

would divert industries and job growth away from the rural areas that need it the most.

Mr. President, I submit for the RECORD a letter I wrote with the other members of the Wyoming delegation to the FCC on this issue. There is still time for the Commission to get this funding problem right. We must ensure that all customers across the country continue to have access to quality local phone service at affordable rates.

The letter follows:

U.S. SENATE,
Washington, DC, July 23, 1997.

Hon. REED E. HUNDT,
Chairman,
Federal Communications Commission,
Washington, DC.

DEAR CHAIRMAN HUNDT: Reforming our nation's universal service system is a tremendous challenge, and one that will have lasting implications for telephone customers in Wyoming and other rural states. In your work on the Joint Board, we encourage you to protect the interests of rural consumers and create a national high-cost fund that sends support dollars where they are needed most. By doing this, you will fulfill the clear mandate of the Telecommunications Act of 1996 and help sustain a truly national communications system available to all citizens.

In the face of declining telephone rate support, through federally mandated access charge reductions and new competitors targeting the most profitable markets and services, a sustainable universal service support mechanism is ever more important. We therefore view with great concern the current formula for universal service support: 25 percent of the funding comes from federal sources and 75 percent from the states.

In Wyoming, with its vast terrain and dispersed and relatively small population, a 75 percent state funding responsibility will have a clear, immediate and detrimental effect on phone rates. Although Wyoming has a universal service funding mechanism, it is beyond the capacity of Wyoming to absorb the huge increases in costs that a 25/75 split would create for it. It is clear to us that a federal universal service fund that pays only 25 cents on every dollar of high-cost telephone service will shortchange thousands of Wyoming telephone customers, and millions of others across the country.

Universal telephone service is a national commitment requiring strong federal support. In that regard, the Telecommunications Act of 1996 envisioned a partnership between the states and the federal government to work together on the nation's telecommunications challenges. We urge you to adopt a national high-cost fund that provides all of the rate support needed to keep Wyoming customers connected to the public telephone network. Only with a national fund available to all high-cost service providers can customers in our state be assured of affordable access to this vital communications link.

Thank you for your consideration of this matter. We hope you will join us in supporting a cooperative national solution for universal service.

Sincerely,

CRAIG THOMAS,
U.S. Senator.

MICHAEL ENZI,
U.S. Senator.

BARBARA CUBIN,
Member of Congress.●

FEBRUARY IS AMERICAN HEART MONTH

● Mr. DORGAN. Mr. President, I stand in observance of American Heart Month. This is an annual event since 1964 resulting from passage of a joint Congressional resolution asking the President to proclaim each February as American Heart Month. In declaring February as American Heart Month for the last 34 years, both the Congress and the President recognize the seriousness of heart disease and the need to continue the battle against this our country's number 1 killer and a leading cause of disability.

American Heart Month takes on an added significance in 1998 because both the National Institutes of Health's National Heart, Lung, and Blood Institute and the American Heart Association are celebrating their 50th anniversaries—50 proud years for both national organizations.

The NHLBI is the federal government's leading supporter of heart research and educational programs. The American Heart Association is the nation's largest voluntary health organization dedicated to the reduction of death and disability from heart attack, stroke and other cardiovascular diseases—the leading cause of death in the United States.

There have been wonderful discoveries made through research and wonderful treatments that are provided in our hospitals in the area of cardiology. Yet there is so much we still do not know. It seems to me more and more research can unlock these mysteries and give us the opportunity to save more and more lives in this country.

Virtually all of us have a friend or a loved one who has been affected by heart attack, stroke or other cardiovascular diseases. As many of my colleagues know, I have a very personal interest in trying to provide additional resources for NHLBI to be used to provide funding vitally needed for heart and stroke-related research.

I have become increasingly concerned, however, with what has been happening to the amount of money spent on heart research by the federal government. Even with the significant increases that Congress has been giving to the NIH over the past decade, funding for heart research has simply not kept pace. In fact, funding for heart research at the NHLBI appears to be losing more and more ground.

In constant dollars from FY 1985 to FY 1995, funding for the NHLBI heart program decreased 4.8 percent.

In constant dollars from FY 1986 to FY 1996 funding for the NHLBI heart program declined 5.5 percent.

And, in figures just released by the NHLBI, funding for the heart program decreased by 7.6 percent in constant dollars from FY 1987 to FY 1997.

We can do better, and we must do better. Our nation must do a better job than this in the battle against America's No. 1 killer.

During the commemoration of this 50th anniversary of the 1948 Heart Act,

which created the National Heart Institute, I call on the on the President and every one of my colleagues to take three pivotal steps to make more progress against this insidious disease:

Commit to providing a significant increase in funding for research against heart attack, stroke and other cardiovascular diseases;

Establish a Presidential Commission on Heart Disease and Stroke, similar to the one convened by President Lyndon Johnson in 1964. Today, 34 years after the first Presidential Commission, these diseases remain the first and third largest killers in America; and

Convene a National Conference on Cardiovascular Diseases sponsored by the NHLBI and the Centers for Disease Control and Prevention. The first one was sponsored by the National Heart Institute and the American Heart Association in 1950 to "summarize current knowledge and to make recommendations concerning further progress against heart and blood vessel diseases." I think it is time we take another systematic look at the status of our heart disease research efforts to date and the areas that need further research.

These steps are vital to the health and well being of the more than 57 million Americans with one or more types of cardiovascular disease.

I ask that this year's Presidential proclamation on American Heart Month be printed in the RECORD.

AMERICAN HEART MONTH, 1998

A PROCLAMATION BY THE PRESIDENT OF THE
UNITED STATES OF AMERICA

Fifty years ago, a heart attack meant an end to an active lifestyle, and, for a third of those stricken, it meant death. Thankfully, the past half-century has brought us an array of advances in the prevention and treatment of heart disease. Procedures such as balloon angioplasty and coronary artery bypass grafts, noninvasive diagnostic tests, and drugs that treat high blood pressure and clots and reduce high blood cholesterol have enabled Americans to live longer and healthier lives. Equally important, we have become better educated during the past five decades about heart disease risk factors and how to control them.

This year, two of the groups most responsible for this remarkable progress—the National Heart, Lung, and Blood Institute and the American Heart Association—are celebrating their golden anniversaries. The National Heart, Lung, and Blood Institute, part of the National Institutes of Health, leads the Federal Government's efforts against heart disease by supporting research and education for the public, heart patients, and health care professionals. The American Heart Association plays a crucial role in the fight against heart disease through its research and education programs and its vital network of dedicated volunteers.

Despite the encouraging developments in that fight, we still face many challenges. Heart disease continues to be the leading cause of death in this country, killing more than 700,000 Americans each year. The number of Americans with heart disease or a risk factor for it is staggering. Approximately 58 million have some form of cardiovascular disease, about 50 million have high blood pressure, and about 52 million have high

blood cholesterol. Americans are also becoming more overweight and less active—two key factors that increase the risk of heart disease. Most disturbing, for the first time in decades, Americans are losing ground against some cardiovascular diseases. The rate of stroke has risen slightly, the prevalence of heart failure has increased, and the decline in the death rate for those with coronary heart disease has slowed.

Women are particularly hard hit by this disease, in part because public health messages too often have not focused on how this segment of our population can best protect their hearts. The American Heart Association recently discovered that only 8 percent of American women know that heart disease and stroke are the greatest health threats for women, and 90 percent of women polled did not know the most common heart attack signals for women.

For a variety of reasons, including poorer access to preventive health care services, minorities in America have high mortality rates due to heart disease. The American Heart Association reported that, in 1995, cardiovascular disease death rates were about 49 percent greater for African American men than for white men, and about 67 percent higher for African American women than white women. In addition, the prevalence of diabetes—a major risk factor for heart disease—is very high in some of our Native American populations, and Asian Americans have a high mortality rate for stroke.

However, both the National Heart, Lung, and Blood Institute and the American Heart Association have undertaken activities to counter these trends. Both groups have initiated major efforts to better inform women and minorities about the threat of heart disease and the steps that can be taken both to prevent and treat it. These fine organizations also continue their efforts to educate health professionals on improving medical practice in heart health and to inform patients and the public about how to reduce their risk of heart disease. As we celebrate their 50th anniversaries, let us resolve to build on their record of accomplishment. By continuing our investment in research, raising public awareness of the symptoms of heart disease, and educating Americans about the importance of a heart-healthy diet and exercise, we can continue our extraordinary progress in saving lives and improving health.

In recognition of these important efforts in the ongoing fight against cardiovascular disease, the Congress, by Joint Resolution approved December 30, 1963 (77 Stat. 843; 36 U.S.C. 169b), has requested that the President issue an annual proclamation designating February as "American Heart Month."

NOW, THEREFORE, I, WILLIAM J. CLINTON, President of the United States of America, do hereby proclaim February 1998 as American Heart Month. I invite the Governors of the States, the Commonwealth of Puerto Rico, officials of other areas subject to the jurisdiction of the United States, and the American people to join me in reaffirming our commitment to combating cardiovascular disease and stroke.

IN WITNESS WHEREOF, I have hereunto set my hand this thirtieth day of January, in the year of our Lord nineteen hundred and ninety-eight, and of the Independence of the United States of America the two hundred and twenty-second.

WILLIAM J. CLINTON.●

CHRISTMAS IN APRIL PROVIDENCE 5-YEAR ANNIVERSARY

● Mr. REED. Mr. President, I rise today to pay tribute to Christmas in

April USA, our Nation's oldest volunteer home repair initiative. This program has helped to rehabilitate the homes of over 31,000 elderly, low-income, and disabled individuals nationwide.

I would particularly like to recognize the 5th anniversary of the Christmas in April program's arrival in Providence, Rhode Island, where it is making a difference in many communities. In just five years, Providence's Christmas in April has helped to restore over 100 dwellings, through the efforts and commitment of thousands of volunteers. Indeed, this important initiative has dedicated almost \$1 million to improve our communities and to help Rhode Island's less fortunate homeowners. The Christmas in April program exemplifies the true spirit of volunteerism.

Mr. President, I would particularly like to commend Providence College and its President, Reverend Philip A. Smith, for his leadership in creating our nation's first Christmas in April campus chapter. I am convinced that this unique volunteer service organization will continue to better Rhode Island's communities for many years to come.●

JUNIOR LEAGUE OF STAMFORD- NORWALK

● Mr. LIEBERMAN. Mr. President, I rise today to honor the Junior League of Stamford-Norwalk, based in Darien, Connecticut, on their 75th anniversary.

For 75 years the Junior League of Stamford-Norwalk has worked to promote volunteerism, develop the potential of women, and improve the community through the effective action and leadership of trained volunteers. Since Junior League of Stamford-Norwalk was founded in 1923, their members have donated more than 2.5 million volunteer hours to meeting the needs of the area towns it serves. In doing so, they have touched many lives and served innumerable members of the community with their hard work and generous spirit. Their donation of time and money has helped organizations such as the Volunteer Center, the Women's Crisis Center, Lockwood Matthews Mansion, and the Maritime Aquarium at Norwalk to better serve the people of the area. The work of the Junior League of Stamford-Norwalk over the past 75 years had made it a cornerstone of the community, and the people of Connecticut thank them for their service, dedication, and contribution to their communities.●

RENAMING WASHINGTON NATIONAL AIRPORT

● Mr. DORGAN. Mr. President, the proposal in Congress to rename the Washington National Airport for former President Ronald Reagan has caused some to claim that anyone who opposes the change is expressing a partisan view.

I greatly respect and admire former President Reagan. I have supported

naming Washington, D.C.'s largest federal office structure the Ronald Reagan Building. The ceremony to do that will be held in the next few months. I also have supported naming the aircraft carrier that is currently under construction the U.S.S. *Ronald Reagan*.

But I did not think it was appropriate for Congress to dictate a name change to the local airport authority. The bill turning over the authority for the airport to a metropolitan airport authority was signed by President Reagan nine years ago. I don't think the spirit of that transfer of control is served by a proposal directing the airport authority to rename the airport.

That airport is now named after America's first President. In fact, the porticos in the architecture of the Washington National Airport were designed to resemble Mount Vernon.

Again, while I admire and respect President Reagan, I believe that it's most appropriate that the principal airport serving our nation's capital retains the name of our first President. However, I did vote for an amendment that would permit renaming it, provided the local airport authority chose to do so. I think that is the appropriate course.●

MEDICARE TRANSFER REPEAL

● Mr. GRASSLEY. Mr. President, on February 4, I joined Senator D'AMATO in introducing legislation to repeal a provision of the Balanced Budget Act of 1997 which penalizes hospitals that provide appropriate and efficient care. This law punishes hospitals that make use of the full continuum of care and discourages them from moving patients to the most appropriate levels of post-acute care.

The current hospital prospective payment system is based on an average length of stay for a given condition. In some cases, patients stay in the hospital longer than the average and in other cases their stay is shorter. Historically, a hospital has been reimbursed based upon an average length of stay regardless of whether the patient remained in the hospital a day less than the average or a day more than the average. When the Balanced Budget Act transfer provision takes effect, however, this will no longer be the case.

This new policy penalizes facilities that transfer patients from the hospital to a more appropriate level of care earlier than the average length of stay. It encourages hospitals to ignore the clinical needs of patients and keep them in the most expensive care setting for a longer period of time. In short, it offers an incentive for hospitals to provide an unnecessary level of care, for an unnecessary length of time.

The transfer policy is particularly hard on hospitals in low-cost states like Iowa, where the cost of implementation has been estimated at \$25 million a year. Because Iowa's hospitals