

Member of Congress. A tribute she would love to hear was that of Cardinal Keeler, who referred to her as Regina, a queen, at her funeral Mass.

She was active in the Red Cross, the YWCA, the Salvation Army, and of course the Catholic Church and the Democratic Party. But most of all she was a darling Mommy. My brothers, former Mayor Thomas III, Nicholas, Hector, Joseph and Franklin Roosevelt D'Alesandro and I all cherished her every day of her life. She took great joy in her family and her treasures were her children, her 16 grandchildren and her eight great grandchildren.

The role of mother was what she considered most important. She assembled the following tribute to her mother in 1952:

MOTHER—DEDICATED TO MY MOTHER AND ALL MOTHERS, LIVING AND DEAD

Mother, I think of you, Guardian Angel of my childhood. Who can fathom the real meaning of the word Mother? Whose hearts are not filled with the memory of her, who has not stopped loving us from the first moment of our existence, when like a ray of sunshine she beamed down into our cradles! When the fingers of care and worry had not yet touched our hearts, it was Mother who was always around preventing their entrance into the holy island of Childhood.

Motherhood cannot be understood. It has its overtones in all languages; like magic it weaves a pattern full of joys, tears, patience, love—each exalting like the music of golden bells.

Even when the word is spoken by an old man it sounds as if it comes from the lips of a child. To try to explain we must listen to our hearts as well as our minds. Mother teaches us to walk and play; to talk and pray. She knows the joys of happiness, she knows the sorrows of worry, care, and heartache. Mother is a beautiful person; when everything else in the world may change, she alone remains the same. Others may love us; but she knows us, understands us, and will forgive us whatever we may do. Mother is truly the living example of Child's sublime Sermon on the Mount, for she has Fed the Hungry, Given Drink to the Thirsty, Clothed the Poor, Visited the Sick, Buried the Dead, Taught the Ignorant, and has given Solace to the Sorrowful. In a few words Mother is God's Co-helper, and a radiant beam from that Mother of all Mercy.

IN REMEMBRANCE OF DR.
ULYSSES MASON, JR.

HON. LOUIS STOKES

OF OHIO

IN THE HOUSE OF REPRESENTATIVES

Thursday, May 25, 1995

Mr. STOKES. Mr. Speaker, recently, the Greater Cleveland community mourned the passing of Dr. Ulysses Mason, Jr., a highly respected local physician. Dr. Mason passed away on May 13, 1995, at the age of 86. During his lifetime, he was not only an outstanding doctor, but he was an individual who was committed and fought to achieve racial justice.

Dr. Mason began his rise to prominence in 1938 when he scored third among the 112 doctors who passed the Ohio medical examination. Early in his career, Dr. Mason fought for the establishment of a nonsegregated medical facility where patients could be admitted without reference to color. His dream became reality with the formation of Forest City Hospital. When the hospital opened its doors

in 1957, it was the first facility in the city to offer black doctors full participation in its operation.

Mr. Speaker, as a result of the Dr. Mason's efforts, racial barriers in other hospitals eroded, and black physicians were placed in medical settings where they could learn and grow. During his career, Dr. Mason also served as president of the medical staff at MetroHealth, becoming the first black physician in the area to hold such a post.

We will remember Dr. Mason as an individual who paved the way so that others could achieve in the field of medicine. For many years prior to my coming to the U.S. Congress, Dr. Mason served as my physician. He was an individual who was devoted to his work and the community. I recall that he also gave freely of his time and energy.

Mr. Speaker, just recently the Plain Dealer newspaper highlighted Dr. Mason's contributions to our community. I want to share the newspaper article with my colleagues. I also take this opportunity to again extend my condolences to Dr. Mason's wife, Melbahu, and his family. He was a doctor and civil rights pioneer who will never be forgotten.

[From the Plain Dealer, May 17, 1995]

DR. ULYSSES MASON, CIVIL RIGHTS ACTIVIST
(By Richard Peery)

CLEVELAND.—Dr. Ulysses G. Mason Jr. was a highly regarded physician who fought for racial justice. He led the formation of Forest City Hospital to provide a place where black physicians and patients would be welcome without consideration of color. The hospital was open for more than 20 years, during which black doctors and patients obtained greater acceptance in other area hospitals.

Dr. Mason died Saturday at Cleveland Clinic Hospital. He was 86.

He was born in Birmingham, Ala. His father, who was also a physician, sent him to public schools in Chicago because of better educational opportunities there.

Dr. Mason graduated from Amherst College in Amherst, Mass., in 1929 and from the medical school of the University of Chicago in 1936.

He served his internship at Cleveland's City Hospital, now MetroHealth Medical Center. He scored third among the 112 doctors who passed the Ohio medical examination in 1938.

Dr. Mason also served a residency in internal medicine at the hospital when the wards and dining rooms for patients and staff were segregated by race. In 1939, he took the first steps toward establishing a new, nonsegregated medical facility "where Negro patients can be admitted without question to color."

He circulated a letter to other black physicians asking for their support. The late Dr. Middleton Lambright Sr. became one of his strongest backers.

"Black doctors didn't have a medical setting they could call their own where they could learn and grow," Dr. Mason said in an interview years later.

Dr. Mason was president of the Forest City Hospital Association when the new hospital opened in the Glenville neighborhood in 1957. The 103-bed modern general hospital was the first in the city to offer black doctors full participation in its operation.

There had been opposition in the black community, including some from the NAACP, because of fears that the hospital would lead to increased segregation in the rest of the medical community. But the opposite occurred. Racial barriers in other hospitals eroded.

Dr. Mason was named president of the medical staff at MetroHealth in 1960. It was said to have been the first such office held by a black doctor at any area hospital other than Forest City.

He also served on the staff of Mt. Sinai Hospital.

Other positions that Dr. Mason held included service on the boards of the Glenville YMCA, Cleveland Academy of Medicine, Cleveland Area Heart Society, Anti-Tuberculosis League and the advisory board of the Maternal Health Association.

He was a clinical instructor and assistant clinical professor at Case Western Reserve University School of Medicine until 1980.

He also served on the board of Alpha Phi Alpha fraternity.

Dr. Mason is survived by his wife, Melbahu T.; and sons, Dr. Ulysses G. III of Denver, Bryant S. of New York City and Paul J. of Arlington, Va.

A memorial service will be at 3 p.m. Friday at the Church of the Covenant, 11205 Euclid Ave.

Arrangements are being handled by E.F. Boyd & Son Funeral Home of Cleveland.

THE FEDERALLY SUPPORTED
HEALTH CENTERS ASSISTANCE
ACT OF 1995

HON. NANCY L. JOHNSON

OF CONNECTICUT

IN THE HOUSE OF REPRESENTATIVES

Thursday, May 25, 1995

Mrs. JOHNSON of Connecticut. Mr. Speaker, I plan to introduce shortly, with Congressman WYDEN of Oregon, the Federally Supported Health Centers Assistance Act of 1995 and commend the following background and summary of the legislation to the House of Representatives.

THE FEDERALLY SUPPORTED HEALTH CENTERS ASSISTANCE ACT OF 1995

EXTENDING MALPRACTICE COVERAGE FOR HEALTH CENTERS UNDER THE FEDERAL TORT CLAIMS ACT

Background

Community, migrant and homeless health centers are eligible for coverage for medical malpractice under the Federal Tort Claims Act [FTCA]. Health centers were brought under the FTCA in 1993 by the Federally Supported Health Centers Assistance Act of 1992. Health centers are covered for malpractice claims in the same manner as employees of the Public Health Service who provide medical care. The law provided this coverage for health centers for a three-year "demonstration" period, which expires December 31, 1995.

Private malpractice insurance is a significant expense for health centers. Prior to the enactment of FTCA coverage, health centers spent \$60 million of their federal grant funds each year for private malpractice coverage. Health centers covered under the FTCA has saved an estimated \$14.3 million in malpractice insurance costs over the past two years—funds which were channelled back into patient care to serve an estimated 75,000 additional clients.

During the last two years, FTCA coverage for health centers has been only partially implemented. Final regulations were only recently issued on May 8, 1995. This lengthy period of uncertainty regarding the law's scope has made it necessary for many health centers to continue their private malpractice coverage. To date, 542 health centers have been "deemed" by HHS for malpractice coverage under FTCA, and 119

health centers have dropped private malpractice insurance for one or more of their clinician. Only 29 percent of health center clinicians are currently covered by FTCA.

The number of claims against health centers under FTCA is remarkably low. Since autumn of 1993, only eight claims have been filed nationwide against the 542 health centers approved for FTCA coverage. This low rate of malpractice claims is consistent with the low rate of claims filed against health centers under private insurance. To date, a total of \$11 million of health center appropriations have been set aside over the last three years for FTCA judgment costs. None of these funds have been obligated or expended thus far.

SUMMARY OF LEGISLATION

H.R. makes malpractice coverage for health centers under the FTCA permanent. Based on information gained during the demonstration period, H.R. makes several clarifications and procedural modifications in the law to improve the efficiency and operation of the program. The bill:

Codifies provisions of the final regulations defining the coverage of officers, employees and contractors of health centers under FTCA, and clarifies that health center governing board members are also covered.

Provides for coverage under FTCA of part-time health center clinicians who practice in the primary care areas of family practice, general internal medicine, general pediatrics, and obstetrics and gynecology.

Codifies provisions of the final regulations which clarify that FTCA malpractice coverage applies to certain health services health center clinicians may provide to patients who are not registered with the center. For example, health center practitioners participating in community-wide immunization efforts will have FTCA coverage when providing immunizations.

Establishes procedures for health centers to apply for and receive malpractice coverage under FTCA. Clarifies that once an application for coverage under FTCA is approved, the coverage applies to claims for services provided during the period for which the coverage determination has been made and is binding on all parties to a malpractice claim.

Provides for a full and fair hearing on the record before a health center can be decertified from previously approved FTCA coverage.

Provides for timely action by the Department of Justice to remove a malpractice case filed in state court when the case is covered under FTCA.

Applies FTCA coverage to health services provided by centers to enrollees of managed care plans who have chosen the managed care plan as their provider. Establishes that FTCA coverage must be accepted by managed care plans as meeting the requirements for malpractice coverage for health centers who contract to be providers for managed care plans.

Sets the maximum amount that may be held aside from health center grant appropriations for the FTCA malpractice claim reserve fund at \$10 million annually.

H.R. —

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE; REFERENCE.

(a) SHORT TITLE.—This Act may be cited as the “Federally Supported Health Centers Assistance Act of 1995”.

(b) REFERENCE.—Except as otherwise expressly provided, whenever in this Act an amendment or repeal is expressed in terms of an amendment to, or repeal of, a section or

other provision, the reference shall be considered to be made to a section or other provision of the Public Health Service Act.

SEC. 2. PERMANENT EXTENSION OF PROGRAM.

(a) IN GENERAL.—Section 224(g) (42 U.S.C. 233(g)) is amended by striking the last sentence of paragraph (3).

(b) CONFORMING AMENDMENTS.—

(1) Section 224(k)(1)(A) (42 U.S.C. 233(k)(1)(A)) is amended by striking “each of the fiscal years 1993, 1994, and 1995” and inserting “each fiscal year”.

(2) Section 224(k)(2) (42 U.S.C. 233(k)(2)) is amended by striking “each of the fiscal years 1993, 1994, and 1995” and inserting “each fiscal year”.

SEC. 3. CLARIFICATION OF COVERAGE.

Section 224(g)(1) (42 U.S.C. 233(g)(1)) is amended—

(1) in the first sentence, by striking “officer, employee, or contractor” and inserting “officer, governing board member, or employee of such an entity, and any contractor”; and

(2) in the second sentence, by inserting after “officer,” the following “governing board member.”

SEC. 4. COVERAGE FOR SERVICES FURNISHED TO INDIVIDUALS OTHER THAN CENTER PATIENTS.

Section 224(g)(1) (42 U.S.C. 233(g)) is amended—

(1) by redesignating paragraph (1) as paragraph (1)(A); and

(2) by adding at the end thereof the following:

“(B) The deeming of any entity or officer, governing board member, employee, or contractor of the entity to be an employee of the Public Health Service under subparagraph (A) shall apply with respect to services provided—

“(i) to all patients of the entity, and

“(ii) subject to subparagraph (C), to individuals who are not patients of the entity,

“(C) Subparagraph (B)(ii) applies to services provided to individuals who are not patients of an entity if the Secretary determines, after reviewing an application submitted under subparagraph (D), that the provision of the services to such individuals—

“(i) benefits patients of the entity and general populations that could be served by the entity through community-wide intervention efforts within the communities served by such entity;

“(ii) facilitates the provision of services to patients of the entity; or

“(iii) are otherwise required under an employment contract (or similar arrangement) between the entity and an officer, governing board member, employee, or contractor of the entity.”

SEC. 5. APPLICATION PROCESS.

(a) APPLICATION REQUIREMENT.—Section 224(g)(1) (42 U.S.C. 233(g)(1)) (as amended by section 4) is further amended—

(1) in subparagraph (A), by inserting “and subject to the approval by the Secretary of an application under subparagraph (D)” after “For purposes of this section”; and

(2) by adding at the end thereof the following:

“(D) The Secretary may not deem an entity or an officer, governing board member, employee, or contractor of the entity to be an employee of the Public Health Service under subparagraph (A), and may not apply such deeming to services described in subparagraph (B)(ii), unless the entity has submitted an application for such deeming to the Secretary in such form and such manner as the Secretary shall prescribe. The application shall contain detailed information, along with supporting documentation, to verify that the entity, and the officer, governing board member, employee, or contrac-

tor of the entity, as the case may be, meets the requirements of subparagraphs (B) and (C) of this paragraph and that the entity meets the requirements of paragraphs (1) through (4) of subsection (h).

“(E) The Secretary shall make a determination of whether an entity or an officer, governing board member, employee, or contractor of the entity is deemed to be an employee of the Public Health Service for purposes of this section within 30 days after the receipt of an application under subparagraph (D). The determination of the Secretary that an entity or an officer, governing board member, employee, or contractor of the entity is deemed to be an employee of the Public Health Service for purposes of this section shall apply for the period specified by the Secretary under subparagraph (A).

“(F) Once the Secretary makes a determination that an entity or an officer, governing board member, employee, or contractor of an entity is deemed to be an employee of the Public Health Service for purposes of this section, the determination shall be final and binding upon the Secretary and the Attorney General and other parties to any civil action or proceeding. Except as provided in subsection (i), the Secretary and the Attorney General may not determine that the provision of services which are the subject of such a determination are not covered under this section or are not within the scope of employment or responsibility of the entity or its officers, governing board members, employees, or contractors.

“(G) The Secretary, for good cause shown, may reverse a determination under subparagraph (E). The decision of the Secretary to reverse such a determination shall be made on the record after opportunity for a full and fair hearing. Any such reversal by the Secretary shall apply only after the entity receives notice of such reversal and shall only apply to acts and omissions occurring after the date on which such notice was received.”

(b) APPROVAL PROCESS.—Section 224(h) (42 U.S.C. 233(h)) is amended—

(1) by striking the matter preceding paragraph (1) and inserting the following: “The Secretary may not approve an application under subsection (g)(1)(D) unless the Secretary determines that the entity—”; and

(2) by striking “has fully cooperated” in paragraph (4) and inserting “will fully cooperate”.

SEC. 6. TIMELY RESPONSE TO FILING OF ACTION OR PROCEEDING.

Section 224 (42 U.S.C. 233) is amended by adding at the end thereof the following:

“(1)(1) If a civil action or proceeding is filed in a State court against any entity described in subsection (g)(4) or any officer, governing board member, employee, or any contractor of such an entity for damages described in subsection (a), the Attorney General, within 15 days after being notified of such filing, shall make an appearance in such court and advise such court as to whether the Secretary has determined under subsections (g) and (h), that such entity, officer, governing board member, employee, or contractor of the entity is deemed to be an employee of the Public Health Service for purposes of this section with respect to the actions or omissions that are the subject of such civil action or proceeding. Such advice shall be deemed to satisfy the provisions of subsection (c) that the Attorney General certify that an entity, officer, governing board member, employee, or contractor of the entity was acting within the scope of their employment or responsibility.

“(2) If the Attorney General fails to appear in State court within the time period prescribed under paragraph (1), upon petition of

any entity or officer, governing board member, employee, or contractor of the entity named, the civil action or proceeding shall be removed to the appropriate United States district court. The civil action or proceeding shall be stayed in such court until such court conducts a hearing, and makes a determination, as to the appropriate forum or procedure for the assertion of the claim for damages described in subsection (a) and issues an order consistent with such determination.”.

SEC. 7. APPLICATION OF COVERAGE TO MANAGED CARE PLANS.

Section 224 (42 U.S.C. 223) (as amended by section 6) is amended by adding at the end the following:

“(m)(1) An entity or officer, governing board member, employee, or contractor of an entity described in subsection (g)(1) shall, for purposes of this section, be deemed to be an employee of the Public Health Service with respect to services provided to individuals who are enrollees of a managed care plan if the entity contracts with such managed care plan for the provision of services.

“(2) Each managed care plan which enters into a contract with an entity described in subsection (g)(4) shall deem the entity and any officer, governing board member, employee, or contractor of the entity as meeting whatever malpractice coverage requirements such plan may require of contracting providers for a calendar year if such entity or officer, governing board member, employee, or contractor of the entity has been deemed to be an employee of the Public Health Service for purposes of this section for such calendar year. Any plan which is found by the Secretary on the record, after notice and an opportunity for a full and fair hearing, to have violated this subsection shall upon such finding cease, for a period to be determined by the Secretary, to receive and to be eligible to receive any Federal funds under titles XVIII or XIX of the Social Security Act.

“(3) For purposes of this subsection, the term ‘managed care plan’ shall mean health maintenance organizations and similar entities that contract at-risk with payors for the provision of health services or plan enrollees and which contract with providers (such as entities described in subsection (g)(4)) for the delivery of such services to plan enrollees.”.

SEC. 8. COVERAGE FOR PART-TIME PROVIDERS UNDER CONTRACTS.

Section 224(g)(5)(B) (42 U.S.C. 223(g)(5)(B)) is amended to read as follows:

“(B) in the case of an individual who normally performs an average of less than 32½ hours of services per week for the entity for the period of the contract, the individual is a licensed or certified provider of services in the fields of family practice, general internal medicine, general pediatrics, or obstetrics and gynecology.”.

SEC. 9. DUE PROCESS FOR LOSS OF COVERAGE.

Section 224(i)(1) (42 U.S.C. 233(i)(1)) is amended by striking “may determine, after notice and opportunity for a hearing” and inserting “may on the record determine, after notice and opportunity for a full and fair hearing”.

SEC. 10. AMOUNT OF RESERVE FUND.

Section 224(k)(2) (42 U.S.C. 223(k)(2)) is amended by striking “\$30,000,000” and inserting “\$10,000,000”.

TRIBUTE TO NATHAN H. BRIDGES WINNER OF RAIL SAFETY AWARD

HON. HAROLD E. FORD

OF TENNESSEE

IN THE HOUSE OF REPRESENTATIVES

Thursday, May 25, 1995

Mr. FORD. Mr. Speaker, I would like to pay tribute to one of my constituents, Mr. Nathan H. Bridges of Memphis, TN who has been awarded the Harold F. Hammond Award for safety achievements in the railroad industry. Mr. Bridges, a motor car repairman for the Illinois Central Railroad in my congressional district, is responsible for the maintenance and repair of all track equipment for his maintenance-of-way work unit. Mr. Bridges, who has been chairman of the railroad's Southern Region engineering department safety committee since 1993, was selected from over 200,000 railroad workers. His work also enabled his company, the Illinois Central Railroad win for the fifth time the E.H. Harriman Memorial Award. The Harriman Award is given to railroad companies and their employees for achieving Federal Railroad Administration safety standards.

Secretary of Transportation Federico Pena noted this milestone saying: “Our statistics show that the rate of train accidents and rail employee injuries—along with the number of rail employee fatalities—were at their lowest levels in 1994.” Mr. Bridges and the superb employees of the Illinois Central Railroad in Memphis made a significant contribution to these safety statistics.

Mr. Speaker, Memphis, TN is known across this country as “America's Distribution Center.” Mr. Bridges dedicated service has done much to help our great city keep its reputation as a center for commerce and transportation. More important though is Mr. Bridges' dedication to safety. The number of lives saved by his commitment to safety cannot be quantified. Mr. Speaker, I would like to include a short biography of Mr. Bridges and a description of the award for the record and ask that the House of Representatives join me in honoring his contribution.

THE HAMMOND AWARD WINNER

Nathan H. Bridges

Nathan H. Bridges, who repairs track equipment for his maintenance-of-way unit of Illinois Central Railroad, is the Harold F. Hammond Safety Award winner.

Mr. Bridges is being recognized for his promotion of on-the-job safety awareness, an unselfish commitment to advancing safety knowledge at employee meetings and improving safety-related dialogue among employees and senior management of Illinois Central.

On his own time, Mr. Bridges produces a quarterly safety newsletter for distribution to fellow employees in IC's Southern Region, counsels schoolchildren on safe behavior near railroad tracks and enrolled in night courses on occupational safety even before IC's current tuition refund program was inaugurated.

A safety consultant who encountered Mr. Bridges on the job later remarked to Illinois Central's Southern Region superintendent that “if Illinois Central had other employees thinking like Nathan Bridges, solving safety problems would be a breeze.”

In nominating Mr. Bridges for the Hammond Award, Illinois Central's chief executive officer, Hunter Harrison, wrote that after Mr. Bridges was asked to take charge

of a superintendent's safety committee, “he immediately told everyone on the committee either to start contributing or resign and make room for someone who would. He assigned all the committee members research projects and had them write letters for a regional safety newsletter.”

Mr. Harrison added that in Mr. Bridges' continuing role as chairman of the superintendent's safety committee, he repeatedly has reminded track supervisors and even engineering superintendents that employee safety concerns are the first order of business on Illinois Central Railroad.

The Harold F. Hammond Safety Award, established in 1986, is awarded to an individual railroad employee who has demonstrated outstanding safety achievement during the preceding year.

CLEANUP OF THE ROCKY MOUNTAIN ARSENAL

HON. PATRICIA SCHROEDER

OF COLORADO

IN THE HOUSE OF REPRESENTATIVES

Thursday, May 25, 1995

Mrs. SCHROEDER. Mr. Speaker, one of the Nation's most notorious military environmental problems just took a big step forward. The World War II-era Rocky Mountain Arsenal, located in my district, manufactured and stored chemical munitions. It later leased land to Shell Chemical Co. for pesticide production. Thirty years of haphazard chemical disposal by both resulted in a surface and ground water mess that vexed Federal, military, State, and corporate leaders who faced complicated cleanup questions.

Many of those questions were answered with the release yesterday of a tentative conceptual cleanup strategy. I wish to submit into the record that agreement. It can be reviewed by a wide audience and can provide necessary background as this project seeks continued funding from a diminishing defense environmental restoration account.

The remarkable fact about this agreement is the 6-year, painstaking negotiations undertaken to get there. Bitter pills were swallowed by all. And days of fine tuning are still ahead. But the real winner is human health and the environment. I wish to applaud the negotiators who gave years of blood, sweat and tears to reach the following agreement.

Mr. Speaker, here follows a milestone.

ROCKY MOUNTAIN ARSENAL REMEDY NEGOTIATIONS, EMBASSY SUITES HOTEL, SE DENVER, MAY 9-11, 1995

CONCEPTUAL AGREEMENT COMPONENTS

(Please refer to attached map for site locations.)

Background

This proposal represents a tentative conceptual agreement between the U.S. Army, Shell Oil Company, the state of Colorado, the U.S. Environmental Protection Agency, and the U.S. Fish and Wildlife Service for the cleanup of the Rocky Mountain Arsenal. The conceptual remedy was reached based upon ongoing discussions during the past six months, which included stakeholders, and on the past studies performed at the Arsenal as part of the Superfund process. This tentative conceptual agreement is contingent on the successful resolution of issues yet to be resolved by the parties.

Timetable for Ongoing Process

Assuming continued resolution of issues between the parties, a new Detailed Analysis