

All four participants have reported a dramatic increase of collections for Medicare and Medicaid services, which provided additional revenues for IHS programs at these facilities. In addition, there has been a significant reduction in the turn-around time between billing and receipt of payment and an increase in efficiency by being able to track their own billings and collections in order to act quickly to resolve questions and problems.

On behalf of my constituents, the Bristol Bay Area Health Corporation and the South East Area Regional Health Corporation, I am introducing this legislation to provide permanent status for the demonstration program established by Section 405 of the Indian Health Care Improvement Act, to provide a "grandfather" clause for the current four demonstration participants to enable them to continue their programs without interruption, and to expand eligibility for the program to tribes or tribal organizations who operated or are served by an IHS hospital or clinic.

**ALASKA NATIVE AND AMERICAN
INDIAN DIRECT REIMBURSE-
MENT ACT OF 1998**

HON. DALE E. KILDEE

OF MICHIGAN

IN THE HOUSE OF REPRESENTATIVES

Thursday, June 18, 1998

Mr. KILDEE. Mr. Speaker, I rise to urge my colleagues to support legislation I am introducing today with Resources Committee Chairman YOUNG that would permanently authorize and expand the Medicare and Medicaid direct collections demonstration program under section 405 of the Indian Health Care Improvement Act.

The Medicare and Medicaid direct collections demonstration program currently allows four tribal health care operators who operate an entire Indian Health Service hospital or clinic to bill directly and collect Medicare and Medicaid reimbursements instead of having to deal with the bureaucracy at the Indian Health Service. The current participants are the Bristol Bay Health Corporation and the Southeast Regional Health Corporation in Alaska, the Mississippi Choctaw Health Center, and the Choctaw Tribe of Oklahoma.

The demonstration program has been fully tested over the past decade. All of the participants—and the Department of Health and Human Services—report that the program is a great success. In fact, the program has: Significantly reduced the turnaround time between billing and the receipt of payment for Medicare and Medicaid services; increased the administrative efficiency of the participating facilities by empowering them to track their own Medicare and Medicaid billings and collections; and improved collections for Medicare and Medicaid services, which in turn have provided badly-needed revenues for Indian and Alaska Native health care.

In 1996, when the demonstration program was about to expire, Congress extended it through fiscal year 1998. This extension has allowed the participants to continue their direct billing and collection efforts and has given Congress additional time to consider whether to authorize the program permanently.

Because the demonstration program is again set to expire on September 30, Con-

gress must act quickly to recognize the benefits of the demonstration program by enacting legislation that simply would permanently authorize it and expand it to other eligible tribal participants.

The Alaska Native and American Indian Direct Reimbursement Act of 1998 is an identical companion bill to legislation introduced in the Senate on April 29 and sponsored by Senators MURKOWSKI, LOTT, BAUCUS, and INHOFE. The Indian Health Service and the Health Care Financing Administration support it.

I hope that my colleagues also will support this important legislation and that the Resources Committee and this House will favorably consider it as soon as possible so this successful program can continue to increase the administrative efficiency of participating Alaska native and American Indian health care facilities.

**HONORING AUDIOVOX AND TO-
SHIBA: A VERY SPECIAL RELA-
TIONSHIP**

HON. GARY L. ACKERMAN

OF NEW YORK

IN THE HOUSE OF REPRESENTATIVES

Thursday, June 18, 1998

Mr. ACKERMAN. Mr. Speaker, I rise today to honor a very special and unique relationship between the well-known Japanese company, Toshiba, and a great American company based on Long Island, Audiovox Corporation. For the last 14 years they have shared an incredible partnership in cellular phone manufacturing and distribution, which has led to this day, during which we are marking the 7 millionth cellular phone that has derived from this very special relationship. In fact, I have taken the liberty of proclaiming this day, "Audiovox-Toshiba Day" in the 5th District of New York.

At a ceremony today at Audiovox's headquarters in the town of Hapauge in Suffolk County on Long Island, Toshiba will be presenting a gold phone to mark this remarkable milestone. Mr. Takao Kishida, General Manager of the Mobile Communications Division of Toshiba and Mr. Kunio Horiouchi, Department Manager of the division, will be presenting the phone on behalf of Pizo Nishimuro, President of Toshiba. Accepting this unique award on behalf of Audiovox will be two very good close friends of mine, Phillip Christopher, President and CEO of Audiovox Communications Corporation (ACC), and John J. Shalam, Chairman of Audiovox.

Mr. Speaker, as I mentioned before, the nature of the relationship has been Toshiba manufacturing the phones and Audiovox marketing them in North America. I'm sure my colleagues realize that there are countless numbers of companies in the world who manufacture cellular phones. However, over half of the phones that Audiovox has sold over the course of almost 15 years have come from Toshiba's production line, and, Audiovox officials do not hesitate for one minute to say that Toshiba is the best—based on their quality, their integrity and character, and their loyalty to this special relationship. That's why I think it's so important to highlight this special relationship as an example of what can come of the very special bond that has existed over the past 50 years between the United States

and Japan. Regardless of the differences we may encounter in our general trade relationship, I wanted to take a moment to recognize the unique partnership between Toshiba and Audiovox, and the remarkable achievements that they have reached together. This is an exemplary union that should be held up to the highest regard, to demonstrate to others the opportunities that exist between our countries and to encourage other companies to engage in similar ventures.

Trade is so very much a critical component of U.S. policy, particularly in this day and age as we become more of a global village. Mr. Speaker and my colleagues, please join with me today as we honor two truly energetic and viable companies who have chosen to engage in a partnership that has only served to complement each companies' strengths as well as continuing to highlight the special bond between the U.S. and Japan.

A TRIBUTE TO MICHAEL J. KANE

HON. RICHARD E. NEAL

OF MASSACHUSETTS

IN THE HOUSE OF REPRESENTATIVES

Thursday, June 18, 1998

Mr. NEAL of Massachusetts. Mr. Speaker, writing of Sir Thomas More, Robert Whittinton observed that he was "a man for all seasons." As I pay tribute today to my good friend, Michael Kane, on the occasion of his retirement from the Monson Public Schools system, the same sentiment comes to mind.

Though words cannot fairly describe Mike Kane's philanthropic approach to life, I would like to detail some of the ways in which he has put his talents to use to serve others. Mike Kane began his career as a Science and Mathematics Teacher at South Main Street School in Monson. He went on to be Vice Principal of Monson Junior-Senior High School and later Principal of that same school. Totaling 37 years, Mike's career was built around a most noble pursuit—the education of our youth.

While committed to instilling the importance of academic pursuits in the young minds that he has reached, Mike Kane has also consistently stressed in his teaching and by example the unique role that athletic challenges play in one's development. Mike's years as high school Baseball and Girl's Basketball coach as well as his involvement and leadership with the Massachusetts Interscholastic Athletic Association Basketball Tournament Committee and Sectional Seeding Committee for more than 25 years epitomizes this deeply held belief.

In addition to his dedication to these endeavors, Mike Kane has also been seriously involved with the National Foundation of the March of Dimes. In both the Monson and Pioneer Valley chapters of this organization, Mike has served as Chairman during his tenure of membership and has also been on the Pioneer Valley's Board of Directors. Donating his time to such a worthy cause offers further testament to the quality of Mike Kane's character.

An active member of the Massachusetts Teachers' Association and the National Education Association, Mike Kane has brought to the forefront of state and national organizations the same innovative ideas that he has shared with students, teachers, and administrators in Monson for 37 years.

The hats worn by Mike Kane—Teacher, Principal, Coach, Volunteer, and Craftsman—are those of one singular man committed to education, to athletics, to service, and to excellence. I am proud not only to honor and to recognize his achievements today, but to know him through his good work.

CONDEMNING THE BRUTAL
KILLING OF MR. JAMES BYRD, JR.

SPEECH OF

HON. CARRIE P. MEEK

OF FLORIDA

IN THE HOUSE OF REPRESENTATIVES

Thursday, June 11, 1998

Mrs. MEEK of Florida. Mr. Speaker, I am pleased to join with my colleagues in the Congressional Black Caucus and Americans of goodwill throughout the country tonight in condemning the brutal, heinous murder of James Byrd, Jr. in Jasper, Texas on June 6, by a gang of lawless thugs.

Violence and hatred in our society hurt us all.

Yet as we gather today to denounce this brutal murder, I am hopeful that in Mr. Byrd's memory that we as a nation will go forth and affirm that we are still committed to justice, and to equality in our country.

We've seen too much hatred, too much killing. We must let the death of James Byrd, Jr. make us better, not bitter.

I am hopeful that just as the citizens of Jasper, both black and white, have come together in a remarkable fashion and chosen redemption over retaliation, that this tragic event will serve as a catalyst to bring all America together truly as one America.

THE IMPORTED FOOD SAFETY ACT
OF 1998

HON. JOHN D. DINGELL

OF MICHIGAN

IN THE HOUSE OF REPRESENTATIVES

Thursday, June 18, 1998

Mr. DINGELL. Mr. Speaker, today I am introducing the Imported Food Safety Act of 1998 which will give the Food and Drug Administration (FDA) new authority and much needed resources to protect American consumers from unsafe imported food. I am very pleased to have 15 of my Democratic colleagues on the Commerce Committee joining me as original cosponsors in introducing this important legislation. It is my sincere hope that many more Members, including my Republican colleagues, will soon join us in responding to consumer concerns over the safety of the food we eat.

U.S. food safety standards are among the highest in the world. In spite of this fact, millions of Americans each year are unknowing victims of illness attributable to food-borne bacteria, viruses, parasites, and pesticides. According to a recent General Accounting Office (GAO) report, as many as 33 million Americans each year become ill from the foods they eat. We also know that many cases of food-borne illness are not reported. GAO, therefore, estimates the total number of food-borne illnesses to exceed 81 million each year. Among these cases, more than 9,100 re-

sult in death. The U.S. Department of Agriculture's Economic Research Service estimates "the costs for medical treatment and productivity losses associated with these illnesses and deaths range from \$6.6 billion to \$37.1 billion."

Increased media attention on food-borne illness outbreaks has turned, once unfamiliar scientific names, into household words. Recently, an outbreak of food poisoning from salmonella in cereal was reported in 11 states. E. Coli 0157 has been found in apple juice and hamburger, cyclospora in raspberries, Listeria in ice cream, Cryptosporidium in water, and viral Hepatitis A in frozen strawberries served in a school lunch program.

The population of our country is growing and changing. Exposure to food-borne pathogens is particularly dangerous for the most vulnerable members of the public, such as children, pregnant women, the elderly, those with HIV/AIDS, cancer and other persons whose immune systems are compromised.

The number of food-borne illness outbreaks has increased in recent years, and so has the volume of foreign food imports coming into our country. In its recent report, GAO said that the Federal government cannot ensure that imported foods are safe. The FDA, itself has acknowledged that it is "in danger of being overwhelmed by the volume of products reaching U.S. ports."

The volume of imported food has doubled over the last five years, while the frequency of FDA inspections has declined sharply during this same period of time. More than 38 percent of the fresh fruit and more than 12 percent of the fresh vegetables that Americans now consume each year are imported.

Most Americans would be alarmed to learn that just a small fraction, less than two percent, of the 2.7 million food entries coming into this country are ever inspected or tested by the FDA. Even fewer, only 0.2 percent of food entries, are tested for microbiological contamination.

In a recent letter, however, FDA said that it "has no assignments for monitoring imported fresh fruits and vegetables for presence of pathogenic microorganisms." In fiscal year 1997, all of the 251 microbiological samples FDA collected that year, were in response to food-borne illness outbreaks. None were for preventive detection.

The outrageous and wholly intolerable conclusion one must draw is that American consumers are being used as guinea pigs.

FDA has stated that there is a "critical need for rapid, accurate methods to detect, identify and quantify pathogens. . . ." The testing methods currently being used at FDA can take up to two weeks to isolate and identify pathogens in food samples. What is needed are quicker detection methods, or "real time tests" that yield results in approximately 60 minutes, to identify pathogenic contamination, especially at busy ports of entry. But currently, FDA is not funding research to develop these tests, nor do they have plans to develop these tests in the future.

It is clear that FDA is lacking the necessary resources to regulate the global food marketplace. Unlike the U.S. Department of Agriculture (USDA), FDA does not have the authority to deny product entry at the border or to permit imports only from agency approved suppliers in foreign countries. The GAO reported that FDA's procedures for ensuring that

unsafe imported foods do not reach consumers are vulnerable to abuse by unscrupulous importers. According to GAO, some importers ignore FDA's orders to return, to destroy or to re-export their shipments. By the time FDA decides to inspect shipments, in some cases, the importers have already marketed the goods.

In response to this crisis, the President has said FDA needs increased resources, more authority, and improved research and technology. The Imported Food Safety Act of 1998 addresses each of these points.

This legislation provides additional resources in the form of a modest user fee on imported foods to increase the number of FDA inspectors at ports of entry in the U.S. Proceeds from the user fee would also be used for a "Manhattan Project" to develop "real time" tests (results within 60 minutes) to detect E. Coli, salmonella, and other microbial and pesticide contaminants in imported food. Without tests that produce quick results, there is no way FDA inspectors can detect pathogens in imported food before it is distributed to consumers. Finally, the legislation gives FDA authority, comparable to that of the USDA with respect to imported poultry and meat, to stop unsafe food at the border and to assure that is ultimate disposition is not America's dinner table.

The Imported Food Safety Act of 1998 focuses on these three key areas: authority; research; and resources.

INCREASED REGULATORY AUTHORITY FOR FDA

The recent GAO study of the imported food safety program points out that: "In some cases, when the Food and Drug Administration decides to inspect shipments, the importers have already marketed the goods." "[W]hen the [FDA] finds contamination and calls for importers to return shipments to the Customs Service for destruction or reexport, importers ignore this requirement or substitute other goods for the original shipment. Such cases of noncompliance seldom result in a significant penalty."

FDA currently lacks the authority to impose criminal penalties on importers that circumvent FDA's import procedures. FDA reliance on the importers' bond agreement with Customs, has left the agency without an adequate economic deterrent to the distribution of adulterated products. Current penalties, namely the forfeiture of a bond, are inadequate and are regarded as a cost of doing business. Under the current bond system, GAO reports that "even if the maximum damages had been collected, the importer would have still made a profit on the sale of the shipment." This bill would subject such behavior to tough penalties that will be a strong deterrent to circumventing the current regulatory system. These penalties are the same as those used by USDA in their imported meat inspection program.

The bill would also prohibit an importer from commercially distributing foreign-produced food, without FDA approval. An importer whose food is refused entry by FDA would be responsible for the disposition of re-exportation of such food products. Failing to do so would make the importer subject to penalties under the Federal Food Drug and Cosmetic Act.

DEVELOPMENT OF "REAL-TIME" LABORATORY METHODS
TO TEST FOR PATHOGENS TO BE USED IN BORDER
INSPECTIONS

FDA wrote in a January 16, 1998 letter that there is a "critical need for rapid, accurate