

blood cholesterol. Americans are also becoming more overweight and less active—two key factors that increase the risk of heart disease. Most disturbing, for the first time in decades, Americans are losing ground against some cardiovascular diseases. The rate of stroke has risen slightly, the prevalence of heart failure has increased, and the decline in the death rate for those with coronary heart disease has slowed.

Women are particularly hard hit by this disease, in part because public health messages too often have not focused on how this segment of our population can best protect their hearts. The American Heart Association recently discovered that only 8 percent of American women know that heart disease and stroke are the greatest health threats for women, and 90 percent of women polled did not know the most common heart attack signals for women.

For a variety of reasons, including poorer access to preventive health care services, minorities in America have high mortality rates due to heart disease. The American Heart Association reported that, in 1995, cardiovascular disease death rates were about 49 percent greater for African American men than for white men, and about 67 percent higher for African American women than white women. In addition, the prevalence of diabetes—a major risk factor for heart disease—is very high in some of our Native American populations, and Asian Americans have a high mortality rate for stroke.

However, both the National Heart, Lung, and Blood Institute and the American Heart Association have undertaken activities to counter these trends. Both groups have initiated major efforts to better inform women and minorities about the threat of heart disease and the steps that can be taken both to prevent and treat it. These fine organizations also continue their efforts to educate health professionals on improving medical practice in heart health and to inform patients and the public about how to reduce their risk of heart disease. As we celebrate their 50th anniversaries, let us resolve to build on their record of accomplishment. By continuing our investment in research, raising public awareness of the symptoms of heart disease, and educating Americans about the importance of a heart-healthy diet and exercise, we can continue our extraordinary progress in saving lives and improving health.

In recognition of these important efforts in the ongoing fight against cardiovascular disease, the Congress, by Joint Resolution approved December 30, 1963 (77 Stat. 843; 36 U.S.C. 169b), has requested that the President issue an annual proclamation designating February as "American Heart Month."

NOW, THEREFORE, I, WILLIAM J. CLINTON, President of the United States of America, do hereby proclaim February 1998 as American Heart Month. I invite the Governors of the States, the Commonwealth of Puerto Rico, officials of other areas subject to the jurisdiction of the United States, and the American people to join me in reaffirming our commitment to combating cardiovascular disease and stroke.

IN WITNESS WHEREOF, I have hereunto set my hand this thirtieth day of January, in the year of our Lord nineteen hundred and ninety-eight, and of the Independence of the United States of America the two hundred and twenty-second.

WILLIAM J. CLINTON.●

#### CHRISTMAS IN APRIL PROVIDENCE 5-YEAR ANNIVERSARY

● Mr. REED. Mr. President, I rise today to pay tribute to Christmas in

April USA, our Nation's oldest volunteer home repair initiative. This program has helped to rehabilitate the homes of over 31,000 elderly, low-income, and disabled individuals nationwide.

I would particularly like to recognize the 5th anniversary of the Christmas in April program's arrival in Providence, Rhode Island, where it is making a difference in many communities. In just five years, Providence's Christmas in April has helped to restore over 100 dwellings, through the efforts and commitment of thousands of volunteers. Indeed, this important initiative has dedicated almost \$1 million to improve our communities and to help Rhode Island's less fortunate homeowners. The Christmas in April program exemplifies the true spirit of volunteerism.

Mr. President, I would particularly like to commend Providence College and its President, Reverend Philip A. Smith, for his leadership in creating our nation's first Christmas in April campus chapter. I am convinced that this unique volunteer service organization will continue to better Rhode Island's communities for many years to come.●

#### JUNIOR LEAGUE OF STAMFORD- NORWALK

● Mr. LIEBERMAN. Mr. President, I rise today to honor the Junior League of Stamford-Norwalk, based in Darien, Connecticut, on their 75th anniversary.

For 75 years the Junior League of Stamford-Norwalk has worked to promote volunteerism, develop the potential of women, and improve the community through the effective action and leadership of trained volunteers. Since Junior League of Stamford-Norwalk was founded in 1923, their members have donated more than 2.5 million volunteer hours to meeting the needs of the area towns it serves. In doing so, they have touched many lives and served innumerable members of the community with their hard work and generous spirit. Their donation of time and money has helped organizations such as the Volunteer Center, the Women's Crisis Center, Lockwood Matthews Mansion, and the Maritime Aquarium at Norwalk to better serve the people of the area. The work of the Junior League of Stamford-Norwalk over the past 75 years had made it a cornerstone of the community, and the people of Connecticut thank them for their service, dedication, and contribution to their communities.●

#### RENAMING WASHINGTON NATIONAL AIRPORT

● Mr. DORGAN. Mr. President, the proposal in Congress to rename the Washington National Airport for former President Ronald Reagan has caused some to claim that anyone who opposes the change is expressing a partisan view.

I greatly respect and admire former President Reagan. I have supported

naming Washington, D.C.'s largest federal office structure the Ronald Reagan Building. The ceremony to do that will be held in the next few months. I also have supported naming the aircraft carrier that is currently under construction the U.S.S. *Ronald Reagan*.

But I did not think it was appropriate for Congress to dictate a name change to the local airport authority. The bill turning over the authority for the airport to a metropolitan airport authority was signed by President Reagan nine years ago. I don't think the spirit of that transfer of control is served by a proposal directing the airport authority to rename the airport.

That airport is now named after America's first President. In fact, the porticos in the architecture of the Washington National Airport were designed to resemble Mount Vernon.

Again, while I admire and respect President Reagan, I believe that it's most appropriate that the principal airport serving our nation's capital retains the name of our first President. However, I did vote for an amendment that would permit renaming it, provided the local airport authority chose to do so. I think that is the appropriate course.●

#### MEDICARE TRANSFER REPEAL

● Mr. GRASSLEY. Mr. President, on February 4, I joined Senator D'AMATO in introducing legislation to repeal a provision of the Balanced Budget Act of 1997 which penalizes hospitals that provide appropriate and efficient care. This law punishes hospitals that make use of the full continuum of care and discourages them from moving patients to the most appropriate levels of post-acute care.

The current hospital prospective payment system is based on an average length of stay for a given condition. In some cases, patients stay in the hospital longer than the average and in other cases their stay is shorter. Historically, a hospital has been reimbursed based upon an average length of stay regardless of whether the patient remained in the hospital a day less than the average or a day more than the average. When the Balanced Budget Act transfer provision takes effect, however, this will no longer be the case.

This new policy penalizes facilities that transfer patients from the hospital to a more appropriate level of care earlier than the average length of stay. It encourages hospitals to ignore the clinical needs of patients and keep them in the most expensive care setting for a longer period of time. In short, it offers an incentive for hospitals to provide an unnecessary level of care, for an unnecessary length of time.

The transfer policy is particularly hard on hospitals in low-cost states like Iowa, where the cost of implementation has been estimated at \$25 million a year. Because Iowa's hospitals