

EXTENSIONS OF REMARKS

DEPARTMENTS OF LABOR,
HEALTH AND HUMAN SERVICES,
AND EDUCATION, AND RELATED
AGENCIES APPROPRIATIONS
ACT, 1996

SPEECH OF
HON. THOMAS M. DAVIS
OF VIRGINIA

IN THE HOUSE OF REPRESENTATIVES
Wednesday, August 2, 1995

The House in Committee of the Whole House on the State of the Union had under consideration the bill (H.R. 2127) making appropriations for the Departments of Labor, Health and Human Services, and Education, and related agencies, for the fiscal year ending September 30, 1996, and for purposes:

Mr. DAVIS. Mr. Chairman, I want to thank my colleagues, Mr. EDWARDS, Mr. BATEMAN, Mr. SAXTON, Mr. CHRISTENSEN and others for their work on restoring money to the Impact Aid Program. By funding this program at the amounts mentioned by the majority leader, Prince William County could gain \$1.5 million and Fairfax County would gain an additional \$800,000. Both of these school systems are spending far more in educating children of active duty military personnel on bases than they receive from the Government. And just as homeowners and businesses pay their local taxes annually, the Federal Government has an obligation to pay its fair share. Anything less amounts to an unfunded Federal mandate on localities.

DEPARTMENTS OF LABOR,
HEALTH AND HUMAN SERVICES,
AND EDUCATION, AND RELATED
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ACT, 1996

SPEECH OF
HON. VIC FAZIO
OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES
Wednesday, August 2, 1995

The House in Committee of the Whole House on the State of the Union had under consideration the bill (H.R. 2127) making ap-

propriations for the Departments of Labor, Health and Human Services, and Education, and related agencies, for the fiscal year ending September 30, 1996, and for other purposes:

Mr. FAZIO of California. Mr. Chairman, I agree with Mr. OBEY. If he's said it once, he's said it a thousand times: This language has no place in an appropriations bill. It should not be hidden in an appropriations bill.

That said, I rise in support of Mr. GANSKE's amendment to strike this language. First, this language is completely unnecessary. Its supporters will say that it protects those who have moral and religious reservations about abortion from discrimination. But the Accreditation Council for Graduate Medical Education—the independent organization of medical professionals who set the standards for medical education—does not mandate abortion training. Anyone, either an individual or an institution, with a legal, moral, or religious objection to such training is not required to participate.

I would argue that the language in this bill serves a different purpose. It serves to restrict academic freedom. It serves to restrict knowledge about a legal medical procedure its supporters find personally unacceptable.

In order to satisfy their personal priorities, they have inserted this language which represents an unprecedented intrusion into the actions of a private organization. As Dr. James Todd, executive vice president of the American Medical Association has said, accreditation is a "private sector, professional process."

I don't know about you, but I do not pretend to know the first thing about the ins and outs of a medical education. Congress has no business regulating medical curriculum. Not only do we not know enough about it, it is not within our jurisdiction. To again repeat the words of Dr. Todd, "The curriculum of educational programs, and the standards by which these programs are evaluated, should not be subject to Federal or State legislative initiatives, and should not be politicized by governmental regulation."

Listen to the experts. Support the Ganske amendment.

DEPARTMENTS OF LABOR,
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SPEECH OF
HON. PATSY T. MINK
OF HAWAII

IN THE HOUSE OF REPRESENTATIVES
Wednesday, August 2, 1995

The House in Committee of the Whole House on the State of the Union had under consideration the bill (H.R. 2127) making appropriations for the Departments of Labor, Health and Human Services, and Education, and related agencies, for the fiscal year ending September 30, 1996, and for other purposes:

Mrs. MINK of Hawaii. Mr. Chairman, I rise to express my deep disappointment in the Committee's decision to eliminate the Native Hawaiian Health Care Act. The program was established in 1988 because of the poor health conditions of Native Hawaiians and the many cultural barriers that prevent them from receiving adequate care.

The Native Hawaiian people currently suffer from extraordinarily high rates of heart disease, cancer and chronic conditions, such as diabetes.

A Office of Technology Assessment Study authorized by the Congress in 1984, which compared both Native Hawaiians and part-Hawaiians to other populations in the United States, found that overall Native Hawaiians have a death rate that averages 34 percent higher than all other races in the United States.

Pure-blooded Native Hawaiians have a death rate that is an astounding 146 percent higher than other Americans. The study also revealed that Native Hawaiians die from diabetes at a rate that is 222 percent higher than for all races in the United States.

Recent studies in the State of Hawaii show that 44 percent of all infant deaths in the State are Native Hawaiian children, cancer rates among Native Hawaiians far exceed other ethnic populations in our State, and health care services are often lacking in Native Hawaiian communities.

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By order of the Joint Committee on Printing.

WILLIAM M. THOMAS, *Chairman.*

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The high incidences of mental illness and emotional disorders among Native Hawaiians is attributed to the cultural isolation and alienation in a statewide population in which they now constitute about 20 percent.

Disenfranchised from their land, culture, and ability to self-govern, the Native Hawaiian people have suffered a plight similar to that of the Native American Indians on the continental United States. And it is the responsibility of the Federal Government to assist in our efforts to improve the health status of the native people of Hawaii.

In 1988 the Congress recognized this tremendous need and the Federal Government's responsibility to the Native Hawaiians. We enacted the National Hawaiian Health Care Act, which has provided the Native Hawaiian community the opportunity to assess its own health needs and find solutions that its native population can understand and relate to.

Since 1990 the Congress has funded this program. Native Hawaiian Health Care Centers have been established on each major island to provide primary, preventive and mental health care services in a culturally appropriate manner. These centers have also been able to combine the use of western and traditional health methods and encourage Native Hawaiians to return to their traditional foods as a basis for a healthy diet.

The elimination of this program is a severe blow to the progress we have made in improving the health of the Native Hawaiian people.

The bill currently also does not include funds for the Hansen's disease patients of Kalaupapa on the Island of Molokai. I want to take this opportunity to acknowledge the agreement of Chair PORTER to restore funds to this program during the conference.

I understand that the committee did not fund this program because of incorrect information provided by committee staff which indicated that there are no longer any patients at Kalaupapa. Once we pointed out to the Chair that there are 77 patients still living at Kalaupapa and 134 who receive outpatient services at other facilities in Hawaii, he agreed to restore these funds. While he could not do it in Committee, he would resolve the situation in conference.

Kalaupapa is a small peninsula on the Island of Molokai, accessible only by boat, plane or by traversing rugged cliffs. This geographically isolated place was chosen in 1866 as an area of banishment for those in Hawaii who had Hansen's disease, or Leprosy, as it was known then. For many years people with Hansen's disease were literally discarded at Kalaupapa doomed to live out their short lives in isolation and misery. They were branded as outcasts by the rest of society because of the horrible disfigurement and social stigma attached to Hansen's disease.

Over time, with care and commitment of such individuals as Father Damien deVeuster, whose statue the State of Hawaii has placed in the Halls of this building, the patients at Kalaupapa came to live their lives in dignity. With the advance of medicine sulfone drugs were discovered in the 1940s which were able to cure Hansen's disease, however even until 1969 isolation laws still segregated Hansen's disease patients from the rest of the world.

In 1954 the Federal Government made a commitment to assist in the treatment and care of Hansen's disease patients, the most ignored and outcast in our society at that time.

Since then Congress has provided payments to assist the patients at Kalaupapa.

In 1980 Kalaupapa was designated as a National Historical Park. This designation allowed the patients to continue to live at Kalaupapa for as long as they wish. Today 77 people chose to live their lives at Kalaupapa, the place that was once a place of abandonment and suffering, is now their home which they do not want to leave.

Federal assistance helps to provide medical care and other services the patients require. Last year the State of Hawaii received \$2.9 million. I recognize it was not the intention of the committee to cut off assistance to the patients, but simply a misunderstanding of this situation. I appreciate the agreement to resolve this situation in conference.

Following is a letter from Hawaii's State Department of health clarifying that these funds are essential in the State's ability to address the needs of the Hansen's disease patients at Kalaupapa.

STATE OF HAWAII,
DEPARTMENT OF HEALTH,
Honolulu, HI, July 21, 1995.

Hon. PATSY MINK,
House of Representatives, Washington, DC.

DEAR REPRESENTATIVE MINK: Per your request of July 21, 1995, regarding information on Hansen's Disease (HD) funds received from the United States Department of Health and Human Services.

The federal reimbursement to Hawaii for its HD program was originally authorized by Public Law 411 by the 82nd Congress on June 25, 1954; authorizations continue today through P.L. 99-117 (99 Stat. 49). Currently, the federal reimbursement amounts to \$2.9 million.

Federal reimbursements currently have covered 60% of operating costs since FY 1986. The federal receipts are deposited as reimbursements into the State General Fund.

Authorization for the State's budget is provided through the State Legislature. The HD program budget is funded 100 percent through the general fund appropriation which is then federally reimbursed in part as described above.

Federal HD funds do affect programmatic efforts and do have an impact on the level of services available. Declining levels of federal support would affect the program's ability to continue program enhancements for Hale Mohalu and Kalaupapa and for the outpatient program. Budget increases are authorized by the State Legislature.

The levels are based in part on the program's reimbursement capability, allowing us to provide enhanced levels of program benefits for the State's HD patients; i.e., various special operating repair and maintenance projects, needed equipment, position restorations from the State across-the-board budget cuts, and the conversion of temporary positions to permanent.

This is especially helpful for Kalaupapa, where recruitment and professional staff retention have always been difficult.

We hope this information is helpful, and we appreciate your commitment and continuing efforts in support of the current Federal/State partnership which well serves Hawaii's persons with Hansen's Disease.

Sincerely,

LAWRENCE MIKE,
Director of Health.

DEPARTMENTS OF LABOR,
HEALTH AND HUMAN SERVICES,
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ACT, 1996

SPEECH OF

HON. PATRICK J. KENNEDY

OF RHODE ISLAND

IN THE HOUSE OF REPRESENTATIVES

Wednesday, August 2, 1995

The House in Committee of the Whole House on the State of the Union had under consideration the bill (H.R. 2127) making appropriations for the Departments of Labor, Health and Human Services, and Education, and related agencies, for the fiscal year ending September 30, 1996, and for other purposes:

Mr. KENNEDY of Rhode Island. Mr. Chairman, I rise in strong support of the Bateman-Edwards proposal in conference and its efforts to restore funding to the Impact Aid Program. Today we are faced with an \$83 million gap in one of our countries most vital functions: the ability to educate our children and ensure our Nation's prosperity for generations to come.

For the past 45 years the Federal Government recognized its obligation to compensate school districts for the costs of educating children whose parents live or work on federally owned land. I ask my colleagues today, what has happened to that obligation? Has the Federal Government become so single-minded in its attempt to reduce the deficit that it has become blind to the needs of our Nation's children?

Many of these children are those of the men and women who serve in our Nation's armed services. Is cutting their children's education how we choose to pay back the people who faithfully serve our country? In my opinion it's a crime to tell the children of military impacted communities that they have to receive a substandard education because the Federal Government does not want to pay its fair share.

Many schools have had to close due to cutbacks in the Impact Aid Program. Many more have had to incur huge deficits just to keep operating. From Nebraska and South Dakota to New Jersey and New York schools of all sizes have had major difficulty keeping their doors open.

But the necessity of impact aid goes far beyond the 1.8 million children who are eligible under the program. Terminating the program will also have a significant impact on the 20 million students who attend schools that are dependent on impact aid funding. In my own district, thousands of children in the Middletown, Newport, and Portsmouth school districts are largely affected by the Impact Aid Program. What will happen to these children if this program goes unfunded? Where will they go if their school closes down?

Impact aid is about more than education, it is also about the strength of our communities. The people of Middletown, RI, tell me they are particularly proud of their community, their schools, and their military population. For over 200 years these same people have extended themselves to the military and have achieved an excellent reputation that is passed from generation to generation of servicemen and