

Mayor Villarreal did what a good politician should do: He listened to the wants and needs of the citizens who reside within his jurisdiction. When the citizens of Rio Grande City told him that they did not want property taxes to finance city expenses, he worked hard to make this a reality. He fought to establish a government that was born efficient. He is a visionary who pursued the benefits of the empowerment zone and brought direction to its mission.

Basillio Villarreal's popularity and support have made him a symbol of success and a role model in the community of Rio Grande City. His modest beginnings only make this proud man's life more compelling. His successful business is a tribute to the same admirable qualities that he instilled in the city government.

When called to service by the community, Basillio Villarreal served honorably. His example inspires others to become involved in politics, pursue educational opportunities, and participate in church activities, teaching all of us time and again the virtues of involvement and activism. He is a proud man who has served his community well, and Rio Grande City is a better place for having had Basillio Villarreal as its mayor.

HONORING THE CAREER OF MR.
LESTER M. BORNSTEIN

HON. DONALD M. PAYNE

OF NEW JERSEY

IN THE HOUSE OF REPRESENTATIVES

Thursday, June 27, 1996

Mr. PAYNE of New Jersey. Mr. Speaker, I rise to acknowledge and honor the retirement of Mr. Lester Bornstein who ends 38 years of service to the Newark Beth Israel Medical Center. I urge my colleagues to join me in congratulating Mr. Bornstein on his incredible accomplishments as president of the Newark Beth Israel Medical Center.

Mr. Bornstein began dedicating his time and energy to the Newark Beth Israel Medical Center in 1957, serving as assistant director. His role changed in later years and he supported the Beth Israel Medical Center as acting executive director, executive director and as a member of the board of trustees.

I had the opportunity to work closely with Mr. Bornstein when I was a member of the Newark Municipal Council and when he served on my 10th Congressional District health care task force. Mr. Bornstein is an incredibly skilled man who is dedicated to serving his community. He took initiative and helped to ensure that the Beth Israel Medical Center remained in the community at a time when many other city hospitals were leaving. I admire this commitment that has always been an integral part of this fine man's persona.

As reporter Angela Stewart of The Star-Ledger noted in her June 21 article, "Those who have watched him work over the years say Bornstein has managed to strike an almost perfect balance between civility and his driving ambition to make the inner-city hospital a respected institution." His goal has been and continues to be realized. In 1968, Mr. Bornstein also helped secure a \$10 million loan to construct a patient care pavilion. Recently, the Lester M. Bornstein Center for Emergency Services officially opened to pa-

tients. It is clear that Mr. Bornstein has been an important driving force for the Newark Beth Israel Medical Center.

It is an honor for me to have the opportunity to thank Mr. Bornstein for being a strong leader of the Newark Beth Israel Medical Center and for keeping his promise to the community and the people of Newark. Mr. Speaker, I hope my colleagues will join me in applauding his career and wishing him the best in all his future endeavors.

REGARDING H.R. 3663, THE D.C.
WATER AND SEWER AUTHORITY
ACT OF 1996

HON. CARDISS COLLINS

OF ILLINOIS

IN THE HOUSE OF REPRESENTATIVES

Thursday, June 27, 1996

Mr. COLLINS of Illinois. Mr. Speaker, D.C. Subcommittee Chairman TOM DAVIS and the subcommittee's ranking member, ELEANOR HOLMES NORTON, are to be commended for once again having collaborated in a bipartisan manner to produce legislation to aid the District of Columbia. I commend them for their efforts.

The District of Columbia Water and Sewer Authority Act of 1996 will permit the issuance of revenue bonds necessary to finance much needed capital improvements at the District's Blue Plains Wastewater Treatment Plant and within the District's drinking water distribution system.

I understand that on April 5, 1996, the District government and the Environmental Protection Agency [EPA] reached an agreement which requires the District to engage in a 2-year, \$20 million capital improvement program designed to halt the further deterioration of the Blue Plains facility and to make significant improvements in the maintenance and treatment procedures at the plant.

In addition, I understand that the District has had persistent problems with bacteria turning up in its drinking water distribution system. Several violations were documented between September 1993 and November 1995. This overall situation led EPA to issue an administrative order on November 14, 1995 which directed the District to submit a comprehensive plan and schedule for remedial actions such as making repairs to its drinking water storage facilities.

I urge Members to support this very important legislation. Its enactment will ensure that the Nation's Capital will continue to have environmentally secure water and sewer systems to meet the needs of its residents and visitors into the 21st Century.

COMMENDING FEMA FOR
EXEMPLARY WORK

HON. SHERWOOD L. BOEHLERT

OF NEW YORK

IN THE HOUSE OF REPRESENTATIVES

Thursday, June 27, 1996

Mr. BOEHLERT. Mr. Speaker, I rise today to congratulate the Federal Emergency Management Agency, which won the 1996 Public Employees Roundtable Public Service Excellence Award in the Federal Category. FEMA's

Disaster Assistance Program faced stiff competition as one of 300 entries considered by the Public Employees Roundtable.

After watching FEMA at work following January flooding in my district, it comes as no surprise to me that FEMA won. When eight of the nine counties of my district in New York State were devastated by winter flooding, FEMA staff rallied to our aid. James Lee Witt, FEMA administrator, and New York Governor George Pataki personally accompanied me on a tour of flood ravaged areas, to see and experience the problem and commit themselves to being part of the solution. FEMA was magnificent. Flooding occurred on a Friday and Saturday. FEMA Region II, under Director Lynn Canton, was providing technical assistance to New York State officials on Friday, monitoring the situation and laying the groundwork for the communications, organization and logistics so necessary for an effective recovery effort. And within 10 days of the flood, families who applied for aid were receiving checks. This timely response was invaluable as communities with limited resources struggled to cope with overwhelming devastation.

Equally invaluable is the continuing support FEMA provides. Four months after the flood, FEMA is still on the job and my office is in daily contact with the Disaster Field Office in our State capital. This office performs follow-up work on projects and provides guidance to State and local governments as well as to citizens who are still rebuilding.

In addition to my personal experience working with FEMA, as chairman of the subcommittee with jurisdiction over Stafford Disaster Assistance programs, I know from a broader perspective how well FEMA does in the field. From earthquakes to floods to hurricanes, this is a Federal agency that prides itself on responding quickly and efficiently. Apart from natural disasters, FEMA also is on hand when man-made disasters strike. The bombing in Oklahoma City is a case in point. In the midst of grief and horror, FEMA staff helped the victims and residents of that shocked city in their recovery efforts.

The human spirit is capable of amazing things in times of trouble. With FEMA at the helm, that also can be said of the U.S. Government. In an era when government bashing is a popular sport in some quarters, FEMA shows us the importance of coordinated Federal efforts to overcome adversity. They do us proud.

THE RURAL HEALTH IMPROVE-
MENT ACT OF 1996—ENSURING
ACCESS TO HEALTH CARE FOR
AMERICA'S RURAL CITIZENS

HON. STEVE GUNDERSON

OF WISCONSIN

IN THE HOUSE OF REPRESENTATIVES

Thursday, June 27, 1996

Mr. GUNDERSON. Mr. Speaker, the House and Senate have made great strides toward producing a bill to bring about affordable health care. While Mr. POSHARD and I applaud the Congress for working on the issues of affordability and portability of health insurance, the problem in rural areas is not only affordability and portability but also accessibility.

Rural hospitals are closing throughout the country because Medicare payments are inadequate to cover costs. The current Medicare

structure does not provide sufficient flexibility to allow hospitals to network or merge, vital steps which rural hospitals must take to ensure survival. While the 1995 Balanced Budget Act contained several provisions that would have accomplished many of our goals, those provisions were felled by President Clinton's veto pen.

During floor consideration of H.R. 3103, the Health Care Availability and Affordability Act, I tried to offer an amendment that would have addressed many rural concerns. Although my amendment was not allowed, I received a personal assurance from the House leadership that rural health would be dealt with yet this year.

In mid-May, I gave a speech before the National Rural Health Association in which I outlined the primary needs of rural health care as I saw it. Following that speech, we held several meetings with the core membership of the Rural Health Care Coalition and our constituent health associations.

The result is a comprehensive consensus bill that reflects a broad view of how to better provide access to health care for rural America.

This bill seeks to increase access to health care for rural citizens in four areas:

First, it reduces the wide variation existing between urban and rural areas in the Medicare adjusted average per capita cost [AAPCC] payment made to health maintenance organizations (HMOs). While HMOs serving some urban areas are receiving upwards of \$650, the AAPCC payment in 1995 for Vernon County, WI, was \$211. This kind of disparity results in HMOs falling over themselves to serve urban areas while shunning rural Americans who have paid the same Medicare tax all of their lives.

Improving the payment formula will actually allow for greater health care options and competition in rural America. This bill will help to make HMOs and PSOs an option for Medicare beneficiaries in western Wisconsin, an option that does not currently exist.

Second, it encourages rural providers to form networks to reduce costs, share services, and provide more efficient services. It does so by providing grant money for communities to create rural health networks, creating two new categories of hospitals under Medicare, and encouraging community health centers to expand into areas not presently served.

This bill also provides to States and private entities (1) grants to develop comprehensive plans to increase access to health care for rural communities, and (2) technical assistance and development grants to assist hospitals in creating provider networks.

At a time when we are trying to balance the budget, the Federal Government can no longer carry under-utilized facilities. However, rural communities cannot afford to go without essential emergency and primary care services. To address these needs, we create two new categories of limited-service hospitals under Medicare. Rural Emergency Access Care Hospitals provide only 24 hour emergency care to communities in need of an emergency facility, but not a full-service hospital. Rural primary care hospitals may provide a broader range of services and for a period of up to 4 days.

Further, in order to bolster an expansion of community health centers, our bill directs the Secretary of DHHS, when making new grants

under the Public Health Service Act, to give priority to areas not presently served by community health centers [CHCs] and to CHCs located in or adjacent to community hospitals.

This bill also expresses the sense of the Congress that the Federal Trade Commission should promptly complete its review of the anti-trust standard to be applied to provider networks. Rural providers need anti-trust relief that will allow them the flexibility necessary to provide adequate care with limited resources, and to ensure that network arrangements do not violate current laws and regulations. A thorough review will reveal whether there is a need for further legislation in this sensitive area.

Third, this bill provides incentives to physicians and other health care professionals to locate and provide services in rural areas. We exempt National Health Service Corps loan repayments and scholarships from federal income taxes and direct the Secretary of DHHS to give priority placement to areas that have created community rural health networks.

In addition, this bill increases the Medicare incentive payment already paid to providers in health professional shortage areas [HPSAs] from 10 to 20 percent. However, we limit the payment to primary care providers in rural HPSAs, where recruitment efforts are more difficult.

Finally, it provides a good first step toward recognition of tele-medicine as an emerging technology with enormous potential in rural medicine. Our bill directs the Secretary of Health and Human Services to develop a payment methodology under Medicare for tele-medicine services provided in rural areas.

Mr. POSHARD and I, as well as key coalition members, realize that the introduction of this bill represents the first step in the legislative process. We are committed to working with the chairmen on the committees of jurisdiction to ensure that essential rural health access provisions are enacted into law this year.

SAFE DRINKING WATER ACT AMENDMENTS OF 1996

SPEECH OF

HON. JANE HARMAN

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Tuesday, June 25, 1996

Ms. HARMAN. Mr. Speaker, I rise today in strong support of H.R. 3604, the Safe Drinking Water Act Amendments. This bill is supported by environmentalists, industry, State and local governments, and consumer advocates. This bill is proof that Congress can pass strong environmental legislation if it works together on a bipartisan basis.

In my view, keeping our water clean is one of our Nation's most pressing environmental concerns. A strong Clean Water Act is necessary to keep our oceans, lakes, and rivers clean for all to enjoy. Similarly, a strong Safe Drinking Water Act is essential to keep harmful pollutants out of our drinking water, which is literally our lifeblood.

This legislation will do just that. The bill, for the first time, authorizes \$7.6 billion for the State drinking water revolving loan fund, which is used by our communities to build and improve drinking water treatment facilities. Equally as important, the legislation guaran-

tees that Americans will be informed of exactly which pollutants are in their drinking water. My State of California already has a successful right-to-know statute—I'm glad that the rest of the Nation has again followed our lead.

This legislation also proves that there is an effective way to balance environmental protection with economic concerns. The bill reforms rigid regulations by providing EPA with more flexibility in setting standards for drinking water contaminants. I'm pleased that the bill will allow EPA to consider costs and benefits in establishing standards for new contaminants.

Mr. Speaker, this bill represents a reasonable, responsible approach to environmental protection. It is evidence of how successful we can be if we put partisanship behind us.

DEPARTMENTS OF VETERANS AFFAIRS AND HOUSING AND URBAN DEVELOPMENT, AND INDEPENDENT AGENCIES APPROPRIATIONS ACT, 1997

SPEECH OF

HON. CARDISS COLLINS

OF ILLINOIS

IN THE HOUSE OF REPRESENTATIVES

Tuesday, June 25, 1996

The House in Committee of the Whole House on the State of the Union had under consideration the bill (H.R. 3666) making appropriations for the Departments of Veterans Affairs and Housing and Urban Development, and for sundry independent agencies, boards, commissions, corporations, and offices for the fiscal year ending September 30, 1997, and for other purposes:

Mrs. COLLINS of Illinois. Mr. Chairman, I rise to again voice strong objections over rampant Republican extremism manifested in proposed cuts and decreased spending levels for the Departments of Veterans Affairs and Housing Urban Development.

There is little doubt that most of us want a more streamlined and efficient Government. We want to make sure that our Government spends taxpayers' resources responsibly and frugally, but some of my colleagues on the other side of the aisle are being remiss in their duty as legislators as they continue their efforts to force the restructuring the Government services—Republican style—by making destructive, irrational and ineffectual cuts in spending.

While I fully understand the overwhelming constraints facing the House during this year's appropriations process, I also understand the critical needs of my constituents of the Seventh Congressional District.

H.R. 3666, the Republican's VA-HUD, and Independent Agencies appropriations for fiscal year 1997, has a total of \$84.3 billion in fiscal year 1997—2 percent more than the fiscal year 1996 funding level, but \$3.2 billion, or 4 percent less than requested by the administration—for programs and activities of the Veterans Affairs and Housing and Urban Development Departments, and for independent agencies including the Environmental Protection Agency, National Aeronautics and Space Administration, National Science Foundation, and Federal Emergency Management Agency.

We must make certain that the agencies charged with administering certain vital services, are able to responsibly and effectively carry out their mission. Falling short of this