

life for the cause of freedom and my country. I feel great being an American. I am proud to be such and I humbly say thank you.

Besides the Congressional Medal of Honor, Calugas was awarded many additional military decorations, including the Asiatic Pacific Campaign Medal, the Distinguished Unit Citation with 1st and 2nd Oak Leaf Cluster, the Philippine Liberation Ribbon, the World War II Victory Medal, and an Ex-Prisoner of War Medal.

He also received many civilian awards, including the Honorary Citizen Award of Tacoma, Washington, the Key to the City of Tacoma, and the Medal of Honor Permanent Car License Plate Recipient, presented by then Governor of Washington, Dixy Lee Ray.

He is survived by his wife, four children, 11 grandchildren and 5 great-grandchildren.

It is an honor to acknowledge the life and bravery of Captain Jose Calugas and his courageous action under fire to preserve the freedoms we all hold dear.

TRIBUTE TO THE LATE HONORABLE EDNA J. KELLY

SPEECH OF

HON. BENJAMIN A. GILMAN

OF NEW YORK

IN THE HOUSE OF REPRESENTATIVES

Wednesday, January 28, 1998

Mr. GILMAN. Mr. Speaker, last month marked the passing of an extraordinary woman, former member of Congress, Edna J. Kelly.

Edna Kelly was the first woman elected to the Congress from Brooklyn, serving as a member of the House of Representatives from 1949 until 1968. During a political career that reflected her drive and dedication, Edna Kelly worked tirelessly to strengthen U.S. foreign policy and improve the economic status of the American family.

Strongly opposed to the spread of communism, Congresswoman Kelly served on the Committee on Foreign Affairs and was recognized as an expert on the Soviet bloc. She headed fact-finding missions all over the world in order to better inform the Congress and America of the potential threat of international communism and the importance of NATO.

Edna Kelly was also a great humanitarian. Her efforts included sponsoring the legislation that made the Peace Corps possible, and adding an amendment to the Mutual Security act that helped to resettle more than a million and a half eastern European and Russian people displaced by World War II.

Edna Kelly was committed to raising the standard of living of American families. She advocated tax deductions for low-income single parents and helped to bring the economic problems of women into the national consensus. She introduced the bill that established the concept of "equal pay for equal work."

Edna Kelly served as a role model to so many. Her legacy extends beyond her pioneering role as the first female elected to Congress from her district. Legislation she helped to pass is still of benefit to the American people today.

Mr. Speaker, I extend my deepest condolences to the family and friends of Edna Kelly and urge my colleagues to join in memorializing a great woman legislator.

TRIBUTE TO CHARLES A. GREENE

HON. DALE E. KILDEE

OF MICHIGAN

IN THE HOUSE OF REPRESENTATIVES

Tuesday, February 3, 1998

Mr. KILDEE. Mr. Speaker, I rise today before my colleagues in the U.S. house of Representatives to pay tribute to an outstanding citizen, Mr. Charles A. Greene. Mr. Greene will be honored by family and friends on Monday, February 2, 1998 in my hometown of Flint, MI.

A native of Alabama, Charles moved to Michigan at an early age and attended Detroit Public Schools. He moved to Flint to attend high school, living with his uncle and aunt Leo and Irene Greene. After graduation from Flint Junior College, Charles served his country in the United States Army. He then attended Texas Southern University and Wayne State Mortuary School earning a degree in Mortuary Science. Upon receiving his funeral director's license from the State of Michigan, Charles was named vice-president of the Greene Home for Funerals and eventually became President.

In addition to his many professional achievements, Charles has been active in a number of civic organizations, including the Big Brothers of Flint, the Boy Scouts of America-Tall Pine Council, the United Negro College Fund, and the Police Activities League. His professional affiliations include the Downtown Development Authority, both the Michigan and National Funeral Directors Associations, and the Black Funeral Directors and Mortician's Association. Charles was a member of the Bishop Airport Authority and was a 1974 Charter Commission City of Flint member.

Charles has always impressed me with his dedication to the youth of our community. On countless occasions he has served as a mentor to young people. His encouragement and support influenced many to succeed in school and go to college. I know that Charles was very honored to receive an Honorary Doctorate of Humanities from Selma University. His commitment to education and public service serves as outstanding examples of the positive influence one person can have in the lives of many. For more than 30 years, Charles has been a faithful member of Foss Avenue Missionary Baptist Church. I know that the congregation joins us in honoring him on this special occasion.

I know that Charles would want to point out that the love and support of his family have contributed greatly to his success. He is very proud of his children Chawn and Woodrow, his granddaughter Phaelon Elise, his sister's Sara, Jacquetta, Juanita, his brother Robert, and his Aunt Irene.

Mr. Speaker, it is indeed a privilege for me to rise today before my colleagues in the House of Representatives to honor Mr. Charles A. Greene. Without a doubt, our community is a much better place because of his dedication and leadership.

SENIOR CITIZENS NEED QUALITY HOME HEALTH CARE SERVICES

HON. CHRISTOPHER H. SMITH

OF NEW JERSEY

IN THE HOUSE OF REPRESENTATIVES

Tuesday, February 3, 1998

Mr. SMITH of New Jersey. Mr. Speaker, on our very first day back in session, I joined with my colleague, Rep. JIM SEXTON, in introducing legislation to block the implementation of the Health Care Finance Administration's (HCFA's) new Medicare reimbursement program for home health care.

This new Medicare reimbursement program, known as the "Interim Payment System" (IPS), is based on an incomplete and inequitable funding formula which directly jeopardizes home health care agencies and the elderly they serve in my state.

The value of home health care is obvious. All of us intuitively know that enabling our seniors to receive quality, skilled nursing care in their own homes is preferable to other, more costly, sometimes isolated, settings. Senior citizens receive the peace of mind from familiar settings and their loved ones close at hand. And the cost savings to Medicare from proper use of home health care are considerable.

The legislation we have introduced (HR 3108) corrects several flaws contained in the IPS formula and assures fair and reasonable Medicare reimbursement for quality home health care. If left unchanged, the IPS will cut Medicare reimbursement for home health care in New Jersey by \$25 million in fiscal year 1998 alone. Several agencies in New Jersey could lose \$2 million or more in anticipated reimbursement for homebound Medicare patients.

One of the most unfair aspects of the IPS is that it seeks to treat efficient and inefficient home health agencies alike, despite the fact that average utilization rates in New Jersey's agencies—43 visits per beneficiary served in 1996—are far lower than the national average of 74 visits that year.

Because the IPS reimbursement rates for each home health care agency are linked to earlier utilization rates and costs, agencies that were efficient and honest all along still find themselves struggling to squeeze another 12 to 15 percent reduction in aggregate reimbursement rates from already lean operations—a very tall order indeed. Meanwhile, agencies in other parts of the country with abnormally high home health costs and utilization rates are permitted to use base year utilization rates that were badly inflated in the first place. Thus, they will continue to receive high reimbursement rates because they had inflated costs in the past. The IPS, therefore, effectively punishes efficient operations and does not comprehensively address the problem in areas with inordinately high home health utilization statistics.

For example, home health agencies serving senior citizens in NJ will only receive enough funding to provide as few as 30 to 35 visits per patient. Meanwhile, agencies in other parts of the country—such as Tennessee and Louisiana—may continue providing their patients with almost triple that number of visits at twice the cost per visit. Disparities of this magnitude are inherently unreasonable and unfair, and must be corrected.