Health and Human Services, and Education, and related agencies, for the fiscal year ending September 30, 1996, and for other purposes:

Mr. RICHARDSON. Mr. Chairman, there is no a way to vote for this amendment and claim that you are in favor of public broadcasting.

Public broadcasting has the overwhelming support of the America people. In fact a recent Roper poll placed public television third on a list of excellent values for tax dollars.

Funds for the Corporation for Public Broadcasting are forward funded so stations can raise the matching funds that are required in order to receive matching grants.

Forward funding has no bearing on how much the CPB is funded. Even with forward funding intact CPB's 1996 appropriation was reduced by $37 million. That is an 11 percent cut from original funding.

I understand that in times of tight Federal budgets, each program must be willing to take some cuts and the CPB has taken its share. May I remind my colleagues that public broadcasting stations have already taken a 25 percent or $92 million cut. Public television stations have implemented many cost-saving initiatives in order to tighten their belts during these fiscally tough times.

Mr. Chairman, I urge my colleagues to oppose the Hoekstra amendment.

TRIBUTE TO DEPUTY FRANK TREJO

HON. LYNN C. WOOLSEY

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Friday, August 4, 1995

Ms. WOOLSEY. Mr. Speaker, I rise today to pay tribute to Sonoma County Sheriff Deputy Frank Trejo, who lost his life in the line of duty. In March 1995, Sonoma County Sheriff's Deputy Frank Trejo made a supreme sacrifice while serving of the community of Sebastopol, CA, which is located within the congressional district I am privileged to represent. Deputy Trejo was far more than a deputy. He was a dedicated peace officer who deeply cared about people, and in turn was well respected by the entire community. Deputy Trejo joined the Sonoma County Sheriff's Department in 1980 and served Sebastopol area residents on the graveyard shift for the last 4 years. Deputy Trejo was a devoted family man who loved his job. His tranquil and sincere manner of performing his job was admired by all of his colleagues, and is already missed in the department. Without a doubt, the tragic loss of Deputy Trejo will resonate in the community for many years to come.

I commend the Latino Peace Officers Association of Sonoma County for establishing a memorial scholarship in his honor. The scholarship, called ''Forever and a Day,'' will be announced and celebrated on August 19, 1995, and will continue to provide scholarships for Latino students interested in law enforcement. The Sonoma County chapter of the Latino Peace Officers Association, started only 4 years ago, is part of a national organization whose goals are to encourage Latinos to enter into law enforcement professions, to provide scholarships for these candidates, and to work with our youth to prevent crime and provide alternatives to gang association.

Mr. Speaker, Deputy Trejo was a superb example of the excellence and dedication of our Sonoma County Sheriff Deputies who are on the front line everyday fighting to help make our communities a safer place to live. It is appropriate that we offer sincere thanks to the Sonoma County Latino Peace Officers Association for their dedication and commitment to the community and for establishing this fine memorial scholarship entitled ''Forever and a Day'' in memory of Frank Trejo.

PRAYER FOR KEN SCHWARTZ

HON. JOHN M. SPRATT, JR.

OF SOUTH CAROLINA

IN THE HOUSE OF REPRESENTATIVES

Friday, August 4, 1995

Mr. SPRATT. Mr. Speaker, the Boston Globe published an extremely moving article by a courageous young Boston attorney, Ken Schwartz, who recently contracted lung cancer. I would like to share an abridged version of this article with my colleagues. As he battles this dreadful disease, Mr. Schwartz recounts the many acts of kindness displayed by this nurses, physicians, and doctors. Mr. Schwartz explains that ''these acts of kindness—have made the unbearable bearable.'' Reading the article, I was struck by the courage and perseverance Mr. Schwartz displays as he fights the illness. Despite the odds, Mr. Schwartz shows a tenacity and bravery I found inspiring. I was also moved by the kindness exhibited by Mr. Schwartz's caregivers and the importance of these acts in helping sustain Mr. Schwartz. Too often, we take for granted the special efforts of health professionals who give of themselves every day to save lives and cure the sick. I know that every Member of the House join me in praying for Mr. Schwartz's complete recovery.

[From the Boston Globe]

A PATIENT'S STORY

[By Kenneth B. Schwartz]

Until last fall, I had spent a considerable part of my career as a health-care lawyer, first in state government and then in the private sector. I came to know a lot about health-care policy and management, government regulations and contracts. But I knew little about the delivery of care. All that changed on November 7, 1994, when at age 40 I was diagnosed with advanced lung cancer. In the months that followed, I was subjected to chemotherapy, radiation, surgery, and news of all kinds, most of it bad. It has been a harrowing experience for me and for my family. And yet, the ordeal has been punctuated by moments of exquisite compassion. I have been the recipient of an extraordinary array of human and humane responses to my plight. These acts of kindness—the simple human touch from my caregivers—have made the unbearable bearable.

During September and October of 1994, I made several visits to the outpatient clinic of a Boston teaching hospital for treatment of a persistent cough, low-grade fever, malaise, and weakness. The nurse practitioner diagnosed me as having atypical pneumonia and prescribed an antibiotic. Despite continued abnormal blood counts, she assured me that I had a post-viral infection and didn't need an appointment with my physician until mid-November, if then. By mid-October, I felt so bad that I decided I could not wait until November 11 to be seen. Disappointed with the inaccessibility of my physician, I decided to seek care elsewhere, with the hope that a new doctor might be more responsive.

My brother, a physician who had trained at Massachusetts General Hospital, arranged for an immediate appointment with Dr. Jose Vega, an experienced internist affiliated with MGH. Dr. Vega spent an hour with me and ordered tests, including a chest X-ray. He called within hours to say he was concerned by the results, which showed a ''mass'' in my right lung, and he ordered a computerized tomography scan for more detail. I remember leaving my office for home, saying quickly to my secretary, Sharyn Wallace, ''I think I may have a serious medical problem.'' Indeed, the CT scan confirmed abnormal developments in my right lung and chest nodes.

The next day, Dr. Vega, assuring me that he would continue to be available to me whenever I needed him, referred me to Dr. Thomas Lynch, a 34-year-old MGH oncologist specializing in lung cancer. Dr. Lynch, who seems driven by the ferocity of the disease he sees every day, told me that I had lung cancer, lymphoma, or some rare lung infection, although it was most likely lung cancer.

My family and I were terrified. For the next several months, my blood pressure, which used to be a normal 124 over 78, went to 150 over 100, and my heart rate, which used to be a low 48, ran around 100.

Within 72 hours of seeing Dr. Lynch, I was scheduled for a bronchoscopy and a mediastinoscopy, exploratory surgical procedures to confirm whether I indeed had lung cancer. Until this point, I had thought that I was at low risk for cancer: I was relatively young, I did not smoke (although I had smoked about a cigarette a day in college and in law school and for several years after that), I worked out every day, and I avoided fatty foods.

The day before surgery, I was scheduled to have a series of tests. The presurgery area of the hospital was mobbed, and the nurses seemed harried. Eventually, a nurse who was to conduct a presurgical interview called my name. Already apprehensive, I was breathing hard.

The nurse was cool and brusque, as if I were just another faceless patient. But once the interview began, and I told her that I had just learned that I probably had advanced lung cancer, she softened, took my hand, and asked how I was doing. We talked about my 2-year-old son, Ben, and she mentioned that her nephew was named Ben. By the end of our conversation, she was wiping tears from her eyes and saying that while she normally was not on the surgical floor, she would come see me before the surgery. Sure enough, the following day, while I was waiting to be wheeled into surgery, she came by, held my hand, and, with moist eyes, wished me luck.

This small gesture was powerful; my apprehension gave way to a much-needed moment of calm. Looking back, I realize that in a high-volume setting, the high-pressure atmosphere tends to stifle a caregiver's inherent compassion and humanity. But the briefest pause in the frenetic pace can bring out the best in a caregiver and do much for a terrified patient.

The nurse left, and my apprehension mounted. An hour later, I was wheeled to surgery for a biopsy of the chest nodes and the mass in my lung. I was greeted by a resident in anesthesiology, Dr. Debra Reich, who took my pulse and blood pressure and said gently, ''You're pretty nervous, huh?'' She medicated me with tranquilizers, but that did not stop me from asking about where she lived, where she had trained, and whether she was married. I jokingly asked her how

come she was the only Jewish doctor I had met during my time at MGH. When it turned out that she lived down the street from me and liked the sandwiches at the same corner shop, Virginia's, I felt comforted. She squeezed my shoulder, wished me luck, and wheeled me into surgery.

When I awoke, I was told that I had adenocarcinoma in my right lung and in several chest nodes—in other words, advanced lung cancer. I don't remember a lot about those hours, but I remember Dr. Vega's face, with tears in his eyes. I also remember feeling very sad and scared.

It was clear that I would soon begin a new chapter in my illness and undergo the classic treatment for such advanced cancer: intensive chemotherapy and radiation, followed by surgery to remove the tumors, nodes, and entire lung, if necessary. Dr. Lynch told me that this option presented the real possibility of a cure. Over the next week, I had a series of additional radiologic scans to determine if the cancer had spread beyond my chest. These scans are incredibly scary: You are placed in a tube resembling a sarcophagus, with only 6 inches between you and the walls, and you may spend several hours inside, deafened by the clanging machine. And the scans always raise fears about whether more bad news is around the corner.

Dr. Vegas or Dr. Lynch always made it a point, though, to relay results within 24 hours, so my family and I didn't have to endure the anxiety of uncertainty any longer than necessary.

The scans of my body, head, liver, bones, and back were clear. I was relieved.

The doctors soon began an intensive regimen of chemotherapy and radiation, with the goal of destroying the cancer and preparing for surgery to remove my lung.

Before being admitted for my first five-day course of chemotherapy, I had a radiation-simulation session. During such sessions, therapists meticulously map their targets by marking your skin where the radiation should be directed. I was asked to lie on a table in a large, cold chamber. The radiation therapist, Julie Sullivan, offered me a blanket and, mentioning that the staff had a tape deck, asked if I had any requests: I recalled my college days and asked for James Taylor. Listening to ''Sweet Baby James'' and ''Fire and Rain,'' I thought back to a time when the most serious problem I faced was being jilted by a girlfriend, and tears ran down my cheeks. As therapists came and went, Julie Sullivan held my hand and asked me if I was OK. I thanked her for her gentleness.

After having a Port-o-Cath implanted in my chest—a device that allows chemotherapy to be administered without constant needle sticks in the arm—I was admitted to MGH in mid-November. During that and other hospitalizations either my mother or sister would say overnight, often sleeping in cramped chairs. When I awoke at night in an anxious sweat or nauseated, I would see one of them and feel reassured.

While doctors managed my medical care, my day-to-day quality of life and comfort were in the hands of two or three nurses. These nurses showed competence and pride in their work, but they also took a personal interest in me. It gave me an enormous boost, and while I do not believe that hope and comfort alone can overcome cancer, it certainly made a huge difference to me during my time in the hospital.

During the period between my two chemotherapies, when I also received high-dose radiation twice a day, I came to know a most exceptional caregiver, the outpatient oncology nurse Mimi Bartholomay. An eight-year veteran who had experienced cancer in her own family, she was smart, upbeat, and compassionate. I had to receive fluids intravenously every day at the clinic, and while there we talked regularly about life, cancer, marriage, and children. She, too, was willing to cross that professional Rubicon—to reach out and talk about my fear of dying or, even worse, my fear of not living out my life, of not biking through the hills of Concord and Weston on summer weekends with my brother, of not seeing my child grow up, of not holding my wife in my arms. And she took the risk of talking about her own father's recent bout with cancer. I cannot emphasize enough how meaningful it was to me when caregivers revealed something about themselves that made a personal connection to my plight. It made me feel much less lonely. The rule books, I'm sure, frown on such intimate engagement between caregiver and patient. But maybe it's time to rewrite them.

After my second round of chemotherapy, I was ready for the final state of what we hoped would be a cure: surgery. Before this could happen, Dr. Lynch repeated my radiologic scans, to be sure that the cancer had not spread. He assured me that the chance of any such metastasis was remote—less than 5 percent—although it would be a disaster if it occurred.

The scans were endless, scary, and lonely. While members of my family stayed with me in the waiting rooms, they could not accompany me to the scanning rooms; the experience again was harrowing. But I felt my greatest fear while awaiting the results. After a week of tests, I had one last scan of my bones. I was concerned when the technologist asked to do a special scan of my back that had not been done before.

The next day, I called Dr. Lynch's office and asked his assistant, Mary Ellen Rousell, when I could come in to find out the results. She said, ''How about this afternoon?'' and then added, ''You might want to bring someone.'' My heart skipped. When my wife and I entered Dr. Lynch's office and saw his face, our hearts sank. He was ashen. He said that while all the other scans were clear, there appeared to be a metastatic tumor in my spine. He explained that this meant that lung surgery at this point would be futile, since other metastases were likely to surface.

Dr. Lynch said that he could not be 100 percent certain that this was a tumor and that, because so much was at stake, we should do a biopsy. My wife and I wept openly—in part because, looking at Dr. Lynch's face, we felt that he had lost hope.

I could not help but ask what treatment options were available, and he mentioned a drug called Taxol. Still being the lawyer, I quizzed him.

Me: What is the percentage of people who benefit from Taxol?

Dr. Lynch: Forty percent.

Me: How much do they benefit?

Dr. Lynch: They can get several years of life, although it is not a cure. And the median survival for patients on Taxol with your advanced stage of disease is nine months.

Nine months! My wife and I cringed. I ended the session by asking Dr. Lynch, ''How do you do this work?'' And he answered, in genuine pain, ''By praying that I don't have days like today.''

I desperately needed to regain hope, and I needed Dr. Lynch to regain his sense of hope.

A few days later, I had the biopsy. Dr. Lynch met with my family to report that, indeed, after considerable searching, the pathologist had found small deposits of adenocarcinoma in my vertebra. It was now confirmed that I had metastatic lung cancer. Although my brother and my father, who is also a physician, raised the possibility of radical surgery on my back and lung to remove all the tumors, Dr. Lynch and the surgeons rejected this option because further metastases were likely to appear, and the surgery would be debilitating and reduce my quality of life at a time when my life could well be substantially shortened.

The clear treatment was more chemotherapy. Dr. Lynch again recommended the use of Taxol, with the hope of slowing the cancer's spread.

It was crucial to my wife and to me that he not give up hope. I understood his surprise and disappointment at the metastasis; in fact, as one friend suggested, his distress at that event was a sign of his caring about me and his involvement with my case. But we desperately needed him to give us a realistic basis for hope—and he had.

The next day, I began a new chapter in my fight. And once again, Mimi Bartholomay was by my side, monitoring my reaction and assuring me that most people tolerated Taxol very well. I had no allergic reactions, and I felt good that the battle was under way. I had hoped that maybe this could buy me time. Time was now my best friend, since it could allow medical research to advance and doctors to find new strategies and maybe even a cure for advanced lung cancer.

During this period, with help from my father, who has had a long and distinguished career in academic medicine, I began to explore potential cutting-edge protocols that could supplement or follow Taxol.

My father arranged a meeting for my wife and me with Dr. Kurt J. Isselbacher, a distinguished researcher and director of the MGH Cancer Center. He is a small man with a large presence and piercing blue eyes, and he was surrounded by medical books, papers, and many pictures of his family. He was upbeat, telling us of protocols under way that showed promise in fighting metastatic tumors. Like several others, he told me a personal story that cut to the bone: A close family member, he said, had been diagnosed with advanced cancer, which the attending oncologist had said was ''very, very bad.'' The family member had said to him: ''Kurt, you have helped so many people in your life, can you now help me?'' He personally treated the family member in that person's home with chemotherapy, and, 21 years latter, that person is thriving.

Dr. Isslbacher offered to serve as an advocate for me, to work with my father and Dr. Lynch to find the most promising protocols. I told him at the meeting that while I had no illusions, I was deeply moved by his refusal to give up and by his abiding hope; I was especially affected because such hopefulness was not coming from a faith healer but a distinguished researcher. He had strengthened our resolve to fight.

In recent months, I have had several setbacks: a bone scan that showed four to five additional tumors, and a CT scan that showed significant progression of the cancer in both lungs. The only good news was that it had not spread to my head or liver. I am pained, but not surprised, at the relentlessness of the disease, and I am straining to retain hope that one of the experimental treatments may succeed where chemotherapy has failed.

For the first time, I recently mentioned to Dr. Lynch the idea of a hospice service and wondered how I might reduce future pain as the cancer progresses. Dr. Lynch answered that we were still a long way from that discussion, that we still had many avenues to explore, and that he remained as committed as ever to doing whatever he could to extend my life in a quality way.

Around the time of the CT scan, when I was feeling particularly dejected, I had an appointment with Mimi Bartholomay for an injection. She was running late, and as she

approached me in the clinic waiting room, she looked harried. But as she got closer, she could see how unhappy I was, and she put her arm around me and directed me to a private room. I began to cry , and she intuitively responded: ''You know, scan days are the worst. But whatever the results, we are not going to give up on you. We're going to fight with you and for you all the way.'' I hugged her and thanked her for hanging in there with me.

If I have learned anything, it is that we never know when, how, or whom a serious illness will strike. If and when it does, each one of us wants not simply the best possible care for our body but for our whole being.

I still am bound upon Lear's wheel of fire, but the love and devotion of my family and friends, and the deep caring and engagement of my caregivers, have been a tonic for my soul and have helped to take some of the sting from my scalding tears.

TRIBUTE TO JIM GLASS ON THE OCCASION OF HIS RETIREMENT

HON. PAUL E. GILLMOR

OF OHIO

IN THE HOUSE OF REPRESENTATIVES

Friday, August 4, 1995

Mr. GILLMOR. Mr. Speaker, it gives me great pleasure to rise today and pay tribute to a good friend and outstanding citizen of Ohio. This year, James Glass will retire from the Wildlife Conservation Fund of America. A political expert and former business executive, Jim founded and until 1993 was president and CEO of the fund.

Jim served in the aerospace field for 28 years as an executive with the Columbia Aircraft Division of Rockwell International. During his employment with the aerospace giant, Mr. Glass had the responsibility for coordinating Columbus Aircraft Division support for many facets of major programs with NASA and the U.S. Department of Defense. These programs included the B–1 bomber and space shuttle projects.

For over two decades, Mr. Glass has been involved in wildlife, soil, and water conservation. He formerly served as a director of the National Wildlife Federation. In recent years he has worked to defend the rights of sportsmen and the integrity of wildlife management in the face of wildlife protectionist opposition. In 1978, Mr. Glass founded the Wildlife Legislative Fund of the American and the Wildlife Conservation Fund of America in order that sportsmen's interests be represented in the Congress, the courts, and in the state legislatures.

As a former president of the State Senate of the Ohio, I depended on Jim and his organization to keep me informed on the needs of sportsmen. During that time, we worked together on many projects.

Whether looking back on his years in business or his many civic activities, Jim Glass should feel the pride that comes with great accomplishments. I wish him and his family all the best in the years ahead.

FDA IS CRITICAL TO THE HEALTH AND PROSPERITY OF OUR NATION

HON. BOB CLEMENT

OF TENNESSEE

IN THE HOUSE OF REPRESENTATIVES

Friday, August 4, 1995

Mr. CLEMENT. Mr. Speaker, regardless of one's view of tobacco, it is clear that an efficient and effective FDA is critical to the health and prosperity of our Nation. Roughly 25 percent of every American consumer dollar spent is spent on products FDA is responsible for overseeing. Tobacco is not one of those products. FDA clearly lacks any semblance of statutory authority to regulate tobacco products as drugs, yet Dr. David Kessler seems intent on pursuing this politically correct agenda at the expense of the agency's core mission.

FDA's product approval process demands the Commissioner's attention. The backlog of pending medical device applications exceed 1,100. Drug approval times averaged 29 months in 1991, despite a statute mandated time limit of 180 days. Approximately 80 percent of the drugs approved by the FDA between 1987 and 1989 were available in other countries an average of 6 years earlier.

While FDA has been investigating and inspecting tobacco company manufacturing processes, inspections of domestic products and manufacturing plants are unacceptably low. Recent rates indicate that FDA will visit each of the 90,000 establishments subject to inspection every 6 years instead of the two required by statute.

Dr. Kessler may say the agency is improving, but the fact remains under his leadership the agency continues to fail to meet its statutory obligations. In April 1995, Dr. Charles Edwards—FDA Commissioner from 1969 to 1973—criticized the FDA for spending valuable resources investigating tobacco while it is unable to perform important functions within its authority. Dr. Edwards said:

FDA's paternalistic tendency in recent years is, in my opinion, more than bad policy. It is bad management. It diverts limited resources from key tasks and drug and medical device approvals.

And in response to a question, Dr. Edwards directly criticized Dr. Kessler's private crusade against tobacco products. ''I feel very strongly about this, that you cannot regulate human behavior. This is really an issue for the Surgeon General.'' He added, ''I think issues like this divert the resources of the Agency—enormous resources of the Agency.''

Mr. Speaker, it is time for the President to end Dr. Kessler's ill-conceived crusade against tobacco. Clearly, the Agency does not have the resources to justify it. Further, it lacks the legal authority to regulate tobacco products. It is high time the President directed Dr. Kessler to run the FDA in a manner the American people deserve and that he abandon his thinly veiled crusade to begin our inexorable march towards America's next experiment with prohibition.

PENSION SIMPLIFICATION

HON. ROB PORTMAN

OF OHIO

IN THE HOUSE OF REPRESENTATIVES

Friday, August 4, 1995

Mr. PORTMAN. Mr. Speaker, I recently introduced a bill, H.R. 2037, which will make it easier for small businesses to offer pensions to their employees. This may not sound terribly exciting to most people, but it has the potential to enhance the retirement savings of millions of Americans. Currently, pension plans are so heavily regulated and so expensive to administer that only 19 percent of small employers—those with less than 25 employees—sponsored a pension plan at all. My bill will restore flexibility to our outmoded and bureaucratic pension laws and thus encourage employers, including both large and small businesses, to offer and maintain retirement plans that are vital to the retirement security of our Nation's workforce.

My bill removes many of the burdens that small businesses face when trying to provide retirement programs for their employees. It will also made it easier for small businesses to provide retirement security for millions of Americans by providing a tax credit for starting a new pension plan. In addition, it removes the complex discrimination rules for small employers and exempts small businesses from the minimum participation rules.

The response from small businesses in my district to this proposal has been overwhelmingly positive. For instance, one employer said ''the present law is far too complex, and is a serious deterrent to creating an employer sponsored benefit plan.'' Another explained that ''As small business owners, we wholeheartedly support—the Portman—effort to simplify the employee pension plans, thereby, giving the necessary relief to the many small businesses that are presently not able to participate in these plans.''

A local realtor explained that:

I concur that the current complexities, administrative burdens, contributions and distribution rules and regulations tend to discourage rather than encourage retirement savings. . . . When I was in the banking business, we found it a difficult process to properly and accurately establish and serve as an administrator on various KEOGH and self employed pension plans. Small business owners were either intimidated or frustrated with all the complicated rules, regulations, definitions and administrative ''hassles'' on the establishment, funding and distribution in these retirement plans.

And a retailer in Batavia, OH said, ''These are overdue changes * * * we have had a married couple who work for us get snagged for 2 years in a row by the unfair family aggregation rules. Repeal of these rules * * * makes a great deal of sense.''

Pension laws are complex and confusing. Since 1980, Congress has passed an average of one law per year affecting private sector pensions. As the rules and regulations governing pension plans have multiplied, defined benefit pension plans have become less and less attractive to employers. As a result, pension plan termination have consistently outpaced the growth of new plans.

At a time when our national savings rate is so low, we should be encouraging private sector retirement savings, not crippling pension plans with more and more regulation.