

domestic violence a factor in issuing health, life and accident insurance. This is terribly wrong. Domestic violence is not a "preexisting condition" and it is not brought on by a victim's behavior. It is brought on by the batterer and he or she is the one who should be penalized, not the victim.

Health care plans should not exclude or limit the ability of domestic abuse survivors to acquire health insurance—nor should insurance plans apply "preexisting condition" exclusions to conditions that result from domestic violence.

While it is encouraging that some insurance companies are beginning to change their underwriting practice as they become educated about domestic violence, I believe that a national solution is needed. Women who have survived the violence and the brutal beatings of domestic violence need the assurance that no matter what state they reside in they and their children will not be denied coverage based on a prior domestic violence situation. A situation that was not in any way their fault.

Case after case can be cited in which insurance companies denied insurance benefits to a victim of abuse. For instance, a woman in California was repeatedly turned down for health insurance coverage following a review of medical records which detailed beatings by her husband. In Minnesota, a women's shelter was told that it was considered uninsurable because its employees are almost all survivors of domestic violence. In the state of Washington, a child was twice denied health insurance because he had been sexually abused in a day care facility and a woman in the same state had her homeowner's policy cancelled. The letter of cancellation noted five claims over the last twelve years, specifically the letter pointed out the most recent one involving "a domestic violence situation of individuals that are living with" the insured. The angry ex-wife of the woman's boyfriend's brother damaged the door.

I have introduced this legislation today because I believe that denying insurance to victims of abuse only compounds the victim's problematic circumstances. Again, domestic violence is a national problem, and we should not allow insurance companies to make matters worse for victims by excluding them from insurance coverage. I am confident that this legislation will give victims the assurance they need that their insurance policies will be there for them in their time of need.

CONGRATULATIONS MR. AND MRS.  
JOHN IZZO

HON. DONALD M. PAYNE

OF NEW JERSEY

IN THE HOUSE OF REPRESENTATIVES

*Wednesday, June 5, 1996*

Mr. PAYNE of New Jersey. Mr. Speaker, today I would like to honor a very special couple, Frank and Ruth Izzo of Elizabeth, NJ. On June 8, Mr. and Mrs. Izzo will celebrate their 50th wedding anniversary.

Frank Izzo served his country with distinction in Germany and France during World War II, as a member of the United States Army. Ruth Izzo worked for a pharmaceutical company for 13 years. The Izzos have two children, Marlene and Anthony. In the tradition of his father, Anthony dutifully served his country

in Vietnam and became a decorated veteran of that war. The Izzos have four grandchildren—Darla, Robert, Frank, and Christopher—from their daughter Marlene.

Mr. Speaker, it is my feeling that we can all look to this couple for inspiration. In a time when divorce rates are astoundingly high and society is suffering as a result of this, the Izzos show us that it is possible for married partners to work, raise children, and remain happily committed to each other. I would like to wish them many more years.

PERSONAL EXPLANATION

HON. XAVIER BECERRA

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

*Wednesday, June 5, 1996*

Mr. BECERRA. Mr. Speaker, due to a commitment in my district, on Thursday, May 23, I was unable to cast my floor vote on rollcall Nos. 192 through 195.

As a strong supporter of a clean minimum wage increase, I would have voted as follows: "aye" on rollcall 192, "no" on rollcall 193, "no" on rollcall 194, and "aye" on rollcall 195.

TRIBUTE TO MRS. THELMA SCOTT  
NEWMAN

HON. FRANK TEJEDA

OF TEXAS

IN THE HOUSE OF REPRESENTATIVES

*Wednesday, June 5, 1996*

Mr. TEJEDA. Mr. Speaker, I rise today to pay tribute to the memory of Mrs. Thelma Scott Newman, who served our country and her community in ways too numerous to mention. Mrs. Newman passed into eternal rest on May 18, 1996, but she certainly will not be forgotten, neither by her family nor by the many whose lives she touched and enriched with her spirit and wisdom.

Mrs. Newman was born in rural Gonzales, TX, the first child of the late Jordan D. and Elizah Jones. I cannot mention Mrs. Newman's early life without remarking on the great obstacles that she and her fellow African-Americans faced and the struggles they undertook to overcome those barriers. But Mrs. Newman rose above obstacles and struggles and grew into a kind and loving woman who gave devotedly to her family, her country, and the community.

Mrs. Newman married Joseph A. Scott, Sr., and their union was blessed with a son, Mr. Joseph A. Scott, Jr. Additionally, she was blessed with two grandsons and two granddaughters, seven great-grandchildren, many nieces and nephews, and a host of other relatives and friends. She was extremely proud of her family, and her love for them is evident today in their many achievements and successes.

Mrs. Newman was the kind of person whose strong faith and love of her fellow man urged her to go above and beyond the call of duty in giving back to the community. She became a nurse and in that capacity she worked for the Federal Government for 43 years and took up the cause of healing the sick and comforting the afflicted. And she had a special gift for communicating with young people. She always

had the time to listen to them and give them her encouragement to work hard and succeed. Her ability, her faith, and her gifts are measured today in the lives of many young people who spoke to her, listened to her, and went on to achieve great things.

Even her years of rest and retirement, Mrs. Scott always had time for what was most important to her: Her family, her church, and her community, especially the young people. She worshipped and shared fellowship with the minister and congregation of New Light Baptist Church. She was a leader in the deaconess board of the church and a past president of the tithing department of the Eastern District Association. She gave her time and her love to the ideal neighborhood guild, the Greater San Antonio workshop, the United Home Owners' Improvement Association, the T.E.L. Guild, and the Mother's Service Organization. In recognition of all that she did for her community, the Thelma Newman Circle was named in her honor.

It was my great privilege to know Mrs. Newman personally. I can say without hesitation and with all my heart that Mrs. Newman was a source of inspiration and light to all who knew her. Her faith and her courage were very great, and she always looked for ways to uplift the downtrodden and lead the community. She will be missed by all those who knew her, but her example will live on in our hearts as a great American who stood as a strong and powerful voice for faith and pride and the values of the community.

AUTHORIZATION OF MAJOR FACILITY  
PROJECTS AND MAJOR MEDICAL  
FACILITY LEASES FOR DEPARTMENT  
OF VETERANS AFFAIRS, FISCAL YEAR 1997

SPEECH OF

HON. KAREN L. THURMAN

OF FLORIDA

IN THE HOUSE OF REPRESENTATIVES

*Tuesday, June 4, 1996*

Mr. THURMAN. Mr. Speaker, I rise today in support of the authorization of major facility projects and major medical facility leases for Department of Veterans Affairs, fiscal year 1997 (H.R. 3376).

Channeling funds to modernize and renovate existing VA medical facilities is good policy. Furthermore, I firmly believe that the VA should employ strategic planning tools when allocating resources to VA facilities. However, I must point out that, if Congress does not compel the VA to enact the plan outlined in this bill, it simply becomes another ineffectual study. The bill before us today does not go far enough. H.R. 3376 requires the VA to develop a 5-year strategic plan for its health care system without compelling them to enact it.

For years, the VA has studied the problem of resource allocation and, accordingly, developed the Resource Planning and Management [RPM] system. The aim of the RPM was to better allocate resources among its medical facilities across the country. The RPM system classifies each patient into a clinical care group, calculates average facility costs per patient, and forecasts future workload. While the aim of the 1994 measure was on target, the