

grants, and grants to protection and advocacy systems, as well as funding for a technical assistance program. The bill streamlines and clarifies expectations, including expectations related to accountability, associated with continuing federal support for state assistive technology programs. The bill targets specific, proven activities, as priorities, referred to as "mandatory activities". All State grantees must set measurable goals in connection to their use of ATA funds, and both the goals and the approach to measuring the goals must be based on input from individuals with disabilities in the State.

If a State has received less than 10 years of Federal funding under the Tech Act for its assistive technology program, title I of S. 2432 allows a State, which submits a supplement (a continuity grant) to its current grant for Federal funds, to use ATA funds for mandatory activities related to a public awareness program, policy development and interagency coordination, technical assistance and training, and outreach, especially to elderly and rural populations with disabilities. Such a State also may use ATA funds for optional grant activities: alternative State-financed systems for assistance technology devices and services, technology demonstrations, distribution of information about how to finance assistive technology devices and services, and operation of a technology-related information system, or participation in interstate activities or public-private partnerships pertaining to assistive technology.

If a state has had 10 years of funding for its assistive technology program, the State may submit an application for a noncompetitive challenge grant. Grant funds must be spent on specific activities—interagency coordination, an assistive technology information system, a public awareness program, technical assistance and training, and outreach activities.

In fiscal year 2000 through 2004, if funding for title I exceeds \$40 million, States operating under challenge grants may apply for additional ATA funding, provided through competitive millennium grants. These grants are to focus on specific statewide or local level capacity building activities in an area or areas related to access to technology for individuals with disabilities.

Title I of the bill also authorizes funding for protection and advocacy systems in each State to assist individuals with disabilities to access assistive technology devices and services, and funding for a technical assistance program, and specifies administrative procedures with regard to monitoring of entities funded under title I of the bill. The bill contains an authorization for a National Public Internet Site on assistive technology as part of the technical assistance program. This site will have two distinct functions. First, once developed and operating, the site will have the capacity, through inter-

action with an individual, both to identify a profile of the individual's specific assistive technology needs and to recommend alternatives for addressing those needs. Second, once information is identified and links established, the site will be a location on the Internet through which individuals may access information about assistive technology devices and services and be linked to state Tech Projects and other sites to access additional information.

S. 2432 treats year 1999 as a transition year for current grantees of federal funds for assistive technology. The bill provides the Secretary of Education with discretion to treat grantees who have completed 10 years of Federal funding in that year as if those states were in their tenth year of federal funding. In addition, grantees who have received less than 10 years of funding for assistive technology programs may elect in fiscal year 2000 only to transition from continuity grant status to challenge grant status by submitting a grant application for a challenge grant.

The authorization level for title I of the bill is \$36 million for fiscal year 1999, and such sums for fiscal years 2000 through 2004.

Title II of S. 2432 provides for increased coordination of Federal efforts related to assistive technology and universal design, and authorizes funding for multiple grant programs from fiscal years 1999 through 2004. Title II strengthens the mandate of the Interagency Committee on Disability Research (ICDR) to include assistive technology and universal design research, and authorizes funding the joint research projects by ICDR members. Title II also provides for increased cooperation between the National Institute on Disability and Rehabilitation Research (NIDRR), which oversees the State Tech Projects, and the Federal Laboratories Consortium.

Title II of the bill also authorizes increased funding for Small Business Innovative Research grants (an existing program under the Small Business Act) related to assistive technology and funding to commercial or other organizations for research and development related to how to incorporate the principles of universal design into the design of products and buildings so they can be used without alteration by all people. This title also authorizes funding for grants or other mechanisms to address the unique assistive technology needs of urban and rural areas, of children and the elderly, and to improve training of rehabilitation engineers and technicians.

Finally, title II of S. 2432 authorizes funding for the President's Commission on the Employment of People with Disabilities to work with the private sector to promote the development of accessible information technologies.

The authorization of appropriations for title II is \$15 million for fiscal year 1999, and such sums for fiscal years 2000 through 2004.

Title II of the bill provides for alternative financing mechanisms for peo-

ple with disabilities to purchase assistive technology devices and services from fiscal years 1999 through 2004. These funds are to be used to establish specified types of loan programs for individuals with disabilities, and not to be used simply to purchase assistive technology for individuals with disabilities. The authorization of appropriations for title III of S. 2432 is \$25 million for fiscal year 1999, and such sums for fiscal years 2000 through 2004.

We would not have been successful in passing S. 2432 without the technical assistance and cooperation from the U.S. Department of Education, the state Tech Projects, particularly, Lynne Cleveland, Director of the Vermont state Tech Project, the National Association of Protection and Advocacy Systems, and the Technology Task Force of the Consortium for Individuals with Disabilities, especially Jennifer Dexter, Jim Gelecka, Glen Sutcliffe, Sally Rhodes, and Ellin Nolan. I would also like to recognize the efforts of Senate staff, Lloyd Horwich with Senator HARKIN, Dreama Towe with Senator BOND, and Pat Morrissey, Heidi Mohlman, and Carolyn Dupree of my staff.

In addition to being supported by the disability community, S. 2432 has been endorsed by the Administration and the Chamber of Commerce and supported by the Administration. Moreover, the National Governors Association, and individual governors have urged the passage of assistive technology legislation this year.

Everyone has worked especially hard to help us meet our ambitious, compressed time table. Along the way, every Senate office now has a better understanding and appreciation of assistive technology—what it means to an individual with a disability who has it and what it means to an individual with a disability who needs it, but can't get it.

Technology has become commonplace and thus, is often taken for granted. Yet, the power of technology is, in many ways, our last frontier. As we push technology to do more for us, S. 2432 offers us the tools to ensure that individuals with disabilities also benefit.

I appreciate the support of my colleagues in passing S. 2432.●

EUGENE L. MCCABE

● Mr. MOYNIHAN. Mr. President, many years ago Eugene L. McCabe came to Washington seeking financial support for his new North General Hospital in Harlem. By then people living in Harlem, like many in our cities, suffered from hospital cutbacks and closings. They were in desperate need of affordable and reliable medical care. The AIDS and crack epidemics overburdened what few local facilities there were. But where others saw despair, Eugene saw hope and opportunity. He founded North General as a community hospital specializing in the treatment

of diabetes, cancer, and hypertension—common afflictions in urban areas. Still, North General did not become overnight what Kenneth Raske, president of the Greater New York Hospital Association, called a wonderful hospital. It took Eugene's dedication, vision, and compassion to see it through. When told his hospital would fail because there was no money to be made, he worked harder. The hospital became his life's passion. He appealed to banks, businesses, and political leaders for support. And he made good on his promise. North General became a thriving hospital that has never lost touch with its community. It remains the only minority-run hospital in New York State. Located at 121st Street and Madison Avenue, North General Hospital stands as a memorial to Eugene McCabe and his dedication to improving the lives of others.

With his passing much will be said of him. Those who worked with him remember a leader—self-assured and inspiring—who, despite popular motivations and trends, compelled himself and others to make affordable and quality health care a reality for many who might otherwise have gone without it. Those who loved him remember his smile, his helpfulness, and his gracious presence. Eugene McCabe's life was a blessing and we are grateful to have been touched by it.

I ask that the obituary from The New York Times be printed in the RECORD. The obituary follows:

[From the New York Times, Oct. 1, 1998]

EUGENE L. MCCABE, 61, FOUNDER OF HARLEM COMMUNITY HOSPITAL
(By Barbara Stewart)

Eugene L. McCabe, a management consultant who founded and was president of North General Hospital, a thriving, minority-operated community hospital in Harlem, died there yesterday. He was 61.

The cause was breast cancer, his family said.

"He was indefatigable in putting it together," said Mario M. Cuomo, who, as Governor, approved many of the grants and loans to build North General. "His strength was his will and his total commitment."

North General, a 200-bed hospital on 121st Street and Madison Avenue, is the only minority-operated hospital in the state. Most of its trustees are black. The hospital specializes in treatment for diabetes, cancer and hypertension, which occur widely among low-income blacks. It recently built 300 units of condominium housing for low- and middle-income residents of Harlem.

"It is a wonderful hospital," said Kenneth Raske, president of the Greater New York Hospital Association. "And Gene did it through sheer dogged persistence and sharp business acumen."

When another specialized hospital moved out of Harlem in the late 1970's, Mr. McCabe, along with Randolph Guggenheimer, a lawyer, developed the idea for North General: a community hospital to serve the impoverished, medically deprived area.

"It became his passion, his life work," said Livingston S. Francis, chairman of the board of North General.

Mr. Cuomo, who described the hospital's creation as "a miracle," said it took all of Mr. McCabe's persuasive powers to talk him and others into approving the necessary

loans. At the time, many small community hospitals, overwhelmed with the unexpected demands of AIDS patients and crack addicts, were being closed. "It didn't make financial sense," Mr. Cuomo said. "But he made a case for that hospital. He was always entreating. He was never offensively pushy, but he was insistent."

As a result of Mr. McCabe's entreaties in Albany, Washington and New York City, the state appropriated \$150 million to build the hospital. From the start, it was rooted in the community. At one early point, the union asked the hospital workers to continue working despite a missed pay period, Mrs. Guggenheimer said. With the help of banks, local businesses and politicians, it pulled through several financial crises.

As president of the new hospital, Mr. McCabe drew on the resources of the staff in unexpected ways, Mr. Francis said. Nurses helped choose color schemes, and engineers installed lighting and laid floors—tasks that would ordinarily be done by outside workers. The process was repeated seven years ago, when North General moved into its current facility, a modern brick building on 121st Street and Madison Avenue, with a bright interior decorated with art selected by staff members.

"The hospital," Mr. Cuomo said, "was his."

Mr. McCabe, who grew up in New Haven, graduated from Southern Connecticut State University.

He is survived by this wife, the former Elsie Crum, who is the president of the Museum for African Art in SoHo; their 1-year-old twins, Eugene and Erin, and a son, Kevin, from a previous marriage.♦

GOVERNOR RACICOT ON COMMUNITY SERVICE

♦ Mr. BURNS. Mr. President, Governor Marc Racicot of my home State of Montana recently wrote an op-ed on community service which appeared in the Washington Times and The Hill newspapers. For the benefit of those who haven't seen it, I ask to have the op-ed inserted into the CONGRESSIONAL RECORD.

[From The Washington, Times, Aug. 31, 1998]

COMMUNITY SERVICE THAT WORKS (By Marc Racicot)

Governors meet together and routinely stake out areas of broad bipartisan agreement that transcend the partisan struggles that have become synonymous with election-year politics. One issue that enjoys strong support from governors of both parties is national and community service. The support for service is based on a simple conviction that I share with many other governors: that every generation of young people needs to accept responsibility for its country and its community.

As a first-term Republican governor in January, 1993, I asked, and our legislature approved, a proposal to create a Governor's Office of Community Service intended to enhance the ethic of service and elevate the importance of "community," particularly among our young people. Meaningful service, we believed, would nurture productive young citizens committed to the future of our state because they had invested their sweat and labor in that future. Here in Montana, we sought to encourage service as a life-long "habit of the heart."

When the National Community Service Act of 1993 was passed, Montana was in an ideal position to move forward with the opportunity offered through AmeriCorps. The Of-

fice of Community Service's mission and the mission of AmeriCorps was one and the same: to develop opportunities for young people to provide meaningful, direct and demonstrable service to their communities. It was our hope that AmeriCorps would help us to build unique partnerships with public and private agencies by engaging young people in productive and meaningful service to their communities. These partnerships would serve as clear examples of how we could work together in Montana to improve how we, as fellow citizens, respond to pressing needs.

Now in its fourth year, AmeriCorps offers a creative, effective, and non-bureaucratic means of addressing the unmet education, human, public safety and environmental needs of our state—and our country. Indeed, AmeriCorps has become a model of devolution, where real authority and ownership for a federal initiative is delegated to the states. Through governor-appointed bipartisan state commissions, priorities are established and projects are selected to receive AmeriCorps funding.

The results are impressive. Last year alone, our locally-run AmeriCorps programs generated nearly \$1,000 hours of service to Montana communities. Their service directly benefits 50,000 children and families in Montana, and indirectly almost one-third of our state population. Nationally, similar results abound. This year, some 40,000 AmeriCorps members will get things done for more than 1,200 communities across the country.

When AmeriCorps was created, some feared it might replay the worst of the welfare state—an entrenched, expensive, Washington run program. Many feared, even more, that it would undermine traditional volunteers with yet another federal program. I can say from experience that the fears were misplaced. As a governor who tries very hard to be careful with tax dollars, I have witnessed time and again the fruits of this prudent investment in Montana.

Now, after more than five years, we have seen a tremendous rekindling of a sense of public service and civic duty, in many ways, through the programs and opportunities generated through the National Community Service Act. I am convinced national and community service promotes core values—hard work, self-discipline, civic duty, personal responsibility, the cherishing of human life—that we too often sadly find lacking. If the era of big government is finally over, certainly the era of big citizenship must begin.

I have joined twelve of my fellow governors in urging not only continued federal funding of AmeriCorps, but also reauthorization of the Act, increasing the partnership with states and the authority of directing these programs at the state level. We join with our peers from the New England Governors' Conference in urging Congress to support reauthorizing the National Community Service Amendments Act, in order to improve the laws' current language. As their resolution notes, we support the bill's "devolution provisions that add authority and flexibility to states . . . [to] provide Governor-appointed state commissions more control over program selection."

Community service is a vital element in the chemistry of our existence as a society, renewing our sense of community and civic initiative. It is the glue that bonds free peoples together. We in Montana have seen how vitally important this is, recently having completed our state Governors' Summit on Youth, and witnessing the real necessity of promoting opportunities for young people to give back to others. Through community service they learn what it's like to belong to