

should seek to emulate. Moreover, the impact of his hard work and adherence to excellence have undoubtedly made a profound difference in the lives of countless people throughout his career.

John, however, has never been content to limit his contributions to the workplace. He has been an avid and frequent community activist who has touched the lives of friends, neighbors and strangers for many years. During the Persian Gulf War, John made it his mission to garner homefront support and display patriotism for our overseas troops. He also has often gone the extra mile in helping coordinate safety measures for scores of events in the Vassar area. In addition, John was one of the first to respond to the needs of his neighbors during the 1986 flood that devastated the community and he earned a special commendation for providing relief and support to the victims.

Those employed in law enforcement fully understand the important role family plays in supporting such work. John's wife, Katherine, and four children, RaeAnn, Michael, Matt, and John Thomas, have willingly and generously shared John with the community and everyone is the better for it.

Finally, Mr. Speaker, I wish to praise John Horwath's work ethic and steadfast dedication. He has been an outstanding asset to the Vassar Police Department and the entire community. His presence will be sorely missed. I ask my colleagues to join me in congratulating John for his 36 years of service and in wishing him the best in his retirement.

INTRODUCTION OF THE
"THOMASINA E. JORDAN INDIAN
TRIBES OF VIRGINIA FEDERAL
RECOGNITION ACT"

HON. JAMES P. MORAN

OF VIRGINIA

IN THE HOUSE OF REPRESENTATIVES

Wednesday, June 27, 2001

Mr. MORAN of Virginia. Mr. Speaker, today I am joined by Representatives. JO ANN DAVIS, RICK BOUCHER, TOM DAVIS, BOBBY SCOTT, and EDWARD SCHROCK in introducing the "Thomasina E. Jordan Indian Tribes of Virginia Federal Recognition Act."

This legislation will grant federal recognition to six Indian tribes in Virginia: the Chickahominy Tribe, Chickahominy Indian Tribe Eastern Division, the Upper Mattaponi, the Rappahannock Tribe, the Monacan Tribe, and the Nansemond Tribe.

As we approach the 400th anniversary of the first permanent European settlement in North America, it seems appropriate that the direct descendants of the native Americans, who met these settlers, should be recognized by the federal government and that we acknowledge these historic tribes and the significance of their heritage. Together, the men and women of these tribes represent a long neglected part of our nation's history.

The Virginia tribes have fought hard to retain their heritage and cultural identity. The legislation we are introducing today describes the history of the tribes and their early treaty rights with the Kings of England and the colonial government. Like much of our early history as a nation, the Virginia tribes were subdued, pushed off their land, and up to the mid 20th Century, denied full rights as U.S. citi-

zens. Despite their devastating losses of land and population, the Virginia Indians successfully overcame the years of racial discrimination that denied them equal opportunities to pursue their education and preserve their cultural identity.

Federal recognition would provide what the government has long denied, legal protections and financial obligations, including certain social services and benefits the federal government provides the 558 recognized tribes. At a time when our nation is trying to remedy past injustices to the Indians, Virginia's Indians are denied these benefits because none are recognized by the federal government. Not one of the 558 tribes recognized by the federal government reside in Virginia.

I know that the gambling issue may be at the forefront of some members' concerns. In response to this concern, we have worked to close any potential legal loopholes in the legislation to ensure that the state could prevent casino-type gaming by the tribes. Having maintained a close relationship with many of the members of these tribes, I believe they are sincere in their claims that gambling is inconsistent with their values. This position is already borne out by the fact that none of the tribes today engage in bingo gambling despite the fact that they have all established nonprofit organizations that are permitted under Virginia law to operate bingo games despite compelling financial needs that revenues from bingo could address.

The real issue for the tribes is one of recognition and the long overdue need for the federal government to affirm their identity as Native Americans. Coupled with this affirmation is an opportunity for the tribes to establish a more equitable relationship with the state and secure federal financial assistance for the tribes' social services, health care and housing needs. Many of their older members face the prospect of retiring without pensions and health benefits that most Americans take for granted.

I urge my colleagues to support this legislation.

INTRODUCTORY COMMENTS:
"MEDICARE RURAL AMBULANCE
SERVICE EQUITY ACT OF 2001"

HON. JOHN P. MURTHA

OF PENNSYLVANIA

IN THE HOUSE OF REPRESENTATIVES

Wednesday, June 27, 2001

Mr. MURTHA. Mr. Speaker, from an urban setting to the furthest reaches of rural America, Americans have come to expect and rely on health care that includes emergency ambulance service. Unfortunately, for many of us, our first exposure to medical care is, all too often, the EMS unit that responds to our call for help. Yet, for millions of Americans living in rural America this cornerstone of medical care is in danger of collapse.

Typically, rural EMS is a small one or two unit service, staffed by volunteers, not affiliated with a major medical facility, that responds to 350 to 500 calls per year within a large radius (37 miles average) who's greatest danger to its existence comes from Medicare.

From the Pacific Northwest to the Florida panhandle to the rural setting of Pennsylvania, an unrealistic and unresponsive Medicare fee

schedule has done more to erode emergency medical service in rural America than any other threat to medical care in this country. Because Medicare fees fail to accurately reflect the rural medical environment, rural EMS is facing grave danger of being put out of business by a fee schedule that fails to recognize the actual costs confronting rural ambulance/EMS service.

Therefore, I am introducing the "Medicare Rural Ambulance Service Equity Act of 2001," to increase by 20 percent the payment under the Medicare program for ambulance services furnished to Medicare beneficiaries in rural areas.

For rural ambulance/EMS, the majority of their revenue (60 to 70 percent) comes via Medicare reimbursements. Unfortunately, existing reimbursement fee schedules do not accurately reflect real-world circumstances confronting rural service. New Center for Medicaid and Medicare Services (CMS) (previously referred to as HCFA) fee schedules, anticipated to go into effect by early fall, will not adequately correct the problem. Rural ambulance/EMS providers in every State will remain the hardest hit under the new fee schedule due to their low-volume of calls and transfers each year.

Timely and accurate reimbursement schedules for ambulance/EMS services that accurately reflects real-world costs and expenses are critical to the rural providers' ability to continue to operate. Passage of the "Medicare Rural Ambulance Service Equity Act of 2001" will level the playing field for rural emergency medical service.

All too often we are seeing rural EMS providers go out of business—citing financial loss. The primary contributing factor they cite for their loss—an unrealistic and unresponsive Medicare reimbursement fee schedule.

Recently the town council in Avonmore, Pennsylvania voted to close their ambulance/EMS after 27 years. Their reason, they couldn't afford to remain in business. Why, because with nearly 68 percent of their revenues from Medicare reimbursements they couldn't afford any longer to maintain the service for the community—A sad but all too true reality confronting rural medical care in America.

The "Medical Rural Ambulance Service Equity Act of 2001" is not the panacea for the growing shortcomings of health care in American, but its 20 percent increase in reimbursement will stop the hemorrhaging that we are experiencing in rural emergency medical service.

We all have something to lose by not putting a halt to the erosion of rural EMS. Therefore, I call on all Members of Congress to immediately pass this important piece of health legislation.

A TRIBUTE TO SISTER SHARON
BECKER, A HEALTH CARE
COMMUNITY LEADER

HON. JERRY LEWIS

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Wednesday, June 27, 2001

Mr. LEWIS of California. Mr. Speaker, I would like today to congratulate Sister Sharon Becker of St. Mary Medical Center in Apple Valley, California, who has been elected to the