

the project. Colorectal Cancer Screening Guidelines based on the AHCPR project were completed and published in the February 1997 issue of the medical journal "Gastroenterology." The 16 members of the multidisciplinary expert panel first assembled by the AHCPR were listed as the authors of the Guidelines, and the project was completed under the direction of the American Gastroenterological Association and a consortium of four other gastroenterology organizations that had served as the contractor to the AHCPR. These new Guidelines are endorsed by the American Cancer Society, American College of Gastroenterology, American Gastroenterological Association, American Society of Colon and Rectal Surgeons, American Society for Gastrointestinal Endoscopy, Crohn's and Colitis Foundation of America, Oncology Nursing Society and the Society of American Gastrointestinal Endoscopic Surgeons.

The Colorectal Cancer Screening Act of 1997 embodies the screening recommendations included in the clinical Guidelines and supported by the AHCPR Evidence Report. It should be noted that the legislation includes the option for individuals at average-risk and high-risk to be screened with the barium enema. It does so because providing patients and their physicians with the option of being screened with the barium enema is fully supported by these reports, and by the scientific and medical literature that provides the basis for the recommendations. To be specific with regard to the Clinical Practice Guidelines published in Gastroenterology:

The Clinical Practice Guidelines recommend screening people at average risk for colorectal cancer with double-contrast barium enema every 5–10 years;

The Clinical Practice Guidelines recommend use of the barium enema for screening individuals at high risk for colorectal cancer—individuals with close relatives who have had colorectal cancer or an adenomatous polyp and people with a family history of hereditary nonpolyposis colorectal cancer—and

The Clinical Practice Guidelines recommend use of the barium enema or colonoscopy for surveillance of people with a history of adenomatous polyps or colorectal cancer.

Although they have not yet been finalized, I understand that the American Cancer Society will soon issue new recommendations for colorectal cancer screening. The legislation that I introduce today is consistent with the approach that has been taken by the American Cancer Society in developing these new recommendations.

One final consideration guided the development of this colorectal cancer screening legislation, and it is that the colorectal cancer is a particularly deadly disease for African-Americans. This is discussed in the Summary of the AHCPR Evidence Report, which notes that the National Cancer Institute and other medical journals have found that black men and women with colorectal cancer have a 50 percent greater probability of dying of colon cancer than do white men and women. The medical literature indicates that this is caused, at least in part, by the fact that African-Americans tend to get colorectal cancer in the right—proximal—portion of the colon—the portion that is not reached by sigmoidoscopy, the most common screening procedure currently in use. The Colorectal Cancer Screening Act of 1997 provides individuals the option of a full

colon screening with the barium enema in order to assure that the screening program we establish in the Medicare program is adequate for African-Americans. It also should be noted that this option is particularly important for other Americans as well, given that it has been shown to be significantly more effective than screening only one-half of the colon with sigmoidoscopy. Moreover, in addition to being effective, the barium enema is one of the most cost-effective screening procedures for both average-risk and high-risk individuals.

In conclusion, I would like to emphasize for my colleagues the cost-effectiveness of this legislation. According to the Office of Technology Assessment, colorectal cancer screening is capable of saving thousands of American lives at a cost of only about \$13,250 per life year saved. Colorectal cancer screening is also cost-effective when compared with other Medicare-covered procedures such as kidney dialysis—\$50,000 per life year saved—and mammography—\$40,000 per life year saved. I cite these figures not to argue against these other life-saving devices and procedures, but rather to provide a comparison that demonstrates the importance of Medicare coverage for such cost-effective procedures as colorectal cancer screening at a time when we are working hard to reduce the level of spending in the overall Medicare program.

In the end, however, the Colorectal Cancer Screening Act of 1997 is not about cost-effectiveness and economics—it is about saving lives that are unnecessarily lost to this disease. Colorectal cancer strikes about 145,000 Americans each year, and about 55,000 Americans die of the disease each year. This legislation can save many of these lives, and I urge my colleagues to join me in seeking its enactment.

THE INTRODUCTION OF THE HISTORIC HOMEOWNERSHIP ASSISTANCE ACT

HON. E. CLAY SHAW, JR.

OF FLORIDA

IN THE HOUSE OF REPRESENTATIVES

Wednesday, March 19, 1997

Mr. SHAW. Mr. Speaker, all across America, in the small towns and great cities of this country, our heritage as a nation—the physical evidence of our past—is at risk. In virtually every corner of this land, homes in which grandparents and parents grew up, communities and neighborhoods that nurtured vibrant families, schools that were good places to learn and churches and synagogues that were filled on days of prayer, have suffered the ravages of abandonment and decay.

In the decade from 1980 to 1990, Chicago lost 41,000 housing units through abandonment, Philadelphia 10,000, and St. Louis 7,000. The story in our older small communities has been the same, and the trend continues. It is important to understand that it is not just the buildings that we are losing. It is the sense of our past, the vitality of our communities and the shared values of those precious places.

We need not stand hopelessly by as passive witnesses to the loss of these irreplaceable historic resources. We can act, and to that end I am introducing today with my colleagues, Mrs. Kennelly, Mr. Lewis, Mrs. John-

son of Connecticut, and Mr. English, the Historic Homeownership Assistance Act.

This legislation is almost identical to legislation introduced in the 104th Congress as H.R. 1662. It is patterned after the existing Historic Rehabilitation Investment tax credit. That legislation has been enormously successful in stimulating private investment in the rehabilitation of buildings of historic importance all across the country. Through its use we have been able to save and re-use a rich and diverse array of historic buildings: landmarks such as Union Station in Washington, D.C.; the Fox Paper Mills, a mixed-used project that was once a derelict in Appleton, WI; and the Rosa True School, an eight-unit low/moderate income rental project in an historic building in Portland, Maine. In my own State of Florida, since 1974, the existing Historic Rehabilitation Investment Tax Credit has resulted in over 325 rehabilitation projects, leveraging more than \$238 million in private investment. These projects range from the restoration of art deco hotels in historic Miami Beach, bringing economic rebirth to this once decaying area, to the development of multifamily housing in the Springfield Historic District in Jacksonville.

The legislation that I am introducing today builds on the familiar structure of the existing tax credit but with a different focus. It is designed to empower the one major constituency that has been barred from using the existing credit—homeowners. Only those persons who rehabilitate or purchase a newly rehabilitated home and occupy it as their principal residence would be entitled to the credit that this legislation would create. There would be no passive losses, no tax shelters, and no syndications under this bill.

Like the existing investment credit, the bill would provide a credit to homeowners equal to 20 percent of the qualified rehabilitation expenditures made on an eligible building that is used as a principal residence by the owner. Eligible buildings would be those that are listed on the National Register of Historic Places, are contributing buildings in National Register Historic Districts or in nationally certified state or local historic districts or are individually listed on a nationally certified state or local register. As is the case with the existing credit, the rehabilitation work would have to be performed in compliance with the Secretary of the Interior's standards for rehabilitation, although the bill would clarify the directive that the standards be interpreted in a manner that takes into consideration economic and technical feasibility.

The bill also makes provision for lower-income home buyers who may not have sufficient federal income tax liability to use a tax credit. It would permit such persons to receive a historic rehabilitation mortgage credit certificate which they can use with their bank to obtain a lower interest rate on their mortgage. The legislation also permits home buyers in distressed areas to use the certificate to lower their down payment.

The credit would be available for condominiums and co-ops, as well as single-family buildings. If a building were to be rehabilitated by a developer for sale to a homeowner, the credit would pass through to the homeowner. Since one purpose of the bill is to provide incentives for middle-income and more affluent families to return to older towns and cities, the bill does not discriminate among taxpayers on the basis of income. It does, however, impose

a cap of \$50,000 on the amount of credit which may be taken for a principal residence.

The Historic Homeownership Assistance Act will make ownership of a rehabilitated older home more affordable for homeowners of modest incomes. It will encourage more affluent families to claim a stake in older towns and neighborhoods. It affords fiscally stressed cities and towns a way to put abandoned buildings back on the tax rolls, while strengthening their income and sales tax bases. It offers developers, realtors, and homebuilders a new realm of economic opportunity in revitalizing decaying buildings.

Mr. Speaker, this bill is no panacea. Although its goals are great, its reach will be modest. But it can make a difference, and an importance difference. In communities large and small all across this nation. The American dream of owning one's home is a powerful force. This bill can help it come true for those who are prepared to make a personal commitment to join in the rescue of our priceless heritage. By their actions they can help to revitalize decaying resources of historic importance, create jobs and stimulate economic development, and restore to our older towns and cities a lost sense of purpose and community.

I ask unanimous consent that the text of the bill and an explanation of its provisions be printed in the RECORD.

"HISTORIC HOMEOWNERSHIP ASSISTANCE ACT"

Legislation to create a 20 percent tax credit for the rehabilitation of a historic structure occupied by the taxpayer as his principal residence was sponsored last Congress by Representatives Clay Shaw (R-FL) and Barbara Kennelly (D-CT) in the House, and by Senators John Chafee (R-RI) and Bob Graham (D-FL) in the Senate. Although this legislation did not become law, it received considerable support in Congress and we are planning for reintroduction next session and an active campaign to secure its passage.

GOALS OF THE HISTORIC HOMEOWNERSHIP ASSISTANCE ACT

Expand homeownership opportunities for low- and middle-income individuals and families;

Stimulate the revival of declining neighborhoods and communities;

Enlarge and stabilize the tax base of cities and small towns;

Preserve and protect historic homes.

MAJOR PROVISIONS OF THE HISTORIC HOMEOWNERSHIP ASSISTANCE ACT

Rate of Credit, Eligible buildings: The rate of credit is 20 percent of qualified rehabilitation expenditures. Eligible buildings include those listed on national or federally-certified state and local historic registers, and buildings which are located in national or federally-certified state and local historic districts. Eligible buildings (or a portion) must be owned and occupied by the tax payer as his principal residence. Condominiums and cooperatives would be eligible for the tax credit. Rehabilitation would have to be performed in accordance with the Secretary of the Interior's Standards for Historic Rehabilitation.

Maximum Credit, Minimum Expenditures: The maximum credit allowable would be \$50,000 for each principal residence, subject to Alternative Minimum Tax provisions. Rehabilitation must be substantial—the greater of \$5,000 or the adjusted basis of the building—with an exception for buildings in census tracts targeted as distressed for Mortgage Revenue Bond purposes under I.R.C. Sec. 143(j)(1) and Enterprise and Empowerment Zones, where the minimum

expenditure must be \$5,000. At least 5 percent of the qualified rehabilitation expenditures would have to be spent on the exterior of the building.

Mortgage Credit Certificate Provision for Low and Moderate Income Homeowners: Taxpayers who do not have sufficient federal income tax liability to make use of the credit could elect to receive, in lieu of the credit, an Historic Rehabilitation Mortgage Credit Certificate in the face amount of the credit to which the taxpayer is entitled. The taxpayer would then transfer the certificate to the mortgage lender in exchange for a reduced interest rate on the home mortgage loan. The mortgage lender would be permitted to reduce its own federal income tax liability by the face amount of the certificate.

Targeted Flexibility for Historic Rehabilitation Standards: For buildings in census tracts targeted as distressed or located within an Enterprise and Empowerment Zone, the Secretary would be required to give consideration to: (1) the feasibility of preserving existing architectural or design elements of the interior of such building; (2) the risk of further deterioration or demolition of such building in the event that certification is denied because of the failure to preserve such interior elements; and, (3) the effects of such deterioration or demolition on neighboring historic properties.

No Passive Activity Rules, No Income Cap on Eligibility: Passive activity rules would not apply because by occupying and rehabilitating a qualifying residence, the individual is not an investor but utilizing the property as his primary residence. There would be no income cap because the proposed legislation is intended not only to foster homeownership and encourage rehabilitation of deteriorated buildings, but also to promote economic diversity within neighborhoods and increased local ad valorem real property, income and sales tax revenues.

Process for Certifying Qualified Rehabilitation Expenditures: Maintains the certification process for the existing rehab credit, but authorizes the Secretary of the Interior to enter into cooperative agreements allowing the State Historic Preservation Offices (SHPOs) and Certified Local Governments (CLGs) to certify projects within their respective jurisdictions. The SHPOs would have the authority to levy fees for processing applications for certification, provided that the proceeds of such fees are used only to defray expenses associated with the processing of the application.

Revenue Loss Estimate: The Congressional Joint Committee on Taxation has estimated the revenue loss of the Historic Homeownership Assistance Act to be \$368 million over a seven year period.

HUMAN RIGHTS IN KOSOVA

HON. ELIOT L. ENGEL

OF NEW YORK

IN THE HOUSE OF REPRESENTATIVES

Wednesday, March 19, 1997

Mr. ENGEL. Mr. Speaker, I rise to call attention to the situation in Kosova. As my colleagues are aware, Kosova is a region in the former Yugoslavia which is populated by 92 percent ethnic Albanians, but ruled by Serbia.

Since unilaterally withdrawing Kosova's autonomy, Belgrade has carried out a harsh campaign of violations of human and political rights against the Kosovans.

Dr. Alush A. Gashi, M.D., Ph.D., is a member of the Kosova Council for the Defense of

Human Rights and Freedoms and is an expert on the situation in Kosova. On February 6, 1997, he addressed the Congressional Commission on Security and Cooperation in Europe.

I am inserting Dr. Gashi's statement to the Commission at this point in the CONGRESSIONAL RECORD.

STATEMENT BY ALUSH A. GASHI,

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Mr. Chairman, ladies and gentlemen. Thank you for this opportunity to speak with CSCE on the timely and critical subject of repression of human rights and freedoms in the Republic of Kosova.

It was almost three years ago—on May 9, 1994—that I last appeared before the CSCE. Then as now, I just arrived from Prishtina, the capital of the Republic of Kosova. Then as now, I sadly reported that the human rights situation in Kosova had degenerated. Then as now, I must regrettably tell you that repression, violence and terrorism directed at Albanians has escalated. Then as now, I reaffirmed our commitment to peaceful resistance under the leadership of President Rugova and his government.

It has been said that the more things change, the more they stay the same. In Kosova, things have gotten much worse.

Although I speak to you as a human rights activist, I also speak as a citizen of the Republic of Kosova who has experienced firsthand the terrible repression of the Belgrade regime.

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Perhaps the U.S. State Department annual human rights report described the human rights crisis in Kosova most accurately. In that report issued a week ago on January 30, 1997, the U.S. said: "The human rights record continued to be poor. The police committed numerous, serious abuses including extrajudicial killings, torture, brutal beatings, and arbitrary arrests. Police repression continued to be directed against . . . particularly the Albanians of Kosova . . . and was also increasingly directed against any citizens who protested against the government."

The State Department reported that Serbian authorities killed 14 Albanians in 1996. Torture and cruel forms of punishment were directed against Albanians. Serbian police frequently extracted "confessions" during interrogations that routinely included beating of suspects' feet, hands, genital areas and heads." The police use their fists, nightsticks, and occasionally electric shocks," the report said, adding that the police "often beat persons in front of their families" as a means of intimidating other innocent citizens.

The report told of an incident last July in which "several ethnic Albanian vendors in an open market near Prishtina were beaten by Serbian financial police, who accused them of not having their vendor's licenses in order. According to the victims, the police stole all the merchandise from the vendors without even looking at their papers, and then left the scene."

Albanian children were not spared. The Council for the Defense of Human Rights and Freedoms documented between January and June 1996 over 200 cases of mistreatment of children at the hands of Serb authorities.

And the documentation goes on. Police in Kosova use arbitrary arrest and detention. Trials are delayed. There is no justice. Freedom of speech and the press are non-existent. Peaceful assembly and association are unknown under the Belgrade regime. Freedom of movement within Kosova as well as foreign travel, and emigration which are tightly controlled while repatriation, in effect, is prohibited.