

Now, on top of this rocket here, up there, was this probe called the Lunar Prospector, which is shown on this other visual that I have here. And the Prospector's mission was to map the surface of the Moon's crust and to search for conclusive evidence of water, or hydrogen. Water is made up of two parts hydrogen, one part oxygen. And the mission here was to look for that evidence of hydrogen on the surface of the Moon, which would be a sign that water is in the crust in a frozen form.

This was done through Prospector's neutron spectrometer, which can sense the hydrogen down to a depth of half a meter, and it measures the emanations of neutrons from the surface, which are considered by scientists to be the signature, the indicator that ice exists within the frozen soil on the poles of the Moon.

Well, lo and behold, what was discovered was very strong evidence. It is suspected that water exists on the lunar poles, possibly as much as one million tons of water, which is 30 billion gallons. It is enough water to equal a lake approximately 4 miles long, 4 miles wide, and one meter deep.

How did they get there? Well, nobody really knows. It may have been deposited there by comets. Now, what is the significance of this? Well, the significance of this is huge. Number one, it means that if we were to try to establish a colony on the Moon, that water would not have to be brought to the Moon. So we would have a ready source of water there for humans should they ever colonize the Moon to form, say, an observatory to study the universe on the surface of the Moon, the people would have access to water.

Importantly, though, they would also have access to oxygen. Because we can use the sun's solar rays to generate electricity to split water to form oxygen and hydrogen. Water, again, is H₂O, two parts hydrogen, one part oxygen. So we could generate the oxygen needed for the people to breathe and we could create an atmosphere.

Another very important thing is we can take that oxygen and hydrogen and use it as rocket fuel. Indeed, hydrogen and oxygen is the primary fuel used on our Nation's Space Shuttle when it rockets off into space. So this is a tremendous breakthrough. And I applaud the team at Ames Research Center and Allen Bender and all of the researchers who were involved, especially the people at Spaceport Florida, in getting this probe into orbit.

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Maine (Mr. ALLEN) is recognized for 5 minutes.

(Mr. ALLEN addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

HOME HEALTH CARE

The SPEAKER pro tempore. Under a previous order of the House, the gen-

tleman from Michigan (Mr. BARCIA) is recognized for 5 minutes.

Mr. BARCIA. Mr. Speaker, I want to talk about an issue that I am very concerned about today and that affects the quality of health care throughout this great Nation.

A few years ago, back in about 1989, I was involved in an automobile collision in which two, my car and another car, collided. The other car crossed the center line, and we had a horrendous crash. And I ended up serving about 4 weeks, receiving acute care in my hometown of Bay City, Michigan.

After I was released from the hospital, I had the privilege of being able to be a recipient of home health care. During that time, I was in a wheelchair and also on crutches for about 12 weeks.

So I got a massive dose, I guess, of education in terms of what the patients of this country go through in terms of receiving that quality health care in an acute facility, but then also having the opportunity to be released from that facility to recuperate further in a home environment.

Mr. Speaker, anyone who has ever had the need for extended medical care, as I have, knows that the ability to recuperate in one's own home provides a reassurance that cannot be provided in any other medical facility.

The people in our Nation that provide home health care provide a vital and cost-effective form of health care and medical treatments. Certainly when we have this quality care, we need to do all that we can to preserve our current home health care system.

That home health care system is, in fact, threatened by part of the recent balanced budget agreement that we voted on here in this House. As part of the Balanced Budget Act of 1997, we required that home health care providers obtain surety bonds in order to be a Medicare or Medicaid-eligible provider. The intent was to be sure that we could guard against fraud in the program, and no one would certainly disagree with that very worthy goal.

However, obtaining bonds can work a financial hardship on providers who are faced with extremely tight cash flows, especially since the Health Care Financing Administration wants to treat the cost of obtaining a bond as a non-reimbursable expense.

Fortunately, there is an alternative available. There is a long-standing provision of the U.S. Code which allows for government obligations like savings bonds and Treasury bills to be used as a substitute for surety bonds when surety bonds are required.

HCFA, to its credit, has recognized this option, and just this week met with officials of the Treasury Department to determine if government obligations could substitute for surety bonds in this instance.

I am happy to report to our colleagues that officials of both the Treasury Department and HCFA have advised my office that this substitution

should be an option in the case of Medicare providers, and that they are hopeful in making it applicable in the case of Medicaid providers as well.

There are some details that need to be resolved by HCFA's counsel prior to a final decision being made, but I am hopeful that, in the end, we will be able to achieve meaningful assurance for our Medicare and Medicaid programs, not unfairly limit people's choices of care providers, and minimize any cost consequences to care providers.

I am hopeful that in HCFA's final determination that the agency will accept the face value of the government obligation as the par value, and not require an absolute current dollar-to-dollar match. The obligations, in my view, are sufficient to protect the government's interest and the integrity of the program.

Mr. Speaker, I urge all of our colleagues and home health care providers across the country to join me in urging HCFA to, as soon as possible, approve the use of government obligations in lieu of surety bonds, using the face balance as par value in this very important program.

ARMENIAN GENOCIDE

The SPEAKER pro tempore. Under the Speaker's announced policy of January 7, 1997, the gentleman from New Jersey (Mr. PALLONE) is recognized for 60 minutes as the designee of the minority leader.

Mr. PALLONE. Mr. Speaker, I am joined tonight by my colleague and friend the gentleman from California (Mr. SHERMAN). Both of us are members of the Armenia Caucus in the House of Representatives and also the India Caucus.

We have been active in dealing with some of the issues that would bring Armenia and the United States closer together as well as India and the United States.

There are a number of issues that we wanted to discuss this afternoon. I wanted to start out by talking about a recent development related to the Turkish Government, and what I consider a serious threat to academic integrity at two great American universities.

Negotiations are now under way between the Republic of Turkey and the University of California at Berkeley to establish a Turkish studies program at that university. In addition, Portland State University in Oregon has signed a contract with the government of Turkey to establish a similar program, although Portland State is currently reviewing the conditions of the grant.

These efforts, I want to stress, are part of a pattern that set up Turkish studies programs at great American universities, all funded with strings attached, I should stress, by the government of Turkey.

A similar study program was, in fact, set up at Princeton University in my