Mr. President, there are many who question why Congress should legislate this current land exchange. This is common practice. Congress has not shied away from passing land trades in the past and we should not in this instance when a consensus may be eminent.

In an editorial on the exchange The Seattle Times stated, “The perfect as enemy of the good is a common phrase these days, but it remains appropriate to this situation. A transfer of 100,000 acres with a net gain of 20,000 to the public has a long-term ring to it that future generations may see as prescient. Those are powerful reasons to walk toward this agreement with eyes open, but keep walking.”

TRIBUTE TO THE PROCTOR FIRE DEPARTMENT/SUTHERLAND FALLS HOSE COMPANY ON THEIR 100TH BIRTHDAY

Mr. JEFFORDS. Mr. President, August 15, 1998, will be a great day for Vermont as we celebrate the centennial of the Proctor Fire Department/Sutherland Falls Hose Company.

For a century, the Proctor Fire Department has been a vital part of its community. The firefighters continually risk their lives to protect the welfare of their neighbors. One such person was Firefighter Maurice “Sonny” Foster; a twenty-three year veteran of the department. He gave his life on January 23, 1994, while at the scene of a mutual aid fire in Pittsford, Vermont. Mr. Wardwell is a true hero and his sacrifice serves as a reminder to us all of dedication and selflessness of this profession.

Mr. President, the 100th birthday of the Proctor Fire Department/Sutherland Falls Hose Company is a monumental occasion. The department is a vital part of the town and provides prompt and reliable service to people in the most distressing situations.

In times such as these, it is comforting to remember the words of our Lord: “Weeping may endure for a night, but joy comes with the dawn.” Clyde Raymond Barrow was a fine man, dedicated to his family, his community, and his God. The Barrows are in my thoughts and prayers during this time of sorrow, God. The Barrows are in my thoughts and prayers during this time of sorrow.

Mr. President, this barbarous act flies in the face of the Universal Declaration to which Iran is party. Mr. Rowhani had a fundamental right to practice his religion, Iran denied him that right. Mr. Rowhani had a fundamental right to a public trial. Iran denied him that right. Mr. Rowhani had a fundamental right to counsel. Iran denied him that right. Mr. Rowhani had a fundamental right to be NOT be hung at the end of a rope for holding minority religious beliefs.

My deepest concern now rests with the fifteen other Baha’is now being held by the government of Iran for essentially the same charges that resulted in Mr. Rowhani’s execution. As I speak now, at least three Baha’i men in the city of Mashad presently sit on death row, facing imminent execution.
because they dared to quietly celebrate their faith. I speak as much for them today as I do in protest to the brutal killing of their fellow-believer.

This hour, I call on the Government of Iran to ensure the safety of these individuals, to free every political prisoner, and to cease the persecution of the Bahá'í community.

I want to take this opportunity to commend the international community for its swift response to Mr. Rowhani's execution and urge other governments and organizations to vigilantly monitor the fate of the 15 jailed Bahá'ís, particularly the 3 jailed in Mashad presently facing the death penalty.

Religious persecution demands a tireless counter-response; it demands a vigilance that we hold the principle of religious freedom to be a precious and fundamental right, something worth protecting, so that we must always defend those who are wrongfully and brutally crushed for their faith by hostile national governments.

We cannot bring Mr. Rowhani back or right the wrong that was done to him and his family, but we can advocate against this happening again. Iran must abide by global human rights principles. Accordinly, Iran must release the fifteen Bahá'ís who have been incarcerated for their faith. Iran must preserve the lives of those facing execution for their faith. Iran must honor its commitment to the religious freedom principles of the Universal Declaration of Human Rights and set these prisoners free.

NURSING SCHOOL ADMINISTERED PRIMARY CARE CLINICS

Mr. INOUYE. Mr. President, I rise today to speak on an health issue of great importance now and in future years. As our population continues to increase, our elderly live longer, and healthcare technology advances, the need for access to care will undoubtedly also increase.

Because of these monumental increases in the need for healthcare access for many Americans, I wish to take this opportunity to discuss the need for support of nursing school administered primary care centers.

Nursing centers are university or nonprofit entity primary care centers developed (primarily) in collaboration with community hospitals or local nursing facilities to serve underserved populations. The centers are staffed by faculty and staff who are public health nurses and nurse practitioners. Students supplement patient care while receiving preceptorships provided by colleges of nursing and with the communities they serve. These centers are also home to a growing number of nurse practitioners. These centers are often associated with academic institutions, who serve as collaborators with nurses practitioners.

Nurse practitioners, and public health nurses, in particular, are educated through programs which offer advanced academic and clinical experiences, with a strong emphasis on primary and preventive health care. In fact, schools of nursing that have established these primary health care centers blend service and education goals, resulting in considerable benefit to the community at large.

Nursing centers are rooted in health care models established in the early part of the 20th century. Lillian Wald in the Henry Street Settlement and Margaret Sanger, who opened the first birth control clinic, provided the earliest models.

Since the late 1970's, in conjunction with the development of educational programs for nurse practitioners, college of nursing faculties have established nursing centers. There are currently 250 centers nationwide, affiliated with universities and colleges of nursing in Arizona, Utah, Pennsylvania, South Carolina, Tennessee, Texas, Hawaii, Virginia, and New York. The Regional Nursing Centers Consortium, an association of eighteen nursing centers in New Jersey, Pennsylvania and Delaware, was established in 1996 to foster greater recognition of, and support for, nursing centers in their pursuit of providing quality care to underserved populations.

Nursing centers tend to be located in or near areas with a shortage of health professionals or areas that are medically underserved. The beneficiaries of these centers have traditionally been the underserved and those least likely to engage in ongoing health care services for themselves or their family members. In the 1970's, I sponsored legislation that would give nurses the right to reimbursement for independent nursing services, under various federal healthcare programs. At the same time, one of the first academic nursing centers was delivering primary care services in Denver.

As the Vice Chairman of the Committee on Indian Affairs, I am pleased to note that the University of South Carolina College of Nursing has established a Primary Care Tribal Practice Clinic, under contract with the Catawba Indian nation, which provides primary and preventive services to those populations. The University also has a Women's Health Clinic and Student Health Clinic, which are both managed by our school.

Another prime example of services provided by nurse practitioners is the Utah Wendover Clinic. This clinic, in existence since 1994, provides interdisciplinary rural primary health services to the 10,000 patients annually. The clinic now has telehealth capabilities that provide interactive links from the clinic to the university hospital, 120 miles away. This technology allows practice's direct access to primary care, pediatrics, mental health, poten-tial abuse, and emergency trauma treatment.

To date, nursing centers have demonstrated quality outcomes which, when compared to conventional primary health care, indicate that their comprehensive models of care have resulted in significantly fewer emergency room visits, fewer hospital inpatient days, and less use of specialists. The Lasalle Neighborhood Nursing Center, for example, reported for 1997 that fewer than 0.02 percent of their primary care clients reported hospitaliza-tion for asthma, fewer than 2 percent were immunized on time; 50 percent fewer emergency room visits, and the clinic achieved a 97 percent patient satisfaction rate.

What makes the concept of nurse managed practices exciting and promising for the 21st century is their ability to provide care to underserved people in desperate need of health care services. Interestingly, nurse practitioners have consistently provided Medicaid sponsored primary care in urban and rural communities for a number of years, and have consistently demonstrated their commitment to these underserved areas.

The 1997 Balanced Budget Act (P.L. 105-33) included a provision that for the first time ever allowed for direct Medicare reimbursement of all nurse practitioners and clinical nurse specialists, regardless of the setting in which services were performed. This provision built upon previous legislation that allowed direct reimbursement to individual nurse practitioners for services provided in rural health clinics throughout America. The law effectively paved the way for an array of clinical practice arrangements for these providers; however, these nurse run centers, as opposed to individual practitioners, was not formally included in the law.

Federal law now also mandates independent reimbursement for nurse practitioners under the Civilian Health and Medical Programs of Uniformed Services (CHAMPUS), the Federal Employee Health Benefits Plan (FEHBP) and in Department of Defense Medical Treatment Facilities.

As the Ranking Member of the Defense Appropriations Subcommittee, I have listened to the testimonies of the three Service Chief Nurses each year, during the Defense Medical hearings. I am proud to report that the military services have taken the lead in ensuring the advancement of the profession of nursing. Military advanced practice nurses provide care to service members and their families at military treatment facilities. The Graduate School of Nursing at the Uniformed University of the Health Sciences (USUHS), which has a successful nurse practitioner program, was recently recognized by the Joint Commission on Accreditation in the United States. The Commanding General at Tripler Army Medical Center, a two star position, is a nurse. This