

COMMEMORATING RETIREMENT
OF J. RICHARD HARRIS FROM
THE OFFICE OF DEVELOPMENT
AT LEHMAN CATHOLIC HIGH
SCHOOL

HON. JOHN A. BOEHNER

OF OHIO

IN THE HOUSE OF REPRESENTATIVES

Tuesday, May 1, 2001

Mr. BOEHNER. Mr. Speaker, at 78 years of age, Mr. J. Richard Harris remains an active member of the Piqua community. Dick is a Troy native and graduate of Troy High School. He served his country during World War II in the US Navy and saw active duty aboard the U.S.S. *Bunker Hill* and the U.S.S. *Wasp*. Upon his return to Ohio, he served on the Highway Patrol Auxiliary and worked for Waco Airplane Company in Troy before becoming advertising director and later publisher of the Piqua Daily Call. He also worked for the Piqua Battery Company for a number of years before opening a Development Office at the Lehman Catholic High School in the late 1980's.

During his 12-year tenure at Lehman, he helped raise over \$5.5 million in the Twenty-First Century capital campaign to benefit the school. He remains active with the Piqua Area Chamber of Commerce and founded the Piqua Ambassadors, a group dedicated to promoting the city of Piqua and its communities. He has served as a United Fund chairman and has continued his work with Border City Savings & Loan, the YWCA and the YMCA.

In both a professional and personal capacity, Mr. Harris has gone above and beyond in providing service to his community. His hard work and dedication should serve as an example for us all. Every American should aspire to this kind of enthusiastic commitment to service. I am proud to know and represent a person like Dick Harris in Congress. A hard-working man who has spent his life striving to live up to the ideals that will help insure our country remains a great place to live with hope and opportunity for all.

IN HONOR OF CLAIRE A. VAN
UMMERSEN, PH.D.

HON. DENNIS J. KUCINICH

OF OHIO

IN THE HOUSE OF REPRESENTATIVES

Tuesday, May 1, 2001

Mr. KUCINICH. Mr. Speaker, I rise today to honor the tireless efforts of Dr. Van Ummersen. Dr. Claire A. Van Ummersen has gone above and beyond her duty in furthering the mission of Cleveland State University as one of the great urban universities in the nation.

Dr. Claire Van Ummersen became president of Cleveland State University in April of 1993. Since that time, she has granted diplomas to over 20,000 graduates. Under her leadership, Cleveland University executed an extensive building construction program and implemented several resourceful degree programs. The University's endowment grew fourfold during her tenure. Recently, the North Central Association of Colleges and Schools Commission on Institutions of Higher Education sug-

gested that Cleveland State University be honored continuing accreditation without qualification for the next ten years.

Prior to her appointment at Cleveland State University, Dr. Van Ummersen facilitated as chancellor of the University System of New Hampshire. She also served as a vice chancellor of the Massachusetts Board of Regents of Higher Education.

Dr. Van Ummersen has been continuously active on numerous boards and commissions. She earned her B.S. summa cum laude from Tufts University. Furthering her education, she earned an M.S. and a Ph.D. from the same university. Achieving high honors in her field of study, Dr. Claire Van Ummersen has been awarded two honorary Doctor of Science degrees, and she is a member of both Phi Beta Kappa and Sigma Xi honorary societies.

In November, Dr. Van Ummersen announced she accepted an opportunity to work for the American Council of Higher Education as Vice President and Director of the Office of Women in Higher Education.

In honor of Dr. Claire A. Van Ummersen's hard work and dedication, I ask my colleagues to join me today to recognize her efforts as a community leader and role model.

**SUPPORT THE EARTHQUAKE LOSS
REDUCTION ACT OF 2001**

HON. JERRY LEWIS

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Tuesday, May 1, 2001

Mr. LEWIS of California. Mr. Speaker, when a major earthquake hits our communities in California, one of the first things firefighters and police must do is make sure local hospitals are ready to handle injuries. Falling walls, buckling roads, flaming gas-main breaks—the aftermath of an earthquake can quickly turn an entire hospital into an emergency room.

Imagine, then, what a disaster it would be if one of the buildings destroyed in an earthquake is the only hospital for 100 miles around. This is the prospect faced by many residents in remote rural areas in California, like the Mojave Desert in my district. It is a chilling thought, and it is something that we must not allow to happen.

The California Legislature has mandated that it will not happen. By 2008, all hospitals in the state must be retrofitted or rebuilt to ensure they will remain standing in a major quake. This is an admirable goal and an absolute necessity. But it is also so expensive that small rural hospitals and major urban medical centers are worried they cannot afford the upgrade.

To help avoid this, my colleague MIKE THOMPSON and I have introduced the Earthquake Loss Reduction Act of 2001. It would begin the process of investing in mitigation rather than paying tens of billions of dollars in disaster relief for every natural disaster that occurs in this country.

In support of this measure, I would urge my colleagues to consider the following information provided to me by the California Healthcare Association:

HISTORY OF HOSPITAL SEISMIC MANDATE

The state of California in 1994 enacted sweeping legislation mandating stringent

new hospital building seismic standards (SB 1953, Chapter 740, Statutes of 1994).

The legislation was approved in the wake of the January 1994 Northridge earthquake, which caused 23 hospitals to suspend some or all of their services and resulted in more than \$3 billion in hospital-related damages.

No patient who was hospitalized during the Northridge earthquake died as a result of the tremor. No patient in any California hospital has died as a result of a building's structural failure due to an earthquake since 1971.

The seismic mandate requires all hospital buildings in the state to comply with more stringent seismic-safety mandates by specified deadlines—(1) by 2002, major non-structural

The specific regulations for this statute were not finalized until 1997, and the cost of the mandate was not fully understood until engineers thoroughly evaluated all of the state's hospital buildings as required by Jan. 1, 2001.

Thorough hospital building evaluation reports were submitted by hospitals throughout the state by Jan. 1, 2001. These reports were made public by the Office of Statewide Health Planning and Development (OSHPD) on March 28, 2001.

Based on the evaluation reports, 78 percent of the hospitals in California have at least one building that is at risk of collapse during a major earthquake.

IMPACT OF LEGISLATION

There are approximately 2,700 general acute-care inpatient hospital buildings (at approximately 470 hospitals) that are required to meet the mandates of the seismic law.

The seismic mandates enacted by the Legislature in 1994 did not provide any financial assistance to hospitals to help defray the costs of these upgrades. The state's seismic law is an "unfunded mandate" on hospitals.

The current "hard construction" cost estimate to comply with the requirements of the state's seismic law is \$24 billion. This cost is equivalent to the total undepreciated assets of all of California's hospitals. Additionally, hospitals will face significant additional costs including the cost of financing, land acquisition, reconfiguring parking and revenues lost during seismic retrofitting or construction.

California hospitals face mounting financial pressures. More than 60 percent of California's hospital—2 out of every 3—are currently losing money from operations. Nearly a third of the state's urban hospitals and more than 50 percent of rural and inner-city hospitals are losing money from all sources of income.

Many hospitals—especially rural and inner-city facilities—may not be able to raise the necessary capital to comply with the state's seismic law. Those that can't will be forced to close their doors or significantly reduce their services.

According to a December 2000 Standard & Poor's report, California's hospitals face "... deteriorating credit quality and more limited access to capital" than hospitals in other parts of the country. "Given the volatility of the health care sector, access to capital through bond financing has been greatly reduced for all but the strongest credits. Bond insurers have retreated from the sector, limiting exposure to higher-rated credits and charging significantly higher fees."

The seismic mandates do not account for the additional operating burdens faced by hospitals, including rising costs for pharmaceuticals and new technologies, and reduced