

The high incidences of mental illness and emotional disorders among Native Hawaiians is attributed to the cultural isolation and alienation in a statewide population in which they now constitute about 20 percent.

Disenfranchised from their land, culture, and ability to self-govern, the Native Hawaiian people have suffered a plight similar to that of the Native American Indians on the continental United States. And it is the responsibility of the Federal Government to assist in our efforts to improve the health status of the native people of Hawaii.

In 1988 the Congress recognized this tremendous need and the Federal Government's responsibility to the Native Hawaiians. We enacted the National Hawaiian Health Care Act, which has provided the Native Hawaiian community the opportunity to assess its own health needs and find solutions that its native population can understand and relate to.

Since 1990 the Congress has funded this program. Native Hawaiian Health Care Centers have been established on each major island to provide primary, preventive and mental health care services in a culturally appropriate manner. These centers have also been able to combine the use of western and traditional health methods and encourage Native Hawaiians to return to their traditional foods as a basis for a healthy diet.

The elimination of this program is a severe blow to the progress we have made in improving the health of the Native Hawaiian people.

The bill currently also does not include funds for the Hansen's disease patients of Kalaupapa on the Island of Molokai. I want to take this opportunity to acknowledge the agreement of Chair PORTER to restore funds to this program during the conference.

I understand that the committee did not fund this program because of incorrect information provided by committee staff which indicated that there are no longer any patients at Kalaupapa. Once we pointed out to the Chair that there are 77 patients still living at Kalaupapa and 134 who receive outpatient services at other facilities in Hawaii, he agreed to restore these funds. While he could not do it in Committee, he would resolve the situation in conference.

Kalaupapa is a small peninsula on the Island of Molokai, accessible only by boat, plane or by traversing rugged cliffs. This geographically isolated place was chosen in 1866 as an area of banishment for those in Hawaii who had Hansen's disease, or Leprosy, as it was known then. For many years people with Hansen's disease were literally discarded at Kalaupapa doomed to live out their short lives in isolation and misery. They were branded as outcasts by the rest of society because of the horrible disfigurement and social stigma attached to Hansen's disease.

Over time, with care and commitment of such individuals as Father Damien deVeuster, whose statue the State of Hawaii has placed in the Halls of this building, the patients at Kalaupapa came to live their lives in dignity. With the advance of medicine sulfone drugs were discovered in the 1940s which were able to cure Hansen's disease, however even until 1969 isolation laws still segregated Hansen's disease patients from the rest of the world.

In 1954 the Federal Government made a commitment to assist in the treatment and care of Hansen's disease patients, the most ignored and outcast in our society at that time.

Since then Congress has provided payments to assist the patients at Kalaupapa.

In 1980 Kalaupapa was designated as a National Historical Park. This designation allowed the patients to continue to live at Kalaupapa for as long as they wish. Today 77 people chose to live their lives at Kalaupapa, the place that was once a place of abandonment and suffering, is now their home which they do not want to leave.

Federal assistance helps to provide medical care and other services the patients require. Last year the State of Hawaii received \$2.9 million. I recognize it was not the intention of the committee to cut off assistance to the patients, but simply a misunderstanding of this situation. I appreciate the agreement to resolve this situation in conference.

Following is a letter from Hawaii's State Department of health clarifying that these funds are essential in the State's ability to address the needs of the Hansen's disease patients at Kalaupapa.

STATE OF HAWAII,
DEPARTMENT OF HEALTH,
Honolulu, HI, July 21, 1995.

Hon. PATSY MINK,
House of Representatives, Washington, DC.

DEAR REPRESENTATIVE MINK: Per your request of July 21, 1995, regarding information on Hansen's Disease (HD) funds received from the United States Department of Health and Human Services.

The federal reimbursement to Hawaii for its HD program was originally authorized by Public Law 411 by the 82nd Congress on June 25, 1954; authorizations continue today through P.L. 99-117 (99 Stat. 49). Currently, the federal reimbursement amounts to \$2.9 million.

Federal reimbursements currently have covered 60% of operating costs since FY 1986. The federal receipts are deposited as reimbursements into the State General Fund.

Authorization for the State's budget is provided through the State Legislature. The HD program budget is funded 100 percent through the general fund appropriation which is then federally reimbursed in part as described above.

Federal HD funds do affect programmatic efforts and do have an impact on the level of services available. Declining levels of federal support would affect the program's ability to continue program enhancements for Hale Mohalu and Kalaupapa and for the outpatient program. Budget increases are authorized by the State Legislature.

The levels are based in part on the program's reimbursement capability, allowing us to provide enhanced levels of program benefits for the State's HD patients; i.e., various special operating repair and maintenance projects, needed equipment, position restorations from the State across-the-board budget cuts, and the conversation of temporary positions to permanent.

This is especially helpful for Kalaupapa, where recruitment and professional staff retention have always been difficult.

We hope this information is helpful, and we appreciate your commitment and continuing efforts in support of the current Federal/State partnership which well serves Hawaii's persons with Hansen's Disease.

Sincerely,

LAWRENCE MIKE,
Director of Health.

DEPARTMENTS OF LABOR,
HEALTH AND HUMAN SERVICES,
AND EDUCATION, AND RELATED
AGENCIES APPROPRIATIONS
ACT, 1996

SPEECH OF

HON. PATRICK J. KENNEDY

OF RHODE ISLAND

IN THE HOUSE OF REPRESENTATIVES

Wednesday, August 2, 1995

The House in Committee of the Whole House on the State of the Union had under consideration the bill (H.R. 2127) making appropriations for the Departments of Labor, Health and Human Services, and Education, and related agencies, for the fiscal year ending September 30, 1996, and for other purposes:

Mr. KENNEDY of Rhode Island. Mr. Chairman, I rise in strong support of the Bateman-Edwards proposal in conference and its efforts to restore funding to the Impact Aid Program. Today we are faced with an \$83 million gap in one of our countries most vital functions: the ability to educate our children and ensure our Nation's prosperity for generations to come.

For the past 45 years the Federal Government recognized its obligation to compensate school districts for the costs of educating children whose parents live or work on federally owned land. I ask my colleagues today, what has happened to that obligation? Has the Federal Government become so single-minded in its attempt to reduce the deficit that it has become blind to the needs of our Nation's children?

Many of these children are those of the men and women who serve in our Nation's armed services. Is cutting their children's education how we choose to pay back the people who faithfully serve our country? In my opinion it's a crime to tell the children of military impacted communities that they have to receive a sub-standard education because the Federal Government does not want to pay its fair share.

Many schools have had to close due to cutbacks in the Impact Aid Program. Many more have had to incur huge deficits just to keep operating. From Nebraska and South Dakota to New Jersey and New York schools of all sizes have had major difficulty keeping their doors open.

But the necessity of impact aid goes far beyond the 1.8 million children who are eligible under the program. Terminating the program will also have a significant impact on the 20 million students who attend schools that are dependent on impact aid funding. In my own district, thousands of children in the Middletown, Newport, and Portsmouth school districts are largely effected by the Impact Aid Program. What will happen to these children if this program goes unfunded? Where will they go if their school closes down?

Impact aid is about more than education, it is also about the strength of our communities. The people of Middletown, RI, tell me they are particularly proud of their community, their schools, and their military population. For over 200 years these same people have extended themselves to the military and have achieved an excellent reputation that is passed from generation to generation of servicemen and

women at the naval base on Aquidneck Island. But there are limits to these relationships. It is unreasonable to expect local taxpayers to increasingly subsidize the education of military students.

Even with full funding of impact aid, Middletown Public Schools still experience over a \$4 million loss in tax revenue from land occupied by the Navy instead of private housing or businesses. With this year's reductions, a bad situation will become undoubtedly worse.

Mr. Speaker, the choice is ours. We can fund the future of America's students today or be prepared to pay the costs of uneducated and unskilled work force tomorrow.

DEPARTMENTS OF LABOR,
HEALTH AND HUMAN SERVICES,
AND EDUCATION, AND RELATED
AGENCIES APPROPRIATIONS
ACT, 1996

SPEECH OF

HON. NICK J. RAHALL II

OF WEST VIRGINIA

IN THE HOUSE OF REPRESENTATIVES

Wednesday, August 2, 1995

The House in Committee of the Whole House on the State of the Union had under consideration the bill (H.R. 2127) making appropriations for the Departments of Labor, Health and Human Services, and Education, and related agencies, for the fiscal year ending September 30, 1996, and for other purposes:

Mr. RAHALL. Mr. Chairman, I am deeply concerned over the impact of funding cuts in title I compensatory education programs contained in this bill.

In West Virginia, in my district alone, title I children will lose more than \$5 million in the coming year—and much more over 7 years.

Let me tell you about Kimball Elementary School, in Welch, WV, McDowell County. At this school, there are 350 children dependent upon title I remedial education services so that they will learn to read and to do math at their appropriate age and grade levels.

Of the 19 schools in McDowell County, and of the 6,900 children in those schools, 4,700 of those children are eligible for title I services based on the low income of their families, and based on the breadth and scope of distress in the county—which still has double-digit unemployment rates, and most families live well below the poverty level.

McDowell County children will lose \$565,700, over \$½ million, of their title I funds in fiscal year 1996.

Kimball Elementary School spends a mere \$94,000 a year on children—not just elementary-age children in need of services, but on dropouts who are brought back to school and guided to graduation.

Teen mothers are brought back to school to complete their high school degrees. I am told by the title I director at Kimball Elementary School that five of those teen mothers are now in college, and one of them is on the dean's list.

How's that for a success story for title I program services to children at risk of growing up and leaving school unable to read or compute, or write?

Mr. Chairman, don't vote for this bill that cuts 1.2 billion out of title I—affecting 1.1 mil-

lion children nationwide. Just think of the 350 kids at Kimball Elementary School who need only a mere \$94,000 a year.

Think of how it will affect 4,700 children in McDowell County West Virginia, who may grow up illiterate, without high school degrees, without these extraordinary remedial education services.

Vote "no" on H.R. 2127.

DEPARTMENTS OF LABOR,
HEALTH AND HUMAN SERVICES,
AND EDUCATION, AND RELATED
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ACT, 1996

SPEECH OF

HON. PATRICIA SCHROEDER

OF COLORADO

IN THE HOUSE OF REPRESENTATIVES

Wednesday, August 2, 1995

The House in Committee of the Whole House on the State of the Union had under consideration the bill (H.R. 2127) making appropriations for the Departments of Labor, Health and Human Services, and Education, and related agencies, for the fiscal year ending September 30, 1996, and for other purposes:

Mrs. SCHROEDER. Mr. Chairman, it is an outrage this issue is even being discussed. It shows how far backward the Republicans are willing to push women. It winks at rape and incest victims, saying too bad. To say in 1995 that rape and incest victims are at the mercy of where they happen to live. They have to be very careful where they live if they think they'll be raped. This is ludicrous.

DEPARTMENT OF LABOR, HEALTH
AND HUMAN SERVICES, AND
EDUCATION, AND RELATED
AGENCIES APPROPRIATIONS
ACT, 1996

SPEECH OF

HON. RONALD D. COLEMAN

OF TEXAS

IN THE HOUSE OF REPRESENTATIVES

Wednesday, August 2, 1995

The House in Committee of the Whole House on the State of the Union had under consideration the bill (H.R. 2127) making appropriations for the Departments of Labor, Health and Human Services, and Education, and related agencies, for the fiscal year ending September 30, 1996, and for other purposes:

Mr. COLEMAN. Mr. Chairman, I would like to go on record by stating my opposition to the removal of all \$193 million for title X of the Public Health Service Act and the transfer of those funds to maternal and child block grants and community migrant health centers. The services provided by the family planning program reduce the amount of people on welfare, reduce the amount of unintended pregnancies, and reduce the spread of sexually transmitted diseases. An estimated 4 million patients, primarily low-income women and adolescents, receive services through more than 4,000 title X clinics nationwide. Since the creation of title X funding in 1970, there has been a decline in unintended pregnancies, particularly among teenagers. In addition, nearly 1 in 4 American

women who use a reversible form of contraception rely on a publicly funded source of care. It is estimated that, if these services were not available, women would have between 1.2 and 2.1 million unintended pregnancies a year instead of the 400,000 now currently experienced. However, my colleagues have seen fit to eliminate a program that saves this country money and promotes our public health.

Title X funding provides training for nurse practitioners, clinical personnel, educational programs for family planning, exams, counseling, contraceptives, and screening for sexually transmitted diseases. The effect of this measure, in my district alone, will be calamitous. One hospital in El Paso receives about half a million dollars from title X funds annually. This hospital provides services to about 5,000 women. These women will be left with only one limited alternative—to seek health care at Planned Parenthood. The El Paso Planned Parenthood has indicated that its services are stretched to its capacity right now. Therefore, the potential that these 5,000 women will go without the necessary care is great.

Not only will lack of services affect my community severely, so will the loss of jobs due to the reduction of title X funds. El Paso Job Corps would be required to cut staff due to this reduction.

This type of action is simply dangerous to Americans and communities like El Paso. The transfer of funds to block grants certainly does not guarantee that the money will be spent for the purposes of sound family planning or that poor communities will receive their fair share of the funds. I understand that every public dollar spent for family planning services under the current title X saves an estimated \$4.40 in medical welfare, and nutritional services provided by Federal and State governments. As a nation, we either pay the cost now and provide these women with the health care they need, or we will undoubtedly pay later and at a quadrupled rate.

[From the White House Office of Media Affairs]

HOUSE REPUBLICANS CUT \$36 BILLION FROM
CURRENT EDUCATION AND TRAINING INVEST-
MENTS

ESTIMATED STATE-BY-STATE REDUCTIONS FROM
FY 1995 FUNDING LEVELS FOR EDUCATION AND
TRAINING FOR FY 1996-2002 BASED ON ACTION
BY THE HOUSE APPROPRIATIONS COMMITTEE

Alabama	\$575 million
Alaska	102 million
Arizona	524 million
Arkansas	317 million
California	4.3 billion
Colorado	457 million
Connecticut	325 million
Delaware	88 million
Florida	1.5 billion
Georgia	805 million
Hawaii	98 million
Idaho	137 million
Illinois	1.5 billion
Indiana	639 million
Iowa	357 million
Kansas	321 million
Kentucky	520 million
Louisiana	789 million
Maine	157 million
Maryland	540 million
Massachusetts	884 million
Michigan	1.3 billion
Minnesota	530 million
Mississippi	472 million
Missouri	669 million
Montana	141 million