

## EXTENSIONS OF REMARKS

IN MEMORY OF LUCIAN C. CRUTCHFIELD AND WILLIAM F. BROOKS

### HON. MICHAEL R. McNULTY

OF NEW YORK

IN THE HOUSE OF REPRESENTATIVES

Monday, February 27, 1995

Mr. McNULTY. Mr. Speaker, on March 5, 1995, in a small town in northern Italy two United States B-25 Airmen, 2d Lt. Lucian C. Crutchfield of San Antonio, TX and Flight Officer William F. Brooks of Cohoes, NY, both killed during World War II, will be recognized at a ceremony in which a granite memorial will be dedicated in their honor. Mr. Larry Pisoni, now a U.S. citizen, and coordinator of the event entitled "Thank You America," explains his realization of a lifelong dream in the attached article which appeared in the Capital, an Annapolis, MD, newspaper, on February 7, 1995.

[From the Capital, Feb. 7, 1995]

ANNAPOLIS MAN PLANS RETURN TO ITALY TO DEDICATE MONUMENT FOR U.S. FLIERS

(By Michael Cody)

In the 50 years since Nazi soldiers executed two U.S. airmen near his hometown in Italy, Lorenzo Pisoni has taken America's heroes as his own.

Next month, 12 miles from Vezzano and thousands of miles from his new home in Annapolis, Mr. Pisoni 57, will dedicate a monument to 2nd Lt. Lucian C. Crutchfield of San Antonio, Texas, and Flight Officer William F. Brooks of Cohoes, N.Y.

They were among a crew of seven aboard a B-25 bomber that was shot down on Feb. 27, 1945, while trying to cripple a railroad through the Adige River valley.

Mr. Pisoni was 7 then, and was called "Enzo" by family and friends. He was having lunch in a second-story room when he saw each member of the crew bail out, and each parachute open.

Many years later, while examining U.S. documents, Mr. Pisoni confirmed that the plane went down at 11:57 a.m., just as he was eating his meal. From 1943, when Allied bombing began in earnest, until the end of the war, he never saw another plane destroyed.

Some of the B-25 crew members were taken prisoner by Nazi soldiers. Others escaped capture with help from brave, anti-Nazi partisans.

"It was risky. The German law compelled them to turn them in right away. If they didn't, they could have killed them—they had to keep the people in terror," Mr. Pisoni said.

The feared SS took 2nd Lt. Crutchfield, the co-pilot, and Flight Officer Brooks into custody.

The next day, Enzo went to his little town's square. He doesn't remember why. Possibly it was the rumor of American prisoners that drew him.

He saw the prisoners, led by two Nazis—one tall, and one small.

The Americans looked healthy and honest, not at all the monsters described in Nazi propaganda.

The group walked out of town, south ward toward Arco, a much larger city. Along the

mountain trail in the Italian Alps, partisans said, 2nd Lt. Crutchfield slipped. Flight Officer Brooks stooped to help him.

Both were shot and killed. The SS reported they were trying to escape.

"They just mowed them down," said Charles Reagin, of Cory, Ind., the plane's radio operator, who was captured separately and spent the rest of the war in a prison camp.

The news traveled quickly, even among a populace hardened to conflict.

"My life was greatly influenced by this episode," Mr. Pisoni said. "They (the SS) said they wanted to escape, but no one believed that."

And long after the war, when he had graduated from an Ohio college and had become a U.S. citizen, Lorenzo "Larry" Pisoni drove past the spot in Italy and thought of the men who died for another country as well as their own.

"It's time to say thank you," he said, describing a March 5 ceremony he helped plan. The airmen's survivors and 12,500 Italian families are invited.

The regional administration of Trentino-Alto Adige has lent its support to the event, and a local stonemason has donated granite for the monument.

"At this spot, on Feb. 28, 1945, two American airmen were shot by Nazis," its tablet will say, in two languages. They were two of more than 38,000 Americans who gave their lives on Italian soil during World War II to help Europeans of good will regain freedom and democracy."

An Alpine bank is practicing American songs in honor of 2nd Lt. Crutchfield.

Mr. Pisoni, who splits his time between Annapolis and Vezzano, said he expects all five surviving crew members to attend, including Mr. Reagin, pilot Jay DeBoer of Virginia Beach, Va., and navigator Robert Cravey of Thomaston, Ga.

Mr. DeBoer escaped from the Germans crossing the Swiss border disguised as a monk, while Mr. Cravey was hidden by an Italian family.

"It's going to be an emotional thing," said Mr. Reagin, a retired Air Force master sergeant. "Not only going back with the guys, but going to that spot."

Mr. Pisoni, owner of Gourmet Italia, a pasta-importing firm, said he didn't start the monument effort to reconstruct what happened. "I like to consider this a symbol of what the United States has done for Europe. The U.S. is the only country in the world that has helped its former enemies."

IN SUPPORT OF H.R. 227—THE INTERSTATE WASTE ACT OF 1995

### HON. HAROLD ROGERS

OF KENTUCKY

IN THE HOUSE OF REPRESENTATIVES

Monday, February 27, 1995

Mr. ROGERS. Mr. Speaker, the American people said loudly and clearly that they want Washington bureaucrats out of their hair. This is especially true in the hardworking, patriotic areas of eastern Kentucky. Well, I agree with these citizens, and that is why I rise today in strong support of H.R. 227, the Interstate

Waste Act of 1995, and urge its immediate passage by the House.

I firmly believe that local citizens ought to have the right to make decisions regarding their lives. As we return power to our communities, we should start with the regulation of out-of-State trash. Simply stated, local citizens should have the final say whether their town becomes a national garbage dump—not the Supreme Court or Washington know-it-alls.

H.R. 227 is the way to accomplish this goal. It says that, and I'm quoting from the bill.

[E]ffective January 1, 1996, a landfill or incinerator in a State may not receive for disposal or incineration any out-of-State municipal solid waste unless the owner or operator of such landfill or incinerator obtains explicit authorization from the affected local government to receive the waste.

What a concept. Local people making local decisions. In Kentucky, we call this horse sense. Washington could sure use a strong dose of that, Mr. Speaker.

But seriously, this is a fundamental right of our local communities, and they have waited far too long for us to give them that right. We were close last year—the House passed the bill unanimously in the 11th hour of the session. But unfortunately, the session ended before the Senate could take action.

But we are moving again this year. I have spoken to my good friend and colleague, the gentleman from Ohio [Mr. OXLEY], who is the chairman of the Subcommittee on Commerce, Trade and Hazardous Materials which has jurisdiction over this bill. He has assured me that this legislation will get a fair hearing in the subcommittee and he is confident that we can bring it before the full House for floor consideration.

Mr. Speaker, this is a critical issue that we must deal with and I am committed to seeing that H.R. 227 is acted on this year.

We need jobs, clean water, and good roads in Kentucky—not tons of trash from Florida.

PREVENTION OF PROGRESSION TO END-STAGE RENAL DISEASE

### HON. FORTNEY PETE STARK

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Monday, February 27, 1995

Mr. STARK. Mr. Speaker, I would like to address this issue of kidney disease and its progression to end-stage renal disease [ESRD]. The Social Security Act section 1881 has established the ESRD Program as part of Medicare in order to provide treatment for patients with renal failure. Currently there are about 200,000 beneficiaries of the ESRD Program. The average ESRD patient is now costing the health care system—primarily Medicare—an estimated \$51,000 per year, or \$4,250 per month. The number of patients entering the ESRD Program is increasing, and these patients are sicker than in the past. Obviously, delaying the onset of kidney failure could greatly improve a patient's quality of life and

• This "bullet" symbol identifies statements or insertions which are not spoken by a Member of the Senate on the floor.

Matter set in this typeface indicates words inserted or appended, rather than spoken, by a Member of the House on the floor.

simultaneously save Medicare substantial amounts of money.

An ESRD patient can choose either transplantation or dialysis. Without these measures, kidney failure is lethal. Dialysis, a mechanical cleansing of the blood, is disruptive to an individual's lifestyle and negatively impacts on one's quality of life. The work force is diminished daily as patients learn that they must begin dialysis treatment. In fact a recent study found that only 11 percent of the interviewed patients were employed. If we focused our energies on delaying the day which a patient must accept the burden of dialysis, we could realize a cost savings and improve the patient's quality of life.

As a result of the evidence before us, I am today introducing legislation to require the Medicare agency to conduct a 3-year demonstration program to quantify the cost and benefits associated with identifying patients who are approaching renal failure, providing a range of services to them, and thus effectively delaying the onset of complete renal failure. The demonstration will attempt to determine whether the savings from a prevention program, including improvement in quality of life measurements and job retention, exceed the cost of the preventive services themselves.

The prevention of progression to renal failure should be the primary focus when constructing treatment goals for patients with renal disease. While all the preventive measures that will consistently produce an increase in survival are as yet undetermined, there is a wealth of evidence that many patients can be effectively managed so as to delay the day that dialysis is needed to survive. I feel that the medical community knows enough about such preventive strategies and the patient populations that would most benefit from them to explore the idea of extending the Medicare ESRD benefit package to these patients prior to dialysis.

A recent NIH consensus panel concluded that because comorbid factors affecting the outcome of renal disease are present prior to the onset of renal failure, patients should be referred to a renal team for evaluation before dialysis begins. This team should consist of a physician, nurse, social worker, dietitian, and mental health professional and focus on the reduction in mortality and morbidity of the patient. There should be an interest in controlling hypertension and diabetes, reducing cardiovascular risk factors, correcting metabolic, endocrinologic, and hematologic abnormalities, treating underlying illnesses, evaluating and modifying psychological and social stressors, and setting nutritional parameters.

More specific guidelines for the prevention of progression to renal failure that can be undertaken encompass the following: First, encouraging smoking cessation, reducing obesity, increasing aerobic exercise, reducing the intake of fat and cholesterol, correcting anemia, monitoring calcium and phosphorous; second, implementing the most recent American Diabetic Association guidelines for strict management of diabetes; third, reducing exposure to environmental toxins including analgesic abuse, lead poisoning, and other nephrotoxins; fourth, managing hypertension through prescription of angiotensin converting enzyme inhibitors and calcium channel blockers preferentially; fifth, regulating diet to maintain normal acid-base balance and

intravascular fluid volume; and sixth, evaluating and correcting malnutrition.

Diabetes is the No. 1 cause of renal failure in the United States. Approximately 25-35 percent of new ESRD patients have diabetes as the underlying etiology. Greater than 65 percent of all ESRD is due to diabetes and hypertension combined. The intensive management of both hypertension and diabetes has the benefit of reducing the time to the onset of dialysis. Although the progression to ESRD is rare in people with hypertension, there is the paradox of its continuing increase despite improvements in blood pressure control in the general population and reduction in mortality from other complications associated with hypertension. Cardiovascular mortality accounts for approximately 50 percent of deaths in patients receiving dialysis, highlighting the need for control of risk factors such as hypertension, smoking, anemia, obesity, and lipid abnormalities.

Furthermore, the racial differences manifested in the increased risk of hypertension-related ESRD for blacks, and the excess risk of ESRD for low income, poorly educated blacks and whites must stimulate new evaluation of these problems. The correlation between lower socioeconomic status and ESRD has been examined, with several inter-related factors possibly playing a role, including: lack of appropriate access to health care, lack of a primary care physician, lack of insurance, and non-compliance with a treatment regimen. Further examination of the relationship between hypertension, renal disease, and the inter-related factors must be undertaken in order to develop and implement viable treatment regimens that will have lasting effects.

The patients in the ESRD Program have not only suffered through the tremendous burden of kidney failure, but their quality of life is further worsened by factors that can be corrected. The medical community needs to identify patients with renal disease prior to the onset of renal failure in order to reduce the burden of dialysis, thereby allowing these patients to remain viable members of the work force. The benefits of weight loss, regulation of fat intake, and reduction of stress have all become commonplace in the layperson's repertoire of medical knowledge. Strict control of diabetes, hypertension, diet, and psychological stressors can also have a real benefit for patients with kidney disease in reducing the onset of renal failure, subsequently improving the quality of life, and ultimately retrieving some patients from the brink of dialysis.

#### RISK ASSESSMENT/COST BENEFIT ANALYSIS

### HON. RON PACKARD

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

*Monday, February 27, 1995*

Mr. PACKARD. Mr. Speaker, Republicans continue to move forward with their agenda for a smaller, less costly, less intrusive government. Last week House Republicans took the first step in rolling back the regulatory tide. Passage of the Regulatory Transition Act gives the American taxpayers a time out from the crushing regulatory load. Now we must work for long term regulatory reform.

The regulatory reform provision within our contract with America introduces common-

sense approaches that will assist Federal agencies in prioritizing regulatory decisions—ensuring that limited public resources are targeted to the greatest needs our Republican proposal favors cost effective regulation to address real risks.

All regulatory agencies must use risk assessment, sound science, and cost-benefit analysis for all regulations. Federal agencies must check to see if the regulation makes sense before taxpayers bear the costly burden, each year Government regulations cost approximately \$600 billion.

The Republican commonsense approach to regulatory reform works for a smaller, less costly, and less intrusive Government risk assessment and cost benefit analysis will force the Federal Government to be accountable for their actions. The American people deserve to know that their tax dollars will be used wisely to serve their needs, not the needs of the Federal Government.

#### TRIBUTE TO ROBERT WAGNER

### HON. CARLOS J. MOORHEAD

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

*Monday, February 27, 1995*

Mr. MOORHEAD. Mr. Speaker, I rise today to salute Mr. Robert Wagner, an outstanding resident of my congressional district. I have been privileged to become acquainted with Mr. Wagner over the years through his many community activities and through his strong interest in public policy.

A veteran of World War II, Mr. Wagner served honorably from 1940 until 1945. After graduating from Georgetown University's School of Foreign Service in 1948, he launched a successful business career in south Pasadena. Mr. Wagner's loyalty to his alma mater continued, however, and he was honored by Georgetown for his many consistent years of alumni service.

Mr. Wagner has demonstrated tireless service on behalf of senior citizens and is, in fact, my appointee to the 1995 White House Conference on Aging. He has been a senior senator in the California Senior Legislature since 1988. This work earned him a Distinguished Public Service Proclamation from the mayor of South Pasadena. Mr. Wagner is retiring from the Senior Legislature this year where I am sure he will be missed.

In addition, he has somehow found time to contribute his energies to various civic and humanitarian organizations in and around South Pasadena. These efforts have not gone without notice. Mr. Wagner has been the recipient of the YMCA Service to Youth, award, the Rotary Club Merit Award, a Certificate of Appreciation from the University of Southern California, and the Los Angeles County Board of Supervisors Award for distinguished public service.

Robert Wagner offers proof that one dedicated citizen can make a positive impact on the community in which he or she lives. I am glad to take a moment to publicly recognize his many years of volunteer service and devotion to those around him. We certainly wish Robert, his wife Bernice, and their three children the best.