

Philip with intractable epilepsy. The disease interfered with Philip's development so much that by age six he still couldn't speak in full sentences.

An estimated 2.3 million Americans suffer from epilepsy. While about 75 percent find medications or other treatments to control their seizures, the other 25 percent, like Philip, try everything available to alleviate their seizures, but find no relief.

The Gattone's search for help from specialists around the country ended at the Rush Epilepsy Center. Rush-Presbyterian is one of the few hospitals in the nation that offers advanced treatment options and research capabilities for people with epilepsy.

Philip went through various tests at Rush to diagnose his condition and to discover the right way to treat his particular form of the disease. During the test period, Philip was videotaped 24-hours-a-day so doctors could identify his type of epilepsy, recording certain symptoms including facial expressions and unusual or abnormal behavior.

Doctors experimented with a variety of medications, but Philip's seizures persisted. His IQ was dropping, and he was losing critical cognitive abilities. His father, Philip Sr. said, "We knew we had to do something."

Doctors agreed that surgery was the only option. "If you can stop epileptic activity at its original site, you can stop the spread," said Thomas Hoepfner, PhD., a Rush neuroscientist.

In 1993, Philip underwent the first of two surgeries designed to prevent epileptic activity in areas of the brain critical to speech, movement and sensation.

Philip, now 12, has been seizure-free for the last five years. His parents are thrilled to see their dark haired, bright-eyed son doing so well. "This is what happens when research, dedication and commitment come together," said his father.

TERTIARY CARE IN ILLINOIS: A RESOURCE AT RISK REQUEST

Because the costs associated with delivering more complex care limit the ability of these hospitals to compete on price in the health care marketplace, their continued ability to provide leading-edge technology and specialized care depends heavily on government reimbursement policies. Several bills that would give teaching hospitals and academic medical centers some relief from BBA cuts have been introduced in Congress. All deserve the support of our state's U.S. senators and representatives.

S. 1023/H.R. 1785, the Graduate Medical Education Payment Restoration Act of 1999, would freeze the IME payment reduction at its current level of 6.5%. It would restore nearly \$90 million of Medicare funding to Illinois teaching hospitals and academic medical centers.

S. 1024/H.R. 1103, the Managed Care Fair Payment Act of 1999, would pay disproportionate-share hospitals (DSH) directly from Medicare for services provided to beneficiaries who are members of Medicare+Choice health plans.

S. 1025, the Nursing and Allied Health Payment Improvement Act of 1999, and H.R. 1483, the Medicare Nursing and Paramedical Education Act of 1999, would carve out funding for nurse and allied health training from payments to Medicare+Choice plans and pay the money directly to the hospitals that provide the training. Illinois Rep. Philip Crane (R-8th Dist.) is the sponsor of H.R. 1483.

Tertiary teaching hospitals and academic medical centers also support:

A halt in implementation of further DSH payment reductions.

Payment of 100% of their DME and IME costs in lieu of the current partial carve out

under Medicare+Choice, beginning in FY 2000.

JULY 23, 1999.

DRAFT

As members of the Illinois Congressional Delegation, I am writing to share our concerns over the fate of Illinois teaching hospitals and academic medical centers absent some form of relief from reimbursement cuts authorized in the '97 Balanced Budget Act (BBA). While we recognize that all sectors of society must sacrifice to achieve BBA objectives, we strongly believe that the unintended consequences of BBA threaten the viability of these valuable health care resources. As envisioned, BBA was intended to cut \$104 Billion from Medicare reimbursement to hospitals. However, BBA, if implemented as enacted, will result in nearly \$200 Billion in reductions.

The people of the State of Illinois deserve and have come to expect the high-quality medical care delivered by our teaching hospitals and academic medical centers. The benefit derived by residents of every region of the state is incalculable. These teaching hospitals and academic medical centers are the primary providers of complex medical care and high-risk specialty services such as trauma care, burn care, organ transplants and prenatal care to all patients—regardless of ability to pay.

In fact, the 65 tertiary care teaching hospitals in Illinois provide approximately 63% of all hospital charity care in the state. Aggressive BBA cuts are jeopardizing their ability to fulfill their vital mission of maintaining state-of-the-art medical care and technology, providing quality learning and research environments, and serving as a safety net for those unable to pay.

Not only do these institutions enhance our health and physical well-being, they also are some of our largest employers and consumers and, as a result, are an integral part of our overall economy. In total, our Illinois teaching hospitals and academic medical centers employ more than 56,000 of our constituents and add almost \$3 Billion to the state's economy in salaries and benefits alone.

Yet, despite the great benefits Illinois residents derive from our teaching hospitals and academic medical centers, these institutions suffer disproportionately under the BBA. In total, Illinois teaching hospitals face five-year reductions of more than \$2.5 billion. Consequently, while teaching facilities comprise 27% of Illinois hospitals, they will bear the brunt of 59% of BBA reductions. These cuts are compounded by increasing fiscal pressures from managed care companies and inadequate Medicaid reimbursements on the state level.

We believe we must act now to prevent the unintended consequences of BBA from eroding the high quality medical care we in Illinois take for granted. We respectfully urge you to make relief for our teaching hospitals and academic medical centers a high priority in this legislative session.

Mr. Speaker, I am looking at an editorial from the Peoria Star Journal that says, "Medicare Reductions Threatening Hospitals."

I am looking at one from the St. Louis Post Dispatch that says, "When Hospitals Get Sick," that hospitals can be sick if they are not being provided the necessary resources with which to operate.

I am looking at one from the Chicago Tribune which says, "University of Illinois to cut hospital jobs, seek merger."

I am looking at one from Crain's Chicago Business Magazine that says,

"Deep Medicare cuts draw blood at teaching hospitals," and they are not talking about the kind of blood that needs to be analyzed. They are talking about the blood that is going to cause the institutions to hemorrhage; and, of course, if one does not stop a hemorrhage we know that institutions, as well as individuals, can die. If institutions die, then they threaten the life of communities.

I am looking at one from the New York Times that says, "Teaching Hospitals in Trouble."

Then one that says, "Teaching Hospitals Battling Cutbacks in Medicare Money." Another editorial from the Chicago Tribune, "Medicare Cuts Hit Big Centers."

So all around America, both rural and urban, we are experiencing difficulties that unless there is relief we do not really know what to do about it. It is understandable if our economy was in bad shape, if we were on the verge of disaster, if we were on the verge of bankruptcy; but all of us continue to talk about how fortunate we have been that the economy has been holding steady, that we continue to experience economic growth. If we are experiencing economic growth, then it would seem foolhardy to allow institutions that provide the most needed of services to dissipate and perhaps even go under.

Now, there are some things that are being proposed. There are bills that have already been introduced that could provide some relief. One is Senate bill 1023 and House Resolution 1785. The Graduate Medical Education Payment Restoration Act of 1999 would freeze the IME payment reduction at its current level of 6.5 percent, and it would restore nearly \$90 million of Medicare funding to Illinois teaching hospitals and academic medical centers. Obviously, we are asking people to support that legislation.

Senate bill 1024 and House Resolution 1103, the Managed Care Fair Payment Act of 1999, would pay a disproportionate share to hospitals directly from Medicare for services. So we would hope that these legislative initiatives would be seriously looked at by the Members of Congress and that we could move to provide the kind of relief that is necessary to keep our institutions alive, viable, healthy, and well.

□ 1530

HURRICANE FLOYD DISASTER IN NORTH CAROLINA

The SPEAKER pro tempore (Mr. COOKSEY). Under a previous order of the House, the gentlewoman from North Carolina (Mrs. CLAYTON) is recognized for 5 minutes.

Mrs. CLAYTON. Mr. Speaker, I come from North Carolina, and there is, indeed, trouble in the land where I come from. There is great devastation. In fact, we have suffered the greatest devastation that we have ever suffered in

the history of our State. Some are calling this the flood of the century. It exceeded the 500-year watermark.

So, indeed, when we think of Interstate 95 being closed, and we know Interstate 95 was built for certainly every eventuality for many hundreds of years, when we think of the great unexpected consequences that this flood has brought, we can understand the devastation that the people in eastern North Carolina indeed are facing.

In fact, Hurricane Floyd came on the back of Hurricane Dennis. Dennis had come and rained and had dumped approximately 20 inches from August 29 to September 9. So the grounds were already soaked.

Then as my colleagues recall, Floyd came back; and when he came, he came all the way up the coast from Florida all the way up to New York. The State of Florida was severely hit, not as much as North Carolina. But Virginia was also affected. The States of Pennsylvania, New Jersey, and New York, all of those were indeed affected. But the devastation in North Carolina is profound.

Over 49 individuals have been confirmed dead. There are six bodies unidentified. The waters now are still rising because, just yesterday, six more inches of water has been the result of the rain that has occurred, and we are expecting to get at least 4 more in that area.

We see on TV areas like Tarboro and Princeville or Greenville, North Carolina. The waters that came downstream from Princeville and Tarboro, the Tar River is flowing. As the river is flowing down towards the ocean, those communities living in the wake of that flow, indeed, have found themselves under stress.

Again, in Greenville, East Carolina University, the whole school, 12,000 students were, indeed, evacuated, and 5,000 of them right now without accommodations. The school began today, and they are trying to find temporary housing for a good many of the students.

We have more than 2,800 people still living in shelters. At one time, we had as many as 30,000 people living in shelters throughout. This is, indeed, a devastation of indescribable terms.

One wonders, when there is such suffering, is there some redemptive value in that. Well, one of the things I have seen in all of the suffering is the resilience and the hope and the kind of dogged determination of people that they will, indeed, come back. But I also have seen just the generosity of the American people or neighbors helping neighbors or churches helping churches, school districts lending mobile units to other school districts.

We have schools flooded. We have a whole town still under water. In fact, part of another town is still under water. Houses that are structurally so vulnerable that they probably all will be destroyed.

Certainly in the town of Princeville, environment damage has been caused

as a result of that. More than 1,020 hogs were killed. More than 2.3 million chickens were killed. Five hundred turkeys were killed. Fertilizer, nitrate, chemicals.

On last Saturday, I visited Princeville service stations where they had dislodged the gasoline tanks, and one could smell the gasoline. Just the environmental impact in their water system. It is going to take an enormous amount of resources and time and effort and collaboration and work and patience to restore the vitality, the environmental nature of the community.

So I want to call my colleagues to understand the proportionality of the suffering. When any of us suffer, all of us suffer.

This is a vast amount of North Carolina farmland. More than one-third of our farmland is said to be nonproductive now as an effect of having Hurricane Floyd.

Hopefully, very soon, there will be a resolution on this floor that will say that this sense of House, we feel that, indeed, part of America is suffering; and this House, this body will have the fortitude to commit the resources that are needed to restore them.

This will not be easy. Indeed, it will not be easy, because floods do a lot of things that the wind does not do. In fact, it just threatens the integrity of roads and bridges and water systems and structures. Amazing to see such devastation.

Finally, Mr. Speaker, I just commend to the people who have helped us our gratitude from North Carolina. But I also, Mr. Speaker, urge the colleagues here to respond in the appropriate way, and the American way, and to provide the necessary resources to restore the lives of these communities.

CRITICAL HEALTH CARE ISSUES

The SPEAKER pro tempore. Under a previous order of the House, the gentlewoman from the Virgin Islands (Mrs. CHRISTENSEN) is recognized for 5 minutes.

Mrs. CHRISTENSEN. Mr. Speaker, today, before I start, I want to say to the gentlewoman from North Carolina (Mrs. CLAYTON) and to the people of North Carolina that my heart and the heart of my constituents go out to them. We know what they are going through, although I think their situation is much worse than ours has ever been. We will stand by them and are ready to be of assistance in any way that we can to the people of North Carolina, Virginia, and the other States that are affected.

But today, Mr. Speaker, I come here to give a brief overview of some of the critical health care issues that are a priority to the Congressional Black Caucus and its health braintrust which I chair. Many of my colleagues and I will come back on subsequent days to elaborate on the dire statistics that have compelled us and some of our individual critical issues.

Last year, the Caucus was able to secure an unprecedented \$156 million to fund a state of emergency or what was called a severe and ongoing crisis on HIV and AIDS and to target the needs of African Americans, Latinos, and other people of color with regard to this epidemic.

The dollars were to increase capacity, to help build infrastructure, to enable us to get grants, to administer them, and reach the population within our communities that until now have been hard to reach, mainly because we, the health care delivery system, have not been going about it in the right way.

Mr. Speaker, in communities of color, there are many barriers that must be overcome to bring effective messages of disease prevention and health promotion. They are language. They are culture. They are decades of mistrust. They are lack of education. There are other priorities that come from poverty, joblessness, and other social and economic factors.

These communities thus have severe disparities and health services and health status and are disproportionately affected in many diseases, but especially in HIV and AIDS. The health care delivery infrastructure is just not there. While we work on that, that cannot be built in 1 day, 365 days, 1 year or even several years.

In the meantime, we need to empower our communities through their indigenous community organizations to provide the prevention and intervention services that are needed. The people within the communities know their communities. They have the trust of their communities. They can do it best. What they do not have are the resources, and that is what the CBC initiative is all about.

We will soon be looking at the outcome of this past year's initiative. We have some doubts that it accomplished what we asked it to, but we must prepare to continue to improve and expand on that effort. We are, therefore, asking for an increase in the FY 2000 budget above the President's request of \$171 million.

Because we are seeking to make sure that all communities of color receive the funding they need commensurate with the level of the epidemic and the infrastructure deficiencies that each one of us has, some greater than others, we are asking then for \$349 million in the Labor HHS appropriation.

This funding is critical, as our other requests for \$150 million for the President's disparity initiative, \$55 million towards the international AIDS program, and AIDS in Africa.

Along with our requests with respect to the disparities, we are asking for the special funding to be set aside to train more providers of color, to provide Medicare and Medicaid outreach to our communities, and to increase our knowledge of and attention to HIV/AIDS and other health care issues in the Nation's prisons.