HONORING AND RECOGNIZING DOROTHY SCOTT

HON. STEVE ISRAEL

OF NEW YORK

IN THE HOUSE OF REPRESENTATIVES

Monday, September 13, 2004

Mr. ISRAEL. Mr. Speaker, on November 7, 2003, I came to the House floor to honor and recognize servicewomen who served as Women Airforce Service Pilots (WASP) during the Second World War.

It is not an exaggeration that we owe a big part of the freedom we enjoy today to these women pilots. Their love of country and love of flying is something for which we will always be grateful.

Unfortunately, when I gave thanks to the thirty-eight WASPs who gave their lives in service to their country, I unintentionally failed to include the name of Dorothy Scott. Like the others, her courage is an inspiration for all Americans.

The complete list should read as follows: Jane Champlin, Susan Clark, Margie L. Davis, Katherine Dussaq, Marjorie D. Edwards, Elizabeth Erickson. Cornelia Fort, Frances Grimes, Mary Hartson, Mary H. Howson, Edith Keene, Kathryn B. Lawrence, Hazel Ying Lee, Paula Loop, Alice Lovejoy, Lea Ola McDonald, Peggy Martin, Marie N. Michell, Virginia Moffatt, Beverly Moses, Dorothy Nichols, Jeanne L. Norbeck, Margaret Oldenburg, Mabel Rawlinson, Gleanna Roberts, Betty Scott, Dorothy Scott, Margaret J. Seip, Helen J. Severson, Marie Sharon, Evelyn Sharp, Betty P. Stine, Marion Toevs, Gertrude Tompkins, Mary Trebing, Bonnie Jean Welz, Betty T. Wood, and Mary L. Webster.

DEPARTMENTS OF LABOR, HEALTH AND HUMAN SERVICES, AND EDUCATION, AND RELATED AGENCIES APPROPRIATIONS ACT, 2005

SPEECH OF

HON. ENI F.H. FALEOMAVAEGA

OF AMERICAN SAMOA

IN THE HOUSE OF REPRESENTATIVES

The House in Committee of the Whole House on the State of the Union had under consideration the bill (H.R. 5006) making appropriations for the Departments of Labor, Health and Human Services, and Education, and related agencies for the fiscal year ending September 30, 2005, and for other purposes:

Mr. FALEOMAVAEGA. Mr. Chairman, I rise in support of the Bordallo-Faleomavaega-Christiansen amendment to the Labor-HHS-Education Appropriations Act and I commend my colleagues, including Chairman DAN BURTON of the Government Reform Committee, for their support.

While I am sure my colleagues will address specific issues related to their constituencies, I would like to share with you my concerns about American Samoa's treatment under the Medicaid program. During the 108th Congress, I introduced H.R. 1188, a bill to amend the Social Security Act to provide for American Samoa treatment under the Medicaid Program similar to that provided to States.

I introduced this legislation for two reasons. One, each year American Samoa's expenditures exceed its federal fiscal ceiling. Two, American Samoa, like every other insular area, pays a higher federal match than 40 other states.

Each of these points deserves discussion and I would like to begin by addressing the issue of federal fiscal ceilings. In fiscal year 2003, more than 36,200 individuals in American Samoa were Medicaid eligible and American Samoa received $3.7 million in Medicaid reimbursement.

However, in FY2003, American Samoa's Medicaid program cost $12.2 million and if American Samoa were treated like a State, the federal government would have been responsible for $6.1 million (or half of the costs) and the American Samoa Government (ASG) would have been responsible for the other half, also $6.1 million.

As it is, a federal ceiling is in place. For FY 2003, the federal ceiling for American Samoa was $3.7 million, meaning that the federal government only paid out $3.7 million of the $6.1 million to which we would have been entitled if we were treated like a State, leaving a difference of $2.4 million for American Samoa to pay for in addition to its own share of $6.1 million. In other words, American Samoa paid the $2.4 million which was over the federal ceiling plus its local share of $6.1 million for a total of $8.5 million in FY2003 Medicaid costs. The federal government paid $3.7 million.

For FY2004, and as a result of our efforts to include provisions for the insular areas in the Tax Act of 2003, American Samoa will receive about a 5.9% increase or about $460,000 in Medicaid payments. But an increase of a half a million dollars is not enough. It is not enough for American Samoa and it is not enough for the other insular areas. Like American Samoa, all other insular areas including Guam, CNMI, the Virgin Islands, and Puerto Rico have federal ceilings in place that cap the amount of federal assistance they can receive under the Medicaid program. Although I have introduced legislation to specifically address American Samoa's needs, and although the other Territories have also asked Congress to intervene in their behalf, Congress has hesitated to assist us because of Puerto Rico's population.

Puerto Rico has a population of almost 4 million. American Samoa, Guam, CNMI and the U.S. Virgin Islands have populations which range from 60,000 to 150,000. Federal costs to reduce the match and increase the Medicaid ceiling for Pacific Island Territories and the U.S. Virgin Islands would be minimal. However, to assist Puerto Rico, Congress would have to shell out millions of dollars per year in Medicaid reimbursements and this has been the problem.

Time and time again, Congress has hesitated to assist the Pacific Island Territories and the U.S. Virgin Islands for fear this might open the door for increased Medicaid benefits to Puerto Rico. Quite frankly, I think we should all be treated fairly, including Puerto Rico, and I will continue to bring this matter to the attention of Congress until the matter is fairly resolved.

With a per capita income of about $4,500 per year, more than 56 percent of American Samoa's population lives below the poverty level and all on-island health care is provided by the LBJ Tropical Medical Center. The LBJ Tropical Medical Center is a semi-autonomous agency of the American Samoa Government.

Construction of the LBJ Tropical Medical Center was completed in 1967. The in-patient wards have not been renovated since this time. The patient wards have no air conditioning and many do not meet fire safety codes and ADA standards and requirements.

While I am not asking for millions of dollars to address the inequity that currently exists in the way we provide for the healthcare needs of American Samoa, I am asking that the federal Medicaid ceiling be raised and the calculations used to determine the federal match for the States be applied to American Samoa.

Until this matter can be fully resolved by Congress, I am hopeful that my colleagues, both Republican and Democrat, will support this amendment which minimally increases the Medicaid cap for American Samoa, Guam, the U.S. Virgin Islands and CNMI.

Again, I thank my colleagues for their consideration of this amendment and I look forward to working with each of you to find a fair and reasonable approach to resolving health care disparities in the United States Pacific Island Territories.

THE HONORABLE CHARLES L. LEWIS III

HON. SUSAN A. DAVIS

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Monday, September 13, 2004

Mrs. DAVIS of California. Mr. Speaker, I rise today to pay tribute to and honor the life of Charles L. Lewis III.

Charles Lewis was a leader in the San Diego community, the city that I am so proud to represent in the Congress. During his 37 years of life, Charles contributed so much to the citizens of San Diego. With his passing on August 8, 2004, our city has lost one of its great heroes.

Charles's life is that classic story of one of the kids that made good. He grew up in the neighborhoods of Skyline and Paradise Hills in San Diego, where he was known by his friends as Chucky. At the time, these were tough, working class neighborhoods that were often forgotten by the officials elected to represent them.

Through hard work, talent, and grace, Chucky grew into a strong young man. He graduated from Morse High School and went on to receive a bachelor's degree from San Diego State University.

It was at this time, Mr. Speaker, that Chucky came to be known as Charles, and he came to serve this body. He spent his senior year of college interning for then Congressman Jim Bates and began what would be a lifetime of service to San Diego.

Recognizing his intelligence and dedication, Charles was hired by Councilman George Stevens to serve his constituents in the City's Fourth Council District, the very neighborhoods Charles grew up in. Over the next 12 years, Charles spent every day of his life serving the Fourth District. Remembering where he came from, he resolved to never let his neighborhoods be forgotten by City Hall again.

While working for Councilman Stevens, Charles developed many innovative programs that empowered and inspired the people of the Fourth District. He helped create 23 Neighborhood Councils that gave residents a voice to