St. Camillus School: Amanda Kurmpel and Kevin Jasionowski
St. Bruno School: David Szwajnos
St. Rene Elementary School: Anthony Garcia and Catherine O'Connell
St. Daniel the Prophet School: Deanna Maida and Paul Bruton
St. Richards School: Monika Dlugopolski and Christopher Dyrdak
Gloria Dei School: Faith Krasowski and Jeremiah Jurevis
Hale Elementary School: Emily Fisher and Xavier Hernandez
Peck Elementary School: Maribel Pantoja and Anthony Naranjo
Dore Elementary School: Robert Bradel and Jennifer Collins
Kinzie Elementary School: Victoria Okrzesik and Patrick Forbes
Byrne Elementary School: Jennifer Turner and Ryan Nabor
Twain Elementary School: Sebastian Gawenda
Edwards Elementary School: Mustafaa Saleh and Lisa Matteson

These students are all credit to their families and the Chicago community. I wish them tremendous success in their continuing education and future aspirations. Furthermore, I charge all of them to use their strength and leadership in service to this great nation. Mr. Speaker, I am again pleased to offer my sincere congratulations the winners of my 2000 Spirit of Achievement Award program.

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HMONG VETERANS' NATURALIZATION ACT AMENDMENT OF 2000

SPEECH OF

HON. STEVEN T. KUYKENDALL

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Monday, September 25, 2000

Mr. KUYKENDALL. Mr. Speaker, earlier this week we passed H.R. 5234, a bill to correct a technical problem with the Hmong Veterans' Naturalization Act of 2000, which was passed by Congress and signed into law earlier this year. Unfortunately, I was unable to speak during general debate. I would however, like to add these remarks to the record to say thank you, and to further honor a little known group of individuals who routinely went above and beyond the call of duty to help American servicemen during the Viet Nam war.

Many Americans are unaware that Hmong veterans, operating out of Laos, collected critical intelligence, provided protection to remote American outposts, and routinely rescued downed American airmen. As a result of American forces in Viet Nam, these men and their families lived in constant danger of retaliation by Communist forces. Predictably, when America withdrew from Viet Nam, many Hmong families suffered and died at the hands of the Communist North Vietnamese and Laotian forces.

I was glad to cosponsor and support the Hmong people on May 2, 2000 when the House passed H.R. 371, the Hmong Veterans' Naturalization Act of 2000. This bill was subsequently signed into law on May 26, 2000. The law waives the English language requirement and provides special consideration for the civics requirement with respect to the naturalization of eligible Hmong veterans and their immediate families. I am equally glad that this Congress was able to resolve so quickly to correct a technical problem that was discovered in the law, which prevented some deserving Hmong individuals from gaining the citizenship that they fought so valiantly to preserve.

I am thankful that the House passed this bill unanimously under suspension of the rules, and appreciate this opportunity to raise America's awareness of these courageous people.

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ITALIAN AMERICANS OF LUZERNE COUNTY HONOR CHARLES GIUNTA AS PERSON OF YEAR

HON. PAUL E. KANJORSKI

OF PENNSYLVANIA

IN THE HOUSE OF REPRESENTATIVES

Friday, September 29, 2000

Mr. KANJORSKI. Mr. Speaker, I rise today to pay tribute to Charles A. Giunta, who has been chosen by the Italian American Association of Luzerne County as their 2000 Person of the Year. The association will honor him at their annual dinner on Oct. 8.

The officers of this fine organization are Herman Castellani, president; Judy Russo, vice president; Michael Delconte, secretary; and Leonard Cumbo, treasurer. Charlie has been a member of the association for the past six years, having served on the board of directors and other various committees.

Charles is a graduate of Pittston High School and Wilkes-Barre Business College and attended Wilkes College. He served in the U.S. Army during World War II from 1942 to 1946, a year after the war ended. He was recalled to active duty during the Korean War with the rank of captain to command the 487th Transportation Truck Company.

In addition to serving his country and the cause of freedom, he has also served his community well. He was past president of the Columbus League of Luzerne County and was an active member of the committee responsible for obtaining and erecting the statue of Christopher Columbus that now stands in Pittston.

Charles has been an active member of the Wilkes-Barre chapter of UNICO for the past 40 years and is a past president, secretary and treasurer of the organization, in addition to having served on several of its committees.

He has also served St. Anthony's Church of Exeter as a volunteer worker in the rectory and currently serves as chairman of the church's finance committee.

Charles resides in Exeter with his wife of 55 years, the former Nancy Berto. They have three sons, Joseph, of Dallas; Samuel, of North Wales; and Charles, of State College; as well as two grandchildren, Joseph and Bridget Giunta.

Mr. Speaker, I salute Charles Giunta on the occasion of this honor, and I am pleased to call his long service to the attention of the House of Representatives.

END HEALTH DISPARITIES IN MEDICARE BASED ON RACE AND ETHNICITY

HON. FORTNEY PETE STARK

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Friday, September 29, 2000

Mr. STARK. Mr. Speaker, there is a large body of literature that shows people of color disproportionately lack access to health care, vital treatments, and preventive screening measures. Several of us on Ways and Means have called for a hearing to discuss differences in medical care due to race and ethnicity. Although ensuring a fair and equitable quality health care system for all Americans is extremely important, Congress has failed to address existing disparities.

Our country is becoming increasingly diverse. Currently, people of color represent an estimated 18% of our nation's residents, and will comprise more than 25% in 2050. In a state such as California, ''minority'' populations have already become the majority.

Among those of Medicare age, racial and ethnic minorities currently represent 16% of the population; however, by 2050, that percentage will increase to 36% at the same time that the number of elderly is expected to increase by 250%.

The growing populations of minorities, however, have not been able to eliminate the vestiges of racism—conscious and unconscious—that still remains in our society and in our institutions. The health care system is no exception. A Century Foundation Report entitled, ''Vulnerable Populations and Medicare Services'' by Marian Gornick contributes more strong evidence that disparities continue to exist even when individuals have similar health insurance coverage.

For example, Medicare covers influenza vaccines for beneficiaries on an annual basis at no cost. Coverage and financial costs are not barriers, but African Americans are only half as likely to receive flu shots even though influenza, a forerunner to pneumonia, is responsible for excess hospitalizations among elderly with heart and pulmonary disease.

Among those Medicare beneficiaries with coronary artery disease, African Americans are less than half as likely to receive coronary artery bypass graft or percutaneous transluminal coronary angioplasty, two common procedures for treating the disease.

The following statistics illustrate numerous additional examples of the disparities that persist in medical care and treatment. In order to truly be an inclusive society, we must continue to attack conscious and unconscious racism in all its forms and work towards an equitable and just health care system. I hope everyone in Congress can join in continuing our efforts in this area.

EXAMPLES OF HEALTH DISPARITIES

[From Vulnerable Populations and Medicare Services]

(By Marian E. Gornick)

African Americans have 20% less physician visits, and 23% less specialist visits, despite greater rates of certain chronic diseases, limitations in activities of daily living, and reporting of health as fair or poor. But, they receive 38% more hospital inpatient visits and 40% more emergency room visits.

African Americans have 11% less ophthalmology visits even though the prevalence of eye disease is greater.

African Americans are half as likely to receive flu shots even though the vaccines prevent influenza, a forerunner to pneumonia responsible for excess hospitalizations among elderly with heart and pulmonary disease. There is no cost-sharing for this service so financial barriers are not a cause.

African American women are 21% less likely to receive a mammography even though they are more likely to have later-stage breast cancer at diagnosis and lower survival rates.

The rate of sigmoidoscopies and colonoscopies among African Americans is 39% and 12% less although the rate of late-stage colon cancer and death rate of colon cancer is greater.

A sonography was performed at a 24% lower rate among African Americans than whites, possibly contributing to their higher rate of strokes.

African Americans are more than half as likely to not receive a coronary artery bypass graft or percutaneous transluminal coronary angioplasty, common elective procedures for treating coronary artery disease.

Thromboendarterectomy, a procedure to treat blocked carotid arteries, was performed at a rate 67% lower among African Americans than whites.

African Americans are 28% less likely to receive cataract removal/lens insertion to improve vision, but they are 56% more likely to have more severe vision problems that require treatment.

African Americans are more than 3 times as likely to receive amputations, partly due to diabetes being 1.7 times more prevalent, but also partly due to poor outcomes.

Arteriovenostomy procedures are more than 4 times as frequent for African Americans, reflecting the greater prevalence of end stage renal disease.

African Americans are 2.5 times more likely to receive excisional debridement, a procedure for infection and skin breakdown, outcomes associated with quality of care.

INTRODUCTION OF THE ENERGY EFFICIENT BUILDINGS INCENTIVES ACT

HON. EDWARD J. MARKEY

OF MASSACHUSETTS

IN THE HOUSE OF REPRESENTATIVES

Friday, September 29, 2000

Mr. MARKEY. Mr. Speaker, I am pleased to join with the gentleman from California (Mr. CUNNINGHAM) and a bipartisan coalition of other Members in introducing the ''Energy Efficient Buildings Incentives Act''.

Energy use in buildings in this country accounts for approximately 35% of polluting air emissions nationwide—about twice as much as the pollution from cars. It costs the average American $1500 to heat and cool their homes every year, which amounts to an annual cost of $150 billion nationwide. Commercial buildings and schools incur $100 billion in annual utility bills. And yet, the tax code fails to provide sufficient incentives to reduce wasteful and unnecessary energy use. This is bad policy, and it must be changed. In these times of ''brown outs'' and ''black outs'' in communities across this nation and in times of rising fuel prices, we should be looking for ways to ensure that energy is never wasted.

That is why we have introduced the ''Energy Efficient Buildings Incentives Act.'' Our bill would spur use of energy efficient technologies, such as super-efficient air conditioning units, which could result in a substantial drop in peak electricity demand of at least 20,000 megawatts—the equivalent of the output of 40 large power plants. At a time when many communities are currently facing electricity supply shortages, and the local political issues involved with siting and building new power plants are difficult and contentious, our bill provides tax incentives for:

Efficient residential buildings, saving 30% or 50% of energy cost to the homeowner compared to national model codes, with a higher incentive for the higher savings.

Efficient heating, cooling, and water heating equipment that reduces consumer energy costs, and, for air conditioners, reduces peak electric power demand, by about 20% (lower incentives) and 30%–50% (higher incentives) compared to national standards.

New and existing commercial buildings with 50% reductions in energy costs to the owner or tenant, and

Solar hot water and photovoltaic systems.

If only 50% of new buildings reach the energy efficiency goals of this legislation, air pollution emissions in this country could be reduced by over 3% in the next decade, and decrease even more dramatically over time. In that same ten-year period, this legislation could result in direct economic savings of $40 billion to consumers and businesses. For example, a family that installs an energy efficient water heater can get $250 to $500 back from the tax code changes and an additional $50 to $200 every year in reduced utility bills. Or a family that purchases a new home that meets the standards in this bill can get as much as $2,000 returned to them by the tax incentives, in addition to the $300 or more in continuing energy savings.

I urge other Members to join us in saving American consumers money, improving the air we breathe and the water we drink, increasing the competitiveness of American industries, and eliminating inefficiencies in the tax code by encouraging energy efficiency in our schools and our commercial and residential buildings.