

can be incorporated in the final EIS. Further I am asking the Forest Service to move up the deadline for completing a final EIS to September 10 and forwarding it to the Subcommittee on Forests and Public Lands Management. Such a document—presented to Congress in a timely manner—will leave all options open this year. I continue to believe legislating this exchange is the right thing to do.

Mr. President, there are many who question why Congress should legislate this or any land exchange. This is common practice. Congress has not shied away from passing land trades in the past and we should not in this instance when a consensus may be eminent.

In an editorial on the exchange The Seattle Times stated, "The perfect as enemy of the good is a common phrase these days, but it remains appropriate to this situation. A transfer of 100,000 acres with a net gain of 20,000 to the public has a long-term ring to it that future generations may see as prescient. Those are powerful reasons to walk toward this agreement with eyes open, but keep walking." •

#### TRIBUTE TO THE PROCTOR FIRE DEPARTMENT/SUTHERLAND FALLS HOSE COMPANY ON THEIR 100TH BIRTHDAY

• Mr. JEFFORDS. Mr. President, August 15, 1998, will be a great day for Vermont as we celebrate the centennial of the Proctor Fire Department/Sutherland Falls Hose Company. On behalf of all Vermonters, I want to wish the department a very happy birthday.

For a century, the Proctor Fire Department has been a vital part of its community. The firefighters continually risk their lives to protect the welfare of their neighbors. One such person was Firefighter Maurice "Sonny" Wardwell, a twenty-three year veteran of the department. He gave his life on January 23, 1994, while at the scene of a mutual aid fire in Pittsford, Vermont. Mr. Wardwell is a true hero and his sacrifice serves as a reminder to us all of dedication and selflessness of this profession.

Mr. President, the 100th birthday of the Proctor Fire Department/Sutherland Falls Hose Company is a monumental occasion. The department is a vital part of the town and provides prompt and reliable service to people in the most distressing situations. This tribute recognizes the importance of the Proctor Fire Department/Sutherland Falls Hose Company and, more importantly, the courageous firefighters who commit their time and service to the community. •

#### IN MEMORY OF MR. CLYDE RAYMOND BARROW

• Ms. MOSELEY-BRAUN. Mr. President, it is with great sadness that I rise today to pay tribute to the passing of Clyde Raymond Barrow. He was a dear

friend, a devoted family man, and a committed community member. His life enriched the lives of countless people. I would like to take a few moments to reflect on this special person.

Clyde Barrow was born on March 3, 1923 in Belize, British Honduras. He passed just a few weeks ago at the age of 75 on July 9, 1998 in Chicago. He is survived by his wife of 54 years, the Reverend Willie Taplin Barrow; his adopted children, Dr. Patricia Carey and John Kirby, Jr.; his two sisters, Avis Barrow McKay and Peggy Barrow Foster; ninety eight Godchildren; many nieces and nephews; as well as friends and relatives too numerous to count. The Barrows are also the parents of Keith Errol Barrow, who preceded his father in death in 1983.

To Reverend Barrow, and Clyde's surviving family and friends, I wish there was some way that I could lift this burden of loss from your shoulders. We must take comfort in the fact that Clyde lived his life with tremendous courage, dignity, and kindness. Clyde Barrow's life is an example of righteousness for us all to follow.

Although Clyde Barrow is no longer with us, he has left scores of memories and a legacy of kindness and compassion that will live on forever. He was the strong, silent partner of the little warrior, Reverend Barrow, supporting her in her many civil rights battles and her stewardship of Operation Push.

A welder by trade, Clyde also labored countless hours to build and strengthen his community by volunteering his considerable time and talents. Clyde's involvement with organizations such as the Doctors Hospital of Hyde Park and the Vernon Park Church of God's MAST (Men Achieving Success and Training) Homeless Ministry represent his well earned reputation as a good Samaritan. As one who cherished children, Clyde Barrow went out of his way to know the name of each child in his church and neighborhood. Without a doubt, Clyde Barrow was the embodiment of the neighbor we all want living next door to us: a rock and a conscious within the community.

In times such as these, it is comforting to remember the words of our Lord: "Weeping may endure for a night, but joy comes with the dawn." Clyde Raymond Barrow was a fine man, dedicated to his family, his community, and his God. The Barrows are in my thoughts and prayers during this time of sorrow, and I trust that they are in the prayers of the Senate as well. •

#### RELIGIOUS PERSECUTION IN IRAN

• Mr. BROWNBACK. Mr. President, on December 10, 1948—nearly 50 years ago—the General Assembly of the United Nations adopted and proclaimed the Universal Declaration of Human Rights and called on member nations "to cause it to be disseminated, displayed, read and expounded . . ." Since that time, the Universal Declaration has become the bedrock document for

human rights standards and aspirations for signatory governments.

One government, however, the government of Iran, is distinguished as an egregious violator of a central principle this document expounds—namely, that of religious freedom. Article 18 of the Universal Declaration explicitly states: "Everyone has the right to freedom of thought, conscience and religion; this right includes freedom to change his religion or belief, and freedom, either alone or in community with others and in public or private, to manifest his religion or belief in teaching, practice, worship and observance."

On Tuesday, July 21st, the Iranian government summarily executed an Iranian Baha'i for the single alleged act of converting a Muslim to the Baha'i faith. The Baha'is are Iran's largest religious minority with about 300,000 adherents and suffer continuous persecution for their faith.

The executed, Mr. Ruhollah Rowhani, a medical equipment salesman with four children, had been picked-up near the northern Iranian city of Mashad by the Iranian authorities in September 1997. He was held in solitary confinement during that extended period until final execution.

The facts are stark in their cruelty. His family was allowed to visit him briefly the day before his execution but, amazingly and cynically, they were not notified that his execution was set for the next day. They finally discovered the death only after they were given one hour to arrange for his burial. With brutal disregard, the Iranian government refused to divulge any information to this grieving family who were forced to conclude from the rope marks that their beloved relative had been executed by hanging.

It is safe to say that Mr. Rowhani was accorded no due process nor afforded a lawyer prior to his execution. He died alone at the end of a rope for the alleged sin of sharing his sincerely held faith. I will state this very clearly—Mr. Rowhani was the victim of the most extreme form of religious persecution. Mr. Rowhani died for his faith and this is an outrage which must be denounced.

Mr. President, this barbarous act flies in the face of the Universal Declaration to which Iran is party. Mr. Rowhani had a fundamental right to practice his religion. Iran denied him that right. Mr. Rowhani had a fundamental right to a public trial. Iran denied him that right. Mr. Rowhani had a fundamental right to counsel. Iran denied him that right. Mr. Rowhani had a fundamental right to NOT be hung at the end of a rope for holding minority religious beliefs.

My deepest concern now rests with the fifteen other Baha'is now being held by the government of Iran for essentially the same charges that resulted in Mr. Rowhani's execution. As I speak now, at least three Baha'i men in the city of Mashad presently sit on death row, facing imminent execution

because they dared to quietly celebrate their faith. I speak as much for them today as I do in protest to the brutal killing of their fellow-believer.

This hour, I call on the Government of Iran to ensure the safety of these individuals. Better yet, I call for the release of these individuals whose only crime was the sincere expression of their faith, which happens to be a minority religion. Most importantly, I call upon the government of Iran to provide freedom of religion to its people, including the famously peaceful yet brutalized Baha'is community.

I want to take this opportunity to commend the international community for its swift response to Mr. Rowhani's execution and urge other governments and organizations to vigilantly monitor the fate of the 15 jailed Baha'is, particularly the 3 jailed in Mashad presently facing the death penalty.

Religious persecution demands a tireless counter response; it demands a vigilant defense. If we hold the principle of religious freedom to be a precious and fundamental right, something worth protecting, then we must always defend those who are wrongfully and brutally crushed for their faith by hostile national governments.

We cannot bring Mr. Rowhani back or right the wrong that was done to him and his family, but we can advocate against this happening again. Iran must abide by global human rights principles. Accordingly, Iran must release the fifteen Bahai who have been incarcerated for their faith. Iran must preserve the lives of those facing execution for their faith. Iran must honor its commitment to the religious freedom principles of the Universal Declaration of Human Rights and set these prisoners free.●

#### NURSING SCHOOL ADMINISTERED PRIMARY CARE CLINICS

● Mr. INOUE. Mr. President, I rise today to speak on an health issue of great importance now and in future years. As our population continues to increase, our elderly live longer, and healthcare technology advances, the need for access to care will undoubtedly also increase.

Because of these monumental increases in the need for healthcare access for many Americans, I wish to take a few minutes to discuss the need for support of nursing school administered primary care centers.

Nursing centers are university or nonprofit entity primary care centers developed (primarily) in collaboration with university schools of nursing and the communities they serve. These centers are staffed by faculty and staff who are public health nurses and nurse practitioners. Students supplement patient care while receiving preceptorships provided by colleges of nursing faculty and primary care physicians, often associated with academic institutions, who serve as collaborators with nurse practitioners.

Nurse practitioners, and public health nurses, in particular, are educated through programs which offer advanced academic and clinical experiences, with a strong emphasis on primary and preventive health care. In fact, schools of nursing that have established these primary health care centers blend service and education goals, resulting in considerable benefit to the community at large.

Nursing centers are rooted in health care models established in the early part of the 20th century. Lillian Wald in the Henry Street Settlement and Margaret Sanger, who opened the first birth control clinic, provided the earliest models of service.

Since the late 1970's, in conjunction with the development of educational programs for nurse practitioners, college of nursing faculties have established nursing centers. There are currently 250 centers nationwide, affiliated with universities and colleges of nursing in Arizona, Utah, Pennsylvania, South Carolina, Tennessee, Texas, Hawaii, Virginia, and New York. The Regional Nursing Centers Consortium, an association of eighteen nursing centers in New Jersey, Pennsylvania and Delaware, was established in 1996 to foster greater recognition of, and support for, nursing centers in their pursuit of providing quality care to underserved populations.

Nursing centers tend to be located in or near areas with a shortage of health professionals or areas that are medically underserved. The beneficiaries of their services have traditionally been the underserved and those least likely to engage in ongoing health care services for themselves or their family members. In the 1970's, I sponsored legislation that would give nurses the right to reimbursement for independent nursing services, under various federal healthcare programs. At the same time, one of the first academic nursing centers was delivering primary care services in Arizona.

As the Vice Chairman of the Committee on Indian Affairs, I am pleased to note that the University of South Carolina College of Nursing has established a Primary Care Tribal Practice Clinic, under contract with the Catawba Indian nation, which provides primary and preventive services to those populations. The University also has a Women's Health Clinic and Student Health Clinic, which are both managed by nurse practitioners.

Another prime example of services provided by nurse practitioners is the Utah Wendover Clinic. This clinic, in existence since 1994, provides interdisciplinary rural primary health services to more than 10,000 patients annually. The clinic now has telehealth capabilities that provide interactive links from the clinic to the university hospital, 120 miles away. This technology allows practitioners direct access to medical support for primary care, pediatrics, mental health, potential abuse, and emergency trauma treatment.

To date, nursing centers have demonstrated quality outcomes which, when compared to conventional primary health care, indicate that their comprehensive models of care have resulted in significantly fewer emergency room visits, fewer hospital inpatient days, and less use of specialists. The Lasalle Neighborhood Nursing Center, for example, reported for 1997 that fewer than 0.02 percent of their primary care clients reported hospitalization for asthma; fewer than 4 percent of expectant mothers who enrolled delivered low birth rate infants; 90 percent of infants and young children were immunized on time; 50 percent fewer emergency room visits; and the clinic achieved a 97 percent patient satisfaction rate.

What makes the concept of nurse managed practices exciting and promising for the 21st century is their ability to provide care in a "spirit of serving" to underserved people in desperate need of health care services. Interestingly, nurse practitioners have consistently provided Medicaid sponsored primary care in urban and rural communities for a number of years, and have consistently demonstrated their commitment to these underserved areas.

The 1997 Balanced Budget Act (P.L. 105-33) included a provision that for the first time ever allowed for direct Medicare reimbursement of all nurse practitioners and clinical nurse specialists, regardless of the setting in which services were performed. This provision built upon previous legislation that allowed direct reimbursement to individual nurse practitioners for services provided in rural health clinics throughout America. The law effectively paved the way for an array of clinical practice arrangements for these providers; however, per visit payments to nurse run centers, as opposed to individual practitioners, was not formally included in the law.

Federal law now also mandates independent reimbursement for nurse practitioners under the Civilian Health and Medical Programs of Uniformed Services (CHAMPUS), the Federal Employee Health Benefits Plan (FEHBP) and in Department of Defense Medical Treatment Facilities.

As the Ranking Member of the Defense Appropriations Subcommittee, my distinguished colleagues and I have listened to the testimonies of the three Service Chief Nurses each year, during the Defense Medical hearings. I am proud to report that the military services have taken the lead in ensuring the advancement of the profession of nursing. Military advanced practice nurses provide care to service members and their families at all of the treatment facilities. The Graduate School of Nursing at the Uniformed University of the Health Sciences (USUHS), which has a very successful nurse practitioner program, was recently recognized in the top 100 graduate schools in the United States. The Commanding General at Tripler Army Medical Center, a two star position, is a nurse. This