

SHAYS), for the work he has done on this bipartisan bill. It is an important and good bill that encourages the kinds of problem-solving and labor management relations that I am sure the whole House would want to embrace.

H.R. 2249 was introduced on May 22, 2003, by the gentleman from New York (Mr. MCHUGH) and the gentleman from Illinois (Mr. DAVIS). This measure would amend chapter 10 of title 39, U.S.C., to include postmasters and postmasters; organizations in the process for the development and planning of pay policies and benefits.

H.R. 2249 is cosponsored by the entire Committee on Government Reform Special Panel on Postal Reform and Oversight. On June 17, the Senate Government Affairs Committee unanimously approved S. 678, the Postmasters Equity Act of 2003, and on June 19, the House Committee on Government Reform reported H.R. 2249 out of committee on a voice vote.

During the 96th Congress, President Carter signed into law legislation creating a fact-finding process for resolving disputes over pay and benefits and to make recommendations to the postal service. It did not provide for arbitration of the disputes and the recommendations were not binding on the Postmaster General. However, the law only applied to postal supervisors, not postmasters.

H.R. 2249 would extend to the postmasters the option of a fact-finding panel to make nonbinding recommendations to the postal service. Currently, when pay and benefit discussions between the postal service and postmasters fail, postmasters have no recourse and have to accept what is offered by the postal service. Passage of H.R. 2249 would bring consistency in the manner by which two categories of postal managers negotiate with the postal service over pay and benefits.

Mr. Speaker, I urge swift adoption of this bill.

Mr. Speaker, I yield back the balance of my time.

Mr. SHAYS. Mr. Speaker, I also yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Connecticut (Mr. SHAYS) that the House suspend the rules and pass the bill, H.R. 2249.

The question was taken; and (two-thirds having voted in favor thereof) the rules were suspended and the bill was passed.

A motion to reconsider was laid on the table.

EXPRESSING SENSE OF HOUSE OF REPRESENTATIVES THAT THERE SHOULD BE ESTABLISHED A NATIONAL COMMUNITY HEALTH CENTER WEEK

Mr. SHAYS. Mr. Speaker, I move to suspend the rules and agree to the resolution (H. Res. 240) expressing the sense of the House of Representatives that there should be established a National

Community Health Center Week to raise awareness of health services provided by community, migrant, public housing, and homeless health centers, and for other purposes.

The Clerk read as follows:

H. RES. 240

Whereas community, migrant, public housing, and homeless health centers are non-profit, community owned and operated health providers and are vital to the Nation's communities;

Whereas there are more than 1,000 such health centers serving 13,000,000 people at more than 4,000 health delivery sites, spanning urban and rural communities in all 50 States, the District of Columbia, Puerto Rico, Guam, and the Virgin Islands;

Whereas such health centers have provided cost-effective, high-quality health care to the Nation's poor and medically underserved (including the working poor, the uninsured, and many high-risk and vulnerable populations), acting as a vital safety net in the Nation's health delivery system, meeting escalating health needs, and reducing health disparities;

Whereas these health centers provide care to 1 of every 5 low-income babies born in America, 1 of every 8 uninsured individuals, 1 of every 9 Medicaid beneficiaries, 1 of every 9 people of color, and 1 of every 10 rural Americans, and these Americans would otherwise lack access to health care;

Whereas these health centers and other innovative programs in primary and preventive care reach out to almost 750,000 homeless persons and nearly 850,000 farmworkers;

Whereas these health centers make health care responsive and cost effective by integrating the delivery of primary care with aggressive outreach, patient education, translation, and enabling support services;

Whereas these health centers increase the use of preventive health services such as immunizations, Pap smears, mammograms, and glaucoma screenings;

Whereas in communities served by these health centers, infant mortality rates have been reduced between 10 and 40 percent;

Whereas these health centers are built by community initiative;

Whereas Federal grants provide seed money empowering communities to find partners and resources and to recruit doctors and needed health professionals;

Whereas Federal grants on average contribute 25 percent of such a health center's budget, with the remainder provided by State and local governments, Medicare, Medicaid, private contributions, private insurance, and patient fees;

Whereas these health centers are community oriented and patient focused;

Whereas these health centers tailor their services to fit the special needs and priorities of communities, working together with schools, businesses, churches, community organizations, foundations, and State and local governments;

Whereas these health centers contribute to the health and well-being of their communities by keeping children healthy and in school and helping adults remain productive and on the job;

Whereas these health centers engage citizen participation and provide jobs for 60,000 community residents; and

Whereas the establishment of a National Community Health Center Week for the week beginning on August 10, 2003, would raise awareness of the health services provided by these health centers: Now, therefore, be it

Resolved, That it is the sense of the House of Representatives that—

(1) there should be established a National Community Health Center Week to raise awareness of health services provided by community, migrant, public housing, and homeless health centers; and

(2) the President should issue a proclamation calling on the people of the United States and interested organizations to observe such a week with appropriate programs and activities.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Connecticut (Mr. SHAYS) and the gentlewoman from the District of Columbia (Ms. NORTON) each will control 20 minutes.

The Chair recognizes the gentleman from Connecticut (Mr. SHAYS).

GENERAL LEAVE

Mr. SHAYS. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days within which to revise and extend their remarks on the legislation under consideration.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Connecticut?

There was no objection.

Mr. SHAYS. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, House Resolution 240, introduced by my distinguished colleague, the gentleman from Illinois (Mr. DAVIS), commends the invaluable work of community health centers across the country.

As the text of this resolution states, there are over 1,000 health centers in the U.S. that provide outstanding health-related services to primarily low-income individuals. The vast majority of these care centers welcome all patients, regardless of their health coverage or ability to pay. Patients pay what they can afford at these facilities, and virtually no one in need is ever turned away. Those who seek help receive first-rate care at a fraction of the standard cost.

In addition to patient fees, community health centers are supported by Federal grants and contributions from State and local governments, Medicare, and private interests.

On behalf of the House, I want to join with the gentleman from Illinois and the gentlewoman from the District of Columbia (Ms. NORTON) in praising the compassionate work of the thousands of employees and volunteers at community health centers across our great Nation. These care givers help so many, and this resolution intends to recognize their selfless efforts.

In addition, I hope the House's consideration of House Resolution 240 today will raise awareness of the services provided by the community health centers to all Americans who seek high-quality health care.

Therefore, Mr. Speaker, I commend the gentleman from Illinois for introducing House Resolution 240. I urge all Members to support its adoption.

Mr. Speaker, I reserve the balance of my time.

Ms. NORTON. Mr. Speaker, I yield myself such time as I may consume.

(Ms. NORTON asked and was given permission to revise and extend her remarks.)

Ms. NORTON. Mr. Speaker, I want to join my good friend, the gentleman from Connecticut (Mr. SHAYS), in speaking strongly for this measure introduced by the gentleman from Illinois (Mr. DAVIS).

As we have discussed prescription drugs for our seniors on the House floor, some of the main points of discussion have been issues like affordability, accessibility, and who is being served. Just as the bill that was passed last Congress and this Congress, there will be individuals who cannot afford their prescriptions or some who will not have access to them. Fortunately, I know that there are community health centers available throughout the Nation to help those in need or who become displaced by health care legislation.

Community health centers have been the safety net within the health care system, caring for one out of every five low-income babies born in America; one out of every eight uninsured individuals; one out of every nine Medicaid beneficiaries; one out of every nine persons of color; one out of every 10 rural Americans; almost 750,000 homeless; and nearly 850,000 farm workers. Community health centers are established in almost every corner of our Nation representing every aspect of every congressional district, whether it be assisting the working poor and the inner city or in the rural farm land, migrant workers, or even those who have insurance but do not have access to any other health care facilities.

By establishing a week to raise awareness of community health centers, we will also be highlighting each year the great accomplishments of these nonprofit, community-owned and -operated health providers. With recent numbers indicating that the Nation's uninsured population is even higher than we once thought, a startling 60 million, if our Nation will not realize the need for universal health care, we need to at least realize the importance and the need to better fund our community health centers.

In addition, health centers provide approximately 60,000 jobs to the residents in the communities of the centers.

Mr. Speaker, community health centers are the safety net that is committed to serving all individuals with the mission that everyone deserves quality health care service regardless of where one resides. Even if the person can pay or has insurance, these centers are available. They are vital in ensuring that America's forgotten are being kept healthy.

Mr. Speaker, I have no further speakers, and I yield back the balance of my time.

Mr. SHAYS. Mr. Speaker, I yield myself such time as I may consume.

I have no further speakers, but I would like to make a few additional comments.

I strongly support community health centers, and I have always been impressed with the work performed by these centers and have found it very effective for us to support increasing the resources available to them. These centers have made wonderful contributions to the urban areas in, for instance, Connecticut's Fourth Congressional District, which I represent.

The care they provide is as good or better than care many patients with more comprehensive coverage receive. These community health centers served over 12 million people in the United States in 2001, 66 percent of whom lived below the poverty level and approximately 5 million of whom lack any health insurance.

There are over 3,000 centers in rural and urban communities throughout the country which provide quality, cost-effective primary and preventative care for low-income, uninsured and underinsured patients. By preventing costly hospitalizations and less frequent use of emergency care for routine services, it is estimated health centers save the health care delivery system over \$6 billion annually in reduced use of costly hospital emergency room, specialty, and inpatient care.

Last year, Congress, and I think this is very important, reauthorized the community health center program. The legislation we passed aimed to add another 1,200 new and expanded centers over the next 5 years and doubled the number of patients who receive care in these clinics. This directly addresses the challenge of providing health insurance to the 41 million Americans who lack it, allowing the program to serve approximately one-fourth of that number, 10 million uninsured people.

So by passing H.R. 2660, the fiscal year 2004 Labor-Health and Human Services-Education Appropriations Act 2 weeks ago, Congress continued working towards the program's doubling.

Mr. BEREUTER. Mr. Speaker, this Member wishes to add his strong support for H. Res. 240, expressing the sense of the House of Representatives that there should be established a National Community Health Center Week to raise awareness of health services provided by community, migrant, public housing, and homeless health centers.

This Member would like to commend the distinguished gentleman from Virginia (Mr. TOM DAVIS), the Chairman of the House Government Reform Committee, and the distinguished gentleman from California (Mr. WAXMAN), the ranking member of the House Government Reform Committee, for bringing this important resolution to the House Floor today. This Member would also like to commend the distinguished gentleman from Illinois (Mr. DAVIS) for sponsoring H. Res. 240 and for his personal interest in protecting and strengthening access to health care services for all under-served Americans.

On June 18, 2003, the U.S. Department of Health and Human Services notified this Member that the Peoples' Health Center of Lincoln, Nebraska, has been awarded a \$650,000 grant to establish a Federally Qualified Community Health Center. This will be the first

Community Health Center in the First Congressional District of Nebraska.

This Member's congressional district has not had a Community Health Center for far too long and I believe one is essential as residents of this locality are in great need of access to comprehensive preventive and primary health care services.

This Member and his staff have been working for more than one year with the Peoples' Health Center Steering Committee to obtain funding for the Community Health Center, which will serve a significant number of residents of Lincoln and Lancaster County. This Member requested support for the Health Center from the Health Resources and Services Administration and subsequently testified before the Labor, Health and Human Services, and Education Appropriations Subcommittee to express his strong support for an appropriation of \$830,000 to support the construction of the Peoples' Health Center.

Construction of the Peoples' Health Center will take place in two phases: Phase I (a west building) and Phase II (an east building). Phase I is being funded entirely with local funds. The funding this Member requested from the Subcommittee would be used for Phase II which will allow for the construction of an 8,300 square foot building which will be attached to the current Phase I building. Three dental operatories and expanded dental staff areas will be included in Phase II of the building. Space for a small radiology room, expanded offices for mental health and substance abuse counselors, as well as expanded conference and training space for health education and promotion is also planned for the Phase II building. Expanded medical services will be provided by moving existing administrative staff from the Phase I building into the Phase II building. This will result in approximately 2,500 new dental patients, 1,800 new behavioral health patients, and 2,500 primary medical patients.

The People's Health Center would not have happened without the leadership of the Lincoln-Lancaster County Health Department under the direction of Mr. Bruce Dart. Mrs. Judy Halstead, of the Lincoln-Lancaster County Health Department, has been instrumental in leading the 'Peoples' Health Center Steering Committee. Additionally, Ms. Charlotte Liggett from St. Elizabeth Regional Medical Center and Mr. Brad Sher of BryanLGH HealthSystem have served on the Peoples' Health Center Executive Committee and helped secure the significant hospital contributions for the Health Center. Numerous other individuals and organizations spent a significant amount of time and energy on the project. This Member commends all involved in the project for their extraordinary efforts and dedication to providing uninsured and underinsured with access to health care services.

This Member has met with the Steering Committee several times in the past year to discuss their plans. Certain members of the Steering Committee also visited his Washington office to show him the plans, and accompanied this Member's staff to an urban Community Health Center in Washington, DC. Mr. Craig Kennedy and Ms. Lisa Cox of the National Association of Community Health Centers were most helpful in planning this visit. A staff member of this Member's Washington, DC, office, Ms. Michelle Spence, has played a very important role in assisting the

Lincoln effort and in promoting their case successfully within the Federal agency, and this Member commends her for her outstanding effort.

The Peoples' Health Center will be built on 27th and Y streets in Lincoln. The buildings that existed on that land have been demolished and a shell for the health center currently exists. Construction and dry walling has just begun. It is expected that the Health Center will open on September 30, 2003.

The proposed target population will include approximately 47,000 Lincoln and Lancaster County residents, including more than 50 percent with incomes below 200 percent of the Federal poverty level, 36 percent uninsured, and 24 percent minority residents. It is anticipated that the patients using the health center will include 40 percent Medicaid eligible, 40 percent uninsured/sliding fee, 10 percent Medicare, and 10 percent other third party pay.

The resolution before us today expresses the sense of the House of Representatives that there should be established a National Community Health Center Week to raise awareness of health services provided by community, migrant, public housing, and homeless health centers; and the President should issue a proclamation calling on the people of the United States and interested organizations to observe such a week with appropriate programs and activities.

It is this Member's hope that the establishment of the Peoples' Health Center of Lincoln will raise awareness of the Health Centers program to Nebraska residents and that this Center would participate in National Community Health Center Week if one were established.

Mr. Speaker, in closing, this Member urges his colleagues to support H. Res. 240.

Ms. JACKSON-LEE of Texas. Mr. Speaker, I rise in support of H. Res. 240 to establish a National Community Health Center Week. I am pleased that we take this time to acknowledge the important services offered by community, migrant, public housing, and homeless community health centers.

At a time when over 40 million Americans lack access to comprehensive health care, community health centers across the country are left to fill the growing void in health service provision. The existing gap in health coverage has placed considerable demands on local health centers to extend health coverage far beyond their financial and logistical means. Unfortunately, the other party's tax cuts have continued to hurt the funding of these health centers and their ability to extend services.

These health centers have made patient care their highest priority and are therefore dedicated to providing affordable care without sacrificing the quality of health services. Community health centers generally provide comprehensive primary health care for adults, children, and families, living in both rural and urban areas. The centers serve those who experience financial, geographic, and/or cultural barriers to care. Migrant health facilities attempt to offer a broad range of health services to migrant and seasonal farm workers and their dependents. Public housing centers offer preventative and primary health care services to improve the status of residents in the public housing system. Homeless health centers provide outreach and case management services, along with medical, dental, mental health, and

substance abuse counseling and treatment to homeless individuals. These local and community health centers work tirelessly to ensure patient satisfaction through vigilant awareness of community and patient needs and full utilization of community partnerships and resources.

Community health centers across the country are not only to be commended for the quality of the services they provide but for their willingness to operate in under-served communities. In such communities, resources are often limited and staff responsibilities often exceed realistic expectations. For instance, those who work in health centers for the homeless, in addition to providing a haven for persons without residence, are likely to fill the role of substance abuse counselors and mental health support workers for this marginalized population. Community health providers wear these multiple hats not because they have been told to do so, but because they in fact recognize the multiple burdens that plague many of our low-income populations.

Millions of Americans rely on the services provided in our local health centers. Therefore, it is critical that we not forget the immense work being done on the ground to secure the health and well being of the poor and under-served in our districts. It is for this reason that I am an ardent supporter for the establishment of a National Community Health Center Week. I urge my colleagues to also extend their support for H. Res. 240 on behalf of the courageous, civic-minded work being done in our local communities. Thank you, Mr. Speaker.

Mr. Speaker, I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Connecticut (Mr. SHAYS) that the House suspend the rules and agree to the resolution, H. Res. 240.

The question was taken; and (two-thirds having voted in favor thereof) the rules were suspended and the resolution was agreed to.

A motion to reconsider was laid on the table.

HONORING 10 COMMUNITIES SELECTED TO RECEIVE 2003 ALL-AMERICA CITY AWARD

Mr. SHAYS. Mr. Speaker, I move to suspend the rules and agree to the concurrent resolution (H. Con. Res. 230) honoring the 10 communities selected to receive the 2003 All-America City Award.

The Clerk read as follows:

H. CON. RES. 230

Whereas the All-America City award is the oldest and most respected community recognition program in the Nation;

Whereas for 54 years the National Civic League has encouraged and recognized civic excellence by honoring communities of all sizes where business, citizens, voluntary organizations, and governments work together to address critical issues;

Whereas the All-America City Award recognizes exemplary grassroots community-oriented problem-solving, and is given to communities that confront challenges and achieve results cooperatively; and

Whereas more than 4000 communities have competed and nearly 500 communities have

been named All-America Cities: Now, therefore, be it

Resolved by the House of Representatives (the Senate concurring). That the Congress honors the cities of Laurinburg, North Carolina; Tempe, Arizona; New Haven, Connecticut; Miami Beach, Florida; Des Moines, Iowa; Marquette County, Michigan; Wilson, North Carolina; South Sioux City, Nebraska; Corpus Christi, Texas; and the Greater Racine Area, Wisconsin, on receiving the National Civic League 2003 All-America City Award.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Connecticut (Mr. SHAYS) and the gentlewoman from the District of Columbia (Ms. NORTON) each will control 20 minutes.

The Chair recognizes the gentleman from Connecticut (Mr. SHAYS).

□ 1445

GENERAL LEAVE

Mr. SHAYS. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks on the bill under consideration.

The SPEAKER pro tempore (Mr. WHITFIELD). Is there objection to the request of the gentleman from Connecticut?

There was no objection.

Mr. SHAYS. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, House Concurrent Resolution 230, introduced by my distinguished colleague, the gentleman from the State of North Carolina (Mr. HAYES), honors the great All-American communities of Laurinburg, North Carolina; Tempe, Arizona; New Haven, Connecticut; Miami Beach, Florida; Des Moines, Iowa; Marquette County, Michigan; Wilson, North Carolina; South Sioux City, Nebraska; Corpus Christi, Texas; and the Greater Racine Area of Wisconsin. These 10 cities earned the 2003 All-American City Award. This award is given every year by the National Civic League.

Established in 1894, the National Civic League is the Nation's oldest community advocacy organization. And, in fact, the All-American City Award is the oldest community recognition award in the U.S. For 53 years, this honor has recognized cities whose citizens are the most cooperative and involved in identifying and addressing community-wide challenges in their area.

Ten cities are chosen each year, and this year's honorees are very deserving. Each of these 10 cities has demonstrated, among other qualities, effective local government, an outstanding philanthropic and volunteer base, intercommunity cooperation, and strong citizen relations.

Therefore, Mr. Speaker, I commend Laurinburg, Tempe, New Haven, Miami Beach, Des Moines, Marquette County, Wilson, South Sioux City, Corpus Christi, and the Greater Racine Area for their awards, and the gentleman from North Carolina for introducing House Concurrent Resolution 230.

I urge all Members to support its adoption.