County. She does this without expecting recognition or reward for her efforts.

For these reasons, when I was asked to nominate a candidate for the Blue Cross/Blue Shield Ageless Heroes Award, Selma's name was the first to come to mind. I know her colleagues and her friends in Lenawee County would agree that she is worthy of this honor.

Mr. Speaker, Selma Larson, through her vigor, hard work, and dedication, serves as a role model to us all. She proves every day that in America a person with commitment and drive can have a lasting impact on issues affecting all of us.

PERSONAL EXPLANATION OF CONGRESSMAN TOM A. COBURN, M.D. ON ROLL CALL VOTE NUMBER 557

HON. TOM A. COBURN

OF OKLAHOMA

IN THE HOUSE OF REPRESENTATIVES

Wednesday, February 25, 1998

Mr. COBURN. Mr. Speaker, In conducting my end of the year of review this past month I discovered that without explanation, my vote was not recorded on Roll Call vote number 557, passage of H.R. 1270, Amendments to the Nuclear Waste Policy Act of 1982. I was in fact present for this vote and did in fact vote Yea.

EQUITY IN TRANSPORTATION FUNDING

HON. RON PACKARD

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Wednesday, February 25, 1998

Mr. PACKARD. Mr. Speaker, as a ''donor state,'' Californians pay more in federal taxes at the gas pump than they receive back in federal funds for highway construction, bridge, and road maintenance. When Congress re-authorizes transportation funding legislation this year, I will support equity in transportation funding for California.

Taxpayers in my state expect their hard-earned tax dollars to be used for improvements in their communities and across California. Unfortunately, that is rarely the case. The truth is, some of the money is always used in some other town, in some other state. Mr. Speaker, we should stop asking California taxpayers to pay for highway and infrastructure improvements they will likely never see.

California communities are struggling to maintain their infrastructure. Many communities, including those I represent, are finding it virtually impossible to keep up with growing populations and business development. This is not only unfair, it is becoming unsafe.

Congress must support more equitable funding formulas for states that traditionally pay much more than they receive for their tax dollars, especially California. Mr. Speaker, we must enact a fairer transportation funding formula this year. I urge my California colleagues to unanimously support a funding formula that is fair for California taxpayers.

IN HONOR OF THE CITY OF ELIZABETH RECEIVING THE 1998 COMMUNITY EMPOWERMENT AWARD FOR THE NATION'S TOP URBAN ENTERPRISE ZONE PROGRAM

HON. ROBERT MENENDEZ

OF NEW JERSEY

IN THE HOUSE OF REPRESENTATIVES

Wednesday, February 25, 1998

Mr. MENENDEZ. Mr. Speaker, I would like to congratulate the city of Elizabeth, New Jersey for receiving the 1998 Community Empowerment Award from the National Association of State Development Agencies (NASDA) for developing the nation's most successful Urban Enterprise Zone.

The city's UEZ program, which is administered by the Elizabeth Development Company, beat out more than 3,000 eligible zone program participants from 40 states for the honor. The award will be presented February 26th at the annual NASDA Awards Luncheon in Washington, D.C.

In five years Elizabeth's UEZ program has generated over $30 million in revenue. In addition, the program has helped jump start over $500 million in economic development and provide more than 6,000 jobs for the region. In the future, the program expects to add 5,000 more jobs with the development of the New Jersey Gardens MetroMall.

Elizabeth's UEZ program is a model for how targeted sales and business tax cuts coupled with effective community programs can serve to spur growth in our urban areas. This nationally renowned program has attracted such visitors as Boston Mayor Tom Menino and has brought innovative approaches to nurturing relationships between private and public sector agencies.

I would like to take this opportunity to thank everyone who has helped make this program so successful. I would especially like to congratulate Elizabeth Mayor Christopher Bollwage; Executive Director of the Elizabeth Development Company, Ed Kolling; Deputy Executive Director of the EDC, Bill O'Dea; Planning Director, George Devanney; UEZ Coordinator, Don Devanney; Senior Project Coordinator, Don Goncalves and Community Relations Coordinator, Dave Strochak.

TRIBUTE TO FAMILY CONNECTIONS ADOPTIONS

HON. GEORGE P. RADANOVICH

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Wednesday, February 25, 1998

Mr. RADANOVICH. Mr. Speaker, I rise today to pay tribute to Family Connections Adoptions for over 15 years of devoted service to the community. Family Connections Adoptions helps families adopt children with special needs from all over the globe.

Family Connections Adoptions began in February, 1983. In 15 years the agency has placed over 1400 children, about half of which have been from California. The rest have been from developing countries—India, Korea, Thailand, South America, Vietnam, Romania, Ethiopia, China, Russia and others. The agency began by serving families in three countries with an office in Modesto, California. The service area has expanded gradually and now covers the whole state of California. There are branch offices in Sacramento, Fresno, and Oceanside.

The children range in age from infancy to fifteen years. The children are of every race and ethnic background. All of the children have been ''waiting children,'' which means that they have some special needs. These special needs can consist of medical challenges which include blindness, deafness, missing limbs, cerebral palsy, heart problems, cleft lip and palate, hydrocephalus, failure to thrive, severe asthma, fetal alcohol syndrome, and drug addiction. Some of the children at Family Connections have been free of medical challenges but their age, large sibling group, or minority race kept them waiting for an adoptive family.

The family who adopt through Family Connections vary in age, income, education, race, and family size. Couples who have been married two years and singles are welcome to apply. For some, the adoption is a first child for the family. For others, the new addition joins a family with other children. The common factor all families share is their desire to nurture a child.

Many of the agency staff are adoptive parents themselves and they relate to adopting families with warmth and understanding. Family Connections has a commitment to children who wait for permanent, loving homes and to the families who long to open their hearts and homes to the waiting children.

Mr. Speaker, it is with great honor that I pay tribute to Family Connections for their contribution to child adoption. It is the care and devotion displayed by Family Connections that warrant this recognition. I ask my colleagues to join me in wishing Family Connections many more years of success.

INTRODUCTION OF THE CABLE CONSUMER PROTECTION ACT OF 1998

HON. EDWARD J. MARKEY

OF MASSACHUSETTS

IN THE HOUSE OF REPRESENTATIVES

Wednesday, February 25, 1998

Mr. MARKEY. Mr. Speaker, I rise to introduce the Cable Consumer Protection Act of 1998.

I am pleased to be offering this legislation today with my good friend, the gentleman from Connecticut, Mr. SHAYS. The purpose of our legislative proposal is quite straightforward. We believe that Congress must act to continue consumer price controls past March 31, 1999, when they are scheduled to end pursuant to the Telecommunications Act of 1996.

The Telecommunications Act mandates that after March 31, 1999, consumer price controls for cable programming services end, a policy premised on the assumption that subsequent to enactment of the Act the telephone industry would mount a large scale assault of cable markets across the country. It is clear that competition to the cable industry has not materialized in any significant way after passage of the Telecommunications Act and that except for a few exceptions in limited areas of the country, the phone industry has largely pulled back from entering the cable business. Moreover, the cold reality is that for the overwhelming majority of consumers, an alternative wireline competitor is not going to show

up in their neighborhood anytime soon to provide price competition to the incumbent cable company.

The effect of lifting consumer price controls 13 months from now in the absence of robust competition would be to permit cable monopolies to charge what they want for everything but the broadcast-tier basic service without an effective marketplace check on their ability to raise rates excessively. This means that for the vast majority of cable consumers, the expanded tier of service that typically includes CNN, ESPN, TNT, DISCOVERY, MTV, and other popular cable programming services will be offered without any price limits in place.

Without a legislative change to extend consumer price protections for cable consumers past March 31, 1999, consumers will be hit with a cable rate El Nino. Congress must act in time to adjust the law to take note of the fact that cable competition has not developed sufficiently to warrant lifting consumer price controls. The recent cable competition report from the FCC in January underscores this fact. The new Chairman of the FCC, William Kennard, noted when releasing the report that policymakers ''should no longer have high hopes that a vigorous and widespread competitive environment will magically emerge in the next several months.''

Our legislation would simply repeal this sunset date from our communications statutes. Cable operators would then be deregulated through two underlying provisions that are already available under the law.

The first test for deregulating an incumbent cable operator in a franchise area that is contained in the Communications Act of 1934 would be met if emerging competitors served more than 15 percent of the households in a particular franchise area (see Section 623](l)(1)(B)). Second, if a local phone company offers a competing cable service directly to subscribers in a franchise area then the incumbent operator is immediately deregulated, without waiting for the phone company to garner 15 percent of the market (see Section 623(l)(1)(D)).

As I said during deliberations on the Act in 1995, when Mr. SHAYS and I offered a cable consumer protection amendment, and which I continue to believe today, sound public policy should compel us to repeal consumer price protections only when effective competition provides an affordable alternative choice for consumers, making regulatory protections unnecessary.

Until that time, the question boils down to this—do you want your monopolies regulated or unregulated?

In my view, such protections should not be lifted on an arbitrary deadline set on the basis of politics instead of economics. I urge my colleagues to support this effort on behalf of millions of cable consumers across the country.

INCREASED MANDATORY MINIMUM SENTENCES FOR CRIMINALS POSSESSING FIREARMS

SPEECH OF

HON. DIANA DeGETTE

OF COLORADO

IN THE HOUSE OF REPRESENTATIVES

Tuesday, February 24, 1998

Ms. DEGETTE. Mr. Speaker, I rise today to oppose H.R. 424. I strongly support effective crime control and crime prevention measures. I am also a steadfast proponent of smart gun control laws and tough sentences for gun-related violence. However, this misguided attempt imposes penalties for possessing a weapon that are far more severe than are the sentences for many violent crimes, like manslaughter. It is outrageous that the penalties imposed by this legislation for a first time offender for drug possession who has a gun at the time of the crime is ten years while a rapist receives only six years. We need to get tough on crime, but we also must be smart in our crime control strategies. Mandatory sentencing does not allow judicial flexibility to address each crime individually, imposing tough sentences when necessary and second chances when warranted.

The severity of sentences should reflect the seriousness of the crime committed. The sentencing policy included in this legislation which punishes criminals based not on their crime but on whether or not they possess a gun and the type of gun they possess simply does not make sense.

JAVITS-WAGNER-O'DAY BLIND WORKER OF THE YEAR

HON. JOHN E. PETERSON

OF PENNSYLVANIA

IN THE HOUSE OF REPRESENTATIVES

Wednesday, February 25, 1998

Mr. PETERSON. Mr. Speaker, I rise today to recognize Joyce A. Gnoffo of Williamsport, Pennsylvania, who has been selected as Blind Worker of the Year as a participant in the Javits-Wagner-O'Day program.

Ms. Gnoffo was nominated for this honor by her co-workers at North Central Sight Services, Inc., which provides a variety of computer media to the U.S. Department of Defense and pressure sensitive labels to General Service Administration. Ms. Gnoffo was selected for this honor as a result of her on-the-job performance at North Central Sight Services, Inc.

I know I am joined by many in congratulating Ms. Gnoffo in this wonderful achievement, and I wish her the very best of luck as she competes nationally for the Peter J. Salmon Award.

Thank you, Mr. Speaker, for this opportunity to recognize and to congratulate Joyce A. Gnoffo.

JCAHO ACCREDITATION PROCESS A SHAM; MILLIONS OF LIVES AT RISK AT ''ACCREDITED'' HOSPITALS

HON. FORTNEY PETE STARK

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Wednesday, February 25, 1998

Mr. STARK. Mr. Speaker, a recent investigation of New York City hospitals has uncovered startling evidence of substandard care at hospitals with high accreditation scores from Joint Commission on Accreditation of Health Care Organizations (JCAHO). In a scathing report, the Public Advocate for the City of New York presents strong evidence that hospitals circumvent JCAHO's annual announced survey visits—simply by hiring extra staff to make operations look smoother than they really are.

In too many cases, the report finds that JCAHO's high test scores mask a darker reality—that some accredited hospitals may be endangering the health of patients because they don't meet basic standards of care.

The New York City report demonstrates widespread quality of care problems in 15 accredited City hospitals. For example, it finds: Inadequate supervision that can mean patients are left in pain; substantial delays in treatment of emergency room patients; outdated and broken equipment; overcrowded, understaffed clinics; unsanitary conditions throughout the hospital; incomplete and poorly documented patient charts.

Clearly, when such conditions are present, JCAHO should respond with sanctions, not high praise. Yet only last year, JCAHO flunked fewer than 1% of hospitals. The organization says that it fails so few because it prefers to work with hospitals to ''correct'' any violations that are detected. But if its accreditation standards are low to begin with, then can consumers and plans really rely on JCAHO reports? This is a critical question for Medicare beneficiaries, since JCAHO-accredited hospitals are ''deemed'' to have met Medicare's ''Conditions of Participation,'' a key proxy for quality of care.

The weaknesses of JCAHO's current system are made plain in the New York report. Simply put, there are no surprise inspections, and little apparent follow-up of pro-forma walkthroughs. ''Simply investigative steps, such as unannounced visits, confidential employee interviews, and document audits'' could make a vast difference in what JCAHO actually found.

To make matters worse, under the Joint Commission's arbitrary scoring system, hospitals with serious quality of care problems are often awarded high accreditation scores. In effect, JCAHO surveyors are encouraged to rank hospitals highly on each standard, even if the hospital is unable to meet that standard! This practice makes a mockery of the review process.

In fact, almost all (98 percent) of the institutions surveyed in the New York City study received scores of 80 or better on a 100 point scale, and none had a score below 70! Mr. Speaker, I am astounded that, of the 18,000 institutions surveyed each year, none are judged to fail outright. Nearly all of them met JCAHO standards.

These inflated grades are confusing and misleading. Although each facility is rated on individual standards, the highest score of 1 on a scale of 1 to 5 only indicates 91% compliance; a score of 2 indicates only 76% compliance.

The results of such a skewed system are that public health authorities are left to do the hard work of sanctioning and shutting down facilities that are appalling deficiencies.

In 1994, New York City's Union Hospital was reviewed by JCAHO and given a score of 92. Three years later, in March 1997, the hospital's score rose to a near-perfect 97. But later that year, the New York Department of Health concluded that hospital staff had failed to properly treat high-risk emergency room patients, including two rape survivors, and was using outdated and expired drugs. Nurses pointed to understaffing and a lack of experienced staff in the pediatric, post-partum, and