

The SPEAKER pro tempore. Under a previous order of the House, the gentlewoman from Hawaii [Mrs. MINK] is recognized for 5 minutes.

[Mrs. MINK of Hawaii addressed the House. Her remarks will appear hereafter in the Extensions of Remarks.]

DEPARTMENT OF ENERGY'S TRIP TO SOUTH AFRICA

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Ohio [Mr. HOKE] is recognized for 5 minutes.

Mr. HOKE. Mr. Speaker, I yield to my friend from Georgia, Mr. KINGSTON.

Mr. KINGSTON. Let me just conclude with what some of the options are that we are looking at, because I think it is important that our seniors know that we want to have reform plans that will simplify and strengthen Medicare, and yet give them all of the choices that they deserve, and one of them would be to keep the current Medicare plan that they are under. The other one is a coordinated benefit plan.

Mr. Speaker, another possible option is an employer association Medicare plan, because currently if someone is 65, they are forced off the private sector insurance, but they may want to keep it, and they may want to stay on their employer's plan. We want to give seniors that option.

Then there is the medical savings account, which would give seniors the right to save money and pocket the difference at the end of the year on what they save on their own health care costs. We, under these plans, are projecting a spending increase of about \$1,900 per person, going roughly from \$4,816 per person to \$6,734 over this time period to the year 2002, a 7-year time period.

Mr. Speaker, this is not a Medicare cut. We keep hearing from the hide-their-head-in-the-sand Members of Congress that we are trying to cut Medicare. This is not a cut. Now I know Washington DC math does funny tricks, but this is not a cut.

So to conclude, we want to simplify Medicare, we want to say that we want to strengthen it. I am confident that we can do it, and I am glad to say that it will be on a bipartisan basis, because there are a lot of Members of both parties who are stepping forward to make the tough decisions and do what is right for our American citizens.

Ms. KAPTUR. Mr. Speaker, will the gentleman yield?

Mr. HOKE. Mr. Speaker, I yield for just a moment. Actually I want to talk about something else, but very quickly.

Ms. KAPTUR. Mr. Speaker, just taking a very brief time, in looking at this chart there, I have seen this chart several times, but we know health insurance is rising faster.

Mr. HOKE. Reclaiming my time—

Ms. KAPTUR. The 7 years you are talking about—

Mr. HOKE. Mr. Speaker, regular order.

Ms. KAPTUR. You are talking about over \$8,100 a year, so I would disagree with the gentleman.

Mr. KINGSTON. I thank my friend.

Mr. HOKE. I am reclaiming my time.

Mr. KINGSTON. Mr. Speaker, I can answer it in 30 seconds if the gentleman will let me. Please, the lady is right, medical inflation on Medicare is going up 10.15 percent a year, but regular insurance inflation is at about 4 percent, and in the private sector, some corporations are actually having a 1-percent decrease. So what we are going to do, trying to do through all of these options, is slow down the rate of that increase so we can get—

Mr. HOKE. Mr. Speaker, reclaiming my time, we are going to slow it down to about 6.5 percent per year, and we believe, there is every reason to believe, that we as Americans looking forward are going to be able to do that, we are going to be able to save Medicare, strengthen it, improve it, and simplify it all at once.

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For some reason, and I know that we have been feeling very bipartisan tonight, it just irritates me that the minority leader would call this report a hoax, or at least say that we are trying to create a hoax. I am not sure exactly what he meant. Every American should read this. Call (202) 225-3151, ask your Representative for a copy.

Mr. Chairman, I want to move on to something having to do with the Department of Energy. As the chairman of the Committee on the Budget's national security task force, I have been examining the Department of Energy's defense activities. I introduced H.R. 1628, creating the Nuclear Programs Agency, which would be responsible for nuclear weapons activity and environmental cleanup for former DOE defense-related facilities.

As a result of that study and responsibility that I was given on the Committee on the Budget, I discovered that Energy Secretary Hazel O'Leary directed the transfer of \$400,000 from defense activities to the Office on Nonproliferation and National Security to pay for her security when she is traveling.

Of particular concern is the \$241,000, which was transferred from the materiel support program, responsible for the production, surveillance, and safeguarding of special nuclear materials including tritium. Tritium is a gas that is critical to the ignition of thermonuclear warheads.

Secretary O'Leary has recently ordered the 23 DOE program offices, the Office of Congressional Affairs, the Office of Public Affairs, the general counsel's office, others, to pay the advance costs of at least two invitational delegation members, each, for a trade mission that is going to take place leaving on August 18 for 6 days to South Africa.

According to an internal DOE memo, the estimated cost per person is \$9,570,

and that does not include an additional \$500 for transport to Washington. The per diem cost of \$930 for 6 days was figured—has my time expired? Is that what that means?

This is very disappointing, Mr. Speaker. I will seek time later, perhaps the gentlewoman from Ohio will give me some time in exchange for the time I gave her.

TITLE X FUNDING

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from California [Mr. FARR] is recognized for 5 minutes.

Mr. FARR. Mr. Speaker, I rise in strong opposition to the majority party zeroing out funding for title X, which is our Nation's critical Family Planning Program.

The title X Family Planning Program was created in 1970, with broad bipartisan support, as part of the Public Health Service Act. It was enacted and signed into law by then-President Richard Nixon, creating for the first time a comprehensive Federal program devoted entirely to the provision of family planning services on a national basis.

Mr. Speaker, in his message on population growth and the American future, Nixon declared that "No American woman should be denied access to family planning assistance because of her economic condition. I believe, therefore," he continued, "that we should establish as a national goal the provision of family planning services to all who want, but cannot afford them."

Today, title X continues to be the glue that holds the national family planning service delivery system together, largely determining both its structure through its nationwide network of clinics and the substance of its services that are provided to low-income and moderate-income women and teenagers. In 1990, alone, 5.3 million family planning clients were served by clinics administered by title X-supported agencies.

Mr. Speaker, there has been a lot of misconception about the use of these title X funds. The far right claim that title X money is somehow used to pay for abortions. Nothing could be further from the truth. Since its inception in 1970, the title X statute has prohibited the use of the program's funds for abortions as a method of family planning.

In addition, congressional investigations during the 1980's found that all title X-funded clinics were operating in full compliance with the law. Of the more than 4,000 title X-funded clinics nationwide, approximately 80 provide abortions, all with other than title X funds, without exception. In fact, more than 50 percent of these clinics are in hospitals.

Mr. Speaker, let me tell my colleagues about title X and what it does.

Besides providing contraceptive methods, family planning clinics conduct related tests and examinations, including: pelvic exams, blood pressure measurement, anemia screening, Pap smear tests, diabetes, urinary tract infection screening, pregnancy tests, HIV testing, well-baby care, infertility counseling, prenatal care, midlife health programs, and mammography screening.

Health care services are also provided to men, including STD treatment, STD screening, HIV testing, infertility counseling, and testicular cancer screening, among others.

The importance of family planning is widely recognized. According to the Institute of Medicine Committee to study the prevention of low birthweight, it is important to stress that both young teenage status and poverty are major risk factors for low birthweight, and title X is specifically targeted at low-income women, including adolescents. As such, the program should be regarded as an important part of the public efforts to prevent low birthweight.

Mr. Speaker, according to the March of Dimes Birth Defects Foundation, "Family planning counseling and services are essential elements of pre-conception and interconception care. We affirm that family planning should be an integral part of prenatal care to improve pregnancy outcome."

Mr. Speaker, I urge my colleagues to join me tomorrow and vote against the Labor-HHS rule which prohibits an amendment to restore funding to title X, and in the event that the amendment to restore funding for title X ruled in order, I urge my colleagues to support it. Support restoring these vital title X dollars.

HONORING KANSAS TECHNICAL INSTITUTE ON ITS HUNDREDTH ANNIVERSARY

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Kansas [Mr. BROWNBACK] is recognized for 5 minutes.

(Mr. BROWNBACK asked and was given permission to revise and extend his remarks.)

Mr. BROWNBACK. Mr. Speaker, it is my honor to stand on the floor of the House of Representatives and recognize an important part of Kansas and American history and that is the 100th anniversary of the Kansas Technical Institute. One hundred years ago, the State of Kansas created the Kansas Technical Institute that changed lives, providing careers and training for hundreds of men and women. It became a source of information, inspiration, and guidance to thousands.

From the beginning, the KTI was more than a school. To the school family, it became a mission to assist black women and men in pushing back any boundaries, real or perceived, that limited their lives.

The institution was founded in Topeka, KS, in 1895 by Edward Stevens

and Izie Reddick. It was called the Industrial and Educational Institute and Mr. Stevens was its first President. The institute underwent many changes over the years, including several reorganizations and expansions. In 1919, it was made a regular State school by the legislature and in 1951, it became the Kansas Technical Institute.

In its 60 year history, this African-American institution graduated thousands of students in technical trades. Many of the institute's graduates went on to become business owners, doctors, nurses, lawyers, and other professionals, making one of the most significant contributions to the development of black leadership in the State of Kansas.

Mr. Speaker, I would like to commend the Kansas Technical Institute for its critical part in our history.

MENNINGER HOSPITAL HONORED AS BEST HOSPITAL IN PSYCHIATRY IN THE NATION

Mr. Speaker, on another matter that happened in my district this past month, U.S. News and World Report named America's best hospitals. In its sixth annual hospital guide, U.S. News worked with the National Opinion Research Center, assessed hospital care nationwide and ranked hospitals across the country in 16 specialties. A random selection of American Medical Association members and nonmembers were asked to rank the five hospitals they considered the best among the best in the Nation's 1,600 tertiary care centers. I am proud to state that Menninger Hospital, located in Topeka, KS, was named the best hospital in psychiatry in the Nation. Since its beginning, the Menninger clinic has been the foremost institution in applied psychiatry in the world. Menninger offers an unparalleled scope of treatment services, research, professional education, and prevention programs.

In the past 12 years, Menninger has been recognized as one of the country's top psychiatry centers of excellence 14 times by national publications.

So, Mr. Speaker, I stand here pretty proud of what has happened in my district in the past month; proud of my district for all it has contributed to the Nation, for African-American leadership development, for leadership in psychiatric care, and I am pleased to be able to recognize that on the floor.

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from New Jersey [Mr. PALLONE] is recognized for 5 minutes.

[Mr. PALLONE addressed the House. His remarks will appear hereafter in the Extensions of Remarks.]

RETIREMENT OF ROGER SLAGLE

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from California [Mr. MINETA] is recognized for 5 minutes.

Mr. MINETA. Mr. Speaker, I rise this evening to recognize a member of the staff of

the Transportation and Infrastructure Committee, Roger Slagle, and to express, on behalf of the committee, my gratitude to Roger for his hard work, wise counsel, wonderful sense of humor, and great personal friendship.

Roger will be retiring next week after nearly two decades of Government service and advocacy for a sound and balanced transportation system.

After graduating from Georgetown University in 1976, Roger came directly to the Hill to work on the Senate Commerce Committee. Then in 1981, he moved to Los Angeles where he served ably as the chief liaison for Federal and State Governments for the Southern California Rapid Transit District. Roger joined the House Public Works and Transportation Committee in 1988, and to our advantage, he came with a storehouse of knowledge and experience on transportation issues.

One of the great truths of Capitol Hill is that good staff work is the foundation of sound legislation. I strongly agree and think of Roger as a perfect example of that. His understanding of transportation issues and effective communication skills have combined to guide us on the committee in making many intelligent decisions. Roger's imprint can be found on many significant pieces of legislation. During the committee's consideration of the Intermodal Surface Transportation Efficiency Act in 1991, or ISTEA as it has come to be known, Roger was an energetic advocate for the cause of mass transit. Frankly, Roger is recognized as one of the most knowledgeable people in transit issues in Washington and as a leading expert among transit people in the Nation. Not only does he have a solid understanding of transit law, but he also knows many of the systems around the country first hand, making it a point to see them and ride the system—often without the local transit authorities knowing and providing escort.

Roger helped to ensure the recognition that planning for effective and efficient transportation systems is instrumental in helping to address our Nation's clean air problems. He was the lead on ISTEA on all the planning provisions which helped local governments, giving them the tools they needed to help put local governments back in charge of their transportation planning processes.

Roger was the point man for the committee staff in formulating the Americans With Disabilities Act, a monumentally important piece of legislation in opening up access for our disabled citizens.

In addition to being an extremely dedicated professional, Roger is a delightful individual with many varied interests. His personal travel takes him all over the globe, and he delights in bringing back stories and artifacts and building upon his knowledge of interesting food and diverse architecture. I have enjoyed working with Roger over these many years, admiring his irrepressible spirit and respecting his talent.

As a friend and a colleague, Roger will be missed on our committee. I join with his many friends in wishing him the best in his retirement.