

Coast Guard station recently got two new utility vehicles that are currently being fitted. This speaks to Commander Kyger's leadership ability, ensuring that his people had the proper equipment to accomplish their mission.

Mr. Speaker, Commander Kyger will be greatly missed by the larger South Texas community, as well as the Coasties he commands. He is a devoted family man who is also committed to helping the community. He was of great help to a community project known as "Save Our Children," a non-profit group that targeted young people in the Valley, encouraging them to stay away from violence and drugs, and reassuring them that they are indeed loved and are a valuable resource to South Texas. He was also instrumental in forming a partnership with the Boys Scouts of America to create a U.S. Coast Guard Explorers Post, an activity that provides a positive focus for young people after school.

I ask my colleagues to join me today in commending Jackie Kyger, an outstanding patriot, officer and family man on his departure from Coast Guard Station South Padre Island this week.

FOREIGN OPERATIONS, EXPORT FINANCING, AND RELATED PROGRAMS APPROPRIATIONS ACT, 2000

SPEECH OF

HON. ROBERT WEXLER

OF FLORIDA

IN THE HOUSE OF REPRESENTATIVES

Monday, August 2, 1999

The House in Committee of the Whole House on the State of the Union had under consideration the bill (H.R. 2606) making appropriations for foreign operations, export financing, and related programs for the fiscal year ending September 30, 2000, and for other purposes:

Mr. WEXLER. Mr. Chairman, I strongly oppose the Burton Amendment to H.R. 2606, the Foreign Operations Appropriations bill, which would limit U.S. foreign aid to India.

This amendment, which cuts essential aid to India, sends the wrong message to the government in Delhi. U.S./India relations have significantly improved since the end of the cold war. In reaching out to the United States and the international community, India has undertaken dramatic economic policy reforms to become a market-oriented economy. As of today, the United States is India's largest trading partner and largest investor.

The Indian government has also taken constructive steps to improve its human rights record. We must recognize the Indian government's efforts and progress, and assist them in taking further steps to reduce human rights abuses in their country.

Although the Indian government has made progress with respect to economic reforms and human rights, they face a much tougher goal of providing for a population of close to a billion people with a rapid population growth of 1.7 percent per year. Forty percent of India's urban population and half of the rural population live below the poverty level. The Burton amendment would cut crucial U.S. humanitarian aid to India that is desperately needed for disease control, population control, malnutrition, and rural development.

India which is an important strategic ally of the United States borders Iran and Communist China. Like the United States, India has many security concerns, including the direct threat of terrorism. Radical terrorist outfits trained in Afghanistan and Pakistan, including that of Osama Bin Laden, have targeted and executed innocent civilians in Kashmir.

I believe that the United States and India have already begun to see the benefits of improved bilateral relations. Unfortunately, this amendment reverses the gains made between our two democracies and denies humanitarian assistance to the most needy in India. I urge my colleagues to defeat this amendment.

INTRODUCTION OF THE MEDICARE PARAMEDIC INTERCEPT SERVICE EQUITY ACT

HON. SUE W. KELLY

OF NEW YORK

IN THE HOUSE OF REPRESENTATIVES

Wednesday, August 4, 1999

Mrs. KELLY. Mr. Speaker, I rise today to introduce the Medicare Paramedic Intercept Service Equity Act, legislation which will provide reimbursement for critically needed ambulance intercepts, no matter where they occur.

In the past, paramedic ambulance companies have billed Medicare for services administered to beneficiaries during an intercept. In May 1995, the Health Care Financing Administration discontinued allowing the paramedic ambulances to bill Medicare, stating that they only grant payment for services provided by the transporting ambulance, which under an intercept would be the non-billing volunteer ambulance. This policy precludes paramedic ambulances from receiving Medicare payment for their services.

According to the providers this policy has proven to be a nightmare. It creates a situation in which the volunteer personnel might choose to not call paramedic personnel, even if it is against their best judgment, because the patient may not be able to afford the cost of the paramedic care. The billing of the patient could also be avoided, if the patient is physically transferred from the volunteer ambulance to the paramedic ambulance, thereby making it the transporting ambulance but, in the process, wasting time that could be critical to the well being and survival of the patient. However, if the volunteer company does choose to call paramedic personnel, then the cost is passed on to the patient.

Although carriers have begun billing patients for their services, they often waive the charges for seniors who cannot afford to pay the bill. As a result of this policy, many paramedic ambulance companies are experiencing serious financial losses and may have to go out of business, which jeopardizes emergency care. Additionally, many seniors have taken to calling paramedic providers to describe their services, before calling the volunteer ambulance.

In 1997, Congress addressed this issue in the Medicare provision of the Balanced Budget Act. This provision amended the Social Security Act to provide coverage in rural areas for paramedic intercept services under Medicare Part B. This change was intended to allow paramedic ambulance companies to bill

Medicare for their services despite the fact that they were not the transporting vehicle. Yet under the Health Care Financing Administration's proposed methodology, many areas which would commonly be thought of as rural are not considered as such under the rule. Thus, these areas have all the problems of being rural, yet have none of the protections that Medicare reimbursements for paramedic intercept services would provide.

As a result, one town with the fortune of being classified as rural has paramedic intercept coverage, while the town directly next door with the same basic rural nature, but a few more residents has no coverage. This leaves seniors stuck in the middle, confused as to what areas are covered, and scared to call for an ambulance for fear they will be charged with a bill they cannot afford. The policy of only reimbursing ambulance intercepts that occur in rural areas geographically discriminates against Medicare beneficiaries by arbitrarily setting standards for reimbursement that will help only those seniors with the luck of living in a federally defined rural town.

Paramedic intercepts should be covered by Medicare no matter where a senior lives. If a senior is in medical need of an intercept, then Medicare should pay for it. The Medicare Paramedic Intercept Service Equity Act takes the debate over coverage out of rural vs. urban and towards one of medical necessity. Specifically, this bill strikes the word "rural" from the ambulance intercept provision of the Balanced Budget Act. In doing this, all intercepts are covered whether they are in a rural area or not.

Please join me in providing seniors with the critical emergency services they need and co-sponsor this important bill.

COSTELLO HONORS 300TH ANNIVERSARY OF THE VILLAGE OF CAHOKIA

HON. JERRY F. COSTELLO

OF ILLINOIS

IN THE HOUSE OF REPRESENTATIVES

Wednesday, August 4, 1999

Mr. COSTELLO. Mr. Speaker, I rise today in honor of the 300th Anniversary of the Village of Cahokia.

As we begin to near the end of this millennium, I ask my colleagues to join me in celebrating the history of the small towns within all of our districts. Throughout this year, Cahokia, a village in my district, continues to celebrate its tricentennial anniversary, with reflection on its vital place in American history.

The Village of Cahokia derives its name, which means "Wild Geese", from the Cahokia Indian tribe. Today, it is recognized not only as a wonderful, thriving community of Southern Illinois but also as the site of the Cahokia Mounds, which is both an Illinois State Historic Site and a World Heritage Site. The Cahokians, members of the Illini Confederation, along with their relatives, the Tamaroas, were the first people known to inhabit this small and beautiful region in the Mississippi Valley. While the Cahokian tribe continues to provide a vital, unique character to the region, in 1699, the diversity of the community was further strengthened with Cahokia's founding by missionary priests from the Seminary of Quebec.

As the 18th century progressed, this community also became the principal commercial center in the mid-west. Specializing in the trade of Indian goods and fur, Cahokia's economic development thrived. This served as the impetus for prompting the expansion of Agriculture as a viable livelihood, which was so necessary to feed the rapidly growing community of settlers.

The Village of Cahokia also took pride in its role in winning a battle of the American Revolution. Captain Joseph Bowman and George Rogers Clark negotiated peace agreements in Cahokia at Fort Bowman with neighboring tribes of the Illini Confederation, and then launched an attack on British occupied Vincennes. Both their soldiers and ammunition were primarily supplied by the residents of Cahokia.

Cahokia has long been recognized as a significant force in Illinois politics. In the 18th and 19th centuries, the Cahokia Courthouse served as an important center of activity in the Northwest. At one point it was both the judicial and administrative center for a massive area which rose up to the borders of Canada.

Today, I am honored to represent Cahokia, which has embraced its heritage of both Native-American history, as well as the influx of French and other ethnicities, spurred by westward expansion. This close community of churches, civic groups, and businesses inspires us to remember the legacy of our forefathers, while also celebrating the future.

Mr. Speaker, I ask my colleagues to join me in recognizing the Village of Cahokia this month in commemoration of its 300th Anniversary!

MUSEUM FOR AFRICAN ART

HON. JERROLD NADLER

OF NEW YORK

IN THE HOUSE OF REPRESENTATIVES

Wednesday, August 4, 1999

Mr. NADLER. Mr. Speaker, I am pleased to recognize one of New York City's premier cultural institutions, the Museum of African Art, and to invite my colleagues to visit the Museum over the August recess. Founded in 1984, the Manhattan-based Museum is the only independent museum in the United States devoted exclusively to historical and contemporary African art.

The Museum for African Art is dedicated to increasing public understanding and appreciation of African art and culture. Through exhibitions and catalogues of the highest aesthetic and scholarly merit, the Museum offers definitive research and scholarship on African cultural groups and their regional influences.

The Museum provides thematic comparison and exploration of artistic ideas reflected in the great variety of cultures in Africa, innovative methods of display and interpretation of African art to involve audiences directly in the exhibition process, and programs that stimulate lifelong learning and appreciation of African art and culture.

In April 1999, the Museum opened a groundbreaking exhibition entitled "A Congo Chronicle: Urban Art and the Legend of Patrice Lumumba." Consisting of 50 paintings by famed African artist Tshibumba Kanda-Matulu and several other urban artists of the time, this exhibition offers a uniquely personal

encounter with the African independence movement as it was born and took hold among the population.

African art aficionados are looking forward to the September unveiling of the exhibit, *Liberated Voices: Contemporary Art from South Africa*. Featuring close to 100 works, including paintings, sculptures, installations, photographs, and videos made since Apartheid ended in 1994. This exhibition highlights major trends in contemporary South African artistic practice. The exhibit will focus on the diverse works of young artists in today's South Africa. Through their personal experiences Museum visitors will gain a greater insight into this dynamic country.

Mr. Speaker, the Museum for African Art is a unique resource. I hope all of my colleagues will have the opportunity to visit the Museum to learn more about African art and its influence and significant contributions to our culture and society.

IN CELEBRATION OF THE BIRTH OF MORGAN JULIANN TAYLOR

HON. DAVID M. MCINTOSH

OF INDIANA

IN THE HOUSE OF REPRESENTATIVES

Wednesday, August 4, 1999

Mr. MCINTOSH. Mr. Speaker, last Wednesday, July 28, 1999, Morgan Juliann Taylor was born. She is the daughter of my chief of staff, Jeff Taylor and his wife Julie. God blessed them with a beautiful, healthy child. When we debate issues on the floor of the U.S. House of Representatives which will impact the lives of children, I like to think of children I know, especially my own daughter, Ellie. From this time forward, I will also keep Morgan Juliann in my mind and heart as this great body works to make this country a better place to live for Ellie, Morgan and all of our children and grandchildren.

TRIBUTE TO ISAAC DARKO

HON. JOSÉ E. SERRANO

OF NEW YORK

IN THE HOUSE OF REPRESENTATIVES

Wednesday, August 4, 1999

Mr. SERRANO. Mr. Speaker, I rise to once again congratulate and to pay tribute to Mr. Isaac Darko, a constituent of mine and a distinguished student at Columbia University in New York. He will be recognized for his academic and scientific achievements as a participant in the National Institutes of Health (NIH) Undergraduate Scholarship Program for Individuals from Disadvantaged Backgrounds (UGSP) on August 5, 1999 for the second year in a row.

Isaac graduated from the Health Professions and Human Services High School in 1997 and has just completed his freshman year at Columbia University. This summer he has been working at the NIH Department of Molecular Biology under the supervision of Dr. Alfred Johnson. He has been working on the epidermal growth factor receptor (EGFR), which is expressed in such cancers as breast and prostate cancer and in other cancer cell lines.

Mr. Speaker, the UGSP scholars search is highly competitive and nationwide. Currently,

the program has 24 scholars from all over the nation, from institutions such as Columbia University, MIT, Harvard, Georgetown, U.C. Davis, and Stanford. In order to participate in the program, a Scholar must either have a 3.5 Grade Point Average or be in the top 5 percent of his/her class. Candidates must also demonstrate a commitment to pursuing careers in biomedical research and must be from a disadvantaged background. The current group is composed of 32 percent Hispanics, 32 percent African Americans, 21 percent Asians, 10 percent Caucasians, and 5 percent Native American, with a balance between the genders of 52 percent female and 48 percent male.

Mr. Speaker, being selected for this program for two consecutive years indicates that Isaac has demonstrated that he has the ability and the desire to be an asset and a role model in our community. We are proud of his accomplishments and I know he is taking full advantage of the opportunity presented to him. He is a terrific example for future participants in this program and others like it.

Mr. Speaker, I ask my colleagues to join me in congratulating once again Mr. Isaac Darko for his outstanding accomplishments and also in commending the National Institutes of Health Undergraduate Scholarship Program for Individuals from Disadvantaged Backgrounds for offering opportunities to students like Isaac.

FAMILY BUILDING ACT OF 1999

HON. ANTHONY D. WEINER

OF NEW YORK

IN THE HOUSE OF REPRESENTATIVES

Wednesday, August 4, 1999

Mr. WEINER. Mr. Speaker, today I introduced the Family Building Act of 1999.

This legislation will assure the millions of Americans suffering from the disease of infertility that the treatments they so desperately need will be covered by their health insurance plans.

There is nothing more basic to human beings than the desire to have a family. Yet, more than 6 million American families will suffer from infertility at some point in their reproductive lives. However, fewer than 1 in 4 employer-based insurance plans include coverage for infertility.

Imagine being given the devastating news that you have a fertility problem. Fortunately, your physician confidently informs you that the majority of couples who seek treatment for their infertility are able to have a baby. So you leave the office feeling hopeful if not optimistic. Then news even more devastating than your diagnosis comes your way: your health plan has decided that infertility is a disease they don't think worthy of covering. Their profits mean more than your inability to have a family.

It's unfair, and it happens too often in this country.

As fewer and fewer of our citizens are allowed any meaningful choice in health plans, Americans are being denied access to medical treatments that provide them with their only hope of becoming a parent. This is unfair, and the Family Building Act of 1999 will put a stop to it.

The insurance industry may claim that providing infertility coverage will cost them so