an economic report for the President. In it, they forecasted how well the economy would perform, and what size the size of the Federal budget deficit would be following President Bush's economic program.

Their most optimistic forecast was for the deficit to be $201 billion in 1996. Under President Clinton's leadership, the Congressional Budget Office projects the deficit to be $116 billion in 1996. That's $85 billion less than the rosiest projection President Bush promised. And remember there was not one single Republican vote for the President Clinton deficit reduction plan.

After 3½ years under President Clinton, we have the lowest combined rates of unemployment, inflation, and mortgage rates since the 1960's—which is the biggest tax cut of all for working Americans and retirees on fixed incomes.

And the listen to the words of Alan Greenspan, the Chairman of the Federal Reserve Board. Testifying before the Joint Economic Committee in January 1994, Dr. Greenspan clearly stated what he felt was the cause of the speedup in economic growth:

> The actions last year to reduce the federal budget deficit have been instrumental in creating the basis for declining inflation expectations and easing pressures on long-term interest rates. . . . What I argued at the time is that the purpose of getting a lower budget deficit was essentially to improve the long-term outlook, and that if the deficit reduction is credible, then the long-term outlook gets discounted up-front. Indeed, that is precisely what is happening . . . . I think a substantial part of the improvement in economic activity and the low rates of inflation can be directly related to a changing financial expectation that we might finally be coming to grips with this very severe problem.

That was in 1994. He is not crediting shutting down the Government, and holding needed Government services hostage to unfair budget deals, for making financial markets believe that new and better fiscal management was finally in place. Dr. Greenspan was crediting the President's 1993 budget plan with the substantial part of the improvement in economic activity and the low rates of inflation.

While the rest of America that is experiencing steady job growth, increased consumer confidence, and a Federal deficit that has been cut in half, Mr. Dole is contending that he has policies that would have made the economy perform even better. What are these new ideas? In fact, they are not new at all: they are the same policies that ballooned our deficits in the first place. Except for the interest on the debt created during the Reagan and Bush years, our current budget would be running a surplus. So as for retreading these failed policies of the 1980's, in the language of the new generation: ''Been there, done that, don't want to go there again.''

Still, Mr. Dole promises growth that could generate more jobs. Again, look at the record. President Bush's Council of Economic Advisers predicted that, following President Bush's economic policies, the unemployment rate would be 6.2 percent in 1994 and 5.7 percent in 1995. President Clinton's policies delivered actual unemployment rates of 6.1 percent in 1994 and 5.6 percent in 1995. And while the Bush administration was going to be satisfied with an average unemployment rate of 5.4 percent in 1996, we have already lowered unemployment this year to 5.1 percent.

Americans want to see wages and take-home pay rise. Since January 1993, we at least have seen the 12-year decline in real wages come to a halt. We Democrats fought to lower the tax burden of low-income, working families by increasing the Earned Income Tax Credit, and raising the wages of low-income workers from the 40-year low in terms of purchasing power that they were experiencing through passage of a minimum wage hike. It was only fair. It was a hard fight. But we Democrats never gave up, and the Republicans finally caved in.

I am proud of the economic record we Democrats have accomplished in the last 4 years. We still have a great deal more to do, but Americans now know we are on the right track. As President Clinton says, we must build a bridge to the future. It is not a toll bridge because it will be a bridge paid for by careful planning. We don't need a bridge to the past, built with IOU's and growing deficits that mortgage our future. We don't need to go back to slow job growth, and fewer opportunities. We need to look forward.

NATIONAL HISPANIC HERITAGE MONTH

HON. JAMES A. BARCIA

OF MICHIGAN

IN THE HOUSE OF REPRESENTATIVES

Thursday, September 12, 1996

Mr. BARCIA. Mr. Speaker, the community and diversity of the United States have always been our greatest strengths. I rise today to pay tribute to a group whose sense of community is as strong as the country they represent, the Hispanic community of Flint.

A community is more than simply the individual people who belong to it. A community is people volunteering to help their neighbors in times of need, people taking charge and organizing to make that community a better place. The Hispanic community of Flint knows what it takes to be a strong, caring community. But simply knowing is not enough. That's why the Hispanic community has excelled in service and volunteerism to help their community, the United States, grow and succeed.

For this reason the month of September 15 through October 15 has been designated ''National Hispanic Heritage Month.'' In celebration, the Flint Hispanic community holds its annual Hispanic Awards Ceremony on September 14. Members of the Hispanic community who have given selflessly of themselves in the areas of education, labor, leadership, and service will be honored. An additional award will be presented to a veteran, Mr. Aleucion Duran, who exemplifies the highest ideals of service to our country.

This year the Pete Mata Scholarship Award will be presented to Ms. Holly Saultsman, while the Pete Mata Jr. Leadership Award is being presented to Mr. Pete Mata. Dr. Eduardo Lorenzo will receive the Tano Resendez Service Award and Mr. Roel Martinez the Bruno Valdez Arts/Entertainment Award. The Award for Special Recognition will go to Mr. Domingo Berlanga, while the Labor Involvement Award will go to Ms. Estela Mata. For outstanding service in the field of education, the Joe Benavidez Award will be presented to Ms. Janie Rubio while Ms. Lorena Gonzalez will be honored with the Maria Deleary Scholarship Award.

Mr. Speaker, I invite you and all of our colleagues to join me in congratulating all of this year's honorees and the Flint Hispanic community as they celebrate the diversity that makes this country great.

TRIBUTE TO MARTHA FALK

HON. CHRISTOPHER SHAYS

OF CONNECTICUT

IN THE HOUSE OF REPRESENTATIVES

Thursday, September 12, 1996

Mr. SHAYS. Mr. Speaker, I rise today with great pleasure and distinct honor to wish Martha Falk of Darien, CT, a very happy 100th birthday.

Martha's leadership in founding 60 Plus, as well as her continued commitment to Children's Aid, participation in each Memorial Day Parade and devotion to numerous charitable organizations, are an inspiration to us all.

We salute Martha for being such an outstanding, vivacious role model for her peers and the community. Darien is a better place to live and work thanks to Martha's humorous outlook and dedication to improving and enhancing the lives of others.

Martha is a real treasure! She can look back on a long and fulfilling life with the satisfaction of having made a significant contribution and look ahead to the opportunity to add to these precious memories.

I am proud to have Martha Falk as a constituent and wish her continued happiness and success.

ST. PATRICK'S CHURCH 75TH ANNIVERSARY

HON. PAUL E. KANJORSKI

OF PENNSYLVANIA

IN THE HOUSE OF REPRESENTATIVES

Thursday, September 12, 1996

Mr. KANJORSKI. Mr. Speaker, I rise today to pay tribute to St. Patrick's Church in Wilkes-Barre, PA. St. Patrick's is celebrating its 75th anniversary on September 15, 1996. I am pleased to have been asked to participate in the recognition of this milestone.

Mr. Speaker, in 1921 a group of 400 families formed a new parish called St. Patrick's. The Reverend John Lynott celebrated mass for the group in the Sterling Theater. The theater held the parish for a year before they moved to their own home in a small basement.

In 1929, on the same site, the cornerstone was laid for a new structure which was to become the present St. Patrick's church. The stones of the building had great significance to the members. Reflecting the Irish heritage of many of the parishioners, one stone was brought from Ireland where it was taken from a spot near the grave of St. Patrick. Another stone came from the Vatican Mausoleum in Italy.

Mr. Speaker, in 1930 Bishop Thomas O'Reilly dedicated the new church building for the parish of St. Patrick's. Since then the parish has faithfully ministered to the Irish community in the Wilkes-Barre area for 75 years. Since its humble beginning in 1921, a succession of pastors have provided spiritual guidance to generations of parishioners. As the

Wyoming Valley has changed, so has St. Patrick's. The church's current vibrancy and dedication reflects its commitment to the Wyoming Valley community.

Mr. Speaker, I am pleased to bring this milestone anniversary to the attention of my colleagues and to send my best wishes for the continued prosperity of St. Patrick's Church.

ESSENTIAL HEALTH FACILITIES INVESTMENT ACT OF 1996

HON. FORTNEY PETE STARK
OF CALIFORNIA
IN THE HOUSE OF REPRESENTATIVES

Thursday, September 12, 1996

Mr. STARK. Mr. Speaker, today, I am introducing the Essential Health Facilities Investment Act of 1996. This legislation will provide a financial helping hand to those hospitals and health centers that are in the frontlines of dealing with our national health care crisis. This legislation allows for the expansion of community health services and the capital needs of safety-net health care facilities while at the same time attempting to limit the further duplication of unnecessary high-technology services.

This bill is similar to legislation that a number of us introduced in the 103d Congress and which was included in the national health reform legislation that was approved by the Ways and Means Committee. I am introducing this bill now so that groups may focus on it before the start of the 105th Congress to see what changes they would recommend and, if they agree with the goals of the legislation, begin to work for the passage of such legislation in the New Congress.

In this time of continually shrinking budgets and fiscal austerity, it is more important than ever to appropriate Federal moneys in the most cost-effective manner available while reaping the most benefit for all of our citizens. In terms of health care, this means establishing and expanding community health programs designed to provide low cost primary care to underserved populations to avoid subsequent high-cost emergency room visits. In addition, we must help to support those not-for-profit and public hospitals that deal with a disproportionate number of uninsured patients. Urban public hospitals averaged over 19,000 admissions, 242,000 outpatient visits, and nearly 4,000 live births per hospital in 1986. In comparison, urban private hospitals in the same areas registered just 7,000 admissions, 50,000 outpatients visits, and 760 live births. These safety-net facilities—the public and not-for-profit hospitals that serve a disproportionate share of uninsured and low-income patients—are in essence the family doctor for many in our country. Though it would be far better to incorporate the uninsured into our national insurance pools, giving them access to any health care facility they choose to visit, the stark reality is that they are dependent upon these safety-net hospitals for any and all of their health care.

Gun violence in our metropolitan areas adds to the burden that our safety-net hospitals must bear. Roughly half of all urban safety-net hospitals are equipped with a trauma center and thus are the first in line to treat the victims of America's growing obession with guns. By the year 2003, according to the Federal Centers for Disease Control and Prevention, gunfire will have surpassed auto accidents as the leading cause of injury and heath in the United States. Unlike victims of car crashes, who are almost always privately insured, 4 out of 5 gunshot victims are on public assistance. More than 60 urban trauma centers have already closed in the past 10 years, leaving less than one-quarter of the Nation's population residing anywhere near a trauma center. Gunshot wounds account for fewer than 1 percent of injuries in hospitals nationwide but account for roughly 9 percent of injury treatment costs. It is estimated that for every 1 of the 40,000 patients who die from a gunshot wound annually, 3 others are injured seriously enough to be hospitalized.

Yet another assault on urban hospitals comes from the influence of managed care organizations. Managed care's ability to bring tougher competition to the health care sector has decreased the urban safety-net hospital's ability to cost-shift to offset some of the heavy losses incurred providing uncompensated care. As a result, according to a June 1996, Prospective Payment Assessment Commission [ProPAC] report, hospitals in urban areas with high managed care penetration saw their payment-to-cost ratio decrease by 2 percent from 1992 to 1994. Declining margins have forced many urban hospitals to cut their level of charity care. ProPAC found that uncompensated care fell by 4.5 percent during the same time period, clear evidence that more and more of the burden is being shifted to the public safety-net hospitals.

OUTLINE OF THE ESSENTIAL HEALTH FACILITIES INVESTMENT ACT OF 1996

In title I of this legislation, Medicare's Essential Access Community Hospital Program [EACH] would be expanded to all States and a new urban Essential Community Provider Program [ECP] would be created. Funding would be provided for the creation of hospital and community health clinic networks that improve the organization, delivery, and access to preventive, primary, and acute care services for underserved populations.

In title II, financial assistance for capital needs would be provided by the Secretary of HHS to safety-net facilities which serve a disproportionate share of uninsured and low-income patients. Funds for this legislation would be provided by a one-half percent on hospital gross receipts tax.

In title III, financial and technical assistance would be provided to States engaged in review of capital expenditures for health care facilities and high-technology equipment. Consideration of alternative, less costly, and existing services would be considered before any funds would be distributed.

REBUILDING THE URBAN SAFETY NET

Even though these essential access facilities fulfill a pivotal role in our Nation's health care system, their infrastructure suffers from gross neglect and under-investment. The buildings and systems that comprise this safety net are often antiquated. Without future reinvestment, the holes in this system will continue to grow, causing even more of America's underprivileged population to be medically abandoned.

The average age of the physical plant of urban, public hospitals is nearly 26 years, compared to a national average for all hospitals of 7 years. The average capital expenditure for urban hospitals is $12,600 per bed compared to a national average expenditure for all hospitals of $23,500.

A national survey of the Nation's safety-net hospitals found that a lack of available hospital beds is resulting in severe overcrowding. Hospital corridors surrounding emergency rooms have begun to resemble triage units at the height of a military campaign. A recent study showed that 50 percent of the hospitals in the three most severely impacted areas, Los Angeles, Detroit, and New York were forced to restrict emergency department access over 25 percent of the time. This is occurring in spite of the fact that the occupancy rates of all hospitals have steadily decreased during the last decade and are now barely above 60 percent. The average occupancy rate for safety-net hospitals is roughly 82 percent with some reporting 100 percent, while private urban hospitals averaged just 67 percent. At any given time, approximately one-third of America's 924,000 staffed hospital beds are empty. Our national priorities have created an excess of beds in areas where the need doesn't exist and a severe shortage in areas where the demand is bulging at the seams. This bill attempts to relieve some of the pressure built up within the safety-net system.

It is wise to remember that while the economic viability of these urban safety-net hospitals is crucial for the medically underserved of America, these same hospital systems often provide specialty care services used by everyone in the community. Burn, neonatal units, trauma care centers, and other highly specialized tertiary care services are located within safety-net hospitals. All members of a community benefit from both a well-maintained safety-net hospital and a broad network of community health centers.

Health care institutions have historically found it difficult to secure financing for capital renovation and expansion products. The financing exists within the market, but the level of debt service required to often too burdensome for the public institution to manage. Even when revenue bonds may be supported by local means, oftentimes the bond ratings are too low and thus the interest rates are too high. Afterall, these safety-net hospitals treat a high proportion of low-income patients resulting in lower operating margins. These ratings often have little to do with the ability of hospital administrators to manage their facilities well. It is more often the case that market analysts consider the local appropriations that sustain these facilities to be too uncertain. Thus, the facility is simply prohibited from securing the needed capital.

For the facilities with the greatest demand placed upon them in our inner-city and rural areas, the traditional method of financing, Federal funding, is no longer available. Many of these facilities were originally built with grants or loans under the Hill-Burton Program. These funds have not been available for years. The lack of Federal moneys available to repair and rebuild these facilities combined with the strain on the resources of local governments, means the capital needs of safety-net facilities have gone unmet.

This legislation does not propose that the Federal Government take on a massive rebuilding program like the Hill-Burton Program. Nor does it propose that the Federal Government take sole responsibility to solve this problem. However, this legislation is designed to support State and local efforts to upgrade