

allocate a sufficient portion of its administrative expense budgets to the SBIR program. By reserving these funds, agencies could (1) conduct site visits to companies which have won Phase I or Phase II awards; (2) provide the opportunity for agencies to review a company's work; and (3) provide those firms with such assistance in meeting the requirements of the program as they may require. Such expenses require agency investment in SBIR beyond set aside funds. However, this investment is a necessary agency administrative expenditure if agencies and participating companies are to get maximum value out of the program. A great example of this type of investment already exists at the Department of Defense.

Another change this legislation will make to the SBIR program is the addition of a National Research Council study. The Science Committee asked the NRC to examine a variety of questions which I and other Committee members feel will lead to a better understanding of the program's potential and encourage other beneficial program changes in the future. It is important that this study is done objectively, with a true understanding of the problems facing SBIR winners. We expect that the NRC panel that oversees this project will embody a wide range of expertise and experience, and include a respectable number of small high technology businessmen who have participated in the program.

In closing I would like to reiterate the importance of this program and the need to pass this bill this session. In the Boston area, we have a number of great research universities and laboratories; each filled with bright, technically oriented people who are willing to take a chance on an idea that possesses great potential. It is in our best interest to do what we can to encourage these individuals to pursue their ideas to the fullest. With this in mind, I urge each of my colleagues to give this bill their strongest support.

MR. EDWARD BRENDER HONORS
SYNAGOGUE IN POEM

HON. BENJAMIN A. GILMAN

OF NEW YORK

IN THE HOUSE OF REPRESENTATIVES

Friday, October 1, 1999

Mr. GILMAN. Mr. Speaker, I rise today to recognize one of my constituents. Edward Brender of Kauneonga Lake, New York, wrote a poem honoring his Temple Beth-El which celebrated its 75th anniversary last year. The congregation first started meeting in a barn. When their numbers grew, additions were built. The congregation is still growing today.

Mr. Speaker, I submit Mr. Brender's poem into the CONGRESSIONAL RECORD at this point:

"THE BARN THAT BECAME A HOUSE OF
WORSHIP"

(By Edward Brender)

The temple once a farmer's barn; part of
America's rural farm furnished with a
century-old church's pews, yet filled
with devout and dedicated Jews.

At Temple Beth-El, we like to stay with
American uplifted heart's we spay.

For 75 years, the temple filled our spiritual
needs, while rabbis planted righteous
seeds.

The halls resounded with Chief Justice Lawrence
H. Cook's praise, reminding us of

Hebrew sacrifices during America's
revolutionary phase.

During the time of our country's greatest
need, recounting tales of Jewish patriots'
deeds.

High on a majestic verdant hill stands state-
ly Temple Beth-El; For 75 years a beacon
of freedom's faith, spreading
boundless love and tales to tell.

PERSONAL EXPLANATION

HON. BOB RILEY

OF ALABAMA

IN THE HOUSE OF REPRESENTATIVES

Friday, October 1, 1999

Mr. RILEY. Mr. Speaker, on Monday September 27 and Tuesday September 28 of 1999, I was unavoidably detained by a family medical emergency and missed the following votes. Had I been present, I would have voted "aye" on rollcall votes No. 448 regarding the EU ban of U.S. Hushkitted and Reengined Aircraft, "aye" on No. 449 supporting free elections in Haiti, "aye" on No. 450, conveying land to San Juan College, "aye" on No. 451 preserving affordable housing for senior citizens, "aye" on No. 452, the Energy and Water Appropriations Conference Report, "aye" on rollcall vote No. 453, the Continuing Resolution for FY 1999, "aye" on No. 454 regarding East Timor, "aye" on No. 455 expressing sympathy for Taiwanese earthquake victims, "aye" on No. 456 to protect Social Security, and "aye" on No. 457, the Health Research and Quality Act.

TRIBUTE TO HEALTH HILL
HOSPITAL FOR CHILDREN

HON. STEVE C. LATOURETTE

OF OHIO

IN THE HOUSE OF REPRESENTATIVES

Friday, October 1, 1999

Mr. LATOURETTE. Mr. Speaker, it is with great pride that I announce the renaming of Health Hill Hospital for Children to the Cleveland Clinic Children's Hospital for Rehabilitation.

Since 1998, Health Hill Hospital for Children has been part of the Cleveland Clinic Health System. Devoted entirely to pediatric development, Health Hill has one of the largest teams of pediatric therapists in the nation. In addition to being one of the world's preeminent medical research and educational facilities, the Cleveland Clinic Health System is northeast Ohio's foremost provider of comprehensive medical and rehabilitative services to children requiring long-term treatment. In 1983, the Cleveland Clinic Foundation became the first medical center in the United States to be designated as a National Referral Center by the Health Care Financing Administration (HCFTA), Department of Health and Human Services. More specifically, Cleveland Clinic Children's Hospital for Pediatric Rehabilitation—Health Hill—is a national health resource for pediatric rehabilitation.

The primary goal for Health Hill is to create a more independent lifestyle for these children and their families. Not only does the hospital's pediatric staff provide excellent care to critically ill and disabled children, but they do so in a comforting and caring environment that

eases the children's fears and worries. For example, by providing unique programs, like the Day Hospital Program, children can receive daily intensive therapy without having to be hospitalized. Day Hospital patients receive therapy, nursing and medical care, yet are able to return home to their families each evening and weekend. Providing patients with the opportunity to maintain their routines and home lives is so important in making a sick child feel as "normal" as possible. The hospital serves children with a variety of illnesses, ranging from spinal cord and head injuries, respiratory problems, feeding disorders, and burns to chronic or congenital medical conditions.

Mr. Speaker, Health Hill Hospital has proven to be more than just a "hospital." Their commitment to providing the highest standards of medical services for special needs children is why they continue to be a shining example of one of the best children's specialty hospitals. Cleveland Clinic Children's Hospital for Rehabilitation is affiliated with the renowned Cleveland Clinic Foundation, ranked among the ten best hospitals in the nation by U.S. News and World Report's annual guide to "America's Best Hospitals." It is exciting to see the resources of this prestigious hospital devoted to the care of children.

Again, I am honored to announce the Cleveland Clinic Children's Hospital for Rehabilitation's new designation, and commend the Foundation's outstanding achievements throughout the past 78 years.

INTRODUCTION OF BILL TO EN-
SURE FREER AND FAIRER
TRADE

HON. LARRY COMBEST

OF TEXAS

IN THE HOUSE OF REPRESENTATIVES

Friday, October 1, 1999

Mr. COMBEST. Mr. Speaker, I am introducing a bill that provides the United States Trade Representative with additional tools to ensure freer and fairer world trade.

For U.S. agriculture, trade is an essential part of their livelihood. Currently exports account for 30 percent of U.S. farm cash receipts and nearly 40 percent of all agricultural production is exported. U.S. farmers and ranchers produce much more than is consumed in the United States, therefore exports are vital to the prosperity and success of U.S. farmers and ranchers.

For years, United States agriculture has provided a positive return to our balance of trade. In order to continue this positive balance, and to improve upon it, markets around the world must be open to our agricultural exports.

One of the biggest threats to trade policy is the inability to make certain the trade agreements are adhered to and other countries live up to their commitments. This weakens support across the country for trade agreements. This is true for farmers and ranchers, and others interested in exporting United States goods around the world.

The bill my colleagues and I are introducing today addresses this issue by requiring that the United States Trade Representative (USTR) periodically revise the list of goods subject to retaliation when a foreign country fails to comply with a WTO ruling. The goal of

this legislation is implementation of the recommendations adopted in the WTO dispute settlement proceedings or in achieving a mutually satisfactory solution to the issue that gave rise to the dispute.

Right now retaliation is the only authorized tool for persuading countries to comply with WTO decisions. No matter how selective USTR is in applying this retaliation tool, American jobs and businesses are affected. The preference is obviously that countries comply with WTO decisions and provide market access for the products of United States agriculture.

That is the goal of this bill and I urge my colleagues to join me in this effort.

BILL EXPLANATION

This bill amends section 306 of the Trade Act of 1974 by: Requiring that if the United States imposes duties or withdraws the benefits of a trade agreement because a country fails to implement a World Trade Organization (WTO) decision, the United States Trade Representative (USTR) must review and revise its action 4 months after the date of the action and every 6 months thereafter.

The revision may be minor ("in whole or in part").

Exceptions: USTR may waive the requirement if: (1) USTR determines that the targeted country is ready to implement the WTO decision; or (2) USTR determines, in consultation with the affected U.S. industry or petitioner in the case, that revision of the action is unnecessary.

Standard for revision: USTR shall act in a manner that is most likely to result in implementation of the recommendations adopted in the dispute settlement proceeding, or in achieving a mutually satisfactory solution to the issue that gave rise to the dispute.

HEALTH RESEARCH AND QUALITY ACT OF 1999

SPEECH OF

HON. MICHAEL E. CAPUANO

OF MASSACHUSETTS

IN THE HOUSE OF REPRESENTATIVES

Tuesday, September 28, 1999

The House in Committee of the Whole House on the State of the Union had under consideration the bill (H.R. 2506) to amend title IX of the Public Health Service Act to revise and extend the Agency for Health Care Policy and Research:

Mr. CAPUANO. Mr. Chairman, I rise in support of the Pediatric Graduate Medical Education (GME) amendment offered by Mrs. JOHNSON of Connecticut. The amendment, identical to H.R. 1579, The Children's Hospital Research and Education Act of 1999, would provide targeted Graduate Medical Education funding to our nation's freestanding children's hospitals by creating a fair and equitable financing system for pediatric physician training.

In today's increasingly competitive health care marketplace, independent children's teaching hospitals face serious challenges in receiving adequate patient care reimbursement to cover the added costs of their GME program. Unlike other teaching hospitals, freestanding children's hospitals do not qualify for the one remaining, stable source of GME financing—Medicare—because they care for children, not the elderly. As a consequence, these hospitals receive less than 0.5% of the

level of Medicare direct and indirect medical education support that all teaching hospitals receive. Boston Children's Hospital, located in my district, estimates the cost of GME to be in excess of \$20 million of which only \$2–3 million is reimbursed from the state's Medicaid program. This leaves \$17 million in unreimbursed expenditures that the hospital is forced to absorb. This gap in federal support jeopardizes highly successful pediatric training programs and places these children's hospitals at increasing competitive risk.

Comprehensive GME financing reform is needed by all hospitals, however, its achievement is several years away at best. This bill addresses the need for interim federal GME support for these children's teaching institutions which although accounting for less than 1% of all hospitals, train nearly 30% of all pediatricians and nearly half of all pediatric specialists. The passage of H.R. 1579 would allow for freestanding children's hospitals to receive an immediate source of financial assistance through a capped, time-limited appropriation that would provide GME payments to children's hospitals. The measure would authorize a \$280 million grant in FY2000 and \$285 million in FY2001. The passage of this bill would help sustain the vital role played by our Nation's freestanding children's teaching hospitals and would make payments to children's hospitals commensurate with those provided to other teaching facilities.

Without a consistent source of financial support, children's hospitals cannot fulfill their mission—providing clinical care for the sickest and poorest children, training the next generation of care givers for children, and investing in research to improve children's health care. If we really care about our children's future, we must ensure that they have access to the best medical care in the world. With this in mind, I urge each of my colleagues to give this amendment their strongest support.

UNCOMMON COURAGE FIGHTING OUR FIGHT

HON. BENJAMIN A. GILMAN

OF NEW YORK

IN THE HOUSE OF REPRESENTATIVES

Friday, October 1, 1999

Mr. GILMAN. Mr. Speaker, eighteen months ago a courageous and fearless Colombian National Police (CNP) anti-narcotics operations Captain stayed overnight in the Colombian jungle to protect a downed excess-Vietnam-era, single engine Huey helicopter from the Revolutionary Armed Forces of Colombia (FARC) narco-terrorists in that troubled nation. Taken captive and dragged through Colombian jungles for more than 18 months, this courageous police captain was fighting America's fight against illicit drugs upfront and personal.

CNP Captain Wilson Quintero broke loose from his FARC captors this month after killing several of them during his escape. He stayed on the run through the tough jungles of Colombia for more than 12 days, where he was killed fighting his narco-guerillas captors after being shot 35 times. Two other CNP anti-drug officers, without weapons, were also found executed by the guerillas near Quintero's body.

The Colombian National Police used every aerial asset in its aged and ill-equipped heli-

copter fleet to try to save its courageous comrade. Captain Quintero leaves a wife and son to whom we extend our deepest sympathies. May Captain Quintero and all those CNP officers who have died fighting illicit drugs rest in peace and remind us of their courageous service in their and our drug war.

NATIONAL REFLEX SYMPATHETIC DYSTROPHY AWARENESS

HON. RANDY "DUKE" CUNNINGHAM

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Friday, October 1, 1999

Mr. CUNNINGHAM. Mr. Speaker, I rise to recognize the promise of medical research. With the advancements in medical research being announced every day, the possibilities for improving the length and quality of life for all Americans appear impressive and unprecedented. We can maintain hope, buoyed by good science, that improved treatments and cures can be found for cancer, diabetes, AIDS, arthritis, Alzheimer's, Parkinson's and spinal cord injuries to name a few. However, to take full advantage of this possibility we must increase our funding for the National Institutes of Health and all federally funded medical research.

I could marvel you with the achievements in medical research that I have seen in the last year through my role as a member of the Appropriations Subcommittee on Labor, Health and Human Services and Education. However, I would instead like to focus on those individuals that experience pain in their daily lives. The National Arthritis Foundation tells me that nearly one in six Americans will suffer from some form of arthritis and according to the American Chronic Pain Association, pain is part of the daily lives of one in three Americans.

I am blessed to know a wonderful lady in San Marcos, California, Alfie Burns. Alfie is President of the Reflex Sympathetic Dystrophy Syndrome Association of California, serves as an Appeals Board Member on the California Department of Rehabilitation, is involved in her community and still has time to raise a family.

It is for people like Alfie that I have recognized the month of October as Reflex Sympathetic Dystrophy Awareness Month in the 51st District of California. I encourage my colleagues to join me in promoting unity in the chronic pain community to provide sound public education, cohesive medical information and bring compassion for those who experience chronic pain. I wish for all Americans to live self-supporting and fulfilling lives free from the ravage of pain.

IN HONOR OF NATIONAL REFLEX SYMPATHETIC DYSTROPHY AWARENESS MONTH, OCTOBER 1999

Whereas, Reflex Sympathetic Dystrophy (RSD) is a complex and extremely painful neurogenic medical condition that afflicts millions of Americans annually. RSD is a multiple symptom condition which may simultaneously affect nerves, muscles, bones, skin, and the circulatory system; and

Whereas, Reflex Sympathetic Dystrophy (RSD) was officially assigned an International Category of Diseases Code Number, ICD-9337.2, in October 1993, allowing accurate statistics on this condition to be collected. According to a recent survey by the National RSD Hope Group, 65% of RSD sufferers contract the disease in their thirties or forties