

plan to revitalize the District as the Nation's Capital, and to improve prospects for "home rule" to succeed. The plan was designed to relieve the District of Columbia government of major financial and managerial responsibilities that were beyond its capacity and that are commonly performed by States, rather than municipalities; to invest considerable resources to improve the city's criminal justice system and infrastructure; and to strengthen its economic base.

The National Capital Revitalization and Self-Government Improvement Act of 1997 significantly restructured the Federal-District of Columbia government relationship. The Act increased the Federal match rate for Medicaid from 50 to 70 percent; assumed certain state justice functions, including incarceration of adult felons, supervision of parolees, and financial oversight of the District's courts; relieved the city of \$5 billion of unfunded pension liabilities that the District had inherited from the Federal Government in the late 1970s; and provided tax relief to District of Columbia residents and businesses. Last year, my Administration persuaded the Congress to pass further changes to the Medicaid formula, saving the District \$9 million per year. The Revitalization Act implementation will save the District well over \$2 billion over the next 5 years.

In addition, I signed into law \$1.2 billion in Federal tax incentives over 5 years, including a wage credit to hire D.C. residents, additional small business deductions, tax exempt bond financing, a first time home buyer credit, and a zero capital gains rate. In addition to funding to implement the Revitalization Act, we have also obtained additional Federal appropriations for the District: \$239 million in FY '99, \$34

million in FY '00, and over \$55 million in FY '01. These appropriations have been used for critical economic development initiatives, including \$25 million to capitalize the National Capital Revitalization Corporation, \$25 million to fund a new Metro station at New York Avenue, and funding for key infrastructure projects, management reforms, education, and public safety. I also signed into law the College Access Act, providing \$17 million per year for D.C. high school students to attend out-of-state schools at in-state tuition rates.

Lastly, let me mention that since 1995, under the leadership of the Office of Management and Budget, Federal agencies on our D.C. Task Force have been involved in a range of activities designed to draw on the Federal Government's technical expertise and available Federal grants to improve the city's tax collection, education and training, housing, transportation, health care delivery, economic development, and other governmental functions. These activities are ongoing and touch upon virtually every aspect of District government.

I am proud of our support for the District, and even prouder of what the residents and government of the District have been able to accomplish. As the Congress concludes its business for the year, we look forward to working together to address other important issues affecting the District of Columbia.

WILLIAM J. CLINTON

The White House,
November 22, 2000.

NOTE: H.R. 5633, approved November 22, was assigned Public Law No. 106-522.

Statement on Signing the Minority Health and Health Disparities Research and Education Act of 2000

November 22, 2000

Today I am pleased to sign the "Health Care Fairness Act" into law. This legislation provides long overdue attention to the dramatic disparities in the incidence of disease and health care outcomes in minorities as compared to the overall population. It is unacceptable that African-American men have a higher overall cancer inci-

dence and infant mortality rates than any other racial or ethnic group; Hispanic and Native Americans suffer much greater rates of diabetes; and Asian-American and Pacific Islanders are afflicted with extraordinarily high levels of cancer of the liver.

The legislation being enacted today authorizes over \$150 million to create a new national center for research on minority health and health disparities at NIH, increases funding for research on race and health disparities at the Agency for Healthcare Research and Quality, and creates a new program to attract health disparity researchers into this critically important field. We must build on today's achievement by assuring adequate funding for these and other initiatives that will help close the health

status gap in this Nation. It will make a major contribution toward eliminating these disparities by 2010—a nationwide goal we established over 2 years ago and one which must be pursued with the same rigor with which we have worked towards eliminating barriers to basic civil rights.

NOTE: The "Health Care Fairness Act," S. 1880, approved November 22, was assigned Public Law No. 106-525.

Statement on Signing the Minority Health and Health Disparities Research and Education Act of 2000

November 22, 2000

Today I am pleased to sign into law S. 1880, the "Minority Health and Health Disparities Research and Education Act of 2000." This Act will enhance biomedical and behavioral research on minority health and health disparities, support medical training for minorities and others, and improve the study and collection of data regarding minorities and other populations.

This important legislation builds on the work of my Administration, particularly the efforts of the Secretary of Health and Human Services (HHS), Donna Shalala, to develop a truly national commitment to end disparities in health through research, training, and data gathering. Under Secretary Shalala, HHS committed to eliminate disparities in health by race and ethnicity by the year 2010. Eliminating disparities will require additional research and new approaches, but in the process of addressing the health needs of our most vulnerable populations, we will improve the Nation's health care system for everyone. This Act was made possible through the bipartisan efforts of the Congress; a multiracial coalition of leaders in public health, business, education, and charitable foundations; and my Administration.

The Act creates a National Center on Minority Health and Health Disparities at the National Institutes of Health (NIH). This Center will fund research programs on health disparities and minority health; support training of members of health disparity populations as researchers; and provide education loan relief for health professionals who commit themselves to perform

health disparities research. The Center will also coordinate all NIH research efforts in this area. The Center promises to help all Americans who bear the burden of health disparities regardless of their race, ethnicity, gender, socioeconomic status, or geographic location.

This legislation also authorizes the Agency for Healthcare Research and Quality to conduct and support activities and research to measure health disparities and identify causes and remedies. In addition, it authorizes the Health Resources and Services Administration to support research and demonstration projects to train health professionals on reducing health care disparities.

I would like to thank many individuals who helped develop and pass this landmark law, particularly Senators Kennedy, Frist, Jeffords, and Hatch, as well as Representatives Thompson, Lewis, Jackson, Jr., Watts, Norwood, Strickland, Brown, Bilirakis, Christensen, Towns, Rodriguez, Underwood, and Roybal-Allard. I also would like to acknowledge the diligent efforts of Secretary Shalala; David Satcher, the Surgeon General; Ruth Kirschstein, Principal Deputy Director of NIH; and the many others who worked tirelessly to bring this legislation forward.

The elimination of health disparities will require a comprehensive effort, involving both the Federal Government and the private sector. The Federal Government must continue to make measurable progress against diseases and conditions that are major contributors to health disparities, and our commitment to health disparities research must ensure that new knowledge