

Williams teaches chemistry-intense courses in restoration and finishing with longtime friend and colleague Kohanek.

Childress returns to Dakota almost every summer for additional advance course work, and for years he and Williams had been looking for just the right in-depth project to blend their skills and experiences.

"The reclamation of the Cannon 311 rostrum's previous grandeur could have only been accomplished by someone with Tredway's remarkable combination of talent, education, craft skill and commitment to preserving past treasures," Williams said. "There aren't many of us around who can carefully remove a disfiguring top coat and leave behind the beautiful old shellac finish underneath, then blend it all back in with a French polish that almost literally glows in the dark without looking cheesy. But Tredway did it."

His work on Capitol Hill also includes re-finishing all chairs on the floor of the House of Representatives. On this project, Childress and his crew took off the existing coating and brought it back to its original shellac. They also decided to replace the gold painted molding with gilded molding, as had been done originally.

"Going through Mitch's school, I really had the knowledge and know how to do what needed to be done instead of just looking at it and saying, 'Let's put another coat on it,'" Childress said. "By studying and knowing the chemistry behind what needed to be done and understanding what you could and could not do, and making the chemistry work in our favor instead of stripping it . . . you just don't get out of a weekend class."

Childress is one of Kohanek's many students who went into restoration and conservation. Other graduates have found ways to make a living from finishing new wood or by becoming furniture service technicians who repair wood on location.

"There are so many opportunities for custom wood finishers because wood finishing is still to this day considered a mystic trade when it really is a blend of art and science," said Kohanek. "Once one understands how those two facets work together, you can use inexpensive wood and create an expensive look, or make expensive wood look even more beautiful. You also know how to repair and restore it."

Kohanek emphasizes that his certification program makes graduates valued wood finishing employees off the bat, and enables them to go immediately into their own business if they choose that direction. Like Childress, the best graduates of the NIWF are setting the standards of what should be expected of a wood finisher as they apply to any wood finishing facility, he concluded.

HONORING THE JOHNSON CHAPEL
A.M.E. CHURCH

HON. JEB HENSARLING

OF TEXAS

IN THE HOUSE OF REPRESENTATIVES

Friday, August 3, 2007

Mr. HENSARLING. Madam Speaker, I would like to honor the Johnson Chapel A.M.E. Church in Malakoff, TX, as they celebrate more than a century of worship.

The Johnson Chapel A.M.E. Church has a very storied past. It was first organized in a creek bottom on Abe Johnson's Farm in 1897 and has experienced many changes in more than a century of existence.

Six months after its inception, the congregation constructed their first permanent structure.

Oak planks nailed to blocks were used as benches and lighting was provided by kerosene lanterns. The Church would move to a new location on a nearby farm in 1915 and continue to meet in that location until 1926. In that year the congregation was forced to divide due to the threat of flooding as well as poorly constructed roads, which made travel to the church difficult. The remaining members stayed until 1938, when they moved to their present location. In 1944 and then again in 1968, the church was destroyed by inclement weather; however, after each misfortune the congregation was able to band together and rebuild.

Today, the Johnson Chapel A.M.E. Church continues to worship and serve the community of Malakoff. In September of 2005, the congregation saw another milestone when they appointed the Reverend Cynthia Cole as their first female pastor.

Madam Speaker, as the representative of Malakoff, TX, it is my honor to congratulate the Johnson Chapel A.M.E. Church for its more than one hundred years of existence as a place of worship.

PAYING TRIBUTE TO YAFFA
DAHAN

HON. JON C. PORTER

OF NEVADA

IN THE HOUSE OF REPRESENTATIVES

Friday, August 3, 2007

Mr. PORTER. Madam Speaker, I rise today to honor the life of my friend Yaffa Dahan, who passed away on July 26th, 2007.

Yaffa Dahan was born December 29th, 1954, in Morocco. Shortly after her birth, she moved to a small town in Israel where she was raised. In a large family with nine brothers and sisters, she was brought up in traditional Jewish culture where music, love, and laughter were an integral part of her home. At age 20, she married David Dahan and moved to Las Vegas to start a family and a new chapter in their lives together.

Yaffa was a spiritual woman with an amazing personality, grace, intelligence and a sincere love for her family, friends, and our community. Yaffa was dedicated to education and eventually learned five languages, including Hebrew, Yiddish, French, Arabic, and English. She then went on to earn her MBA in business management and a Ph.D. in administrative healthcare. She then became a registered nurse, which she practiced for 28 years, touching the lives of many in southern Nevada. She was also a member of the Honors Society in Nursing at UNLV, and recently was honored as an outstanding alumna. She was a dedicated member of the Jewish community, being active in AIPAC and the Jewish Federation in Nevada.

Through all of these accomplishments, what strikes me most is the great number of people whose lives she touched. Her obituary, posted online through a local newspaper, gave an opportunity for well-wishers to leave comments. She received comments from former employees stating how she was a favorite manager who was admired for her talents as well as her passion. Included in these postings were comments from her local Rabbi, from family in Israel, and from friends from California to Wisconsin to North Carolina and many places in

between. She was truly an incredible woman who will be remembered by all.

Madam Speaker, I am sincerely proud to honor and celebrate the life of Yaffa Dahan. I would like to take this time to give my deepest condolences to Yaffa's family and friends.

INDIAN HELICOPTERS FOR BURMA

HON. JOSEPH R. PITTS

OF PENNSYLVANIA

IN THE HOUSE OF REPRESENTATIVES

Friday, August 3, 2007

Mr. PITTS. Madam Speaker, I was deeply disturbed to read a recently released report, by European Union non-governmental organizations, entitled Indian Helicopters for Burma: making a mockery of embargoes? The report provided details on India's negotiations with Burma's military junta since late 2006 and focused on the transfer of Advanced Light Helicopters (ALH) to Burma's military. India, the world's largest democracy, has increasingly spurned democracy supporters in Burma in favor of increased cooperation with Burma's military regime, even providing Burma's ruling generals with tanks, aircraft, artillery guns, radar, small arms, and the ALH. Absent any external enemy, Burma's military rulers have employed these arms and military equipment against its ethnic minority civilian population, resulting in the destruction of more than 3,000 villages, the use of forced labor, and the rape and murder of thousands of ethnic minority civilians.

Even more appalling than the increased military cooperation and sales between the Government of India and Burma's military regime is evidence that the transfer of military hardware risks violating both European Union and U.S. arms restrictions in place against Burma's military regime. Parts and technologies vital to the manufacture of the ALH were provided by several European companies and two American companies, Aitech Systems, Ltd. and Lord Corporation. It is essential that our government immediately investigate whether or not the inclusion of American parts and technologies in the production of India's ALHs and the potential impending transfer of the ALHs from the Government of India to Burma's brutal military generals violate U.S. export control regulations and the U.S. arms embargo on Burma.

The brutality of Burma's generals towards its own people continues to increase. It is obvious to all familiar with the regime's use of forced labor, its systematic use of rape as a weapon of war, its destruction of villages and livelihoods in its efforts to ethnically cleanse Burma of all its ethnic minorities, that the purchase of these military helicopters is for one purpose and one purpose only—strengthening and increasing military attacks against ethnic minority civilians. Already humanitarian aid groups operating in Eastern Burma have noticed a number of areas in which helicopter landing pads are appearing, a sight very new to the landscape of ethnic minority territory. These landing pads will give Burmese generals the ability to transport soldiers quickly and easily into areas where civilians are fleeing. The ethnic minorities fear that the regime plans to increase its attacks against them.

The U.S. government must take immediate steps to implement the recommendations outlined in the newly released report, including,

but not limited to, commencing negotiations with the Government of India to cease the transfer of Advanced Light Helicopters to Burma's military regime; discontinuing all future defense production cooperation with India that might lead to transfers of embargoed controlled equipment to Burma; attaching to all future licenses for transfers of controlled goods and technology to India a strict and enforceable condition, with penalty clauses prohibiting re-export to states under an embargo to which the original exporting state is party without express governmental permission; and drawing attention to the high likelihood of that military equipment being used by Burma's military to commit ethnic cleansing and crimes against humanity in violation of international law including international human rights and humanitarian law.

HONORING ROBERT AYERS GOULD,
SR.

HON. JEB HENSARLING

OF TEXAS

IN THE HOUSE OF REPRESENTATIVES

Friday, August 3, 2007

Mr. HENSARLING. Madam Speaker, today I would like to honor Mr. Robert Ayers Gould, Sr. on the occasion of his retirement after twelve years of service on the City Council of Athens, Texas, where he has overseen many projects benefiting his community.

After graduating from Athens High School in 1957, Robert joined the United States Navy where he served aboard the USS *Coral Sea*. Following an Honorable Discharge, he returned to Athens where he opened the Gould Insurance Agency in 1962, which he has owned and operated for over forty years.

Among his many civic activities, Robert has been the Director and Vice-President of the Athens Chamber of Commerce, Co-Founder of the Texas High School Basketball Hall of Fame, and the Charter Director for the Henderson County YMCA. He has also received many awards from his community including the Roadhand Award from the Texas Highway Commission and the Athens Citizen of the Year Award in 1984.

Robert is married to Mrs. Peggy Lorene Lubben Gould, and they have four children: Robert Jr., Joseph, Patricia, and Mary.

Madam Speaker, as the representative of the City of Athens, Texas, it is my pleasure to congratulate Mr. Robert Ayers Gould, Sr. on his retirement from the City Council.

CHILDREN'S HEALTH AND MEDICAL CARE PROTECTION ACT OF 2007

SPEECH OF

HON. JOHN S. TANNER

OF TENNESSEE

IN THE HOUSE OF REPRESENTATIVES

Wednesday, August 1, 2007

Mr. TANNER. Mr. Speaker, I rise today with regard to H.R. 3162, The Children's Health and Medicare Protection Act of 2007, and in particular with regard to Section 502, "Payment Inpatient Rehabilitation Facility (IRF) Services."

Section 502 takes critically important steps towards ensuring that Medicare beneficiaries

have access to medically necessary inpatient rehabilitation in an appropriate treatment setting by permanently extending the 60 percent compliance threshold and by retaining comorbidities in these provisions. Section 502 prevents further negative impacts from the Centers for Medicare and Medicaid Services' (CMS) 70 Percent Rule policy, which since the Rule's implementation, has deprived more than 100,000 Medicare beneficiaries access to inpatient rehabilitation care despite their meeting medical necessity standards. I strongly support this permanent extension of the 60 percent compliance threshold.

Section 502 also provides for a permanent extension in co-morbidities policy in ascertaining compliance with the rule. An estimated seven percent of the inpatient rehabilitation cases obtain eligibility through comorbidities. Reversing this policy would adversely impact both beneficiaries and providers. CMS, in promulgating its Final Rule for the Inpatient Rehabilitation Facility (IRF) Prospective Payment System (PPS) which will be published in the Federal Register on August 7, 2007, has determined that effective July 1, 2008, co-morbidities may no longer be used to determine whether a provider meets the compliance threshold. The importance of Section 502 is particularly urgent in light of this recent regulatory action.

I urge the House to take a firm stance when conferencing with respect to the inpatient rehabilitation provisions of Section 502. More than half of the House has joined as co-sponsors of H.R. 1459, which I—along with my Colleagues Mr. HULSHOF of Missouri, Mrs. LOWEY of New York, and Mr. LOBONDO of New Jersey—introduced to ensure that the 60 percent compliance threshold is made permanent and that the co-morbidities provision is extended. I take seriously the trust that has been placed in me by these other 221 House co-sponsors, and I ask that the Conferees do the same.

I also ask that the House safeguard the important provisions of H.R. 3162 that will yield critically important new information and data by requiring the Secretary to report on beneficiaries' access to medically necessary rehabilitative care and variation in that care across treatment settings. The reporting requirements also call for consideration of patients' length of stay and the frequency of readmission in evaluating cost effectiveness for an entire episode of care. These requirements accurately reflect the information necessary for educated decision-making, and we commend their inclusion in Section 502.

There are two issues related to the legislation which I respectfully request our colleagues consider in any future conference negotiations. The House bill currently fails to fix Local Coverage Determinations (LCD) and medical necessity criteria issues which have become apparent in various areas throughout the country. We should not deliver a bill that addresses the compliance threshold but fails to deal with the simultaneous problems apparent in large areas of the country—where Medicare Fiscal Intermediaries are imposing narrow and restrictive interpretations which further limit access to medically necessary rehabilitation care and disregard physician judgments. I appreciate the commitment to addressing these issues demonstrated in Committee. As CMS and its contractors persist in imposing oversight requirements on the inpatient reha-

bilitation field which are far in excess of those imposed on any other health care sector under Medicare, a more reasonable approach is needed. Congress should codify Ruling 85-2, as called for in H.R. 1459. I appreciate that Chairman STARK has shown his willingness to continue working towards a resolution of our concerns.

In addition, we strongly believe that Section 502 moves in precisely the wrong direction in making radical changes to payment rates for hip and knee replacement and hip fracture cases. We believe neither CMS nor Congress has the clinical data and comparative research necessary either on which to base this policy or to understand the impact of this decision. We should support accurate payments by the Medicare program that are based on sound analysis, clinical evidence, and aligned with the actual cost of providing high quality care. Instead, Section 502 uses the average per-stay skilled nursing facility payment rate as a baseline for calculating repayment in the inpatient rehabilitation context. Inpatient rehabilitation is fundamentally different and clinically more advanced than skilled nursing care. For patients requiring medical rehabilitation, these settings are not interchangeable. Therefore, the payments should not be interchangeable. Paying inpatient rehabilitation providers a lower amount bases on the rate for nursing facilities is contrary to the principles of pay-for-performance.

Finally, we believe that the overall changes in payment rates called for in Section 502 results in a disproportionate financial impact for the rehabilitation hospital sector. Inpatient medical rehabilitation accounts for \$6 billion in annual Medicare spending out of a total estimated \$437 billion in 2007. Scoring by the Congressional Budget Office (CBO) confirms that payments to the sector will be reduced by \$2.4 billion over a 5-year period, and \$6.6 billion over 10 years. In other words, inpatient rehabilitation hospital reductions represent 41 percent of Part A spending cuts currently in the bill for a sector that represents a mere 1.4 percent of total Medicare spending. Inflicting 41 percent of the Part A spending cuts on this sector appears to be disproportionate.

In addition, it should be noted that the rehab hospital sector has already absorbed substantial cuts as a result of the phased implementation of the 75 Percent Rule policy. Data from the Centers for Medicare and Medicaid Services (CMS) confirm that rehabilitation providers experienced cuts of at least \$300 million in the first year of implementation alone.

The Department of Health and Human Services and CMS initiated the 75 Percent Rule without direction from Congress, and have moved forward with the policy in an unbridled way. It is imperative that this Congress take the necessary steps to protect patient access to inpatient rehabilitation hospital-level services. A final bill must be more reasonable for the rehabilitation sector and fairer to Medicare beneficiaries.

I look forward to continuing to work with my colleagues to retain the 60 percent compliance threshold and co-morbidities and address the remaining problematic issues relating to local coverage determinations and medical necessity criteria, and our payment policies for hip and knee conditions, as the legislative process moves forward.