

The national Writing Project is efficient, cost-effective and successful. I look forward to working with my colleagues in enacting this important legislation.

IN HONOR OF DR. RUSSELL L.
TRAVIS

HON. ERNIE FLETCHER

OF KENTUCKY

IN THE HOUSE OF REPRESENTATIVES

Thursday, April 15, 1999

Mr. FLETCHER. Mr. Speaker, I rise to call to the attention of my colleagues in the House of Representatives the distinguished career of Russell L. Travis, MD, a neurological surgeon from Lexington, Kentucky, and a good friend. After a lifetime commitment of service to his patients, his profession, his community, and to the people of the Commonwealth of Kentucky, it is fitting that Dr. Travis be recognized by this body as he completes his term as president of the American Association of Neurological Surgeons.

Born in Jenkins, Kentucky, a small Appalachian community, Dr. Travis attended Centre College in Danville, and received his medical degree from the University of Louisville. Following his residency at the Medical College Hospital of South Carolina, Dr. Travis returned to Lexington to begin his practice as a neurological surgeon.

One of Dr. Travis' most outstanding contributions has been his commitment to ensuring that all Kentucky citizens have access to affordable, quality health care. As both an advocate for change at a legislative level and as a volunteer in the field, his efforts are widely known and appreciated. Almost every week for the past 25 years, Dr. Travis has traveled hundreds of miles to see patients in places where you wouldn't normally find a neurosurgeon—towns like Whitesburg or Hazard, Kentucky, where adequate medical attention is in short supply. What's more, he enlisted others in service to his vision, playing a key role in the formation of Kentucky Physicians Care, a group of physicians who volunteer their services to provide free medical care to the less fortunate in their communities. This national recognized program was the first all-volunteer, nongovernment-sponsored statewide program of its kind in the country. To ensure its success, Dr. Travis traveled to every part of the State at his own expense, encouraging his colleagues to participate. And what a success it has been—since 1985 more than 300,000 Kentucky citizens have received needed medical attention from Dr. Travis' physician volunteers.

Dr. Travis' insight, experience, and hard work while serving on Kentucky's Task Force on Health Care Access and Affordability proved invaluable in achieving our goals of reforming health care in Kentucky, attempting to undo the damage well-intentioned but ill-considered government intervention had done. The Commonwealth owes much to Dr. Travis for his efforts on this task force.

Dr. Travis has given much back to his profession as well. His tireless involvement in State and national professional societies has improved the standards of medical care. Dr.

EXTENSIONS OF REMARKS

Travis' colleagues have recognized these contributions with numerous awards, including the Congress of Neurological Surgeons' Distinguished Service Award, the Kentucky Medical Association's Service to Mankind Award, the Fayette County Medical Society's Jack Trevey Award for his leadership role in the Kentucky Physician Care Program, and the Physician's Recognition Award.

On behalf of my colleagues in the United States House of Representatives, I congratulate and commend Dr. Russell Travis on his exemplary service for not only the people of Kentucky, but for his contributions to the field of neurological surgery, from which the entire Nation benefits.

**GAO FINDS 43% OF ELIGIBLE
MEDICARE BENEFICIARIES NOT
RECEIVING LOW-INCOME PRO-
TECTION**

HON. JIM McDERMOTT

OF WASHINGTON

IN THE HOUSE OF REPRESENTATIVES

Thursday, April 15, 1999

Mr. McDERMOTT. Mr. Speaker, complicated administrative procedures, difficult and lengthy application forms and even the reluctance to visit a welfare office are keeping millions of low-income seniors from receiving Medicare benefits designed just for people like them, according to a new report from the General Accounting Office.

The GAP report I requested with Representative PETE STARK found that 43 percent of the elderly poor are not enrolled in Medicare's programs to assist them with their health-care costs. The federal agency said of the 5.1 million elderly who qualify for the assistance, about 2.2 million were not enrolled.

My view is that GAO's findings that the high percentage of Medicare beneficiaries who are eligible, but not actually enrolled in the programs is alarming, and warrants Congressional action.

These are people in our society who need help the most. Often they are women, single, living alone, and over 80 years old. We need to adequately take care of our mothers, grandmothers and aunts, rather than force them to endure a gauntlet of administrative forms and long lines at the welfare agency.

The GAO report cited a lack of outreach to get people into the program, complex administrative rules, and the reluctance of some seniors to visit a welfare office as part of the reason for lack of enrollment.

To correct these problems, Representatives STARK and BERRY and I today introduced legislation to automatically enroll eligible beneficiaries into the programs.

It's clear that Congress has failed to ensure that we reach out to Medicare beneficiaries eligible for these programs. Section 154 of the Social Security Amendments of 1994 (P.L. 103-432) directed the Secretary of HHS to obtain all information necessary from newly-eligible Medicare beneficiaries to determine their eligibility for these programs and to transmit this information to individual states.

Medicare provides health insurance coverage to nearly 39 million Americans. Costs

are shared by the government and the individuals. Medicare Part A—hospitalization—is paid through the federal payroll tax. But premiums for Medicare Part B—for doctor's bills—are paid by beneficiaries through a deduction from their Social Security payments. Many seniors also buy so-called Medigap policies to take care of costs not paid by Medicare.

The cost of Medicare Part B premiums, which are \$45.50 per month this year, can be a burden for low-income elderly.

The poorest of the elderly can get help paying their premiums through Medicaid. But many seniors who are not quite at the poverty level still have trouble paying this cost. So Congress established two programs, the Qualified Medicare Beneficiary program, or QMB, and the Specified Low Income Medicare Beneficiary program, (SLMB).

QMB began in 1986 and is aimed at Medicare beneficiaries below the federal poverty level. It pays Medicare premiums, deductibles and coinsurance.

SLMB, started in 1993, requires state Medicaid programs to pay Part B premiums, but not deductibles or coinsurance. It is aimed at those with incomes below 120 percent of the federal poverty level.

We introduced our bill to ensure that qualified and needy seniors can take advantage of these programs. Essentially, what their bill would do is automatically enroll qualifying seniors in the programs.

The GAO report also stated that many potential recipients don't even know the programs exist.

The report noted, "The persistence of relatively low enrollment in the QMB and SLMB programs suggests that enhanced outreach or simplified enrollment processes would be helpful in reaching a larger share of eligible low-income Medicare beneficiaries."

Our legislation would go a step further and ensure that Medicare beneficiaries actually receive the benefits to which they are entitled.

**IT IS TIME TO SERVE OUR
VETERANS**

HON. JERRY MORAN

OF KANSAS

IN THE HOUSE OF REPRESENTATIVES

Thursday, April 15, 1999

Mr. MORAN of Kansas. Mr. Speaker, I am glad to rise in support of legislation I introduced on March 25, 1999, that will give more veterans the freedom to choose where they receive medical care. Under current law, the VA does not generally treat a non-service connected Medicare-eligible veteran because they have no way to recover the full cost of doing so. With this legislation, a Medicare-enrolled veteran could go to their VA for care and Medicare would reimburse the VA at a fixed rate. This Medicare subvention legislation allows the Department of Veterans Affairs to establish a three year demonstration project at up to 10 sites around the country to test Medicare reimbursements to the VA. While a pilot project for Department of Defense Medicare Subvention was enacted into law in 1997, the VA's Pilot Project was not.

This legislation is budget neutral. It caps Medicare payments to the VA at \$50 million

annually. HHS and VA will monitor this project from beginning to end in order to study its effectiveness in giving more veterans access to VA health care. Last month, this legislation passed in the Senate. Now is the time for the House to act on this issue.

The second part of this bill would take steps to ensure that the Department of Defense health care coverage, Tricare, is accessible and patient-friendly through improved business practices and by meeting industry standards. In 1993, the Department of Defense restructured its health care program in order to maintain beneficiary access to high quality care while containing cost. Implementation of this program has been difficult as force reduction and base closures have resulted in fewer military treatment facilities and medical personnel. There is still much to be done to ensure access to Tricare's 8 million beneficiaries made up of active service members, their families, and retirees.

This legislation directs the Department of Defense to take several steps to ensure that Tricare is similar to the health care coverage available to all other federal employees; that it ensure portability of benefits from region to region; and that it improve patient management. Changes in this bill will improve Tricare for beneficiaries, providers, and contractors. Identical legislation was passed last month in the Senate and it is time the House did the same. Those who have served in our military deserve accessible health care without the red tape.

This bill also encourages the Veterans Benefits Administration to review its policies and procedures in reviewing claims; initiate necessary actions to process claims in a consistent and timely manner; and report to the Congress on measures taken to improve processing time. Processing claims through the VBA, including veterans disability ratings, has grown increasingly slower over the last few years. A veteran's access to VA health care often depends on these decisions. We should not put a veteran's health care needs on hold because of paperwork delays.

I commend our veterans for their courage in defending our nation's values and freedoms. They have served their country to the fullest extent, and it is time to serve our veterans.

INTRODUCTION OF CORPORATE RESPONSIBILITY ACT OF 1999

HON. PETER J. VISCLOSKEY

OF INDIANA

IN THE HOUSE OF REPRESENTATIVES

Thursday, April 15, 1999

Mr. VISCLOSKEY. Mr. Speaker, today I introduced the Corporate Responsibility Act of 1999 which will save an estimated \$33 billion in corporate welfare over the next five years. This bill eliminates or reforms twelve federal programs that currently use billions of taxpayer dollars to subsidize corporate America. Three years ago, Congress reduced welfare for individuals and families. Now it is time to do the same for corporations.

This legislation is necessary to eliminate the system of tax breaks, subsidies and other policies given to wealthy special interests by the

federal government. Time magazine estimates that corporate welfare costs American taxpayer \$625 billion every five years. Foreign Sales Corporations (FSCs), which give tax breaks to corporations who transport American jobs overseas, alone account for \$1.7 billion each year.

My bill, similar to one introduced in the 105th Congress, takes aim at the worst examples of corporate welfare in the federal budget, including FSCs, special tax treatment of alcohol fuels, the Market Access Program, the Export Enhancement Program, and federal funding of forest roads for logging. The bill also includes a lock-box mechanism to ensure that all savings and revenue go directly toward reducing the public debt.

This bill would save more than \$33 billion over five years by ending corporate welfare programs and reforming others. Because this legislation is limited to the most egregious examples, my bill is a litmus test for anyone who is serious about ending corporate welfare. In short, this bill puts the best interest of our citizens—a balanced budget, jobs, education, and a clean environment—ahead of handouts to huge corporations and wealthy special interests.

Consequently, I urge my colleagues to cosponsor and support the Corporate Responsibility Act of 1999.

HOLOCAUST COMMEMORATION AND KOSOVO

HON. JANICE D. SCHAKOWSKY

OF ILLINOIS

IN THE HOUSE OF REPRESENTATIVES

Thursday, April 15, 1999

Ms. SCHAKOWSKY. Mr. Speaker, my remarks today come at a time of great significance to the Jewish community and the international community. This week we observed the days of remembrance, a commemoration of the Holocaust and a tribute to those who lost their lives.

The Holocaust was a time of such incredible horror that it is often not taught to the young and some, because of how disturbing it can be, choose not to speak of it. I accept it as my duty to educate others about the atrocities of the past so that they may never again occur. The Holocaust was a disgraceful chapter in the history of humankind. The fact that the world stood by and watched, is something that I will never understand. What I will do, what the world must do, is to promise that these crimes against humanity will never again be tolerated.

Today, our responsibility is again subject to a test. With the crisis in Kosovo, and the all too familiar images of families being packed into boxcars, bodies being discovered, and orphaned children crying, the Jewish community is painfully reminded of the suffering we have sworn to prevent.

I would also like to take this opportunity to commend the people of Israel for realizing the relationship between the suffering in Kosovo and the suffering in the history of the Jews. In the first ten days of Operation Allied Forces, Israeli citizens donated over one million dollars toward refugee relief efforts in the Balkans.

Field hospitals set up by Israel have already helped to successfully deliver 7 babies born to Kosovar refugees. In Israel on Monday, 17 families of Kosovar refugees—the first of hundreds yet to come—arrived to a warm welcome led by Prime Minister Benjamin Netanyahu and his wife Sara.

Among those that arrived on Monday were Lamia Jaka, the daughter of righteous gentiles Dervish and Servet Kurkut of Kosovo, and her husband Vlaznim. Lamia's parents saved both Jews and religious texts during the Holocaust. David Berkowitz of Neveh Ilan, whose mother was saved by Lamia's parents who hid her at their home, was on hand for a tearful reunion.

These acts are very important to me. They say that the lessons of the Holocaust need to be taught forever. I am thankful for the opportunity I have to commemorate the lives lost in the Holocaust and for the opportunity I have in facing the crisis in Kosovo to honor human life by acting to preserve it.

I was touched by the remarks Eli Wiesel delivered this week at the White House which are included below. I would urge my colleagues to take the time to read them because they serve as testimony to our necessary involvement in the NATO operation taking place in Kosovo.

Mr. WIESEL. Mr. President, Mrs. Clinton, members of Congress, Ambassador Holbrooke, Excellencies, friends: Fifty-four years ago to the day, a young Jewish boy from a small town in the Carpathian Mountains woke up, not far from Goethe's beloved Weimar, in a place of eternal infamy called Buchenwald. He was finally free, but there was no joy in his heart. He thought there never would be again.

Liberated a day earlier by American soldiers, he remembers their rage at what they saw. And even if he lives to be a very old man, he will always be grateful to them for that rage, and also for their compassion. Though he did not understand their language, their eyes told him what he needed to know—that they, too, would remember, and bear witness.

And now, I stand before you, Mr. President—Commander-in-Chief of the army that freed me, and tens of thousands of others—and I am filled with a profound and abiding gratitude to the American people.

Gratitude is a word that I cherish. Gratitude is what defines the humanity of the human being. And I am grateful to you, Hillary—or Mrs. Clinton—for what you said, and for what you are doing for children in the world, for the homeless, for the victims of injustice, the victims of destiny and society. And I thank all of you for being here.

We are on the threshold of a new century, a new millennium. What will the legacy of this vanishing century be? How will it be remembered in the new millennium? Surely it will be judged, and judged severely, in both moral and metaphysical terms. These failures have cast a dark shadow over humanity: two World Wars, countless civil wars, the senseless chain of assassinations—Gandhi, the Kennedys, Martin Luther King, Sadat, Rabin—bloodbaths in Cambodia and Nigeria, India and Pakistan, Ireland and Rwanda, Eritrea and Ethiopia, Sarajevo and Kosovo; the inhumanity in the gulag and the tragedy of Hiroshima. And, on a different level, of course, Auschwitz and Treblinka. So much violence, so much indifference.

What is indifference? Etymologically, the word means “no difference.” A strange and unnatural state in which the lines blur between light and darkness, dusk and dawn,