For several years, Michael was assistant coach and manager for Little League baseball and football in Cedar Grove. He also was a member of Cedar Grove's Democratic County Committee.

Michael remains active in the Cedar Grove Elks Lodge No. 2237 having served as exalted ruler and as chairman of the trustees. He was the public relations district chairman for the New Jersey State Elks Association 1975–76. He actively served on membership, handicapped children, housing, Memorial Day services, Flag Day, Mother's Day services, and investigation committees. He also served as the lodge's justice of the forum.

In 1989, Michael joined the Cedar Grove chapter of UNICO National and served as the chapter's vice-president, and president. Currently serving as publicity chairman, Michael authored special biographical news releases for Michael A. Saltarelli when he was elected auxiliary bishop, Archdiocese of Newark in 1990 and James Troiano who was appointed a superior court judge in 1992. He also promoted the special UNICO Dinner Dance held in 1996, in honor of Bishop Saltarelli who left New Jersey to become bishop for the diocese of Wilmington, DE.

As UNICO's membership chairman for 3 years, Michael nearly doubled the chapter's membership. He was appointed to the UNICO National Editorial Advisory Committee and the Gay Talese Literary Award Committee by the national president. He was honored by the Cedar Grove chapter as ''Man of the Year'' at the chapter' 10th Anniversary Dinner Dance in 1996. Michael is also a member of the Center for Italian and Italian-American Culture.

Michael is married to Florence Beltram whom he first met in high school. They have three children and five grandchildren. Their daughter Robyn is married to Craig Sloboda and the two live in Milford, PA. The couple has two daughters, Randi, 15 and Ashley, 10. Their son Brian is a CitiCorp vice-president and lives in Cedar Grove with his daughter Larisa, 12. Their youngest son, Barry, is a cardiologist and lives in Voorhees, NJ with his wife Cindy and his twin sons, Christopher and Matthew, 7.

Mr. Speaker, I ask that you join me, our colleagues, Michael's family and friends and the township of Cedar Grove in recognizing Michael A. Bravette for his outstanding and invaluable service to the community.

PROVIDING FOR CONSOLIDATION OF H.R. 1119, NATIONAL DEFENSE AUTHORIZATION ACT FOR FISCAL YEAR 1998

SPEECH OF

HON. GARY A. CONDIT

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Thursday, June 19, 1997

Mr. CONDIT. Mr. Speaker, I stand today to oppose the rule. I have a great deal of respect for the chairman of the Committee on Rules, but I want those of my colleagues who can hear me, who can hear the sound of my voice to listen to my amendment which was turned down by the Committee on Rules yesterday.

We are talking about the military. We are talking about equipment and we are talking about facilities.

I had an amendment that said we have to honor our commitment to the men and women who serve in the military. I believe that if we are going to provide certain benefits—such as lifetime medical care—to them when they retire, then they are entitled to them and we ought to keep our promise.

That is the simple amendment. It's straightforward and it's honest. It's about making promises and keeping them.

I tell my colleagues, it does not make any difference how many pieces of equipment we have or what kind of facilities we build. If we do not have good men and women serving in the military it makes no difference how good our equipment or facilities are.

I went before the Committee on Rules to ask them to allow me to bring my amendment to the floor. All I was asking is that we honor the commitment we made to our military retirees and to honor the promises that we made. I was asking us to honor our commitment to them.

The U.S. military makes a commitment to a young person who comes in and signs up. They say, ''We're going to give you health benefits for life when you retire.'' All of us here in the Congress know the military has repeatedly made that promise. We have the casework to prove it over and over.

We also know that we have had problems delivering those benefits and even more problems keeping our word. This amendment would force the military to keep its word.

I am troubled that the Department of Defense doesn't support this amendment. Their legal counsel issued a three-page statement which said my amendment would ''impose undesired inflexibility'' on the Department. According to them, my amendment would be ''unwise.'' It means they don't want to keep their word.

Mr. Speaker, what kind of message are we sending our retired military population when we hide behind our promises rather than honor them? Recently a Federal judge in Florida ruled that retirees over 65 years of age who enlisted in the military prior to 1956 may now sue the Government for breaking its promise of free health care for life.

Are we really supposed to sit here in the 105th Congress and tell the next generation of American military veterans that they may have to sue the Government in order to have adequate health care coverage simply because the Department of Defense is finding it difficult to live up to its word?

Mr. Speaker, we are asking the United States to honor its commitment to our veterans.

WHO WILL CARE FOR THE POOR? NEW DATA SHOWS THE IMPENDING HOSPITAL CRISIS

HON. FORTNEY PETE STARK

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Tuesday, June 24, 1997

Mr. STARK. Mr. Speaker, we have just received the June report from our congressional hospital payment advisory panel—the Prospective Payment Assessment Commission—and it carries a dire warning about the future of the Nation's safety net hospitals in the era of managed care.

The report, ''Medicare and the American Health Care System, Report to the Congress, June, 1997,'' contains the following statement and table. It is a matter of life and death to millions of our fellow citizens that we address the problem of the uninsured in these good economic times. When an economic downturn comes, the pressure on these safety net hospitals will be unbearable—and then who will care for the uninsured and poor?

Rising financial pressure has raised concern about the willingness or ability of many hospitals to continue providing uncompensated care in a more competitive marketplace. A previous ProPAC analysis suggested that high managed care enrollment is associated with increased financial pressure from private payers and with greater reductions in the amount of uncompensated care hospitals provide.[43] Between 1992 and 1994, private payer payment to cost ratios declined 4.5 percent for hospitals located in urban areas with high managed care penetration; uncompensated care burdens for these hospitals also fell by 4.5 percent (see Table 3–14). The experience of hospitals located in areas with low managed care penetration was quite different: Their private payer payment to cost ratios rose 4.1 percent, while uncompensated care burdens fell only 0.1 percent.

CHANGE IN HOSPITAL FINANCIAL PERFORMANCE, BY MANAGED CARE PENETRATION RATE, 1992–94

[in percent]

Financial performance	Low	Medium	High
Private payment to cost ratio	4.1	3.8	−4.5
Total payment to cost ratio	0.9	−0.8	−2.0
Uncompensated care burden	−0.1	−1.4	−4.5
Cost per adjusted admission	8.2	7.0	7.3

Note: Managed care penetration rates are based on enrollment in health maintenance and preferred provider organizations as a percentage of the total population in the metropolitan statistical area (MSA). Low penetration is less than 41 percent; medium is from 41 percent to less than 50 percent; high is from 50 percent to less than 60 percent. This analysis is limited to 89 of the largest MSAs and excludes those with penetration rates of 60 percent or more.

SOURCE: ProPAC analysis of data from the American Hospital Association Annual Survey of Hospitals and the National Research Corporation.

The situation is particularly tenuous for hospitals that furnish a large amount of indigent care. They often lack the private payer base that can offset uncompensated care losses. Private payers' share of costs in pubic major teaching hospitals, for instance, is less than 15 percent (see Table 3–7). Moreover, compared with other institutions, these hospitals are already getting substantially higher private payments relative to costs, which makes it difficult for them to compete. The private payer payment to cost ratio for these facilities is 154 percent compared with an all-hospital average of 124 percent.

These hospitals are also in much weaker financial condition than other institutions, despite the additional subsidies they receive. Total gains for public major teaching hospitals, for instance, were only 1.5 percent in 1995, far below those for other hospitals. Given that one of their missions is serving the poor, they may not be able to reduce uncompensated care, particularly if other hospitals are doing so. Consequently, any increase in uncompensated care burdens could put such hospitals at serious financial risk.

PERSONAL EXPLANATION

HON. JOHN COOKSEY

OF LOUISIANA

IN THE HOUSE OF REPRESENTATIVES

Tuesday, June 24, 1997

Mr. COOKSEY. Mr. Speaker, unfortunately, I was not present to record votes on rollcall