

needing day care through kindergarten services.

This year alone, CORA has provided monetary support to meet emergency needs for 197 families. The agency's guidance programs offered support to 21,930 school children. Educational services were provided for 3,906 students who received corrective instruction in reading and math. CORA's Community Services Division completed substance abuse assessments and referral services for 380 students through the Student Assistance Program in selected public schools. Also, teen intervention and family advocacy services, including parent training sessions, were provided to 452 children and families.

For the past 25 years, CORA has provided invaluable services to the Philadelphia community. The agency has helped families in times of crisis and guided children through educational difficulties. I congratulate CORA Services for the important work it has done and hope they will have many successes in the coming years.

In addition, I would like to personally thank Sister Charity for her work in the community. It is through the diligent and dedicated work of individuals like Sister Charity, that we can expect the young people of our community to grow up to be the educated and conscientious leaders of tomorrow.

TRIBUTE TO THE SAN FILI FRATERNITY CLUB

HON. ELIOT L. ENGEL

OF NEW YORK

IN THE HOUSE OF REPRESENTATIVES

Thursday, September 12, 1996

Mr. ENGEL. Mr. Speaker, I would like to congratulate the San Fili Fraternity Club of Westchester, Inc., on the occasion of its 36th anniversary.

The organization was founded in 1960 with the express purpose of uniting immigrants from the town of San Fili, located in Calabria, Italy. These hardworking and industrious people felt it was important to maintain the heritage and traditions of their ancestral home. The San Fili Club has served as a central meeting place to foster this pride.

In addition to promoting their culture, the San Fili Fraternity Club has contributed tremendously to the betterment of the entire community by supporting local charitable causes and awarding educational scholarships. The spirit of volunteerism and civic responsibility exhibited by its membership has served as a vibrant and positive force within Westchester County.

I have had the opportunity to witness first hand the incredible drive and commitment of their membership. The parents of my administrative assistant, John and Rose Calvelli, have served in several positions of responsibility within the organization. They are truly representative of the calibre of people who have contributed to San Fili's philanthropic activities.

On the evening of Sunday, September 15, members and friends of the San Fili Fraternity Club will be hosting a dinner dance to celebrate their many accomplishments and reaffirm its ongoing mission to promote and preserve the rich heritage of San Fili for present and future generations. I applaud them and look forward to supporting their many worthwhile initiatives in the coming years.

IN HONOR OF THE POLISH MARTYRS MEMORIALIZED AT THE KATYN MEMORIAL MONUMENT

HON. ROBERT MENENDEZ

OF NEW JERSEY

IN THE HOUSE OF REPRESENTATIVES

Thursday, September 12, 1996

Mr. MENENDEZ. Mr. Speaker, I rise today to honor the Polish officers, citizens, and prisoners of war who were massacred in 1940 by the Stalinist Soviet Government. The Katyn Forest Massacre Memorial Committee will have a memorial service on September 15, 1996, to honor the Polish victims. A mass will be celebrated at noon at the Katyn Memorial Monument site in Jersey City.

Many times throughout history mankind has committed unspeakable crimes that have horrified the world. In April 1940 more than 25,000 people were rounded up by the Soviet Government. Their only crime was that they were born Polish and considered enemies of the State. Their hands were tied behind their backs and they were shot in the back of the head. Their bodies were burned and scattered throughout various locations such as Katyn Forest.

This year marks the 55th anniversary of the brutal Katyn Forest massacre. The order to execute the Polish citizens was issued on March 5, 1940. It is a reminder to us that we must remain ever vigilant against intolerance and inhumanity. Their massacre was a genocidal act and we must never forget the victims' suffering and sacrifice.

A memorial to honor them was erected at Exchange Place in Jersey City. The monument commemorates the sacrifice of these innocent victims. The Katyn Forest massacre was a crime against humanity. This elegant memorial serves as a reminder of man's cruelty to his fellow man.

I ask that my colleagues join me in honoring these Polish martyrs. They represent a lost generation of Polish citizens. Their memories live on at the Katyn Memorial Monument.

HAPPY 50TH ANNIVERSARY NORTHERN TUBE

HON. JAMES A. BARCIA

OF MICHIGAN

IN THE HOUSE OF REPRESENTATIVES

Thursday, September 12, 1996

Mr. BARCIA. Mr. Speaker, the entrepreneurial spirit of America has made this country great. I rise today to pay tribute to that spirit and a company built by it, Northern Tube of Pinconning, MI.

On September 15, Northern Tube celebrates its 50th anniversary with an Open House for employees, family, and friends. Held at the Pinconning plant site, Tony Pawelski, the mayor of Pinconning, will dedicate the day while guests will be treated to plant tours, food, and entertainment. The vice president and general manager of the Pinconning Plant, Mike Brooks, will be hosting the event.

Founded in 1946 by George Demski, Northern Tube has grown from their modest beginnings to a company with over 300 employees at a site that covers 240,000 square feet. Still located at the original site, Northern Tube con-

tinues to use the facility that was there when it all began, the Founders Garage.

Employee numbers and acreage are not the only increases Northern Tube has seen over the years. They are now the largest supplier in North America of exhaust tubular fabrications for medium and heavy duty trucks. Not only do the exhaust fabrications Northern Tube produces benefit truck owners, they benefit us all. As concern over corporate pollution grows, Northern Tube provides an environmental example for us all. Proving that responsible business is good business, Northern Tube received an award for Environmental Excellence on May 20, 1996, from Governor Engler.

Mr. Speaker, American businesses have shown that they can compete with anyone in the world when it comes to product excellence. Northern Tube demonstrates the best of this excellence with market success and environmental responsibility. I urge you and the rest of our colleagues to join me in wishing Northern Tube a very happy 50th anniversary and best wishes for 50 more.

INTRODUCTION OF A CONCURRENT RESOLUTION REGARDING PA- TIENT RIGHTS

HON. LINDA SMITH

OF WASHINGTON

IN THE HOUSE OF REPRESENTATIVES

Thursday, September 12, 1996

Mrs. SMITH of Washington. Mr. Speaker, today I will introduce a concurrent resolution regarding patient rights. As the nature of health care is rapidly changing, it is essential that we reaffirm the fundamental rights of all Americans when they are seeking quality medical care. Whether we are suffering from something as minor as a common cold or more serious like a terminal illness, we want to be sure that we are getting the best possible care available for ourselves and for our loved ones.

But the reality is, we are growing increasingly uncertain about what our doctors are able to tell us in today's world of managed health care where the goal is to provide medical treatment while turning a profit for the insurers and providers. Health maintenance organizations, or HMO's, came about as means to help control skyrocketing costs in health care, and for the most part, they have been effective.

However, the conflict between producing a profit and providing quality care is causing a strain between doctors and their patients and is threatening the fundamental element in their relationship: Trust. As patients, Americans want to feel like our doctors are giving us all the answers. Why should we consult with our insurance agent about treatment for a broken arm?

Our doctors are also being put in an awkward position of balancing their patients' needs with those of their medical corporation. As health care professionals, their vocation is making people healthy and, while they have a responsibility to be cost conscious, fiscal prudence should not replace a patient's best interest.

We need to clarify and emphasize patients' rights so that they feel secure when seeking medical attention. That is why I am introducing this concurrent resolution that is intended to

lay the groundwork and principles for legislation in the 105th Congress. Specifically, the legislation calls for health care plans to be written in plain language and to allow patients to consult with the physician of their choice. The bill also limits access to medical records to only those immediately involved in the case, and requires the patient to be fully briefed on their condition as well as the risks and benefits of treatment.

Too much energy is spent on trying to wade through medical plans, finding ways around the bureaucracy and getting medical bills paid. Americans want to receive direct and honest answers from their doctors and then spend their energy on securing treatment and getting well.

SUPPORT WOMEN-OWNED BUSINESSES

HON. NANCY L. JOHNSON

OF CONNECTICUT

IN THE HOUSE OF REPRESENTATIVES

Thursday, September 12, 1996

Mrs. JOHNSON of Connecticut. Mr. Speaker, small business owners are the backbone of the economic well-being of this country. The financial health of our Nation simply cannot survive without the ingenuity, imagination, and hard work of those who own and operate small businesses.

But did you know that it is the women small business owners who are leading the charge into the 21st century? There are over 7 million women-owned businesses in the United States which employ 15.5 million people nationwide. And these firms contribute over \$1 trillion in sales to the economy in every industrial sector.

Women have been able to make such a remarkable contribution to society thanks in part to programs such as the Women's Business Training Centers within the Small Business Administration. This demonstration program has established 54 nonprofit business centers around the country since it first began in 1988. These business centers provide training, counseling, and technical assistance to women hoping to start their own businesses and 60,000 women have benefited from their services.

These business centers have a unique funding structure. Three years after a business center is established, it must become financially self-sufficient. Thirty-five of the business centers are now entirely independent, providing needed assistance without Federal funding.

Currently, the authorization for the Women's Business Training Centers ends in 1997, which is why I have introduced legislation to permanently authorize the program. This legislation will also increase the business centers' funding cycle from 3 to 5 years to ensure that they are well established, and authorizes a funding level of up to \$8 million, so that the SBA can establish business centers in the 22 States that currently have no such sites.

I urge my colleagues to join me in support of the Women's Business Training Centers Act of 1996.

THE MEDICAL EDUCATION TRUST FUND ACT OF 1996

HON. KEN BENTSEN

OF TEXAS

IN THE HOUSE OF REPRESENTATIVES

Thursday, September 12, 1996

Mr. BENTSEN. Mr. Speaker, I rise to introduce legislation, the Medical Education Trust Fund Act of 1996, to ensure that our Nation continues to invest in the training of medical professionals even as our health care system makes its transition to the increased use of managed care.

This legislation establishes a new trust fund for medical education that would be financed primarily by Medicare managed care plans. This trust fund would provide a guaranteed source of funding for graduate medical education and help ensure that our Nation continues to train enough physicians and other health care providers during this transition to managed care. Without such a guarantee, I am deeply concerned that the availability and quality of medical care in our country would be at risk.

Teaching hospitals have a different mission and caseload than other hospitals. These hospitals are teaching centers where reimbursements for treating patients must pay for the cost not only of patient care, but also for medical education. In the past, teaching hospitals were able to subsidize the cost of medical education through higher reimbursements from private and public health insurance programs. With the introduction of managed care, these subsidies are being reduced and eliminated.

As the representative for the Texas Medical Center, home of two medical schools, Baylor College of Medicine and University of Texas Health Science Center at Houston, I have seen firsthand the invaluable role of medical education in our health care system and the stresses being placed on it today. Baylor College of Medicine offers medical training in 21 medical specialties and currently teaches 668 medical students, 341 graduate students, and 1,325 residents. Baylor College of Medicine also employs 1,470 full-time faculty and 3,007 full-time staff. The University of Texas Medical School at Houston has 833 medical students, 799 accredited residents and fellows, and 1,532 faculty.

Under current law, the Medicare program provides payments to teaching hospitals for medical education. These reimbursements are paid through the Direct Medical Education [DME] and Indirect Medical Education [IME] Programs. DME and IME payments are based upon a formula set by Congress.

Last year, the Republican budget resolution proposed cutting DME and IME payments by \$8.6 billion over 7 years. I strongly opposed these efforts and will continue to fight any cuts to these payments. Such cuts would be detrimental enough in a stable health care market. But they are especially harmful given the impact of our changing health care market on medical education.

As more Medicare beneficiaries enroll in managed care plans, payments for medical education are reduced in two ways. First, many managed care patients no longer seek services from teaching hospitals because their plans do not allow it. Second, direct DME and IME payments are cut because the formula for these payments is based on the number of

traditional, fee-for-service Medicare patients served at these hospitals.

My legislation would provide new funding for graduate medical education by recapturing a portion of the adjusted average per capita cost [AAPCC] payment given to Medicare managed care plans. These funds would be deposited into a trust fund. I believe managed care plans should contribute toward the cost of medical education and my legislation would ensure this. This is a matter of fairness. All health care consumers, including those in managed care, benefit from this training and should contribute equally toward this goal.

These funds would be deposited into a trust fund at the U.S. Department of the Treasury. All funds would be eligible to earn interest and grow. The Secretary of Health and Human Services would be authorized to transfer funds from the trust fund to teaching hospitals throughout the Nation. The formula for distribution of funds would be determined by a new National Advisory Council on Post-Graduate Medical Education that would be established by this legislation. This legislation would also allow Congress to supplement the trust fund with appropriated funds which the Secretary of Health and Human Services [HHS] would distribute. All of this funding would be in addition to the current Federal programs of direct and indirect medical education. This supplemental funding is necessary to enable medical schools to maintain sufficient enrollment and keep tuition payments reasonable for students.

My legislation would also take an additional portion of the AAPCC payment given to managed care plans and return it to the Secretary of Health and Human Services to spend on the disproportionate share program. Disproportionate share payments are given to those hospitals which serve a large number of uncompensated or charity care patients. Many of our Nation's teaching hospitals are also disproportionate share hospitals. Thus, my legislation would create two new and necessary funding sources for teaching hospitals.

This legislation would also create a National Advisory Council on Post-Graduate Medical Education. This advisory council would advise Congress and the Secretary of Health and Human Services about the future of post-graduate medical education. The council would consist of a variety of health care professionals, including consumer health groups, physicians working at medical schools, and representatives from other advanced medical education programs. The council would also advise Congress on how to allocate these new dedicated funds for medical education. This council will provide Congress with needed information about the current state of medical education and any changes which should be made to improve our medical education system.

Our Nation's medical education programs are the best in the world. Maintaining this excellence requires continued investment by the Federal Government. Our teaching hospitals need and deserve the resources to meet the challenge of our aging population and our changing health care marketplace. This legislation would ensure that our Nation continues to have the health care professionals we need to provide quality health care services to them in the future.

I urge my colleagues to support this effort to provide guaranteed funding for medical education.