

entering a new life. And it's the most wonderful place to be." Upon his own death, to which he professed to look forward, Father Hug's words echo. We know that he is at peace after a long and heroic struggle, and he is happy.

Our entire community expresses heartfelt gratitude for the life and beneficence of Father Edward Hug. No man could have given others more. We extend our prayers to his family, his brothers Father Fritz and Father Relmond Hug, also men of the church, and Eldred Hug, his devoted sisters Virginia Kunisch and Marlene Alter, and the entire Hug family. Godspeed.

INCREASING ACCESS TO MEDICARE SERVICES

HON. RICHARD J. DURBIN

OF ILLINOIS

IN THE HOUSE OF REPRESENTATIVES

Friday, September 27, 1996

Mr. DURBIN. Mr. Speaker, I am introducing legislation today, along with Congressman JOHN ENSIGN, to create a demonstration program to waive, for selected diagnoses, the Medicare rule requiring a 3-day hospital stay before Medicare will cover services in a skilled nursing facility. There is growing evidence that, for selected diagnosis-related groups or [DRG's], a waiver could save money by allowing care in a less expensive setting.

The legislation would require the Secretary of Health and Human Services to cover services in skilled nursing facilities for at least five DRG's that involve medical conditions that do not need inpatient care and that are not likely or are least likely to result in any net increase in Medicare expenditures. Over the course of time, the Secretary would be able to add to the list of DRG's for which the 3-day stay rule is waived.

The Secretary would monitor this demonstration program to determine the impact of the program on overall Medicare expenditures. If this experiment is successful, it will increase access to Medicare-covered services without an increase in costs.

I expect that, if the DRG's are carefully selected based on evidence of which medical conditions could be treated less expensively in skilled nursing facilities, there will be no increase in total Medicare expenditures and there might even be budget savings. However, in case that expectation is not met, the legislation includes explicit language to ensure budget neutrality.

If this demonstration program, as a whole, causes an increase in overall Medicare spending, payments to skilled nursing facilities will be reduced by a corresponding amount in the following year to make up for the losses. This provides a fail-safe mechanism, supported by the skilled nursing facility industry itself, to ensure that the measure does not cause new Federal outlays. Moreover, the Secretary would be authorized to remove DRG's from the waived list that result in an increase in overall Medicare spending.

If, as I hope, this demonstration program is successful and overall Medicare costs do not rise as a result of the 3-day stay waivers, the legislation directs the Secretary to actively consider adding other DRG's to the waiver list that could be added without increasing total Medicare costs.

While I do not expect Congress to move forward on this measure in the waning days of this legislative year, I believe this idea deserves careful consideration. I am introducing it now in the hope that we can lay the groundwork for this type of budget-neutral reform in the next Congress.

H.R. 4244

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. WAIVER OF 3-DAY PRIOR HOSPITALIZATION REQUIREMENT FOR COVERAGE OF SKILLED NURSING FACILITY SERVICES FOR CERTAIN DRGS.

(a) IN GENERAL.—By not later than October 1, 1997, the Secretary of Health and Human Services shall provide for coverage, under section 1812(f) of the Social Security Act, of extended care services for individuals with a condition that is classifiable within a diagnosis-related group selected under subsection (b).

(b) SELECTION OF DIAGNOSIS-RELATED GROUPS.—For purposes of subsection (a) and subject to subsections (c) and (d), the Secretary—

(1) beginning with fiscal year 1998, shall select at least 5 diagnosis-related groups (as established for purposes of section 1886(d)(4)(A) of the Social Security Act that—

(A) relate to conditions that do not require treatment through receipt of inpatient hospital services, and

(B) are not likely (or are least likely) to result in any net increased expenditures under title XVIII of such Act; and

(2) for subsequent fiscal years may select additional diagnosis-related groups that meet the requirements of subparagraphs (A) and (B) of paragraph (1).

(c) RECOVERY OF EXCESS EXPENDITURES.—If the Secretary determines that the application of this section in a fiscal year has resulted in any increase in aggregate expenditures under such title for the fiscal year above the amount of such expenditures that would have occurred in the fiscal year if this section did not apply (taking into account any reductions in expenditures resulting from the elimination of or a reduction in the length of hospitalization), the Secretary—

(1) shall, notwithstanding any other provision of law, provide for a reduction in the amounts otherwise payable under part A of such title for post-hospital extended care services in the following fiscal year by such proportion as will reduce aggregate Federal expenditures in such fiscal year under such part by the aggregate amount of such increase in the previous fiscal year, and

(2) may rescind the selection of any diagnosis-related group if the application of this section with respect to such group has resulted in such an increase in expenditures under such title.

(d) CONSIDERATION OF ADDITIONAL SELECTIONS.—The Secretary shall actively consider the selection of additional groups under subsection (b)(2) if the Secretary determines that the application of this section has resulted in a net reduction in expenditures under such title.

REAUTHORIZATION OF THE PUBLIC HEALTH SERVICE ACT

HON. BILL RICHARDSON

OF NEW MEXICO

IN THE HOUSE OF REPRESENTATIVES

Friday, September 27, 1996

Mr. RICHARDSON. Mr. Speaker, I rise in strong support of our community health centers and this reauthorization bill.

I have introduced this piece of legislation in the House as H.R. 3180. Although time constraints prevented the House Commerce Committee from moving this bill through the committee this year, I am extremely pleased that the House will have the opportunity to vote on this important reauthorization.

This bill will consolidate community health centers, migrant health centers, health care for the homeless and health care in public housing projects under one authority as requested by the administration and as supported by the health centers.

Health center programs have been highly successful in delivering primary health care to the Nation's most needy inner city and remote rural over the last 30 days.

These centers have improved health, have high-confidence ratings from the people they serve, and have produced Federal savings by lessening the use of more expensive Federal provided health care.

In New Mexico, Federal health centers serve over 150,000 patients each year. My State has 56 clinics in 27 of our 33 counties. In most areas these clinics are the sole providers of health care in the county. These clinics are usually also the only providers with a sliding fee scale, which means they provide both geographic and economic access to health care for many uninsured or geographically isolated New Mexicans.

Community health programs are a vital part of health delivery to underserved communities across the country and a model of a Federal program that works.

However, over the last 30 years the health care industry in our country has undergone significant changes. This is why I believe we must—through reauthorization—give the health center programs the flexibility and streamlined efficiency to survive in today's health care marketplace.

This authority would support the continued development and operation of local, community-based systems of health care to address the needs of medically underserved communities and vulnerable populations.

At the same time, my legislation frees these centers from unnecessary and burdensome requirements. This bill will: First, make the grant process more flexible, simpler, streamlined, and less burdensome for communities receiving health center awards; second, reduce the Federal administrative costs associated with administering the programs; and third, assure continued Federal support—in these times of tight budgets—for health centers by consolidating the funding previously requested under separate authorities.

In addition, this legislation addresses the rapid expansion of managed care and gives our health centers the ability to complete in today's health care marketplace. This bill will create grants for health centers to plan and develop networks with health maintenance organizations or form their own networks with other physicians and hospitals.

Further this legislation will reauthorize the Rural Health Outreach, Network Development, and Telemedicine Grant Program to focus on the development of coordinated, integrated health care delivery systems in rural areas using advanced technologies.

I believe this bill is the most comprehensive approach to reauthorizing public health centers. This legislation has the support of the public health centers and would allow our public health centers to continue providing top

quality services to some of America's most underserved populations.

TRIBUTE TO THE NOME CULT
"TRAIL OF TEARS"

HON. VIC FAZIO

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Friday, September 27, 1996

Mr. FAZIO of California. Mr. Speaker, I rise today to recognize the 133d anniversary of the Nome Cult "Trail of Tears."

Not long ago, native Americans from Chico were forced to relocate across what is now the Mendocino National Forest to Round Valley.

In September 1863, 461 Indians were marched under guard from Chico to the Nome Cult Reservation, nearly 100 miles across the Sacramento Valley and rugged north cost ranges. Most of those removed from Chico were Maidu from the north Sacramento Valley and adjacent foothills, but members of other tribes were also relocated. Only 277 Indians completed the journey to Nome Cult Reservation.

Although the path has disappeared, we now call this route the Nome Cult Trail. Currently, U.S. Forest Service signs mark the route where the Indians and their military escorts camped along the most grueling part of the trail in the Mendocino National Forest.

Today, I wish to acknowledge this tragedy but also to celebrate in full recognition of our past. While the Nome Cult Trail is a tragic chapter in my State's history, it is also a story about the resilience and strength of California Indians. It is an important legacy for their descendants and for all Californians.

TRIBUTE TO GEN. WITOLD
URBANOWICZ AND JAN NOWAK-
JEZIORANSKI

HON. CAROLYN B. MALONEY

OF NEW YORK

IN THE HOUSE OF REPRESENTATIVES

Friday, September 27, 1996

Mrs. MALONEY. Mr. Speaker, I rise today in honor of Polish Heritage Week, and to remind my colleagues of the contributions made to our society by Polish-Americans.

First, I would like to pay special tribute to Gen. Witold Urbanowicz. I was saddened to hear of his death on August 18, 1996. General Urbanowicz was a true hero to the Allied forces during World War II, serving as a fighter pilot in the Battle of Britain and in China with the Flying Tigers of Gen. Claire L. Chennault. For his distinguished service, General Urbanowicz received Poland's highest decoration for valor, the Order of Vertuti Militari. He was also awarded the British Order of Merit and the Distinguished Flying Cross. Last year, he received a formal promotion to general in the Polish Forces from Polish President Lech Walesa. His brave service will not be forgotten.

Additionally, I would like to honor Jan Nowak-Jezioranski. On September 20, 1996, Nowak was awarded the highest civilian honor in the United States, the Presidential Medal of Freedom. The award honored his service during World War II, in which he risked his life to

bring vital information from Poland to the Allies. Later, he directed Radio Free Europe's Polish Service, and was a voice of hope to millions of his fellow Poles.

Mr. Speaker, I rise today to honor these two great men, and to celebrate the contributions of all Polish-Americans during this very special week.

V.F.W. POST 5267 50TH
ANNIVERSARY

HON. PAUL E. KANJORSKI

OF PENNSYLVANIA

IN THE HOUSE OF REPRESENTATIVES

Friday, September 27, 1996

Mr. KANJORSKI. Mr. Speaker, I rise today to pay tribute to the Veterans of Foreign Wars (VFW) Post 5267 of Hanover Township, Pennsylvania. The post is celebrating its 50th anniversary and I am pleased to have been asked to participate in this milestone event.

On November 5, 1945 thirty veterans returning from overseas duty in World War II accepted the invitation of the late Edward Dozyk, a WWI veteran, to formulate initial plans for a V.F.W. post in Hanover Township. Application for a charter was sent to the National Headquarters and the charter was granted in 1946.

The first group of officers were founder of the post Commander Edward Dozyk, Senior Vice Commander Nelson Gray and Adjutant and third year Commander Michael Juls.

During the next few years the post spent time moving from one location to another. In 1967 the post purchased its current home.

Mr. Speaker, since its beginning in 1946 the post has grown from 30 members to over 700. The post provides valuable community services to the active veterans community in the Wyoming Valley. During its history members of the post have participated in over 2100 military funerals as well as numerous Veterans Day Celebrations.

Mr. Speaker, I am proud to honor these dedicated men and to join the Hanover Township Board of Commissioners and Commission President Pat Aregood in proclaiming the week of September 22nd as V.F.W. Post 5267 week in Hanover. I send my best wishes on their 50th anniversary.

DOSE OF REALISM NEEDED IN
DEALING WITH RUSSIA

HON. CHRISTOPHER H. SMITH

OF NEW JERSEY

IN THE HOUSE OF REPRESENTATIVES

Friday, September 27, 1996

Mr. SMITH of New Jersey. Mr. Speaker, earlier this month, in a major policy speech delivered in Stuttgart, Germany, Secretary of State Christopher presented his vision for the future of a "New Atlantic Community" and called for the elaboration of a formal charter between NATO and Russia as an integral aspect of the alliance's process of enlargement. The headstrong determination of the Clinton administration to forge ahead with some form of formal partnership between Russia and NATO should give cause for concern.

I am not convinced that such an initiative—which is fraught with risks—is warranted.

In his address, Secretary Christopher boldly proclaimed that "a Democratic Russia can

participate in the construction of an integrated, Democratic Europe." Frankly, Mr. Speaker, Russia's Democratic credentials are not yet firmly established. One need look no further than the killing fields of Chechnya to see the limits of the Kremlin's commitment to genuine democracy. Let us not forget that President Yeltsin signed the decrees, later made public, that launched the large-scale Russian military operations which laid waste to Grozny, leveled scores of towns and villages, led to the displacement of hundreds of thousands of Russian and Chechen civilians, and resulted in tens of thousands of deaths.

As Chairman of the Helsinki Commission, I am particularly disturbed by Secretary Christopher's attempts to gloss over Moscow's campaign of death and destruction in Chechnya. "Though their [the Russian people's] struggle is far from complete," Christopher acknowledged, "as the 20-month assault on Chechnya demonstrated, the Russian people have rejected a return to the past and vindicated our confidence in democracy." In keeping with the tendency of the Clinton administration to turn a blind eye toward Chechnya, the Secretary's remark papers over the Chechnya's negative consequences for democracy in Russia.

Instead of heeding the Kremlin's brutality in Chechnya as a wakeup call of the threat to Russia's fledgling democracy, Secretary Christopher and others in the administration seemed content to push the snooze button and roll over while thousands of innocent men, women, and children were killed and those truly committed to Democratic principles increasingly came under fire for their opposition to Yeltsin's Chechen policy.

Russia must consolidate democracy, human rights, and rule of law at home, Mr. Speaker, before she can ever be considered a credible partner in constructing an integrated, Democratic Europe, envisioned by Mr. Christopher. Welcoming the Russians as full partners in building a new Europe that is free of tyranny, division, and war, as the Secretary has done, is premature at best. A fundamentally new relationship with Russia can only be built on a firm foundation of trust and confidence based on concrete deeds.

Secretary Christopher's smug assertion that no power in Europe now poses a threat to any other belies the fact that Russian missiles, once targeted at the United States, can be reprogrammed within a matter of minutes. His claim is also easier made in Stuttgart than in places like Tallinn, Riga, Vilnius, or for that matter, Kiev.

While the United States should continue to encourage cooperation among countries in the Baltic region, Mr. Speaker, it is important to keep in mind that such cooperation cannot substitute for NATO membership.

We cannot ignore that historical relationship between Russia and her neighbors, many of whom have understandable concerns for their sovereignty and independence, given decades of brutal domination and suppression by Moscow. Such apprehension can only be heightened by the current leadership crisis in the Kremlin and by the fact that some Russians yearn for the recreation of their empire. All the while, Russia's neighbors continue to seek normal relations with the Russian Federation based on mutual respect and sovereign equality.