

Another contribution to the on-going fight against ignorance is the recent establishment of a gateway of collaboration between UIUC and Egerton University in Njoro, Kenya. The IDAT project (Institutional Development for Agricultural Training) was developed to help create a strong national university that will provide agricultural training to Kenyans and students from other African nations and to establish a long-term, collaborative relationship between UIUC and Egerton. Under IDAT, comprehensive four-year programs were implemented at Egerton in agricultural education, extension, home economics, and other agricultural disciplines—all valuable programs for fighting hunger.

The activities of the International Soybean Program (INTSOY), another UIUC program, include developing medium-scale equipment for extracting oil from soybeans. Edible oil is an important source of calories in developing countries. Supplies are critically short in many parts of the world, and an inexpensive oil extraction method would help greatly in the fight against hunger. At present, a multimillion-dollar facility is required to extract soybean oil. Traditional methods using a mechanical oil press have proved ineffective because of the relatively low oil content of soybeans. The oil extraction equipment developed by INTSOY is specifically designed for the needs of developing countries and costs only a few thousand dollars. It produces a stable, natural oil and a high-protein meal that can be used as animal feed or milled into flour for direct human consumption.

UIUC is playing a dramatic role in the battle against world hunger. Through the program I have described and numerous other programs, projects, activities, and research, Illinois helps alleviate malnutrition, hunger, and illiteracy worldwide.

Setting priorities: According to the 1983 edition of *World Military and Social Expenditures*, the world spends US\$1.3 billion on arms every minute, and every minute 30 children die for want of food and inexpensive vaccines. The book also cites this statistic: The cost of a single nuclear submarine equals the annual education budget of 23 developing countries with 160 million school-age children. We all know that it is important for governments to maintain their defenses. What we do not always remember is that much of the conflict and political instability in the world is a direct result of food shortages. By helping to eliminate hunger and poverty, we contribute to world peace. We also help millions of people improve their lives and become productive members of the world society. ●

TELEPHONE OPERATOR CONSUMER SERVICES IMPROVEMENT ACT OF 1989

● Mr. SIMON. Mr. President, I am pleased to join my colleague, JOHN BREAUX, in introducing S. 1660, the "Telephone Operator Consumer Services Improvement Act of 1989." I commend Senator BREAUX, as a member of the Commerce, Science and Transportation Committee, which has oversight of this bill, for taking a lead in the Senate. I also wish to recognize the leadership of Representative JIM COOPER of Tennessee. It is due to his persistence in pursuing a comprehensive solution to this consumer nightmare that we have this bill to introduce today.

For those who have been fortunate enough not to run into this problem, let me provide a little background. AOS companies are resellers that pay "commissions" or "rebates" to supply communications services to hotels, motels, hospitals, airports, universities, and private pay-phone firms. The commissions are paid for the right to provide the transient customers of these institutions and pay-phone firms with operator services for long-distance calls. The result of providing these services is higher than necessary costs for the consumer.

The reason we have not heard of this problem before is that these AOS companies are relatively new to the communications field. Previously, AT&T provided these services but now faces competition as a result of the breakup ordered by Judge Green. While competition in the marketplace is a desirable goal, AOS works against the free market system. Since the owners of the pay phones do not use these phones, they have no incentive to keep the costs down. Instead, the incentive is to increase the costs, as the owners can get a percentage of the profits. So rather than competition to benefit the consumer, there is competition to find the most expensive service.

I believe the bill we are introducing today provides a commonsense approach to an increasingly widespread problem. The bill would direct the FCC to issue regulations that would require alternative operators to identify themselves to callers, to disclose rates upon request, and to permit the consumer to terminate the call at no charge. The bill would also prevent the billing of uncompleted calls, and would require that a notice identifying the operator and a toll-free number by which the company can be reached must be posted by the phone.

These provisions are but a few of the many protections for consumers which will be established through this bill. I am in favor of market innovation, but not at the expense of the consumer. I am, therefore, pleased to participate in the introduction of this bill and am confident that my colleagues will recognize its merit and act quickly to enact these consumer safeguards. ●

QUALITY RURAL HEALTH CARE FACES OBSTACLES

● Mr. DURENBERGER. Mr. President, the Canby News of Canby, MN, recently did a four-part series on the difficulties that Medicare has had in providing quality health care in rural Minnesota.

A major obstacle is the financial squeeze faced by many rural hospitals and physicians because the reimbursements from Medicaid and Medicare are often much less than the cost of the specific medical procedures. Studies indicate that rural Minnesotan doctors receive 40 percent less reimbursement than urban physicians on the

east and west coasts, while rural hospitals are reimbursed 36.8 percent less than hospitals in large cities.

These inequities are what my colleagues and I are trying to resolve in the upcoming reconciliation bill and other comprehensive reforms. Our current Federal health programs are not meeting the needs of our rural citizens, and we need to act before there is further damage done to the infrastructure of rural health care.

Mr. President, I ask that the Canby News series be printed in the CONGRESSIONAL RECORD so that all my colleagues can have a clearer picture of the magnitude and urgency of the challenge we face.

The series follows:

QUALITY RURAL HEALTH CARE FACES OBSTACLES

(By Brent and Ellen Beck)

Editors note: This is the first in a series of articles concerning rural health care, physicians and rising health care costs affecting Canby and southwestern Minnesota.

Quality rural health care is of vital importance to Canby and all of southwestern Minnesota.

Rural health care is at a crisis in many areas of the nation, and southwestern Minnesota has some tremendous obstacles to overcome if quality health care is to continue.

Dennis Peterson, the local Canby intern, recently graduated from the University of Minnesota School of Medicine. Out of a total of those 250 graduates, 12 percent will go to rural communities to practice medicine according to Peterson.

"The only reason the number is as high as 12 percent is because the University of Minnesota has a rural physicians program that Dennis participated in that exposes medical students to rural practice," stated Dr. Christopher Tashjian, local physician.

"In other medical schools it's much lower than this because they don't offer rural physicians programs," continued Dr. Tashjian.

Peterson himself would eventually like to practice medicine in a rural community. "It takes a special physician to make rural health care stable and productive in a small community," he said. He and his wife, Denise, and their two children will be moving to Duluth shortly, where Dennis will become a family practitioner at the Duluth Family Practice Center which is affiliated with St. Mary's and St. Luke's Hospitals.

"This year, 27 percent of my class went into family practice," Dennis explained. "Family practitioners are the physicians trained to practice out here. Of those 60 or so graduates, approximately 60 percent will stay in Minnesota to do residency training."

According to Peterson, Southwest Minnesota has the poorest reimbursement for Medicare in the nation. Also, the average charge for normal medical services is much lower than in other parts of the nation.

The reimbursement for Medicaid (welfare) and Medicare patients is often much less than the cost of the specific medical procedure. Therefore, the hospital or clinic is left to make up the difference.

Another problem in rural health care is the shortage of physicians. "I don't know of one community within 50 miles that isn't looking for a physician." These towns are short already," Peters explained.

"It's hard to attract a physician when you tell him he will work longer hours, take