

ROB WALSH HONORED FOR EXTRAORDINARY COMMUNITY SERVICE

HON. CAROLYN B. MALONEY

OF NEW YORK

IN THE HOUSE OF REPRESENTATIVES

Wednesday, May 17, 1995

Mr. MALONEY. Mr. Speaker, I rise today to bring to the attention of my colleagues the efforts of an extraordinary individual who lives and works in my district, Rob Walsh.

Mr. Speaker, too often, the stories of those who make a difference in their communities are drowned out by the tragedies which split our community. Pick up any newspaper on any given day. Headlines will scream of the latest crime; columnists will lament the many foibles of our society. The quieter success stories largely go unreported, unremarked upon.

I believe it is critically important that we do a better job of telling the success stories, that we do a better job of being role models for our Nation's youth. I therefore take the House floor today to recognize the efforts of a man who has done so much for so many. I would also like to say that I am extremely pleased that Rob Walsh will be receiving the prestigious Annual Cancer Care Community Service Award this Sunday.

Before I go into Bob's many achievements, I want to take a moment to congratulate Cancer Care for its dedication to providing free and comprehensive clinical services, education, and financial assistance to patients and their families at any stage of illness. Cancer Care works cooperatively and effectively with the many hospitals and health institutions in my district and New York in general, to provide critical services to those who are most in need. I cannot say enough about the compassion and commitment of Cancer Care to its mission.

I also want to commend Cancer Care on their judgment. Each year, Cancer Care bestows its Community Service Award to someone who makes significant contributions to the community. This year's recipient will surprise no one who has spent any time over the past 5 years in the 14th Street-Union Square area.

In 1989 Rob Walsh became the executive director of the 14th Street-Union Square Local Development Corp. and business improvement district. Rob came prepared.

Rob's service in New York City government had been as varied as it was successful. In fact, it seemed that there was no bureau of government which had not benefitted from Rob's considerable energies. He had served in the mayor's office of operations as a voter assistance coordinator, the transportation department, the parks department the personnel department, and the general services department. In addition, Rob has a master's degree in public affairs from Fordham University, where he also relieved his undergraduate degree.

Since taking the helm of the 14th Street-Union Square LDC/BID, Rob has overseen unprecedented efforts to revitalize a community which has fallen on hard times. During the 1980's, 14th Street had become a drug infested areas, people by prostitutes, and covered with graffiti. Union Square, once one of New York's greatest public spaces, was now best known for its nickname "Needle Park."

Rob Walsh, thankfully, is not a man who shrinks from a challenge. With his remarkable energy, intelligence, and can-do attitude, Rob has led the efforts to turn the neighborhood around. Stop by Union Square on a sunny spring day and you will see the difference.

New businesses move into this thriving neighborhood every day. Children and workers on their lunch break pack into beautiful and accessible Union Square. Stuyvesant Square Park is now the kind of well maintained open space that every member of the community can enjoy. The streets are cleaner and safer and there exists the kind of communitywide pride which is so characteristic of the best neighborhoods of New York and any city.

As Rob will be the first to say, this turnaround was the product of efforts by hundreds and thousands of caring members of the community. But I am not sure it could have happened without Rob's leadership. As the "Mayor of Union Square," Rob has directed the efforts, and led the battle at the front lines. He can always be found, walking the streets, checking on his latest brainstorm.

There is, of course, much work left to be done. But Rob's commitment to the values which make this community great—affordable housing, opportunities for our kids, safe streets, and economic growth—will certainly guide his future efforts in the right direction.

I should also point out that Rob also volunteers his time to a number of important groups in our city including New York Cares, the Vanderbilt YMCA, Beth Israel Medical Center community advisory council, Cabrini Medical Center advisory council, NYC Urban Fellows advisory board, Washington Irving High School business advisory council, and the mayor's Voluntary Action Center. And with all of his efforts, Rob remains a devoted husband to his lovely Terry and is a doting father to his beautiful daughter Cara, perhaps the most important job of all.

Mr. Speaker, I am grateful to Cancer Care for giving me this opportunity to tell a true New York success story. Rob Walsh deserves our most sincere thanks for all of his efforts on behalf of his community, and I hope that all of my colleagues will join me in congratulating him at this time.

SOCIAL SECURITY PRESUMPTIVE DISABILITY FOR THE SEVERELY DISABLED INTRODUCED

HON. FORTNEY PETE STARK

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Wednesday, May 17, 1995

Mr. STARK. Mr. Speaker, today I am introducing legislation that incorporates the Supplemental Security Income's [SSI] presumptive disability system into the Social Security Disability Insurance [SSDI] Program.

One of the largest continuing problems faced by the Social Security Administration [SSA] is the backlog of more than 1 million cases waiting for a disability determination. In 1995 President Clinton asked for disability investment funding in the amount of \$280 million as part of the regular administrative budget. These funds were specifically earmarked for processing disability related workloads. Congress appropriated disability investment funding in the amount of \$320 million for fiscal

year 1995. I support this move but we need to do more and to act more quickly.

Social Security expects to receive nearly 3 million applications for disability benefits through 1995, 70 percent more than it received 5 years ago. Social Security admits that its complicated decision process has changed little in 40 years and offers an "unacceptable" level of service to the public. An announced "re-engineering" of the increasingly complex disability determination system is expected to stabilize the workload but not to result in an appreciable reduction in the backlog.

On the average, it now takes a disability applicant 5 months to get an initial decision. If benefits are denied, the applicant waits another 18 months to get an administrative law judge's decision on the appeal. Congress has heard complaints in recent years of deserving applicants waiting months for desperately needed funds and, in some cases, dying before they get a decision.

For example, in Arizona a recent disability applicant was forced to leave her secretarial job due to injuries resulting from a serious auto accident. She applied to the Social Security Administration for disability benefits to offset the loss of her income. She did not realize that she was venturing into an understaffed, underfunded Federal program that often forces disabled people to wait months to learn whether they qualify for benefits. After a year wait, she was successful in obtaining the benefits to which she was entitled only after hiring an attorney who specializes in such cases. These kinds of long delays are repeated in anecdote after anecdote.

For many severely disabled, there should be a faster way.

The SSI program makes an initial determination that presumes a person to be disabled if they fit certain severe disability criteria. These people begin to receive SSI benefits immediately and the SSA has a 6 month period to make the final determination of eligibility using the SSA's definition of disability.

Being able to receive SSI benefits on the basis of a presumptive disability determination provides the disabled person with much needed money immediately. However, for a worker who has paid into Social Security and becomes disabled, there is no comparable process to identify the people that would most likely qualify for DI benefits. My legislation would remedy this by providing for determinations of presumptive disability under title II of the Social Security Act in the same manner and to the same extent as is currently applicable under title XVI of such act.

This means that if a person is found to be presumptively disabled under title II and meets the requirements for entitlement to benefits the person will begin to receive benefits, after the initial 5 month waiting period required before DI benefits can be paid, for up to 6 months while the final determination is being made. If the person is presumed eligible to receive DI benefits, then their dependents shall also begin to receive benefits.

If, in the final determination, a claimant's impairment does not meet the Social Security Administration's definition of disability, they and their dependents shall not be responsible to return the money they received during the presumptive eligibility determination period.

In some instances a person may be presumed eligible for SSI benefits before being found to be presumptively disabled under title

II. In this case, the person will still be entitled to only 6 months of presumptive disability benefits. In most States, while receiving SSI benefits, a person is eligible for Medicaid. Under this proposal, claimants who would have been eligible for SSI benefits, were it not for their receipt of DI presumptive disability benefits, would be deemed eligible for SSI, making them eligible for Medicaid in those States where SSI eligibility triggers Medicaid eligibility. When the final determination for DI benefits is made, the claimant loses the Medicaid eligibility. Medicare will be provided to disabled workers and their dependents after they have been receiving disability benefits for 24 months, including the time they were receiving presumptive disability payments.

INTRODUCTION OF DIABETES RESEARCH ACT

HON. ELIZABETH FURSE

OF OREGON

IN THE HOUSE OF REPRESENTATIVES

Wednesday May 17, 1995

Ms. FURSE. Mr. Speaker, diabetes research is at a crossroads. Earlier this year, leading scientists and researchers from across America gathered in Washington, DC, at the Capitol Summit on Diabetes Research to release the white paper. The white paper demonstrated that diabetes research has reached a critical point, and that immediately increasing our focus could yield substantial and dramatic breakthroughs. Recent evidence indicates that a cure, or improvements in other disease management techniques, are within our reach to improve the quality of life for 14 million Americans who are affected by diabetes.

Today, along with Mr. NETHERCUTT, I am proud to introduce the Diabetes Research Act. This legislation would substantially increase the funds available for diabetes research at the National Institutes of Health. In light of the scientific revelations brought forth by leading researchers and endocrinologists, we must adopt a long-term strategy to deal with the problem of diabetes in America. As a nation, diabetes and its tragic complications cost our Nation over \$100 billion every year. Everyday, thousands of people go blind, have extremity amputations, or develop heart disease as a result of diabetes. We can make a difference if we only heed the call of the people who are on the front lines fighting this dreadful disease. The Diabetes Research Act answers that call.

I believe this bill could also be called the Priorities Act of 1995. In order to balance the budget and still invest in our Nation's future, we must have an open and honest discussion with the American people about our priorities. Tomorrow I am going to introduce three bills to create budgetary savings of \$1.5 billion, a portion of which could be used to pay for increased diabetes research funds. In sum, I believe diabetes research should be a priority and encourage my colleagues to follow my lead and make recommendations on how to pay for it.

My own daughter has diabetes. She is one of millions of Americans who live with this disease everyday, and I am so proud of her. I am also grateful to all the national diabetes organizations to gave their insight into the development of this legislation. I urge all my col-

leagues here in the House to cosponsor the Diabetes Research Act, cosponsor a bill to pay for it, and then let the thousands of people with diabetes in your community know you are working for their future.

TRIBUTE TO CREW MEMBERS OF THE SUGAR ISLAND FERRY BY THE HONORABLE BART STUPAK OF MICHIGAN

HON. BART STUPAK

OF MICHIGAN

IN THE HOUSE OF REPRESENTATIVES

Wednesday, May 17, 1995

Mr. STUPAK. Mr. Speaker, I rise today to offer my sincere congratulations to the crew members of the Sugar Island ferry in Sugar Island, MI for their outstanding service to the community.

Each year, civic groups on Sugar Island choose an individual to recognize his or her contributions to the community. This year, however, the entire crew of the Sugar Island ferry was chosen to be honored for their enormous efforts for the betterment of the Sugar Island community.

The first regularly scheduled ferry to bring cars to Sugar Island was the *Service*, which began operation on July 1, 1928. On that day, 30 automobiles were transported from the island to the mainland of Michigan's Upper Peninsula. It cost 45 cents for cars and 15 cents for foot passengers to be carried across St. Mary's River. In addition to cars and trucks, the ferry also carried horse-drawn wagons during this period.

The *Service*, was in use until 1932, when it was replaced by the *Beaver*. The *Beaver* ran until 1937, when a second ferry, *Scow No. 1*, was placed into service. Later rebuilt and named *Chippewa*, that ferry was in use until a larger, steel ferry with a 12 car capacity was constructed. That ferry, the *Sugar Islander*, built in 1947, is still in use today. The Sugar Island ferry was privately-owned by the Eastern Upper Peninsula Transportation Authority in 1979.

In 1994, 252,339 vehicles were transported by the *Sugar Islander*. The ferry provides a vital link from Sugar Island to the city of Sault Ste. Marie in the Upper Peninsula. In addition to its regular service, the ferry goes out of its way to promptly transport emergency vehicles and ambulance, fire and police personnel for the benefit of Sugar Island residents.

Additionally, Mr. Speaker, the ferry is known for its outstanding service. It operates every half hour in good weather and bad, 365 days a year. The highly dedicated crew works 11-hour shifts, and I commend the crew members of the *Sugar Islander*, for their unfailingly courteous and reliable service. Specifically, I would like to congratulate the current members of the Sugar Island ferry, including: Tom Stevens, Brian Dynes, Dan Cairns, Paul McCoy, Derek Myerscough, Doug Bisdorf, Mike Patten, Tim Switzer, Don Soper, Jim Gort, Jr., and Rick Brown.

I know my colleagues join me in honoring those crew members who enrich the lives of Sugar Island residents, as well as visitors to that Northern Michigan community.

YOUTH CANCER AWARENESS

HON. CHARLIE ROSE

OF NORTH CAROLINA

IN THE HOUSE OF REPRESENTATIVES

Wednesday, May 17, 1995

Mr. ROSE. Mr. Speaker, I rise today to bring to the attention of this body youth cancer awareness.

More than 5 million living Americans have a history of cancer. It is estimated that among the 1 million people diagnosed with cancer this year, half will die from this disease. In my State of North Carolina alone, over 3,200 people will be diagnosed with cancer this year.

Even more alarming is the growth in reported cases of cancer in young people. Cancer is the No. 2 killer among our youth.

In my home State of North Carolina, the month of April is "Cancer Awareness Month." North Carolina has planned a number of events to emphasize the importance of cancer awareness. I would have like to have made April "National Cancer Awareness Month." However procedural changes will not permit the offering of such a resolution.

Nonetheless, I would still like to increase the public's awareness of the degree to which cancer affects young people. The key to finding a cure for cancer is in awareness of the symptoms, the causes, and the best means to address the problems raised by cancer. Increased volunteer participation and the promotion of education and research have had a profound positive impact on discovering a cure. We need to do more in this regard.

With the help of dedicated people like Miss Leslie Cobb, a Jacksonville, NC, teen cancer activist, who fight this terrible disease everyday, we will eventually find a cure. I urge everyone to do all they can to inform our youth about the risks of cancer.

LORETTA PONTICELLO HONORED FOR LIFETIME OF SERVICE

HON. CAROLYN B. MALONEY

OF NEW YORK

IN THE HOUSE OF REPRESENTATIVES

Wednesday, May 17, 1995

Mrs. MALONEY. Mr. Speaker, it gives me great pleasure to stand before my distinguished colleagues today to honor Ms. Loretta Ponticello.

It has been my observation that we are so consumed with the problems and negativism that plague our Nation that we sometimes forget about those who are working to solve these problems. We ignore the heroes who are right in our midst, choosing instead to talk about the bad news that dominates the news.

This situation needs to be corrected. That's why I take this opportunity to honor one of these heroes. She may not be featured in a movie or on television, but there can be little doubt that Loretta Ponticello is a hero to all who know her.

First, let me talk a little bit about Loretta's remarkable business career. By combining her great aptitude for business with a high standard of integrity and diligence, Ms. Ponticello has brought success wherever she has gone. After graduating from the New Jersey College for Woman—now Douglas College—she