

John Collingwood was raised in Findlay, OH, and graduated from Bowling Green University in Ohio in 1970. Mr. Collingwood then worked in the family business and went on to graduate from the University of Toledo Law School in 1975. Upon graduation, he began his career with the FBI as a Special Agent in Detroit, MI.

During the following three decades, John Collingwood served the FBI in many capacities. After attending the Defense Language Institute in California, he became a Special Agent in Portland, OR. His first position at FBI Headquarters was in the Legal Research Unit of the Legal Counsel Division. He then became the Unit Chief of the Civil Litigation Program. In 1992, Mr. Collingwood was named to head the Office of Public and Congressional Affairs and became the Assistant Director in 1997.

During the past three decades, Mr. Collingwood has made countless contributions to the Federal Bureau of Investigation. He can take pride in all of his accomplishments during his tenure. Mr. Collingwood is to be commended for working diligently to keep Congress informed about issues related to the FBI. Under his leadership, the Office of Public and Congressional Affairs assumed responsibilities of the Freedom of Information and Privacy Act and implemented initiatives to increase the FBI's responsiveness to the public. I would also like to congratulate him for his continuing efforts to help reshape the structure of the FBI as our Nation deals with the tragedies of September 11.

The positive impact Mr. Collingwood has made on the FBI and our great Nation runs deep, and I applaud him for his leadership. During the past three decades, he has worked tirelessly to make positive changes within the agency. It is because of individuals like him, that our Nation is the greatest in the world.

It has been an honor getting to work with such an outstanding leader, and I wish Mr. Collingwood, his wife Mary Ann, and his children, Stephanie and Mark, the best of luck in future endeavors. For three decades, Mr. John E. Collingwood served the Federal Government distinguishing himself as one of the hardest working leaders of our time. His professional and friendly manner will be missed by all those who have had the pleasure to work with Mr. Collingwood, but I am certain that he will continue to set a fine example for others to follow.

POULTRY EXPORTS

Mr. CLELAND. Madam President, I want to express my relief that the long standoff with the Russian Government over American poultry exports has finally been resolved. On March 1, 2002, the Russian Government instituted a ban on American poultry imports and cited safety concerns about U.S. processing procedures. Although the U.S.

Department of Agriculture responded to those concerns point-by-point, the ban continued until August 23.

Russia is the largest market for U.S. chickens, with annual sales of about one million tons valued at \$600 million. This trade dispute had cost Georgia poultry producers, the most productive in the country, approximately \$100 million a year.

After many efforts to resolve this embargo, American poultry producers may resume selling chickens in Russia. I had joined with many of my colleagues on multiple occasions in contacting members of the administration about this unfair trade practice. For example, I cosigned a letter to U.S. Trade Representative Zoellick with 16 other Senators on March 4. Soon after, on March 14, I personally wrote to the President on behalf of Georgia poultry producers. On March 22, I cosigned a letter to the President with nine of my Senate colleagues. On May 9, I personally wrote Trade Representative Zoellick on behalf of Georgia's poultry producers. Again, on May 17, I cosigned a letter to the President with 51 of my Senate colleagues. Finally, on July 2, I cosigned a letter to the President with 30 other Senators about the serious economic damage that the Russian trade block was having on the American economy.

I believe that the continued focus by members of Congress, as well as the diligence of the administration, helped bring about the successful resolution of this ban. At a time of economic uncertainty, the poultry producers of my State will certainly appreciate the re-opening of this important market.

LOCAL LAW ENFORCEMENT ACT OF 2001

Mr. SMITH of Oregon. Madam President, I rise today to speak about hate crimes legislation I introduced with Senator KENNEDY in March of last year. The Local Law Enforcement Act of 2001 would add new categories to current hate crimes legislation sending a signal that violence of any kind is unacceptable in our society.

I would like to describe a terrible crime that occurred September 2, 2002 in West Hollywood, CA. Two gay men, Treve Broudy, 33, and Edward Lett, 22, were brutally beaten while walking home after dinner. As the victims were walking, a car pulled up beside them. The two assailants, one of whom wielded a bat, jumped out of the car and attacked the victims. Mr. Lett received minor injuries, but Mr. Broudy was critically wounded, having been kicked and punched and struck violently in the back of the head with the baseball bat. No one has been arrested in connection with the incident, which police are investigating as a hate crime.

I believe that Government's first duty is to defend its citizens, to defend them against the harms that come out of hate. The Local Law Enforcement Enhancement Act of 2001 is now a sym-

bol that can become substance. I believe that by passing this legislation and changing current law, we can change hearts and minds as well.

STOPPING THE LITIGATION LOTTERY

Mr. FRIST. Madam President, the only level one trauma center in Las Vegas shuts its doors. Twelve orthopedic surgeons at facilities near Philadelphia resign their practice. Two-thirds of doctors in a small Mississippi city consider leaving for Louisiana. What is forcing our medical community to take such drastic measures? The "litigation lottery," trial lawyers filing too many lawsuits with the hope of winning excessive awards.

Medical malpractice litigation, when an injured patient sues a doctor over a medical error, has exploded in the United States. Between 1995 and 2000, the average amount a jury awards a patient rose more than 70 percent to \$3.5 million per claim. And more than half of awards now exceed \$1 million. Trial lawyers, who are fueling this surge by hand-picking patients whom they believe will win large awards, typically take 30 to 40 percent of the proceeds.

Doctors purchase insurance to protect themselves from malpractice lawsuits, but excessive awards have pushed the cost of insurance to unaffordable levels. In 2001, insurance premiums rose 30 percent or more in some States. And for doctors who perform high-risk procedures or practice where trial lawyers have won excessive awards, premiums have risen by as much as 300 percent per year. Many doctors can no longer afford to do the jobs they love.

But even more disturbing to doctors, because we swear a sacred and ancient oath to do no harm, is the impact of excessive awards on patient care. High insurance premiums are forcing doctors to move their practices to other States, adjust how they practice medicine, or quit practicing medicine altogether. Trial lawyers may be winning the litigation lottery, but patients are suffering a health care crisis.

First, excessive malpractice awards hurt access to health care. When a trauma center closes or specialists resign from a hospital or rural doctors can't deliver babies, patients must travel longer distances to get the care they need. They must also select from a smaller pool of physicians. When minutes, and a doctor's experience, can mean the difference between life and death, access to health care matters.

Second, excessive malpractice awards increase the cost of health care. Many doctors are forced to practice defensive medicine. They must order more tests, write more prescriptions, and refer more patients to specialists to protect themselves against lawsuits. A recent Federal report found evidence that reasonable limits on malpractice awards would reduce health care costs by as much as 5 to 9 percent per year.

Third, excessive malpractice awards are the single largest barrier to improving patient safety in our country. Doctors and hospitals want desperately to improve patient safety by sharing, analyzing, and learning from medical errors. I have proposed a bill that would let them do that without the fear of being sued for trying to improve patient care. But even the most limited restrictions on lawsuits are unacceptable to some of my Democrat colleagues. They believe trial lawyers should have open access to any medical error reporting system, which would render such a system useless because few doctors or hospitals would participate.

We can turn back this growing health care crisis by reforming medical malpractice litigation. Some States have already taken the responsible step of capping awards for noneconomic damages, which are highly subjective, intangible and the major source of mischief for trial lawyers. Rightfully, these States have also preserved awards for economic damages, such as lost wages and medical costs.

But most States have done nothing or not enough to fix the problem. The American Medical Association lists 12 States that are now in a health care crisis because of excessive malpractice awards. And 30 more States are nearing crisis, including Tennessee. This is a national problem that will worsen without a national solution.

Just prior to the August recess, the Senate debated medical malpractice litigation reform that would have capped trial lawyers' fees. Though I support bolder action that includes limiting awards for noneconomic damages, this bill would have been a good first step. It would have allowed injured patients to keep a greater share of their rightful compensation while reducing the incentive for trial lawyers to pursue excessive awards. Unfortunately, all of my Democrat colleagues voted against this patient-friendly bill, keeping the litigation lottery alive and well.

Injured patients have the right to sue for medical malpractice, but trial lawyers do not have the right to force innocent doctors from their livelihoods and throw our health care system into crisis. With millions of uninsured families, increasing health care costs, too many deaths from medical errors, and no prescription drug benefit for seniors, the Senate must show its commitment to turning back the growing health care crisis in our country. Limiting excessive malpractice awards is one solution that concerned public servants, providers, and, most importantly, patients can and should support.

Mr. DURBIN. Madam President, I rise today to discuss an issue that affects a broad coalition of health care providers and the Medicare beneficiaries they serve. I have become increasingly concerned that the current method for updating Medicare pay-

ments to physicians and other health care providers does not accurately reflect the costs associated with delivering high-quality patient care. Reimbursement levels for providers participating the Medicare Program this year will decline by 5.4 percent. There is little to suggest that the cost of providing care has declined. In fact, costs to various providers have actually increased over the past year.

These payment reductions could have strong repercussions on access to essential health services. A flawed payment update system potentially jeopardizes access to medically necessary services for millions of seniors and disabled Americans who rely on Medicare for their health care. In addition, a flawed payment system makes practicing medicine, particularly in underserved areas, all the more difficult, if not impossible for providers participating in the Medicare Program.

Reductions in Medicare physician reimbursement forced Ronald Johnson, M.D., an Illinois physician, to borrow money to keep his practice operating. All told, the loan necessary to sustain his practice for an additional year was equivalent to two-thirds the value of his family farm.

I share the view of many health care analysts, including MedPAC, that the methodology used to update physicians payments is flawed. Although this system was designed to accurately compensate providers for the care they provide while controlling overall program spending on physician and other providers services, it has become apparent that the current system struggles to meet each of these goals. The volatility of physician payments is also a persistent problem for those providers attempting to gauge expected revenue from one year to the next.

Until 1989, Medicare physician payments were based on a reasonable charge payment system. This system was thought to be responsible for escalating program costs, and the Medicare physician fee schedule was adopted in response to these concerns.

The current method for updating Medicare physician payments is unique because the annual increase or decrease in physician payments does not simply reflect changes in the cost of medical goods and services. Unlike other payment systems, an expenditure target for physician services, known as the sustainable growth rate, (SGR), is calculated each year. Annual payment updates for physician services, that reflect the changes in the costs of medical goods and services, are then increased or reduced to meet targeted expenditures for the program. In other words, physician payment updates only reflect actual changes in the cost of medical goods and services when actual costs equal the target growth rate in physician payments.

Setting target expenditures, or the SGR, for physician payments that do not depart from the actual costs associated with delivering patient care has

proven difficult. Methods for calculating the SGR have contributed to this divergence. The SGR is calculated using estimated changes in spending due to fee increases, changes in Medicare fee-for-service enrollment, gross domestic product GDP per capita and the cost of new laws and regulations. Moreover, many of the factors that strongly influence the overall cost of services are difficult to measure including patient preference, technological advances, and changing demographics.

In particular, the inclusion of the GDP in SGR calculations is problematic. Economic downturn may lead to sharp reductions in GDP that are far more dramatic than changes in Medicare beneficiary need. This volatility can have devastating effects on the program and threaten beneficiary access to critical health care services. At a time when beneficiary need is growing due to an aging U.S. population, providing physicians and other health care professionals with adequate reimbursement levels is an the more important.

Also, erroneous CMS enrollment and spending data collected in previous years has exacerbated and already difficult financial situation. Although the necessary corrections were made, the changes have a disproportionately negative financial impact over the coming year.

Efforts to control Medicare spending should not jeopardize the integrity of the health care system. Designing a physician reimbursement system that is less volatile and reflects the actual cost of delivering high-quality patient care is absolutely necessary. Now is the time to take a closer look at the way Medicare payments affect those serving some of our Nation's most vulnerable citizens. Further delay could make it financially untenable for doctors such as Ronald Johnson to practice in areas like Pittsfield, IL.

I ask that the article from FPRReport be printed in the RECORD.

[From FPRReport, May 2002]

LOWER PAYMENTS FORCE FPs TO RISK PERSONAL LOSS FOR THEIR PATIENTS, PRACTICES

(By Jody Gloor)

For a growing number of family physicians, Medicare payment cuts ultimately could break up the "families" dependent on them—families composed of patients, employees and entire communities.

While some FPs have stopped accepting new Medicare patients, others are putting personal loss on the line to keep their "families" intact.

One rural doctor in Illinois who borrowed money to meet his payroll is now borrowing against his dream farm to repay those loans and protect his practice from financial failure.

Medicare patients make up one-third of the Pittsfield practice of Ronald Johnson, M.D., and the area's only hospital claims nearly 80 percent of its patients use Medicare. With an average age of 58 in the two counties Johnson serves, "we don't have the choice of not taking Medicare patients. That's our life here," he said in a recent telephone interview. "They are our neighbors; they are our friends. We have to take care of each other."

When he added the losses from Medicare reimbursements and accounts receivables that have doubled in the past six months, Johnson realized he needed to borrow an amount that nearly equaled the value of his farm.

"I got lucky," he said, "because the farm has been taking care of itself financially. Now, it's going to take care of us and our patients."

Johnson is finalizing a loan for two-thirds of his farm's value. It's an amount that realistically, he said, can sustain his practice for another year—two at the most—depending on factors including future Medicare reimbursement rates, the local economy and land values.

"I'd never thought I would spend this much of my time being a businessman," he said. "It's such a joy to sit down and see a patient. I thought that was what I was training for."

AAFP Director Arlene Brown, M.D., of Ruidoso, NM., said she and her staff "saw the writing on the wall" when Medicare physician payments dropped and accounts receivables increased. Something had to happen to keep her "frontier medicine" practice open.

Brown serves 8,000 patients, some of whom must drive 50 miles on a dirt road to reach a paved road—then must drive another 100 miles to her office. At least 30 percent rely on Medicare, she said, "and we can't stop accepting these patients."

So Brown took a pay cut and turned to her staff for help. The employees—a close-knit "family"—didn't want to see anyone lose his or her job, she said. Instead of eliminating a position and/or cutting patient services, all staff members agreed to cut their hours and pay by 15 to 18 percent.

"We must stay open," Brown said. "We now if my patients have to get their primary care 200 miles away from home, they won't go get it. They depend on me, and on us."

How long can her practice hold out for a permanent financial solution? Not long, Brown said. She's hoping efforts to get the federal government to rethink Medicare and correct the physician payment formula will succeed soon.

"If not, we'll be cutting some services we don't have to provide," she said. "The first to go will be flu shots." Next to go will be the free assistance older and low-income patients get when they need help to buy prescription drugs.

"It all makes for bad medicine," Brown said, "but it could help keep our doors open."

If her practice closes, the entire community—her community—could collapse, she said. "A majority of Americans eat, live, sleep and die in small communities. If we shut down the very things that help small communities survive, like medicine, then those communities will die."

(At the request of Mr. DASCHLE, the following statement was ordered to be printed in the RECORD.)

ADDITIONAL STATEMENTS

CONGRATULATING AUSTIN AND LYDIA WARDER

• Ms. MIKULSKI. Madam President, today I bring your attention to Austin and Lydia Warder. On August 12, 2002, they celebrated their 60th wedding anniversary, and I ask you to join me, their family and friends in congratulating them.

The Warders have devoted 60 years to each other, to their family, to their community of Indian Head, MD, and to the service of their country through the United States Navy. Our country

could not ask for two more dedicated citizens.

Austin Warder was born in Marbury, MD in 1922, just a few miles away from his future bride, Lydia Eastburn, born in 1924. The two met and soon married on August 12, 1942, in Austin's hometown, just before he shipped out for World War II. Austin served his country as a United States Navy Seabee in the South Pacific from 1942 until the war ended in 1945. During that time, Lydia joined the war effort and began working at the Naval Ordnance Station in her hometown of Indian Head, MD.

After the war, the Warders settled down in Indian Head. Austin continued his service with the U.S. Navy, joining Lydia at the Naval Ordnance Station where she worked as a housing project manager. Austin began his career there as Director of the Public Works Department, Maintenance Division. Both received numerous letters of commendation and many outstanding performance ratings over their long careers. They worked together over the years. They finally decided to retire, together, in January of 1977. Lydia was retiring after 35 years and Austin after 32 years.

The Warders have left an important legacy with the Federal Government. Together, they have 70 years of service, and I am sure the Navy joins me in congratulating them. But their most important legacy, and I know their favorite, is their family. Austin and Lydia have been blessed with a large and loving family. They have one daughter, Sandra Benson, two grandchildren, five great grandchildren and one great-great grandchild.

I am honored to share this couple's story of commitment and service with the Senate today. Austin and Lydia Warder are fine Marylanders. Their shared values, hard work, and spirit kept them together through the War, through many years with the Navy, through children and grandchildren and great grandchildren. Please join me in wishing the Warders my most sincere congratulations and best wishes for many more happy years!•

RECOGNIZING THE ENTERPRISE FOUNDATION'S 20TH ANNIVERSARY

• Mr. SARBANES. Madam President, I rise today to recognize The Enterprise Foundation as it celebrates its 20th year of building communities and improving low-income people's lives across America.

Renowned developer James Rouse and his wife, Patty, launched Enterprise in 1982. Jim and Patty were inspired to start Enterprise by three women from the Church of the Saviour here in Washington. They asked Jim for help in turning two run-down, rat-infested buildings blighting their Adams Morgan neighborhood into affordable apartments for low-income residents of the area.

With Jim and Patty's help and thousands of hours of volunteer time, the

group achieved its goal. The buildings still provide a decent affordable home to low-income people in that community today.

Jim and Patty founded Enterprise to help more community groups rebuild their neighborhoods. Today, Enterprise works through a network of more than 2,200 community-based organizations in more than 820 locations to provide affordable housing, safer streets, and access to jobs and quality childcare.

Through these unsung heroes at the grassroots, Enterprise has invested nearly \$4 billion to produce more than 132,000 homes affordable to low-income people. On any given day, more than 250,000 low-income people live in decent, affordable housing made possible in part by Enterprise.

In addition, Enterprise's job training and placement programs have helped more than 32,000 hard-to-employ people qualify for work and retain employment. More than 4,500 children have benefited from Enterprise's childcare initiatives.

President Clinton presented Jim with the Presidential Medal of Freedom in 1995. When Jim passed away a year later, Patty and the rest of Enterprise's leadership continued the work he began.

That work goes on today. I have seen firsthand what Enterprise has achieved in many communities in my State. To cite just one example, Enterprise has been working since the early 1990s with the residents of Sandtown-Winchester in Baltimore City on a comprehensive effort to reverse decades of disinvestment and decay.

After more than a decade, Sandtown is showing signs of a turnaround. The median income in the community increased by 50 percent during the 1990s, according to the Census. Median home sale prices rose 376 percent during that time, according to Johns Hopkins University's Institute for Policy Studies. In the parts of this 72-block community where Enterprise has been most active, crime is down and elementary school students are going better.

More work remains, in Sandtown and in countless other low-income areas around the country. True to Jim Rouse's vision, Enterprise will not rest until all low-income Americans have the opportunity for fit and affordable housing and to move up and out of poverty into the mainstream of American life.

I ask that we pay tribute to Mr. Rouse's legacy and to the profound impact that The Enterprise Foundation has had, and continues to have, on the lives of low-income Americans building better lives for themselves, their families and their communities.•

THE 75TH ANNIVERSARY OF THE INVENTION OF THE TELEVISION BY PHILO T. FARNSWORTH

• Mrs. FEINSTEIN. Madam President, I rise today to honor the late Philo T.