

have contributed much to the San Diego labor movement.

Raised in New Bedford, MA, Joe Francis moved to San Diego in 1953. Working first at Convair, he took a volunteer position as shop steward. Six years later, he joined the San Diego Fire Department, where he became involved in the local Firefighters Union. He was elected as director of the Union Board in 1965 and later served as secretary and then president of Local 145.

In 1980, after 21 years in the fire department, he was elected to the office of executive-treasurer of the San Diego-Imperial Counties Labor Council with two-thirds of the vote.

Noted for his calm but direct demeanor, Joe Francis reached out to the labor community during his term and brought attention to a broad list of concerns. The Labor Council made great strides under his leadership.

It is no wonder that the San Diego Business Journal called Joe Francis "San Diego's Top Labor Leader."

His involvement in countless community organizations is a testament to his dedication. He currently serves on the boards of United Way, the San Diego County Board of Economic Advisors, and the San Diego Technology Council. He previously served on the boards of the Salvation Army and the Regional Employment Training Consortium, among others, and was president of the San Diego Convention Center Corporation.

As he relinquishes his current post with the Labor Council, Joe Francis will retain his position as executive director of San Diego Labor's Community Service Agency.

Mr. Speaker, I join labor leaders in San Diego and across the country in congratulating Joe Francis for receiving the San Diego-Imperial Counties Labor Council's Distinguished Service Award, and I wish him well in all future endeavors.

CONFERENCE REPORT ON S. 735,
ANTITERRORISM AND EFFECTIVE
DEATH PENALTY ACT OF
1996

SPEECH OF

HON. DON YOUNG

OF ALASKA

IN THE HOUSE OF REPRESENTATIVES

Thursday, April 18, 1996

Mr. YOUNG of Alaska. Mr. Speaker, I rise today in order to voice my strong opposition to the conference report for the Terrorism Prevention Act. I did not support the House bill as my voting record indicates and I did not intend to cast my support for the conference report. I strongly feel this legislation is a knee-jerk reaction to a most heinous crime. This body has passed enough legislation in previous years to catch and punish criminals who commit these atrocious acts against humanity. Unfortunately, I cannot change my vote but I do wish to make it clear that I opposed the conference report for the Terrorism Prevention Act.

EIGHTY-FIRST ANNIVERSARY OF
THE ARMENIAN GENOCIDE

HON. JERRY F. COSTELLO

OF ILLINOIS

IN THE HOUSE OF REPRESENTATIVES

Wednesday, April 24, 1996

Mr. COSTELLO. Mr. Speaker, I rise to join my colleagues today to commemorate the 81st anniversary of the Armenian genocide. In 1915, Armenian religious, political, and intellectual leaders were arrested and executed. The campaign of genocide began with this act and resulted in the deaths of over 1.5 million Armenians by 1923.

April 24 is the symbolic day of remembrance for the Armenian community to join together and remember the horrible events of their ancestors. Residents of Armenian heritage in my congressional district believe remembering the past will prevent the world from forgetting.

In addition, because some try to argue the Armenian genocide never occurred, calling attention to the tragedy is particularly worthwhile. Denial of genocide harms the victims and their survivors. That is one reason why I have joined a number of my colleagues in Congress in cosponsoring House Concurrent Resolution 47 to honor the memory of the victims of the Armenian genocide.

I ask my colleagues to join me in remembering the tragedy of the Armenian genocide and in renewing our commitment to human rights. The Congress must stand firm in its resolve to oppose violence and repression against humanity.

HEALTH INSURANCE HELP FOR
THOSE 55 AND OLDER

HON. FORTNEY PETE STARK

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Thursday, April 25, 1996

Mr. STARK. Mr. Speaker, I am introducing today legislation to make the COBRA health continuation program available to anyone between age 55 and the time they are eligible for Medicare.

Restructuring, layoff, downsizing, cutback, retrenchment—these words are heard too often in the 1990's. Amid corporate struggles to maintain profitability or simply to stay afloat, something else is shrinking: the number of permanent, full-time jobs.

As the level of employer-provided insurance declines and as hundreds of thousands of older workers face early retirement because of corporate downsizing, layoffs, and restructuring, the problem of health insurance for those not yet eligible for Medicare is becoming more and more serious.

While corporate profits were surging to record levels in 1994, the number of job cuts approached those seen at the height of the recession, according to a May, 1995 Wall Street Journal article. Profits rose 11 percent in 1994, on top of a 13-percent increase in 1993. Corporate America cut 516,069 jobs in 1994. International Business Machines Corp. [IBM] notified 1,200 employees last fall that they would no longer have jobs. Yet IBM's fourth-quarter profits were \$2.03 billion.

At AT&T, 40,000 jobs were recently cut. Workers will get a lump-sum payment based

on years of service, up to 1 year of paid health benefits and cash to cover tuition costs or to start a new business—but what happens to health coverage after the 1 year?

In Colorado, the Adolph Coors Co. announced plans in February to lay off as many as 150 of its 230 construction workers, despite profits of \$5.3 million in the fourth quarter.

Safety Stores undertook one of the most brutal corporate downsizing in history as a result of its leverage buyout in the mid 1980's. Safeway dumped 55,000 employees with no medical insurance, virtually no notice, and a maximum of 8 weeks severance.

A 1994 Nationwide study of 2,395 employers by A. Foster Higgins & Co., a New York based benefits consulting firm showed that among large companies—those with 500 or more employees—46 percent provide some form of coverage for early retirees, while only 39 percent provide insurance for Medicare-eligible retirees. Fewer than one in five large employers are willing to pay the entire cost of health care for their retirees, while 40 percent of the companies that do offer some form of health care coverage require the retiree to pay all of the costs. Those companies that do provide health care coverage for their retirees are increasingly requiring them to pay a share of the cost, especially for dependents.

Employee Benefit Research/Institute [EBRI] tabulations of the March 1995 Current Population Survey reveal that almost 14 percent of the near elderly, consisting of persons aged 55–64, was uninsured in 1994. As the baby boom generation approaches near elderly and elderly status, the issue of health insurance coverage for this group becomes increasingly important, particularly if the proportion of individuals aged 55–64 with employment-based coverage continues to decline.

Group health insurance is, of course, much less expensive than individual policy insurance, and that is why the COBRA benefit is so important and useful. The difference in cost can easily be several thousand dollars.

Help with the cost of this insurance is particularly important for those in their 50's and 60's because most insurance premiums rise sharply with age. For example, in the Los Angeles market, Blue Cross of California offers a basic, barebones in-hospital \$2000 deductible plan. This is a PPO plan where you are restricted to the hospitals you can use. For a couple under age 29, it costs \$64 a month. For a couple between age 60 and 64, it costs \$229 a month.

To help ensure that the cost of COBRA continuation is not a burden to business, my bill calls for age-55+ enrollees to pay 110 percent of the group rate policy—compared to 102 percent for most current COBRA eligible individuals and 150 percent for disabled COBRA enrollees.

I know that the cost of paying one's share of a group insurance policy will still be too much for many Americans and many of them will be forced into the uncertain mercies of State Medicaid policies. But for many others, this bill will provide an important bridge to age 65 when they will be eligible for Medicare. I wish we could do more—I'd like to see the gradual expansion of Medicare to all age groups, for example—but in the current climate, this bill is our best hope.

Over the years, I've received many letters from around the Nation on the need for national health insurance reform. Several of