

doctors of chiropractic have been kept outside and all but prevented from providing proven, cost-effective and much-needed care to veterans, including those among the most vulnerable and in need of the range of the health care services that doctors of chiropractic are licensed to provide. In 2002, 4.5 million patients received care in VA health facilities, including 75 percent of all disabled and low-income veterans. Although the VA health care budget was roughly \$26 billion in 2002, less than \$370,000 went toward chiropractic services for veterans. This, in a country with more than 25 million chiropractic patients and more than 60,000 Doctors of Chiropractic.

I am proud to introduce legislation—H.R. 917, The Better Access to Chiropractors to Keep Our Veterans Healthy Act (BACK Our Veterans Health Act)—that is designed to provide veterans with direct access to a Doctor of Chiropractic, if that is their choice, through the veterans health care system. In developing this bill, I have worked closely with chiropractic patients, particularly our veterans, who know the benefits of chiropractic care and bear witness to the positive outcomes and preventative health benefits of chiropractic care.

Specifically, my bill seeks to amend Title 38 of the United States Code to permit eligible veterans to have direct access to chiropractic care at VA hospitals and clinics. Section 3 of the measure states that “The Secretary [of Veterans Affairs] shall permit eligible veterans to receive needed [health care] services, rehabilitative services, and preventative health services from a licensed doctor of chiropractic on a direct access basis at the election of the eligible veteran, if such services are within the State scope of practice of such doctor of chiropractic.” The measure goes on to directly prohibit discrimination among licensed health care providers by the VA when determining which services a patient needs.

Over the years, Mr. Speaker, representatives of the Department of Veterans Affairs have come before the House Veterans Affairs Committee, a panel on which I serve, and have insisted that chiropractic benefits are available to veterans and that no bias exists within the VA against the chiropractic profession. But the facts I cited above speak otherwise. For all practical purposes, access to chiropractic care has been non-existent within the VA system. Chiropractic care has so seldom been offered to veterans that it can be fairly said to be a phantom benefit—and for years, Mr. Speaker, the VA has done nothing to correct this deficiency. There is simply no evidence that the VA has ever acted proactively in any meaningful and substantive way to ensure that chiropractic care is made available to veterans—and because of that track record of neglect, the U.S. Congress felt compelled to take action.

As a result, Congress in recent years has enacted three separate statutes seeking to ensure veterans access to chiropractic care (Public Law 106–117, Public Law 107–135 and Public Law 108–170). The last of those statutes gives explicit authority to the VA to hire doctors of chiropractic as full time employees. I’m proud to have worked with colleagues on both sides of the aisle to help advance those initiatives—and I am hopeful that a reluctant VA has finally seen the light.

I understand that, last year, former VA Secretary Principi released new policy directives regarding chiropractic care and that we may

be on our way to seeing the true and full integration of chiropractic care into the VA. But Mr. Speaker, if the past is any guide to the future, then I must remain concerned until I see these new policies firmly in place and working well in all VA treatment facilities. To help ensure that, in the future, barriers to veterans who want and need chiropractic care are fully removed, I am pleased to introduce legislation that would require the VA to make chiropractic care available on a direct access basis to our veterans.

Perhaps my legislation will prove not to be necessary—because referrals to doctors of chiropractic will actually take place with the encouragement and support of the leadership of the VA. But as insurance, the enactment of the legislation I propose would guarantee the right of a veteran to obtain this important service without the cost and stumbling blocks of going through potentially hostile gatekeepers.

Accordingly, I urge my colleagues to join me in supporting unimpeded access to chiropractic care throughout the veterans health care system and help enact this measure, H.R. 917.

HONORING THE CONTRIBUTIONS OF PASTOR TERRENCE K. HAYES

HON. HENRY CUELLAR

OF TEXAS

IN THE HOUSE OF REPRESENTATIVES

Tuesday, April 12, 2005

Mr. CUELLAR. Mr. Speaker, I rise to recognize Pastor Terrence K. Hayes of St. Paul United Methodist Church for his exceptional career in public service.

Terrence K. Hayes has served our community for over thirty years. He has provided spiritual guidance and community leadership for those who need it the most.

Pastor Hayes has served as the senior pastor of St. Paul United Methodist Church since 1996. He is a man who believes in the importance of reaching out and helping those in need. An active and passionate advocate of the people, he has held a number of leadership and community service positions.

Pastor Hayes is the recipient of numerous awards including the Outstanding Young Men of America, the National Fellowship Fund, the Earl L. Harrison Fellowship, the Henry C. Maynard Award of Outstanding Pastoral Potential, and the Who’s Who in America College Students from Hampton Institute. He has written numerous publications including Collaborating in Ministry, Fundraising Resources of the United Methodist Church, and a number of short stories and newspaper articles.

Mr. Speaker, I am honored to have the opportunity to recognize the hard work and important community achievements of Pastor Terrence K. Hayes.

PERSONAL EXPLANATION

HON. JIM RYUN

OF KANSAS

IN THE HOUSE OF REPRESENTATIVES

Tuesday, April 12, 2005

Mr. RYUN of Kansas. Mr. Speaker, on March 17, 2005, I was unable to vote on roll-call 87, the Spratt Amendment to H. Con. Res.

95. Had I been present, I would have voted “no.”

ESSEX MARINA 50-YEAR ANNIVERSARY

HON. ROB SIMMONS

OF CONNECTICUT

IN THE HOUSE OF REPRESENTATIVES

Tuesday, April 12, 2005

Mr. SIMMONS. Mr. Speaker, on April 2005, a milestone was reached by one of eastern Connecticut’s finest waterfront establishments when Essex Island Marina celebrated its 50th anniversary.

A half century ago Louis Schieferdecker, the son of a German immigrant, made a small investment that would end up becoming an eastern Connecticut institution. Mr. Schieferdecker bought Essex Island in 1955 and created a tradition of service and a successful business that his family owns and operates today. Essex Island Marina began as a boat yard with several slips; today it is one of southeastern Connecticut’s most picturesque places. Lou Schieferdecker had a dream and he pursued it with a positive attitude and a determination to make it work.

During the first 10 years of operation the marina added to its services and amenities and also increased the number of docks. The family installed a swimming pool, built the deck and added game rooms, a snack bar and a convenience store.

But for the Schieferdecker family the most important part of the marina is not the dock or any of the amenities or services they provide; it’s the people who come and enjoy the experience. In the words of the family, “Today we see it when the grown children of past guests bring their children to share the experience. In the last 49 years a 13 acre island has been transformed from a place to ‘dock your boat’ to a place where memories are made.”

Boaters have responded to the beautiful facility. In 2004 the readers of “Offshore Magazine” named Essex Island Marina the second “Most Welcoming Destination” in the entire northeast and voted it number one in the northeast in the “Favorite Marina For A Weekend” category.

Building a successful business and generating the kind of loyalty and appreciation expressed by the readers of “Offshore Magazine” are not the result of being lucky. It’s the result of working long hours to achieve a dream and always maintaining a commitment to do nothing less than your best. For 50 years the Schieferdecker family has been devoted to the boating public and the boating public has returned that dedication to the Schieferdeckers and Essex Island Marina. I congratulate this hard working family and Essex Island Marina for the first 50 years and I am delighted that they are part of our eastern Connecticut family.

HONORING PASTOR JERRY DAILEY

HON. HENRY CUELLAR

OF TEXAS

IN THE HOUSE OF REPRESENTATIVES

Tuesday, April 12, 2005

Mr. CUELLAR. Speaker, I rise today to recognize Dr. Jerry Dailey for his dedication and

service as a Pastor and community leader in San Antonio, Texas.

Dr. Dailey was born in Anderson, Indiana. He attended the public schools of Duval County Florida, and later graduated from Andrew Jackson Senior High School. After high school, Dr. Dailey received a basketball scholarship to study at Bethune-Cookman College. In college, Dr. Dailey was elected Senior Class President and was also a recipient of the Crown Zellerbach Foundation Scholarship to study one year at the University of California, Berkeley. In 1975, he graduated cum laude with a B.S. in Psychology. Dr. Dailey went on to obtain a Masters of Divinity degree in 1979 from Philadelphia's Eastern Baptist Theological Seminary and a Doctor of Theology degree in 1991 from San Antonio's Guadalupe College. Dr. Dailey also holds many other honorary degrees for his work in divinity.

For the past 28 years, Dr. Dailey has served many communities as a pastor and community leader. Since 1985, Dr. Dailey has been the Pastor of Macedonia Missionary Baptist Church in San Antonio, Texas. He continues to lead the church today and has led many initiatives in Macedonia's major expansion and renovation efforts. Other community projects of Dr. Dailey's have been establishing the Good Samaritan Food Ministry and Youth Scholarship Fund.

Among his many accolades, Dr. Dailey received the 2000 MLK Distinguished Achievement Award Nomination from the City of San Antonio MLK Commission and was the first African American appointed to the Administrative Executive Board of the Baptist General Convention of Texas (BGCT). He is now the newly elected President of the African American Fellowship of the BGCT. His many awards and recognitions attest to the breadth of his service through the years.

Dr. Dailey is married to the former Janice M. Pullen and they are the parents of three daughters named Joy Marie, Jasmine Noelle, and Jeri Nicole. He constantly serves as a role model and inspiration for his congregation and the local community. It honors me today to have the chance to recognize and thank Dr. Dailey for his many years of service and contribution.

INTRODUCTION OF THE MEDICARE MEDICAL NUTRITION THERAPY ACT OF 2005

HON. FRED UPTON

OF MICHIGAN

IN THE HOUSE OF REPRESENTATIVES

Tuesday, April 12, 2005

Mr. UPTON. Mr. Speaker, I am pleased to join with Representatives ANNA ESHOO, LEE TERRY, DAVID WU, XAVIER BECERRA, and JO BONNER in introducing the bipartisan Medicare Medical Nutrition Therapy Act of 2005. Under current law, Medicare provides coverage for medical nutrition therapy services provided by registered dietitians and nutrition professionals to Medicare beneficiaries with diabetes and renal diseases. Recognizing that many other beneficiaries with diseases and conditions such as cardiovascular disease and obesity could benefit from medical nutrition therapy services, the legislation we are introducing

today gives the Secretary of Health and Human Services, acting through the Centers for Medicare and Medicaid Services, the authority to use the National Coverage Determination Process to expand coverage for other disease and conditions for which these services would be both beneficial and cost-effective.

Providing Medicare coverage for medical nutrition therapy services is sound health care policy. It can prevent unnecessary pain and suffering and save millions of dollars in health care costs by lessening the risk of chronic disease, slowing disease progression, and reducing symptoms. In response to a request in the 1997 Balanced Budget Act, the Institute of Medicine of the National Academy of Sciences studied the value of adding medical nutrition therapy coverage to the Medicare program and concluded that this coverage would "improve the quality of care and is likely to be a valuable and efficient use of Medicare resources, because of the comparatively low treatment costs and ancillary benefits associated with nutrition therapy."

I urge my colleagues who have not yet co-sponsored this legislation to join us in this effort.

INTRODUCTION OF THE FAIR FEDERAL COMPENSATION ACT OF 2005

HON. ELEANOR HOLMES NORTON

OF THE DISTRICT OF COLUMBIA

IN THE HOUSE OF REPRESENTATIVES

Tuesday, April 12, 2005

Ms. NORTON. Mr. Speaker, the entire bipartisan regional House delegation of the national capital region introduces today the Fair Federal Compensation Act of 2005 to address the District of Columbia's structural imbalance. The original co-sponsors are: Government Reform Committee Chair TOM DAVIS, Appropriations Subcommittee Chair FRANK WOLF, Democratic Whip STENY HOYER, Former Congressional Black Caucus Chair ELIJAH CUMMINGS and Representatives JIM MORAN, CHRIS VAN HOLLEN, and ALBERT WYNN. Montgomery County Executive Doug Duncan has authorized me to say that he supports this bill as well.

D.C. residents and businesses are proud of eight straight years of balanced budgets that pay for the operations of our government. Yet, residents and Congress probably know little about the city's structural imbalance, which according to the GAO, is entirely from federal sources. However, D.C. taxpayers and Congress are paying for this imbalance in millions of dollars in taxes and interest. Residents and businesses pay to cover a structural imbalance caused by federal mandates and requirements with higher local taxes and the highest debt load in the nation. Our bill will help the Congress and city residents understand what the structural imbalance is and how it affects taxpayers and the D.C. government.

The goal of the bipartisan bill we introduce today is to prevent another fiscal crisis for our city and to relieve some of the unsustainable load on the D.C. government and on residents and businesses. The structural imbalance is the difference between the cost of D.C. gov-

ernment services and operations and the add-on cost to local taxpayers that otherwise would be carried by the federal government or commuters. According to the GAO, (confirming two other major studies; McKinsey, March 2002 and Brookings, October 2002) the resulting imbalance is exclusively federal and has three sources: federal use of the city's most valuable land; the city's continuing responsibility for many costly state functions; and the commuter tax ban, despite services the District must provide to 200,000 federal employees. The GAO concluded that the only options to relieve the structural imbalance are: to "change Federal procedures and expand the District's tax base or provide additional financial support and a greater role by the Federal government to help the District maintain fiscal balance." The Fair Federal Compensation Act of 2005 we introduce today responds specifically to these GAO findings.

Our bill offsets part, though not all, of the annual structural imbalance—found by the GAO to be between \$470 million and up to more than \$1.1 billion—by providing for an annual federal contribution of \$800 million. Unlike the old federal payment, which remained constant and therefore lost much of its value through inflation, the federal contribution would increase annually. The federal contribution funds would go to a dedicated D.C. infrastructure support fund. The District does not have an operating deficit or imbalance and these federal funds could not be used for operating expenses. The bill provides specific uses only for the non-operating and urgent capital needs that are delayed each year in favor of keeping the D.C. government operating. The federal contribution would be available only for stated infrastructure purposes, such as roads and school construction and repairs, and for reducing the District's debt—the highest in the country. High debt and the interest that results, of course, produce excessive taxes. The bill also would improve the District's investment bond rating and thus reduce our present high interest payments, all charged to taxpayers.

In 1995 Congress came to grips with the reality that this city's responsibilities assume it is a state, although it lacks a broad state tax base and that the District could no longer be expected to shoulder the full set of state costs. Congress relieved the District of the costs of some but not all state functions and left the unique federal structural impediments described in the GAO report. Nevertheless, the District has made remarkable progress, maintaining balanced budgets and surpluses every year despite adverse national economic conditions and improving city services. The CFO has ominously warned, however, that looking to the out years, the structural imbalance endangers the city's financial future and cannot continue to be carried by the District alone. It would be tragic for Congress to allow the progress that has been made to be retracted because of dangerous and escalating uncompensated federal burdens. The Fair Federal Compensation Act of 2005 would allow the District to avoid great risks, to continue to build fiscal strength, and to relieve D.C. taxpayers of this federal structural financial burden.