the Bergen County EMS Center has trained thousands of New Jersey volunteer ambulance, rescue, and firefighting personnel. These volunteers have been responsible for saving countless thousands of people throughout New Jersey.

The standards set by Mr. Chais have influenced similar training centers across the country and thus resulted in the countless numbers of Americans surviving accidents and medical emergencies.

Mr. Chais served the center for more than 15 years, for he did not seek nor receive any compensation. In fact, Mr. Chais passed away while teaching a class on Wednesday evening, January 27, 1994, at the age of 54.

It is rare that one man performs so much work to have such a positive effect on the lives of so many. His death is a great loss to the State of New Jersey. It is in service to the citizens of New Jersey that Mr. Chais will be fondly remembered.

#### TRIBUTE TO DR. J. SCOTT RUTAN

##### HON. BARNEY FRANK

OF MASSACHUSETTS

IN THE HOUSE OF REPRESENTATIVES

*Tuesday, February 8, 1994*

Mr. FRANK of Massachusetts. Mr. Speaker, I was very pleased to learn that the American Group Psychotherapy Association will recognize Dr. J. Scott Rutan as a Distinguished Life Fellow on February 18.

Dr. Rutan has had an extraordinarily productive career, and he is widely known for his scholarship, his practice of group psychotherapy, and his teaching. He is a clinical associate professor of psychology in the Department of Psychiatry at Harvard Medical School, and director of the Center for the Group Psychotherapy at Massachusetts General Hospital. In every capacity that he has occupied, Scott Rutan has performed extraordinarily well, serving as a model of a responsible and caring professional.

It is entirely appropriate that the American Group Psychotherapy Association is recogniz-

ing Scott Rutan's career, and I am proud to join them in doing so.

#### GEORGE ALEXIOU RECOGNIZED FOR TREMENDOUS ACHIEVEMENTS

##### HON. CAROLYN B. MALONEY

OF NEW YORK

IN THE HOUSE OF REPRESENTATIVES

*Tuesday, February 8, 1994*

Mrs. MALONEY. Mr. Speaker, I rise today to pay tribute to a New Yorker who has given so much to our great city, the borough of Queens, and the community of Astoria.

On February 12, the Greek-American Home-Owners Association of Astoria, NY, is recognizing George Alexiou for his vigilant dedication to the welfare and advancement of this organization and the improvement of the greater Astoria community.

George was a past president of the Greek-American Home-Owners. During his highly successful tenure, the organization significantly expanded the services which it provides to the Astoria community. Countless residents have Mr. Alexiou to thank for the work which he has done on their behalf.

George also exemplifies the American Dream. He came to this country from Greece and successfully entered into business. He is a devoted husband of Elpida, and a doting father to Melina. Showing his appreciation for his adopted country and the true American spirit, George has used his good fortune to help others in his community.

Because of his tremendous achievements on behalf of others, I hope my colleagues will join me and the Greek-American Home-Owners Association in honoring Mr. Alexiou on this auspicious occasion.

#### TRIBUTE TO PAUL ANDREWS

##### HON. EDWARD J. MARKEY

OF MASSACHUSETTS

IN THE HOUSE OF REPRESENTATIVES

*Tuesday, February 8, 1994*

Mr. MARKEY. Mr. Speaker, I rise today before my colleagues in the House of Representatives to pay tribute to Paul Andrews, school superintendent of Woburn, MA, who will retire at the end of this year capping 26 years of public service.

Paul Andrews is a results-oriented administrator who has served his community tirelessly for over a quarter of a century. Mr. Andrews is a leading educator who brings pragmatic insights and solutions to meet public policy objectives. He developed a fully coordinated central office staff into one of the finest school managerial teams in the Commonwealth. He also raised almost \$500,000 for students of Woburn Public Schools through the writing and development of Federal and State grants.

Mr. Andrews has been on the forefront writing and preparing publications for State distribution. His writings focus on the difficult topic of drug abuse. In his progressive role, Paul has suggested approaches in drug edu-



cation and outlined drug policies for school administrators. Paul has also been involved with the State department of education as a project director for the office of health and human services as well as the bureau of student services. Mr. Andrews served on a wide variety of State boards such as the Massachusetts Comprehensive Health Planning Agency, and the Massachusetts Committee on Children and Youth.

Like most dedicated public servants, Mr. Andrews is highly active in his local community. He is vice chairman of the Mystic Valley Mental Health Board and the chairman of the Industrial Development Commission. He has been a Red Cross disaster chairman, as well as an executive secretary of the Woburn Fire/Police Building Commission. The Woburn Jaycees recognized his civic service, honoring him as a "Man of the Year."

Mr. Speaker, I ask that you join me, our colleagues, Paul's wife Janet, their three children, Paul, Jr., Kevin, and Marcia, and their many friends in wishing Paul the very best in his retirement. In his many years of committed service, Paul Andrews has touched the lives of many people in our community and it is only fitting that the House of Representatives recognize him today.

#### PMA CHOOSES NEWSPAPER ADS OVER R&D

### HON. FORTNEY PETE STARK

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Tuesday, February 8, 1994

Mr. STARK. Mr. Speaker, practically every week the Pharmaceutical Manufacturers Association [PMA] reminds us of its existence through absurd ads on the federal page of The Washington Post. In 1993, the PMA ran 50 advertisements in the Post—each ad telling the reader that we don't need health care reform because the PMA has it under control.

The problem, Mr. Speaker, is that the PMA's version of health care reform is an advertising blitz! Lots of gloss, lots of pretty charts—and billions of wasted health care dollars!

A recent PMA newspaper ad campaign tells us that pharmaceutical research and development has slowed to its lowest point in 22 years. The PMA has never been afraid to predict gloom and doom for its member companies—companies that represent the most profitable industry in America. The PMA is constantly using scare tactics on Americans, many of whom are dependent on prescription drugs for their health.

What the ad doesn't tell you, Mr. Speaker, is that in 1993, the PMA wasted \$1.5 million on ads in just five newspapers—The Washington Post, The New York Times, The Wall Street Journal, USA Today, and the LA Times. According to the PMA's way of calculating the real investment value of R&D, this \$1.5 million in cash outlays has a real investment value of \$16 million in R&D.

The PMA complains that we face lower levels of R&D spending, but somehow they al-

ways find a way to spend billions in advertising. Not drug research—ads.

Americans don't need more PMA ads, Mr. Speaker. They need affordable prescription drugs. The PMA should stop wasting its money on ads and start to become part of the solution to the health care crisis.

#### A SALUTE TO GEN. HAL WATSON

### HON. JOHN JOSEPH MOAKLEY

OF MASSACHUSETTS

IN THE HOUSE OF REPRESENTATIVES

Tuesday, February 8, 1994

Mr. MOAKLEY. Mr. Speaker, last month I was saddened to learn of the passing of Gen. Hal Watson, a decorated World War II veteran, an American pioneer in air technical intelligence, and founder of the Woodrow Wilson Foundation. During World War II, General Watson was the first American to fly Germany's revolutionary jet engine fighter, ME-262. His contributions to the war effort were significant and earned him the Legion of Merit, the Distinguished Flying Cross and other international awards.

General Watson's wartime heroism was replaced by his generous peacetime philanthropy. He founded the Woodrow Wilson Foundation to aid in the rebuilding of the Woodrow Wilson Rehabilitation Center for the rehabilitation of the handicapped. The student activities building there is named in his honor.

They say that pilots never die; they soar on to greater heights. This accomplished soldier, respected public servant, and good-humored gentleman will be sorely missed by his lovely wife, Ruth Clark, his family, and those of us who hold him in such great respect.

#### HEALTH REFORM MUST MEET THE NEEDS OF UNDERSERVED COMMUNITIES

### HON. JOHN CONYERS, JR.

OF MICHIGAN

IN THE HOUSE OF REPRESENTATIVES

Tuesday, February 8, 1994

Mr. CONYERS. Mr. Speaker, as Congress begins the deliberative process on health care reform, I cannot express strongly enough the critical importance for consensus legislation to include measures that will meet the needs of America's medically underserved communities and populations. If Congress is sincerely interested in making health reform work for all Americans, it must invest in community-based health services for at-risk communities. If the primary and preventive health care needs of these populations are not met in health reform, our goal of cost containment will not be realized: these are exactly the people who end up on emergency room doorsteps in my home of Detroit and across the country under our current health system.

Underserved communities desperately need health reform to deliver three things to them: First, the presence of a medical home that offers high-quality care regardless of their health

or social status or their ability to pay for services; second, adequate numbers of highly trained, culturally competent health professionals to staff these facilities; and third, the assurance that their medical home will not be driven out of business due to excessive financial risk or inadequate reimbursement, simply because they care for those who are sickest and hardest to serve.

As one of the principal authors of H.R. 1200, the American Health Security Act, I worked hard to see that access for the medically underserved was given special attention. H.R. 1200 doubles available funding for community, migrant and homeless health centers, and affords these essential providers certain payment and contracting safeguards to ensure their financial viability. Further, it calls for a significant expansion of the National Health Service Corps to ensure that our medical education establishment is producing the kinds of doctors our health system desperately needs—primary care physicians—and that they are trained and practice in the areas that need them most.

I am heartened that health reform proposals from all sides of the political spectrum recognize that access must be expanded in underserved communities. Many of the proposals introduced in Congress, including the President's, make great strides toward reforming and improving the health care delivery system in areas that need it the most. For instance, the Chafee-Thomas bill includes over \$5 billion in funding for community health centers; the Michel bill includes \$1.5 billion for health centers, thanks in large part to the strong support of our colleague NANCY JOHNSON.

But none go nearly far enough in meeting the needs of the communities many of us in the Black and Hispanic Caucuses, and others, represent. As health reform legislation is developed we must work to ensure that the needs of these communities are met—not just because it is the right thing to do, but because it is what we must do to achieve cost containment and health reform that works for all Americans. It will be among the best investments health reform makes.

Mr. Speaker, I ask to submit for the RECORD a story that ran in the February 2 edition of the Washington Post, which details the holes that remain in America's health safety net. As my colleagues will note, the story describes the great work that community health centers across the country are doing to care for those Americans who have fallen through the cracks of our health system. I urge my colleagues to join me and other Members of the Black and Hispanic Caucuses in working for the expansion and preservation of this exemplary program in health reform.

Thank you.

[From the Washington Post, Feb. 2, 1994]  
EXPANDED MEDICAL SAFETY NET STILL HAS HOLES

(By Dan Morgan)

It's only a short cab ride from Rockville's Community Clinic to some of the best that American medicine has to offer: the state-of-the-art research labs of the National Institutes of Health in Bethesda, the distinguished specialists of wealthy Montgomery County, the teaching hospitals in the District of Columbia.

But when one of the Rockville health facility's poor, uninsured patients needs more than the primary care provided by its staff of low-paid nurses and moonlighting doctors, the distance can be vast. So vast that Diane Cella Brusick, the clinic's associate executive director, sometimes can't find a doctor to send such patients to.

"God forbid they need an operation," she said. "I get on the phone and beg the local radiology groups. I beg the surgeons. It's a lot of networking." A stress test that could identify suspected coronary problems costs at least \$300. Occupational therapy is also expensive, and it strains the clinic's limited funds.

Such daily experiences of the nonprofit Community Clinic Inc. demonstrate the big holes that still exist in America's medical safety net after a decade of important but incremental improvements in Medicaid, the federal-state health care program for the poor and elderly.

Between 1984 and 1990, Rep. Henry A. Waxman (D-Calif.) and allies from both parties in the House and Senate pushed through provisions that expanded benefits and increased the number of people eligible for Medicaid. Millions more working poor people, mainly pregnant mothers and young children, began receiving its benefits.

For this and other reasons explored in this series of articles, Medicaid costs have exploded since 1989. Despite the growing numbers of Medicaid patients, the Medicaid system was left basically unchanged. Until recently, for example, few states attempted to steer patients away from costly emergency rooms by raising Medicaid fees to physicians, assigning patients to clinics, or requiring patients to make copayments.

One result is that Medicaid expenditures for children on welfare rose 17 percent a year between 1988 and 1991.

But despite the growth in both cost and numbers in the program, half of all those who are poor, as defined by the federal government, still are not covered by Medicaid. About two-thirds of those Americans who are uninsured—as many as 24 million people—are either poor or near-poor.

"I think Henry Waxman did an enormous service for poor people, but the fact that too many still fall between the cracks shows that the Medicaid system is not working," says Rep. Ron Wyden (D-Ore.), a member of Waxman's Energy and Commerce subcommittee on health and outspoken advocate of a recent Medicaid reform in Oregon that some have described as health care rationing.

President Clinton's health reform plan would guarantee a standard package of benefits to each American regardless of his or her health record or ability to pay and would do away with large parts of Medicaid. The purpose is not only to control the costs of the huge government entitlement program and relieve pressure on the federal budget deficit but also to eliminate the stark inequities in the U.S. health care system.

These inequities are all too obvious at Community Clinic. The clientele at the clinic's facilities in a remodeled Victorian house in Rockville, and at branches in Silver Spring, Germantown and Hyattsville, include the jobless, the homeless, AIDS sufferers, the chronically mentally ill, immigrants and refugees.

#### "FORGET FATHERS"

More than half of the 7,000 mostly poor patients who use Community Clinic's facilities

do not qualify or have not applied for Medicaid. The clinic will provide care for a family of four with an income of \$26,800 a year or less, well above the Medicaid cutoff. Medicaid generally does not accept able-bodied adults, except impoverished pregnant women. "Forget fathers," said one clinic worker.

Community Clinic has doctors and nurses to provide the uninsured with primary care. But difficulties arise when uninsured patients have more complicated problems requiring the services of a specialist—a problem that comes up "20 times a week," Brusick said.

In those cases, she said, the clinic relies on a network of physicians, organized by the Catholic Archdiocese of Washington, who provide charity care for the homeless, as well as occasional help from the specialists at NIH, Howard University and Johns Hopkins Hospital.

Clinic workers boast about last summer's coup: getting a local brain surgeon to administer a magnetic resonance imaging scan to a woman with a suspected brain tumor. He charged the clinic for the cost of the dye instead of asking a fee that can run as high as \$1,700. The diagnosis, an inoperable brain tumor, ruled out the need for further tests.

But the system doesn't always function smoothly. Carl E. Snyder, an unemployed drywall installer, was referred by the Rockville clinic to a dermatologist last year after a doctor diagnosed psoriatic arthritis accompanied by joint and skin diseases. Snyder, a 53-year-old Silver Spring resident with a Hemingwayesque beard streaked with red and gray, said that he had worked since he was 14 but couldn't in 1993. Last spring and summer he had so little strength in his wrists and thumbs that his wife had to unscrew the tops on the medicine bottles he keeps in his second-floor bedroom.

A private dermatologist declined to take him on as an uninsured patient, Snyder said, asking him: "What am I supposed to do?"

And although "markedly disabled," according to a report on his case written by a clinic physician, Snyder couldn't qualify for Medicaid, which is available to adult males only if they are permanently disabled. The Montgomery County Department of Social Services advised him last May 1 that his disease was not sufficiently disabling to allow him to get the benefits.

Medicare, the other big government health care program, also provides disability benefits for persons who have paid Social Security taxes. But the Social Security Administration turned Snyder down for these benefits on July 2. Regional Administrator Larry G. Massanari, citing an earlier medical report, wrote: "Although you may experience discomfort, the evidence shows you are still able to move about and to use your arms, hands, and legs in a satisfactory manner \* \* \* you can use your arms and hands for basic grasping and handling. Although you say you have a skin condition, medical evidence shows that this is not disabling."

For much of the spring and summer, Snyder made do with painkilling medicines and applications of olive oil on the red blotches on his arms. Finally, a clinic physician wrote him a prescription for methotrexate, a drug that requires regular blood testing to monitor possible liver damage. Snyder bought the pills with his own money, he said, but in October he stopped having the blood tests. He said he couldn't pay the bill for the tests himself, and didn't want to run up a

larger bill with Community Clinic, which had paid for some of the tests. "I don't want the humiliation of waiting to be told they [the laboratory] won't do it because I owe money," he said.

In late November, the clinic staff was urging him to apply for a new state program, the Disability Assistance Loan Program, which provides medical help for those who are temporarily incapacitated. Finally last month, Snyder received word that he had qualified as disabled under the federal Supplemental Security Income program, making him eligible for Medicaid.

"I'm still not sure the system's going to work," he said yesterday.

Shifts in the Maryland Medicaid program last year may have increased pressures on facilities that treat the uninsured, such as Community Clinic.

In 1992 and 1993, about 220,000 Maryland Medicaid patients were enrolled in a new managed care system called Maryland Access to Care. MAC assigns these Medicaid clients to a primary care physician, health maintenance organization or clinic, among them Community Clinic. The goal is to save money by having routine illnesses treated by a doctor or clinic, rather than in a hospital emergency room.

But to increase Medicaid payments enough to attract primary care physicians into the program, the state made economies elsewhere. Early this year, about 27,000 uninsured people, mostly adults, were cut from a state-financed medical assistance program and thrown on the mercy of charity clinics and hospital emergency rooms.

The jury is still out on whether MAC will save money for the state.

#### A DEGREE OF SECURITY

However imperfect Medicaid may be for those who qualify, it provides a degree of security the uninsured can only dream of.

And while the uninsured may increase the budgetary problems of an institution like Community Clinic, its difficulties have been somewhat assuaged since 1989, when Medicaid began increasing federal payments to such "federally qualified" clinics.

According to Community Clinic director J. Mark Langlais, Medicaid will cover about a third of its 1993-94 budget of \$1.6 million, supplementing funds from Maryland, Montgomery County, the communities of Rockville and Gaithersburg, the federal McKinney program for the homeless, and fees paid by patients.

Last year, Langlais said, Medicaid funds provided a financial cushion that enabled his facilities to see an additional 1,000 children in families with no health insurance. (Medicaid currently covers few non-disabled children over age 10.)

The waiting room of the clinic in Silver Spring conveniently adjoins the local office of the Maryland Department of Social Services, where families apply for Medicaid. One day last summer a woman who had just returned to the Washington area from Florida applied for Medicaid at the Social Services window, then crossed the waiting room to seek treatment for her 16-month-old son. A "touch of scarlet fever" was diagnosed in the child.

The women's husband, an aircraft mechanic who had been laid off from his job in Florida, was still looking for work in this area and she was making \$200 a week as a receptionist. "We usually do for ourselves, but with two kids you need medical assistance," she said. Medicaid, she added, would cover

care for the children until her husband found stable employment and private insurance.

Under the Clinton plan, the part of the Medicaid program that pays the routine doctor, hospital and pharmacy bills of the poor would be eliminated, although Medicaid's long-term care of the elderly and disabled would continue with few changes.

By "mainstreaming" Medicaid recipients into the same kind of private health plans and health maintenance organizations used by the rest of the population, the proposal would largely eliminate distinctions between insured and uninsured, Medicaid and non-Medicaid patients.

In the Clinton plan, premiums of the poor and the near-poor for the basic package of benefits would be subsidized, and health plans would have to accept their share of these patients. Children in low-income families would be entitled to extra medical and social services beyond those in the standard package.

In theory, this would do away with the stigma that Medicaid coverage still has for many as a "poor person's program" that many physicians have shied from. The fees that hospitals and physicians would get for treating the poor would be the same as those for treating others, which is not the case today. Although the rates that state Medicaid programs pay physicians for treating Medicaid patients are supposed to be sufficient to ensure that covered services are available, it hasn't always worked that way.

The late Rep. Ted Weiss (D-N.Y.) told a House subcommittee in 1990 that 85 percent of physicians in his state did not participate in Medicaid. Health care advocates cite red tape and low reimbursement rates as the main reasons why doctors have been unwilling to see patients who hold Medicaid cards. A recent survey of Medicaid enrollees by the Kaiser Family Foundation found that one in five Medicaid enrollees had been turned away by a doctor.

#### PATIENTS' TRANSITION

Many of Community Clinic's patients would fit easily into a new health care system in which everyone would be enrolled in a health plan on more or less equal terms, Langlais said.

But for others, he cautioned, the transition might not be so easy. "The question is whether the Clinton plan will really take care of a lot of the people we see. Some are socially unacceptable in a doctor's office. Some are manipulative. Some have been burned by the system. A doctor's office doesn't necessarily take into account social, cultural and language needs."

Patients served by the clinic in Rockville include some who are chronically mentally ill and difficult to work with—such as the woman who hurled epithets at the office staff one recent day while she was waiting to be seen by a clinic doctor.

The clinic doesn't ask to see immigration papers of those who show up, but the staff is aware that many patients are illegal immigrants—a group that would not be eligible for the national benefits package in the Clinton plan.

Langlais said he also worries that health maintenance organizations and health plans will still find ways to discourage utilization by low-income families with many medical and social problems.

Several Community Clinic patients covered by Medicaid switched earlier this year to an HMO that handles Medicaid patients. Now they want to switch back to Commu-

nity Clinic, according to administrator Michael J. Mercurio of the Silver Spring facility. Mercurio recalled a situation in which the HMO wasn't able to set up an appointment for a child with fever for two days. The mother brought the child to Community Clinic. But the HMO refused to authorize treatment. So the mother paid Community Clinic a small out-of-pocket fee for seeing the child.

The future of clinics such as Langlais's under the new system is uncertain. "We have the expertise to handle this population, making sure there's follow-up, that people get to their doctor, that we get back the results of tests. But will the health alliances incorporate us in the mix? I don't know."

There is also the larger question of whether health reform automatically will translate into better care for the poor. In theory it should.

But the General Accounting Office reported in 1991 that there was "little evidence that Medicaid coverage alone can improve the rates of early prenatal care utilization." It cited a study in Tennessee that found "no concomitant improvements in the use of early prenatal care, birth weight, or neonatal outcomes" following the expansion of Medicaid coverage in the 1980s.

According to Lois Moore, president and chief executive officer of the Harris County hospital district in Houston, 30 percent of the women whose babies are delivered at the hospitals she runs have had no prenatal care—even though most have Medicaid or would be eligible for it.

Daniel H. Hawkins Jr., research director at the National Association of Community Health Centers, said that outreach services and health facilities where the poor need them did not keep pace with the expansion of Medicaid eligibility in the 1980s.

"We brought them [new Medicaid enrollees] into the system without changing that system. We got them past the financial barrier; now we've got to tackle the more complicated problem: How can we provide care without the financing eating us for lunch?"

#### INTRODUCTION OF THE MIDDLE EAST PEACE AND DEVELOPMENT ACT OF 1994

**HON. TIMOTHY J. PENNY**

OF MINNESOTA

IN THE HOUSE OF REPRESENTATIVES

*Tuesday, February 8, 1994*

Mr. PENNY. Mr. Speaker, I rise today to introduce legislation which would require the President of the United States to direct the establishment of a Middle East Development Initiative [MEDI] to provide development assistance to the people of the Middle East for the purpose of promoting the peace process in that region.

This legislation authorizes \$260 million per year for the next 3 years for the MEDI. This bill includes a pay-as-you-go provision to pay for the MEDI—a provision reducing United States foreign assistance by 5 percent, from the fiscal year 1994 levels, for the countries of Israel and Egypt.

Under this initiative, development assistance will be available to those countries which are engaged in bilateral or multilateral discussions or negotiations which promote the peace proc-

ess in the Middle East region. Development assistance will also be made available to organizations or communities in the West Bank and Gaza which are engaged in the peace process.

In fiscal year 1994, the United States is providing a total of \$36.5 million in development assistance to the Middle East region. However, the United States provides a total of \$3.1 billion in military assistance to the region, plus an additional \$2.03 billion in economic assistance—much of which is used for military spending.

Clearly, the United States will need to increase its commitment to economic and political development in the Middle East as the peace process continues in the next several months. Every country in the Middle East, including Israel and Egypt, will be eligible for funds from this initiative so long as they are engaged in the peace process. This legislation simply transfers foreign assistance funds from two Middle East accounts to another Middle East account in order to provide necessary development assistance funds to people in the region.

I ask Members to cosponsor the Middle East Peace and Development Act of 1994.

#### KEY DOCUMENTS PROVE INNOCENCE OF JOSEPH OCCHIPINTI

**HON. JAMES A. TRAFICANT, JR.**

OF OHIO

IN THE HOUSE OF REPRESENTATIVES

*Tuesday, February 8, 1994*

Mr. TRAFICANT. Mr. Speaker, as part of my continuing efforts to bring to light all the facts in the case of former Immigration and Naturalization Service agent Joseph Occhipinti, I submit into the RECORD additional key evidence in this case.

#### AFFIDAVIT—STATE OF NEW YORK, COUNTY OF RICHMOND

Hector Rodriguez, being duly sworn deposes and says:

1. My true and correct name is Hector Rodriguez and I am a resident of the State of New Jersey.

2. On January 24, 1992, I executed a seven page affidavit outlining undercover work I performed on behalf of former Immigration Officer Joseph Occhipinti. On October 18, 1991, Officer Occhipinti was unjustly convicted for civil rights violations based upon perjurious testimony by several Dominican merchants, who were portrayed as law abiding. My investigation clearly showed that the majority of the complainants are criminals, continually involved in various crimes, such as drugs, loan sharking, gambling activity, among others.

3. I have conducted additional undercover work since my last affidavit which is described below.

#### SUPERSTAR RESTAURANT

A. On January 25, 1992, I did undercover work at the "Superstar Restaurant" located at 1049 St. Nicholas Avenue, New York, New York. I wanted to know if drug trafficking activity was taking place at the restaurant because at Officer Occhipinti's trial, employees from Superstar testified that the restaurant was not a known drug location. My

investigation has clearly proven that testimony to be false since the Superstar Restaurant is frequented and used by many drug bosses from the San Francisco De Macoris Drug Cartel. Additionally, its employees participate in many of its drug activities in public view. The basis of this belief are as follows:

B. On January 25, 1992 one of my relatives and I went to the Superstar Restaurant and overheard a conversation between a known drug boss from San Francisco DeMacoris called "Rafi". Participating in the drug conversation was the day manager of Superstar called Pasqual. I also heard him being called "Jose." The conversation was drug related and was tape recorded by myself.

C. On January 25, 1992, my relative and I returned to the Superstar Restaurant. We met a known drug boss from San Francisco De Macoris. I will not identify this drug boss at this time for security reasons. I told the drug boss and Jose we were interested in buying a kilo of cocaine and had a price quote of \$22.00 per gram. The drug boss said he could sell a kilogram of cocaine for \$21,500 per kilo. Present during the conversation was "Jose", the night manager from the Superstar Restaurant. I told the drug boss I would talk to my people about the deal. He gave me his beeper number and told me to call him on January 26, 1992. In the restaurant there were other drug deals taking place. In fact, I saw a couple of its customers snorting the cocaine right in the restaurant. This conversation was tape recorded. (Exhibit "A")

D. On January 28, 1992, about 8:00 P.M., I returned to Superstar Restaurant and met with Jose the manager and the drug boss. I was given the sample package of cocaine from the drug boss, who confirmed that he had ready for sale one kilogram of cocaine for \$21,500. I immediately turned over the cocaine sample to Inside Edition, who turned the cocaine over to the police as evidence. The conversation was monitored and videoed by Inside Edition.

E. It is apparent to me that Superstar Restaurant is a known drug location, where drug deals are made on a daily basis. Also, its employees are active participants in its drug dealing activities. Therefore, if these four witnesses testified to the contrary, they perjured themselves.

#### CRUCEY GROCERY

A. On January 28, 1992, I went to the Crucey Grocery and was introduced to Altigracia Crucey. Inside the Bodega were Freddy and Guandole, who is discussed in my first affidavit. We began to talk about the planned drug sale in the presence of Altigracia Crucey. I explained that I had gotten a cheaper price for cocaine from another source, however, I wanted to compare their quality. Guandole told me they were going to open up a new kilo package of cocaine and would give me a sample. I agreed. Guandole also wrote down his beeper telephone number, which was held as evidence. The conversation was monitored and videoed by Inside Edition. (Exhibit "B")

#### UNIVERSE TRAVEL AGENCY

A. On February 10, 1992, I went to the Universe Travel Agency at 102-04 Roosevelt Avenue, Corona, New York and spoke to the owner, Pedro Castillo-Reyes regarding the illegal transfer of drug money to the Dominican Republic. Mr. Castillo-Reyes is believed to be one of the Federation members who set up Officer Occhipinti. I explained to Mr.

Castillo that I was a drug dealer from upper Manhattan and was interested in illegal transferring every 9 days, \$20,000 in drug money to Santo Domingo. At first, he wanted to know who recommended him and also wanted to see my identification. Once I showed him my identification he explained to me he had to be very cautious because "Federal Agents" were investigating him and things were hot. Mr. Castillo-Reyes said "OK" and promised me that after his first delivery of my drug money, he would introduce me to some of his sources, which he inferred were drug related. Mr. Castillo-Reyes said he would charge me \$200.00 to transfer the money. (Exhibit "C")

#### LIBERATO SUPERMARKET

A. On February 7, 1992, I began my investigation of Jose Liberato who owns two large supermarkets in upper Manhattan. Mr. Liberato is a well known merchant in the Dominican community because he does daily advertising on Spanish T.V. and newspapers. Mr. Liberato was one of the leading witnesses against Officer Occhipinti and is related to Rhadames Liberato and Enrique Checo, who I previously investigated. In order to get background information on Mr. Liberato, I spoke to a major supplier of untaxed Dominican rum, who admitted previously supplying Mr. Liberato with untaxed rum. The source agreed to introduce me to Mr. Liberato. My source confirmed that Jose Liberato owns about eight Bodegas in the community, many of which are registered in the names of other people. The source confirmed the allegations that Mr. Liberato is a major drug boss and loan shark. My source confirms Jose Liberato sells cocaine in large quantities (multi kilo weight). My investigation is still ongoing.

#### SEA CREST TRADING COMPANY

A. On February 8, 1992, I went to the Associated Supermarket at 2262 Jerome Avenue, Bronx in order to meet with Ricardo Knipping, the owner. Mr. Knipping was the first Bodega owner to make a complaint against Officer Occhipinti as well as testify against him in the Grand Jury. The purpose of my investigation was to verify Mr. Knipping's involvement in loan sharking through a company called "Sea-Crest Trading Company." When I met Ricardo, I made up a story that I was a successful drug dealer, who had saved up \$100,000 in cash and was interested in buying a supermarket in New Jersey. I asked Ricardo if he knew anyone who could lend me the balance of \$150,000, in order to buy the Bodega. I explained to Ricardo that I couldn't go to a bank since I could not legally prove how I got the \$100,000 deposit. In response, Ricardo explained that he is a member of a "federation" who helps Bodega owners borrow money without there being a legal registration of the money. Ricardo told me the interest rate would be 24½ annually. Ricardo told me that in the event Sea Crest Trading did not approve of the Bodega I wanted to buy they could set me up in one of their own supermarkets. During the conversation I also mentioned to Ricardo that I had about \$20,000 in stolen food stamps which I intended to launder through the Bodega I wanted to buy. He sounded very interested in it and began asking me a lot of questions. He cautioned me to be very careful since I could lose my license if caught. We concluded our conversation by Ricardo giving me, in his own handwriting, the name of "Pedro Dominguez", telephone 994-6110, who is with Sea Crest Trading Company. Ri-

cardo told me to call next week to make up an appointment, where we all would get together to discuss the loan. The conversation was tape recorded. (Exhibit "D")

B. On February 10, 1992, I went to the Sea Crest Trading Company at 4748 Bronx Boulevard, Bronx, New York and met with Pedro Dominguez. Apparently, Mr. Knipping had already spoke with Pedro because he knew about my case and my interest in borrowing money. I again explained to Pedro the fact I was a drug dealer with \$100,000 in drug money interested in investing in a Bodega in Perth Amboy, New Jersey. I told him things were hot in the street, for example, last week I had lost \$30,000 on a kilo of cocaine, which I had to throw away in order to avoid being arrested. During our conversation, Pedro removed his coat and took out two guns which he placed in a desk drawer. He called in his partner, an American man, who spoke english with an italian accent. Mr. Dominguez, acted as a translator explained to the owner my situation. The owner told me that he didn't want to lend me the money for a Bodega in Perth Amboy, New Jersey because he had no accounts there. However, he told me there were several Bodegas he could get for me in Newark for the same price. We agreed that we would meet tomorrow at which time he would show me the Bodegas in Newark. Mr. Dominguez gave me his business card which read "Pan American Enterprises." Inside Sea Crest were about 10 employees. I was told that there was a Bodega owner, called Rafael Taveras from upper Manhattan in the lobby who was making his loan payment. There was technical difficulty in tape recording, however, a portion of the conversation was mentioned. (Exhibit "E")

C. On February 11, 1992, I called Pedro Dominguez and canceled the appointment telling him that I had to return to the Dominican Republic because a relative was sick.

#### UPTOWN TRAVEL SERVICE/REMESAS QUISQUEYANA

A. On February 7, 1992, I went to the Uptown Travel Agency at 3750 Broadway, New York, New York and met with Reymundo Tejada, the owner. I explained to Reymundo the fact I was a drug dealer interested in sending 20,000 in drug money to the Dominican Republic. He referred me to go to Remesa Quisqueyana and wrote down on a piece of paper the name and address. Reymundo said he could handle that quantity out of his travel agency. Uptown Travel is an agent for Remesas Quisqueyana. The conversation was tape recorded. (Exhibit "F")

B. On February 7, 1992, I went to the Remesas Quisqueyana at 3499 Broadway, New York, New York and spoke to one of it's bosses, "Corporan". I showed him the note Reymundo had given me and told him about my interest in wiring the drug money. Corporan told me he would wire the drug money down in four separate transactions in order to avoid notifying the government. Corporan told me that the charge was \$70.00 and that he was able to illegally transfer up to one million dollars recorded. (Exhibit "G")

4. I am willing to assist law enforcement authorities in any further investigation of these violators.

HECTOR RODRIGUEZ.

IN HONOR OF MARTHA GRIFFITHS ON THE 30TH ANNIVERSARY OF HER SPEECH FOR THE INCLUSION OF WOMEN IN THE CIVIL RIGHTS ACT OF 1964

**HON. WILLIAM D. FORD**

OF MICHIGAN

IN THE HOUSE OF REPRESENTATIVES

*Tuesday, February 8, 1994*

Mr. FORD of Michigan. Mr. Speaker, I rise today to pay tribute to a person I greatly admire. During her 20 years in the House, Martha Griffiths dedicated her efforts to fighting for equality for women in all aspects of American life—most notably in the workplace.

Martha Griffiths represented the 17th Congressional District of Michigan from 1955 to 1975. Paving the way for women in positions of power, she became the first woman member of the House Ways and Means Committee. Perhaps her greatest accomplishment in Congress came after her persuasive argument for the inclusion of women in the landmark 1964 Civil Rights Act. Battling an overwhelmingly male Congress, Martha's speech convinced her colleagues that true equality in the workplace could not be achieved by side-stepping the issue of gender discrimination. During floor debate, she reasoned that, "a white woman, when she asks for \* \* \* [a] job is turned away, has no recourse, and nobody on earth has to explain for it." Thanks to Martha's determination, the act passed with the amendment creating the foundation for an equal playing field for women.

Martha was not one to compromise on issues of importance. Regarded as the mother of the Federal Equal Rights Amendment—Martha successfully guided this legislation through the House in the 91st Congress. Even though the battle for the Equal Rights Amendment did not end with its adoption, the fight had an empowering affect on many women's lives. ERA galvanized the women's movement—unifying women of diverse backgrounds based on the shared conviction that their rights should no longer be denied on the basis of their sex. Martha's strong leadership on ERA is remembered for its contribution to the movement as a whole as well as the key role she played in gaining its passage in Congress.

I hope that young people who aspire to public office today will look to Martha Griffiths' career as a model for their lives. Her contribution to the Civil Rights Act of 1964 demonstrates the difference one person can make in the lives of over half of the population. In addition, an important lesson can be learned from Martha's work on ERA. In my view, her work for this cause demonstrated that it is better to fight for one's beliefs, even if the goal is not achieved, than to never have attempted to bring about positive change. A battle fought today—win or lose—will undoubtedly pave the road for the success of future reformers. Her recent induction into the National Women's Hall of Fame in Seneca Falls, NY, is a fitting tribute to her work. I am proud to know and to have worked with Martha. She has truly made her mark on the history of this Nation.

**EXTENSIONS OF REMARKS**

INTRODUCTION OF DISASTER TAX RELIEF LEGISLATION

**HON. HOWARD L. BERMAN**

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

*Tuesday, February 8, 1994*

Mr. BERMAN. Mr. Speaker, I am today introducing legislation that would permit beleaguered disaster victims to deduct 100 percent of their casualty losses when calculating their Federal personal income taxes.

After seeing the destruction caused by the Northridge earthquake and talking with hundreds of its victims, I realized that present tax law is clearly inadequate in disasters of this magnitude. The tax code acknowledges that it is appropriate to deduct uninsured property losses, but the deduction doesn't kick in until losses exceed 10 percent of adjusted gross income.

The bill I am introducing would particularly help middle-class taxpayers who suffer substantial damage, but who earn too much to qualify for Federal grants and now face tens of thousands of dollars in repair bills.

When a household is not otherwise compensated for damage, they should at least be able to deduct it from their income taxes and keep more of their own money to get back on their feet.

This legislation would apply only in cases of federally declared disasters. If an emergency is great enough to cause the President to declare a disaster and determine that assistance from the Federal Government is warranted, then stricken taxpayers surely deserve this break on their Federal income taxes.

Every dollar these taxpayers have to send to Washington is a dollar not spent in their devastated local communities. They could spend that money putting contractors and builders to work—or they could use it in local stores to buy items to replace damaged possessions.

It's both good economic policy and good sense to put every possible dollar to work to help ravaged areas like Los Angeles rebound from disaster. I will be working very hard to pass this important tax relief legislation.

H.R. —

*Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,*

**SECTION 1. ELIMINATION OF 10-PERCENT FLOOR FOR DISASTER LOSSES.**

(a) GENERAL RULE.—Subparagraph (A) of section 165(h)(2) of the Internal Revenue Code of 1986 (relating to net casualty loss allowed only to the extent it exceeds 10 percent of adjusted gross income) is amended by striking clauses (i) and (ii) and inserting the following:

"(i) the amount of the personal casualty gains for the taxable year,

"(ii) the amount of the federally declared disaster losses for the taxable year (or, if lesser, the net casualty loss), plus

"(iii) the portion of the net casualty loss which is not deductible under clause (ii) but only to the extent such portion exceeds 10 percent of the adjusted gross income of the individual."

"For purposes of the preceding sentence the term 'net casualty loss' means the excess of

*February 8, 1994*

personal casualty losses for the taxable year over personal casualty gains."

(b) FEDERALLY DECLARED DISASTER LOSS DEFINED.—Paragraph (3) of section 165(h) of such Code is amended by adding at the end of the following new subparagraph:

(C) FEDERALLY DECLARED DISASTER LOSS.—The term 'federally declared disaster loss' means any personal casualty loss attributable to a disaster occurring in an area subsequently determined by the President of the United States to warrant assistance by the Federal Government under the Disaster Relief and Emergency Assistance Act."

(c) CLERICAL AMENDMENTS.—The heading for paragraph (2) of section 165(h) of such Code is amended by striking "NET CASUALTY LOSS" and inserting "NET NONDISASTER CASUALTY LOSS".

(d) EFFECTIVE DATE.—The amendments made by this section shall apply to losses attributable to disasters occurring on or after January 17, 1994, including for purposes of determining the portion of such losses allowable in taxable years ending before such date pursuant to an election under section 165(i) of the Internal Revenue Code of 1986.

INTRODUCTION OF LEGISLATION TO CODIFY TITLE 8, UNITED STATES CODE, ALIENS AND NATIONALITY

**HON. JACK BROOKS**

OF TEXAS

IN THE HOUSE OF REPRESENTATIVES

*Tuesday, February 8, 1994*

Mr. BROOKS. Mr. Speaker, today I am introducing a bill to revise and codify without substantive change certain general and permanent laws, related to aliens and nationality, as title 8, United States Code. This bill has been prepared by the Office of the Law Revision Counsel as a part of the program of the Office to prepare and submit to the Committee on the Judiciary of the House of Representatives, for enactment into positive law, all titles of the United States Code.

This bill makes no change in the substance of existing law.

Anyone interested in obtaining a copy of the bill and a copy of the draft committee report, containing reviser's notes and tables, to accompany the bill should contact Edward F. Willett, Jr., Law Revision Counsel, U.S. House of Representatives, H2-304 Ford House Office Building, Washington, DC 20515-6711.

Persons wishing to comment on the bill should submit those comments to the committee no later than April 15, 1994.

TRIBUTE TO ERVIN "BUTCH" CONRADT

**HON. TOBY ROTH**

OF WISCONSIN

IN THE HOUSE OF REPRESENTATIVES

*Tuesday, February 8, 1994*

Mr. ROTH. Mr. Speaker, I rise today before my colleagues in the House of Representatives to pay tribute to Ervin "Butch" Conradt, an outstanding Wisconsinite and a very good

friend. After more than 40 years of exceptional civil service at the town, county, and State level, Butch Conrads continues to find new and positive ways to influence his community.

At the age of 77, Mr. Conrads will likely be elected the next mayor of Seymour, WI. His newest commitment to community service, follows 18 distinguished years in the Wisconsin State Assembly and, most recently, a prominent position as Wisconsin State Commissioner of Transportation.

Born October 14, 1916, in the town of Bovina, WI, Butch Conrads' remarkable career began on a 120-acre farm bought in 1943 for \$8,500. After serving as justice of the peace and town supervisor for 4 years, Mr. Conrads was elected Bovina town chairman in 1951. He was later re-elected to the post and served as chairman for an additional 29 years. Furthermore, in 1951, he gained a seat on the Outagamie County Board.

In 1964, at the age of 47, Mr. Conrads was elected to fill the Outagamie County Assembly seat in the Wisconsin State Assembly. A man of clear conviction, Assemblyman Conrads often took the floor to speak, and when he did—the assembly listened. The speech Butch Conrads gave on assembly bill 222 was the greatest speech ever given on the Wisconsin State Assembly Floor. In voting against the bill to increase the Wisconsin State sales tax, Mr. Conrads' 20-minute speech brought a round of applause from the assembly floor and the gallery. People from throughout the State capitol building came to listen.

Never a man to shy away from the chance to stand up and make a difference, Assemblyman Conrads served on scores of legislative committees: most notably, the committees on agriculture and nutrition; excise and fees; highways; and the legislative council highway committee, for which he was vice-chairman from 1967-1971.

For Butch Conrads, community service was not just a 9 to 5 job. Butch was a respected member of the Shiocton Lions Club, the Outagamie County Farm Bureau, the unit chairman for the Outagamie Towns Association, as well as the State director for the Wisconsin Towns Association for a 10-year period.

In 1990, Gov. Tommy Thompson appointed the tireless Butch Conrads to the position of commissioner of transportation, which he served until the dissolution of the office on January 1, 1994. While Wisconsin has lost a great commissioner, the town of Seymour will, undoubtedly, gain an exceptional civic leader.

In the words of Butch Conrads, "If you are respondent to the people and don't give them a lot of hogwash, you can serve as long as you like. Honesty—that's the name of the game."

His exemplary record and many years of accomplishments have earned Butch Conrads a reputation for determination, integrity and hard work.

Mr. Speaker, it is an honor and a pleasure for me to pay tribute to Ervin "Butch" Conrads. He is a man of moral character committed to the betterment of his community and a lifetime of tireless service. On behalf of the U.S. Congress and the people of northeast Wisconsin,

I wish Butch and his family our fondest wishes and deepest gratitude.

TRIBUTE TO MRS. ROSE MATSUI  
OCHI

HON. JULIAN C. DIXON

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Tuesday, February 8, 1994

Mr. DIXON. Mr. Speaker, I rise today to pay special tribute to Mrs. Rose Matsui Ochi on the occasion of her recent retirement from the office of the mayor in Los Angeles. In recognition of her many years of outstanding and distinguished service to the citizens of Los Angeles, Rose was feted at an appreciation dinner in Los Angeles on December 15, 1993. Rose is a remarkable woman who has surmounted innumerable obstacles to become a leader in efforts to advance the cause of social justice and ensure expanded opportunities for the citizens of Los Angeles. It is a personal pleasure to share with my colleagues just a few of her many accomplishments.

Born in Los Angeles on December 15, 1938, Rose is the daughter of Mr. Roy Matsui and Mrs. Grace Matsui, immigrants from Japan. During World War II, Rose spent her formative years with her family in a detention camp for Japanese Americans in Arkansas. Once released from the camp, her family was subjected to the further indignities of deportation proceedings. Eventually, the Matsui family was allowed to stay in the United States, and resumed life in East Los Angeles.

After graduating from high school with honors, Rose attended the Los Angeles Community College, where she received an associate arts degree. She was awarded her bachelor of science degree from the University of California [UCLA] and her master of arts degree from California State University. Fulfilling a childhood dream, Rose became a teacher in East Los Angeles, where she observed first hand the lack of educational opportunities facing her students. Feeling the need to more effectively influence the quality of education, Rose enrolled in the Loyola School of Law to secure the tools necessary to accomplish that goal. She received her juris doctor in June 1972, and passed the California bar in December of that year.

Accepted as a Reginald Heber Smith Fellow upon her graduation from Loyola, Rose worked as a staff attorney for the University of Southern California's Western Center on Law and Poverty. During her tenure with this center, Rose served as co-counsel in the Serrano versus Priest case, which challenged California's state system of school finance.

In 1974, Rose joined Mayor Tom Bradley's administration, and within a year, was promoted to the director of the criminal justice planning office and executive assistant to the mayor. In this capacity, Rose coordinated the administration of justice policy and advised the mayor on criminal justice, drug and legal issues. Rose was instrumental in developing policies and programs that made the Los Angeles city government more responsive to

women's and civil rights issues. She drafted the charter to establish the status of women's commissions, created a domestic violence prosecution unit and shelter facilities, implemented hate violence policies, and initiated anti-gang and anti-drug programs. She also served as an advisor to the Los Angeles Police Department, a member of the mayor's task force on gang violence, a participant of the central city association criminal prevention advisory board, and the crime policy speaker for the southern California advisory committee.

Rose is an active member of numerous national and community organizations, including the United Way, Los Angeles 2000 Partnership Ethnic Diversity Task Force, Center for Human Rights and Constitutional Law, the Ethnic Coalition, the Japanese-American Citizens League, and the Immigration and Refugee Policy Forum. She has been a member of the Los Angeles County Bar Association since 1972, and was the first Asian American to serve on its board of trustees.

In addition, Rose is the recipient of the U.S. Department of Justice Distinguished Public Service Award and Certificate of Appreciation, as well as the Los Angeles City Council Domestic Violence Contribution Award. Her works have been recognized by the Los Angeles Unified School District, the Constitutional Rights Foundation, the National Women's Political Caucus, the Human Relations Commission and the Los Angeles Youth Advisory Council. Rose was also appointed to a Presidential Commission on Immigration during President Jimmy Carter's tenure.

In light of Rose's extensive knowledge, experience, and proficiency in criminal justice matters, she has testified before congressional hearings on narcotics, government efficiency and juvenile justice. She also was chosen as a panelist for the national governor's gang conference legislative strategy, and a representative for the law enforcement community leaders' summit. In recognition of her distinguished accomplishments, Rose has been nominated by President Clinton to be the Associate Director, Bureau of State and Local Affairs in the office of the National Drug Central Policy.

Mr. Speaker, I urge my colleagues in the House of Representatives to join me in saluting Mrs. Rose Matsui Ochi on her many years of dedicated service to the citizens of Los Angeles. Rose has been an inspiration to those of us who have known and worked with her. I am pleased to join her family, friends, and colleagues in recognizing her service, commitment, and outstanding leadership.

HAROLD E. HUGHES ADDRESSES  
THE PROBLEM OF SUBSTANCE  
ABUSE

HON. NEAL SMITH

OF IOWA

IN THE HOUSE OF REPRESENTATIVES

Tuesday, February 8, 1994

Mr. SMITH of Iowa. Mr. Speaker, all Americans either have or should have become acutely aware of the major problems associ-

ated with the use of, dependency on, and abuse in the use of substances. These problems not only affect our economic and physical health both as individuals and collectively, but also are reflected in a large way in Government expenditures.

A former Governor of Iowa and former Senator from Iowa, Harold E. Hughes, is a recognized expert and leader concerning this subject.

On last Friday, he appeared before the Ways and Means Subcommittee which is holding hearings on proposed legislation dealing with this and other health care subjects. So that those who have access to the CONGRESSIONAL RECORD either directly or in the Nation's libraries may have an opportunity to read this testimony, I am having it printed in the CONGRESSIONAL RECORD.

TESTIMONY OF FORMER SENATOR HAROLD E. HUGHES, FOUNDER AND CHAIRMAN OF SOCIETY OF AMERICANS FOR RECOVERY, BEFORE U.S. HOUSE OF REPRESENTATIVES SUBCOMMITTEE ON HEALTH, HON. PETE STARK, CHAIRMAN, FEBRUARY 4, 1994

Mr. Chairman, I am grateful and honored to appear here today on behalf of the millions of Americans who suffer from addiction disease; on behalf of all Americans, who as taxpayers pay an extraordinary percentage of our income to support untreated addictions; and specifically on behalf of the seven to ten million Americans who today have moved beyond their personal addiction histories and enjoy new life in what we know as recovery.

I am a qualified representative of each of these communities. Many of you are familiar with my story, much of which is public record. I have experienced life at both ends of the spectrum: I was incarcerated in six states for behavior connected with my addiction, and I served six years as Iowa's United States Senator across the Hill here. Next week, I commemorate 40 years of abstinence from my drug of choice, which is alcohol.

We consider here today an opportunity of profound impact on all who suffer from chemical dependency, and all Americans who are touched by the grief, the terror, and the cost of these diseases. We have the opportunity to take the third and most important step in history toward conquering a plague—and demolishing a pernicious myth—that has deformed mankind since the beginning of civilization.

If we as a nation take this step, I will have lived to experience each of these historic steps.

The first major step was the founding of Alcoholics Anonymous in 1935. The ability of one alcoholic to be in service to another, thereby penetrating the wall of isolation, fear, and denial associated with the alcoholic obsession, generated a new hope for alcoholics and their families.

Alcoholics Anonymous has been called the greatest spiritual movement of the 20th Century. But equally important, the success of this movement has impacted psychology, sociology, and medicine, in broadly promoting the understanding of addiction as a primary, chronic disease, not a bad habit.

In 1970, I was happy and proud to be a channel for our nation to acknowledge for the first time the disease nature of addiction. The Hughes Act established a federal role for attention to alcohol and drug dependency. It also fostered development of treatment and prevention disciplines in the

private sector. This was the second great step forward for America and its attitudes toward addiction disease.

The advent of national health care reform offers a unique and timely opportunity for America to make the third and most important step: To face addiction disease as a major public health threat and provide this nation with an appropriate public health response.

The nature, scale, and consequences of untreated addiction in our society can no longer be held at bay by programs driven by social conscience or the politics of "doing good." Instead, we must face hard economic and social realities:

There will be no reductions in our soaring cost of health care until we attend to the nearly \$300 billion annual cost we as a society tolerate for the consequences of untreated addiction.<sup>1</sup>

Let me share with you a little of the economics of addiction disease.

While most Americans have ambivalent attitudes—at best—and erroneous or incomplete knowledge of addiction disease, the facts speak bluntly: Untreated addiction disease in America today is a major health disaster. We are the earthquake in the health care scenario.

There are approximately 18 million alcoholics and 6 million drug addicts in the United States today.<sup>2</sup>

Alcohol and drugs are the number-one cause of illness, injury, and death in the United States.<sup>3</sup> Alcohol is a factor in approximately half of all homicides, suicides, and motor vehicle fatalities.<sup>4</sup> Deaths from alcohol-related causes took an average of 28 years from each victim's life.<sup>5</sup> Alcohol abuse and dependence is the most common chronic illness between the ages of 18 and 44; drug abuse and dependence is the second.<sup>6</sup>

From 25 to 40 percent of patients in general hospital beds are being treated for complications of alcoholism. Seventy-five percent of trauma victims test positive for drug use.<sup>7</sup>

The majority of people in our jails and prisons today are drug abusers or addicts. The link between drugs and crime is especially clear: more than 80 percent of all incarcerated people under the age of 35 are illicit drug users,<sup>8</sup> and 61 percent of all federal prisoners are drug offenders.<sup>9</sup> Incarceration alone costs us over \$7 billion. All together, alcohol and drug abuse and addiction cost us \$43 billion in legal and indirect costs other than health care (see table 1).<sup>10</sup>

Fetal alcohol syndrome affects nearly 2 in every 1,000 American births and as many as 25% of all Native American births. The direct cost of treating these baby victims is about \$75 million. Between 350,000 and 625,000 infants are drug-exposed each year. Indirect costs for those infants, including lost worker productivity, will reach \$1.4 billion by 1997.<sup>11</sup>

Twenty percent of all AIDS cases in the United States today and 20 percent of the costs to care for those people (about \$13 billion in 1991), are the result of intravenous drug use. And that proportion is growing.<sup>12</sup>

These numbers reflect only glimpses of the drain on our society that addiction in America perpetrates. A rational, comprehensive national treatment program is our key to a stable economy, the reduction of health care costs, the return of large segments of our labor force to productivity (and the related decrease in the welfare rolls), the control of crime in our communities, and the elimination of runaway violence.

Footnotes at the end of article.

This is not a job for America to face after we have solved the really big problems of health care, economic growth, and crime. It is a job that must be faced in order to reach our goals of universal health care, sustained economic growth, and safety in our homes, schools, and streets.

As a society, however, we balk at facing these facts. Why this reticence? Why this denial? Why do we Americans prefer to tolerate unbelievable costs, unspeakable behavior, and unconscionable human waste to support the most addicted society on the face of the earth?

To shed some light on these questions, consider the politics surrounding addiction disease.

While alcoholic beverages pre-date recorded history, the invention of distillation in the 14th century made possible increased concentrations of alcohol—from 14 percent to more than 50 percent. The introduction of spirits such as gin, whiskey, and scotch soon caused much higher levels of abuse and alcoholism and the social problems that go along with them.

The stigma often associated with alcoholism was firmly enshrined in 1609 with the first attempt to legislate moderation in drinking. The English Parliament passed in that year an "Act To Repress the Odious and Loathsome Sin of Drunkenness."

TABLE 1.—LEGAL AND INDIRECT COSTS (OTHER THAN HEALTH CARE) DUE TO ALCOHOL AND OTHER DRUG PROBLEMS

Type of cost	Type of substance abuse	
	Alcohol	Other drugs
(Dollars in millions)		
Criminal justice system:		
Police protection .....	\$1,338	\$5,810
Legal and adjudication .....	274	1,108
State and Federal prisons .....	884	2,130
Local jails .....	1,238	460
Total CJS .....	3,734	9,508
Drug traffic control:		
Prevention .....		175
Law enforcement .....		1,380
Total drug traffic control .....		1,555
Other legal costs:		
Private legal defense .....	342	1,381
Property destruction .....	175	759
Total other legal costs .....	517	2,140
Other direct costs:		
Motor vehicle accidents .....	2,584	
Fire destruction .....	457	
Social welfare administration .....	88	6
Total other direct costs .....	3,129	6
Indirect costs:		
Victims of crime .....	465	842
Incarceration .....	2,701	4,434
Crime careers .....		13,976
Total indirect costs .....	3,166	19,252
Grand total .....	10,546	32,461

Source: Rice et al., 1990.

Dr. Benjamin Rush, a signer of the Declaration of Independence and a noted American physician, made a significant medical breakthrough in 1785, though it was not recognized as such at the time. His study led him to the then-radical conclusion that once an "appetite" for spirits had become fixed, the drinker was helpless. He suggested total abstinence as a remedy.

His findings, however, were ignored by the young nation, who continued either to ig-

nore alcoholism or to "treat" it with righteous indignation and punitive measures, while continuing to be puzzled at the lack of results.

The seeds of our current crisis, however, stem from Dr. Rush's experience. Truth will not be denied, although the trail is often treacherous and misleading. The "cure" of abstinence is such a truth.

In 1919, we as a nation adopted the cure of abstinence—not just for those afflicted with alcoholism, but for everyone. The political disaster of this experience does not need to be documented here. But let me rescue two "truths" from this history which in their proper contexts are absolutely necessary in the public policy debate of today.

The first truth is that abstinence is the current best solution for those individuals who suffer from addiction disease. While severe abuse of chemicals can result in addiction, most addiction is traceable to a biogenetic predisposition. Suffering is triggered by consumption of an addictive drug. But the condition is in place, and inherited.

The second truth is that all citizens must participate in solutions to addiction—not by participating in abstinence, but in refusing to tolerate the high costs, unsocial behavior, and archaic ignorance associated with alcoholism and other drug addictions.

The political reality and the factual reality are not in line with each other. But I believe that they are closer than most people think. And, I believe that action by this Congress, based on clear, compelling, and accurate information, can create a lasting solution and hope for our nation.

I believe Americans have assimilated many of the key facts relating to addiction disease. There is great understanding of the simple fact that while millions can safely drink alcohol, approximately ten percent of our population lose any ability to control use of chemical mood changers.

I believe there is a greater climate for the reduction of the stigma associated with addiction, together with an acceptance of intervention techniques and less tolerance for antisocial behaviors resulting from abusive and/or addictive use.

I believe average Americans are beginning to understand wellness. More and more citizens know someone who is recovering from addiction. Just as each practicing alcoholic or addict affects an average of five other individuals, a person living in recovery also affects others in a positive way—demonstrating that wellness is achievable as well as desirable.

I believe American voters are tired of the politics of denial. They will respond to the reality of helping themselves by helping those in addiction.

The President's initiative presents the Congress with a unique opportunity to recraft health care as we know it. This recrafting will be successful to the degree that we are willing to look beyond myths and half-truths to seek solid facts.

One of the most important myths to expose is that treatment for addiction disease is an expensive and ineffective "add-on" to health care that will send taxpayer's costs sky-high. In fact, "cherry picking" by insurers and providers—the selective offloading of people who have pre-existing conditions or who simply change jobs—has obscured the reality that treatment for alcoholism and other drug addiction has been enormously successful and cost-effective. The truth is that once providers are faced with the ulti-

mate costs of untreated diseases of any kind, prevention and early treatment will become immensely popular. This will certainly be true of addiction disease.

Virtually all the literature consistently demonstrates that total health care costs for untreated addicts are significantly higher than for non-addicts, and those costs "ramp up" at an extreme rate as the addict's untreated disease grows more severe. But health care costs and costs to society (for example, legal problems and problems on the job) also decline significantly following treatment of alcoholism, both for the chemically dependent person and for his or her family.

The average cost of alcoholism treatment can be recovered within three years after treatment is initiated, in medical utilization savings for the addict alone. And by four or five years after treatment, health care costs for the treated addict and family fall to lower than the average, and stay there. In other words, the initial costs of treatment are more than offset by the savings in health services not used.

Our opportunity is to look at these facts now and to build a public health response to addiction as we have historically done for polio, heart disease, tuberculosis, and AIDS.

This is not a feel-good or social benefit issue. At this time, and in this climate, we ask for a hard-nosed, resource-based decision making.

What this means is that the benefits package for addiction disease cannot be the minimum level of care for today's symptoms and behaviors. We must have a benefits package that takes into account the life-long implications of untreated addiction, the expensive deaths most of these lives entail, and the proven savings in general health care utilization that occur with high-impact, life-changing strategies for prevention, intervention, and treatment.

The President's plan, though imaginative and clearly intent on broad and thorough coverage, fails to get over the barrier of fallacious actuarial considerations. The results are penny wise, but pound foolish. The most conservative studies indicate that for every \$1 spent for the direct treatment of addiction, society saves nearly \$10 in health care costs, crime, accidents, and job performance.<sup>13</sup>

A government that short-changes substance abuse treatment and prevention is not serious about reducing health care costs.

A government that short-changes substance abuse treatment and prevention is not serious about reducing crime.

A government that short-changes substance abuse treatment and prevention loses our best shot at significant and long-term economic growth.

To meet the opportunity I present today, Congress must pass health care reform which recognizes the relationship between addiction treatment and the prevention of later heart disease, liver collapse, accidents, crime, and a host of other tragic and costly outcomes. I offer you today some benchmark provisions that make that distinction. Without these provisions, we fail to connect care with ultimate savings. Without these provisions, we muddle along with band-aid cures but not substantial inroads into the 80 percent of our population who generate the costs but will not voluntarily look for a new way of life.

Here are the specific recommendations to strengthen the substance abuse benefit in the Health Security Act S. 1757/H.R. 3600:

1. Separate the substance abuse benefit from the mental health benefit. These are separate health issues and their treatment—and the cost of that treatment—is distinctly different. Pitting these disciplines against each other for use of benefit provisions is not in the interest of the patient.

2. Establish standard requirements for treatment, removing stipulations that currently leave plan managers free to determine eligibility. Establish standard eligibility criteria according to current standard diagnosis and functional impairment criteria.

3. Legislate a minimum benefit for substance abuse treatment that is guaranteed to be available to those who meet eligibility criteria. We recommend such a minimum to be consistent with most current health insurance and managed care health plans, i.e., 10 hours' assessment and intervention services; Detoxification as indicated by acute intoxication and/or withdrawal potential; 30 days' residential or inpatient rehabilitation (45 for adolescents); 130 hours outpatient treatment and/or aftercare. If the scope of a national health care plan is to include prevention and long-term care traditionally funded through public sector block grants, we recommend that all limits on benefits be eliminated.

4. Treatment should be reimbursed on the level of care (i.e., inpatient, acute care, residential, outpatient) rather than on the setting.

5. Maintain funding for the Substance Abuse Block Grant and other federal programs and require states to maintain their investment in alcohol and other drug treatment. Public and private systems can be successfully integrated only when (1) universal coverage is achieved and (2) quality and outcomes data—not just costs—drive managed care decisions.

6. Eliminate cost sharing for alcohol and other drug treatment services or establish a sliding fee scale for the cost sharing requirement. Make any and all cost-sharing, co-pay, and deductible issues comparable to other diseases. Discriminatory practices to limit access under the argument that savings are achieved cannot be permitted.

7. Use the same utilization review and pretreatment authorization procedures for all services and replace the arbitrary substance abuse standards to be decided by each health plan with standard criteria, such as the Patient Placement Criteria for psychoactive Substance Abuse Disorders published by the American Society of Addiction Medicine. Without standard criteria, no comparison or study can be valid.

8. Specify uniform standards for assessment, patient satisfaction, and treatment outcome studies.

9. Require all substance abuse treatment and case management decisions, including precertification screening and utilization review, to be made by professionals who are licensed or certified in alcohol and other drug treatment.

10. Designate community-based alcohol and other drug programs as essential providers.

11. Allow for treatment outside the local health alliance at Centers of Excellence to ensure competition on the basis of quality and cost.

These are not expensive provisions. The actuarial information being used to suggest cutting addiction disease benefits is based on the potential of all current alcoholics and drug addicts using these benefits this year. We should be so lucky. Sadly, less than 1 percent of those eligible for treatment through insurance or Medicaid actually seek medical help.<sup>14</sup> If that number rose to even 30 percent, the positive financial impact on America would be tremendous.

So don't be put off by these misleading projections.

Act instead for a stigma-free, recovery-oriented society.



The actions we propose will save billions of dollars. It will make genuine health care cost containment achievable in this century.

It will also save lives. Millions of lives.

And it will recover our nation's collective ability to discover and seek the best in our people. We can move beyond survival. We can contemplate renewal. Of individuals. Of communities. Of nations. Of civilizations.

It is not too much to ask that we do the things which make good business sense and at the same time ensure the greatness of our country.

FOOTNOTES

<sup>1</sup>James W. Langenbucher, Barbara S. McCrady, John Brick, and Richard Esterly. "Socioeconomic

Evaluations of Addictions Treatment." Piscataway, NJ: Center of Alcohol Studies, Rutgers University 1993. Prepared at the request of the President's Commission on Model State Drug Laws.

<sup>2</sup>Center on Addiction and Substance Abuse (CASA) and the Brown University Center for Alcohol and Addiction Studies (CAAS). Recommendations on Substance Abuse Coverage and Health Care Reform. New York: Center on Addiction and Substance Abuse at Columbia University, 1993.

<sup>3</sup>Langenbucher, et al., 1993.

<sup>4</sup>American Medical Association. Factors Contributing to the Health Care Cost Problem. Chicago, IL: American Medical Association, 1993.

<sup>5</sup>Langenbucher, et al., 1993.

<sup>6</sup>Judy Ann Bigby, William Butynski, et al. Statement to the President's Task Force on National Health Care Reform; Alcohol, Nicotine, and Other Drug Problems. April 2, 1993.

<sup>7</sup>AMA, 1993.

<sup>8</sup>Bureau of Justice Statistics. "Survey of Youth in Custody," NCJ-113365 1987; and "1989 Survey of Jail Inmates," and "1996 Survey of State Prison Inmates," unpublished analyses.

<sup>9</sup>U.S. Bureau of Prisons. "Special Analysis." February 1, 1994.

<sup>10</sup>Dorothy P. Rice, Sander Kelman, Leonard S. Miller, and Sarah Dunmeyer. The Economic Costs of Alcohol Abuse and Mental Illness: 1985. Washington, DC: U.S. Government Printing Office, 1990.

<sup>11</sup>Langenbucher, et al., 1993.

<sup>12</sup>Ibid.

<sup>13</sup>Ibid.

<sup>14</sup>Ibid.