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Jessica Hamman, Diana Maddox, Sarah Magliano, Jillian McFarland, Michelle Middleton, Erin Owen, Elizabeth Ruifrok, Amanda Sadeghin, Christina Santoni, Jonette G. Shaffer, Stephanie G. Zonak, Jamila Howard, Janelle Milam, Elizabeth Disharoon, Anne Fowler, Keri Jamison, Courtney McDevitt.

Brigid Tewey, Emily Wright, Katherine Barrow, Diana Constantinides, Mary Hood, Shannon Lawson, Abigail Link, Christina Miller, Chris Mullinix, Trisha Sater, Julie Day, Kathleen Hall, Kristin Heisey, Jennifer Lewis, Julie Petr, Lisa Philipose.●

#### THE 100TH ANNIVERSARY OF OSTEOPATHIC MEDICINE IN MICHIGAN

● Mr. LEVIN. Mr. President, I would like to make my colleagues aware of an important anniversary in the history of health care in Michigan. Precisely 100 years ago today, osteopathic physicians became licensed to practice medicine in Michigan.

Michigan was the fourth State to legalize the practice of osteopathy and, according to the Michigan Association of Osteopathic Physicians and Surgeons, today has the largest number of osteopathic practitioners in the Nation. For the past 100 years, osteopathic physicians have served the people of Michigan by developing therapeutic and diagnostic methods of treating disease to accompany traditional medical procedures.

The philosophy of osteopathy was first articulated by Dr. Andrew Taylor Still, a physician from the State of Missouri. Dr. Still's teachings guide today's osteopathic physicians as they integrate standard medical practices with the body's natural systems for regulating and healing itself, especially the largest of these, the musculoskeletal system.

People from every corner of Michigan have benefited from the care of osteopathic physicians, who can be found in disciplines ranging from family practice to surgery. We are truly grateful for the commitment to quality care made by these doctors—the members of the Michigan Association of Osteopathic Physicians and Surgeons, the Michigan Osteopathic Hospital Association, the Michigan Women's Osteopathic Auxiliary, the Michigan Osteopathic Medical Assistance Association, and the Michigan Osteopathic Guild Association.

I know my colleagues join me in offering best wishes and congratulations to the osteopathic physicians of Michigan, who have served the community with dedication and compassion for the past 100 years.●

#### THE GOVERNMENT SHUTDOWN PREVENTION ACT

● Mr. BURNS. Mr. President, today I rise in support of S. 228, the Govern-

ment Shutdown Prevention Act. I commend Senator MCCAIN for his leadership in drafting this important legislation.

We all lose when the Government shuts down. In Montana, as well as across the Nation, Federal workers were furloughed and national parks were closed; businesses and families were negatively affected when the Government shut down in December 1995 and January 1996. Consequently, millions of dollars were lost.

President Clinton put Congress between a rock and a hard place in that he knew that we did not want to risk another Government shutdown. We were forced to pass a budget that added \$6 billion back into Clinton's pet programs. The President was more interested in playing politics than he was in balancing the budget.

Montanans are tired of political games. We can not let the administration replay its efforts to force Congress to spend billions of dollars just to avoid the threat of a shutdown because of gridlock. It is the responsibility of the Government to work for the people—not against them.

Senator MCCAIN's bill provides a safeguard against Government shutdowns. It establishes an automatic continuing resolution to provide the lowest spending levels for Federal agencies and programs in the event that the annual appropriations bills are not enacted by the start of the fiscal year. This provides an incentive to pass appropriations bills in a timely manner.

This bill also addresses the concerns of those on Medicare, Medicaid, and Social Security as it specifically states that entitlements will be paid regardless of what appropriations are passed.

I feel that the Government Shutdown Prevention Act protects Montanans. No longer will Montana's elderly and disabled have to fear not being able to pay medical bills because of a Government shutdown. Welfare recipients will not have to worry about going hungry because of the President's political gameplaying. Finally, Montana communities like West Yellowstone, Gardiner, and Columbia Falls—which serve as gateways to Yellowstone and Glacier National Parks—will not suffer because gridlock has forced the closure of national monuments and parks. The Government Shutdown Prevention Act ensures that the Government is working for the benefit of Montana. This is why I am proud to be a cosponsor of this bill.●

#### HEALTH VOLUNTEERS OVERSEAS—UGANDA WAR VICTIMS PROJECT

● Mr. LEAHY. Mr. President, we hear people complain about how foreign aid is a waste of money, and there are certainly examples of it. The United States poured countless millions of dollars into the pockets of President Mobutu, and one need only observe the chaos and suffering in Zaire today to

understand what a terrible mistake that was. Many of us said so at the time, but we were ignored. During that same period, the United States propped up General Noriega in Panama, until he was no longer useful to us.

But you do not hear very much about the good uses of foreign aid, and how it makes a difference between life and death, or hope and misery, for millions of people around the world. In fact, there are far more examples of those good uses, than of the scandals that attract the attention of the media.

One example is the War Victims Fund project in Uganda. This project began in 1989, and it is now coming to an end. I think Members of Congress and the public should know about it, because it is a remarkable example of what the U.S. Government, a private voluntary organization, the good will and hard work of American volunteers, and the support of the Government of Uganda, have done for the benefit of thousands of wounded and severely disabled people in that country.

Uganda, a once productive country that boasted the finest medical school in sub-Saharan Africa, was virtually destroyed by the disastrous Idi Amin and Obote regimes. The medical school was destroyed, its faculty members killed or run out of the country. Years of civil war left thousands of casualties, including many victims of landmines.

In 1989, the year the Leahy War Victims Fund was established, USAID began a project in Uganda. It was implemented by Health Volunteers Overseas, a Washington, DC-based organization that sends volunteer doctors, nurses, and other medical professionals to train people in poor countries.

Health Volunteers Overseas did an extraordinary job in Uganda during the 7-year life of this project. There were tremendous achievements, and one terrible tragedy when Dr. Rodney Belcher, the Virginia orthopedic surgeon without whom the project would not have accomplished nearly so much, was gunned down in a robbery. His loss was felt throughout Uganda, because so many people knew of his selflessness, and that he had literally given his life for them and future generations in that country. His legacy is the scores of Ugandan health professionals he trained who are carrying on his work today.

Mr. President, HVO's final report on the Uganda project should be read by all. Its staff and volunteers deserve our sincere thanks, and our continued support. USAID, and President Museveni and his Health Ministry, also deserve credit. I ask that excerpts of the report be printed in the RECORD.

The excerpts of the report follow:  
EXCERPTS OF FINAL REPORT—UGANDA ORTHOPAEDICS AND PHYSICAL THERAPY FOR THE DISABLED PROJECT

#### INTRODUCTION

In August of 1989, Health Volunteers Overseas (HVO) entered into a three year grant agreement with the U.S. Agency for International Development (USAID) Mission in

Uganda to "improve the provision of orthopaedic, prosthetic, orthotic and physical therapy services for Uganda's thousands of children and adults who have lost upper and lower limbs, been crippled through the paralytic residual of poliomyelitis or otherwise become immobilized, especially those persons whose disabilities resulted from civil strife".

This grant concluded on December 31, 1996.

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ACCOMPLISHMENTS

*Facilities*

HVO renovated and furnished the Polio Clinic at Old Mulago Hospital to serve as the site for the Department of Orthopaedics. The renovated building included space for departmental offices, weekly clinics, library, storage, seminar/classroom, and the HVO offices.

HVO renovated and equipped the operating room suite at Ward 7 at Old Mulago, creating two "clean" theaters for non-septic cases. These rooms were opened in March of 1991 and according to a report dated January 31, 1995, "the well trained nursing and theater staff [are] working smoothly to assist the surgical teams in performing an average of 20 surgical operations weekly for conditions including polio, trauma, fractures, spinal and hip injuries, tuberculosis, cerebral palsy, bone tumors, club feet and a variety of severe and late burns of hands and limbs".

HVO rebuilt and equipped the Mbale Workshop which had been destroyed in a fire in March of 1990.

HVO renovated and furnished a guest house on the hospital grounds to serve as housing for volunteers.

HVO built a new, larger sterile store room adjacent to the OR suite in the fall of 1996. This was funded by a private donation to HVO, not with grant monies.

*Training and Education*

HVO established a M.Med. (Orthopaedics) postgraduate degree at Makerere University and Mulago Hospital. The goal of this program is to train a corps of Ugandan orthopaedic surgeons who will be qualified to continue the teaching program in orthopaedic surgery and trauma management after the end of this grant. The curriculum for this four year degree was approved by the University Senate and accepted by the School of Postgraduate Studies in 1995. The authors of the curriculum included Drs. Belcher and Lawrence Gordon. In the fall of 1995, three young Ugandan physicians were formally enrolled in the program as the first residents.

Over the life of this grant, various cadres of personnel were taught the principles of orthopaedic surgery and trauma management. According to a summary provided by Dr. Belcher in 1995, over 450 medical students, 45 physicians and surgeons, 36 orthopaedic assistant paramedical officers, 16 physical therapists and 40 nurses had been exposed to training and education related to orthopaedic surgery.

Considerable effort was also devoted to training the OR personnel and surgical nursing staff in operating theater sterile techniques and surgical procedures. When the operating theaters at Ward 6 were nearing completion, HVO sent an experienced OR nurse, Theresa McInerney, to Kampala for a 6 month tour. Her job was to get the newly renovated OR suite functioning. This included organizing donations received from the United States, determining what additional items needed to be procured from the United States or could be made locally, and developing procedures to ensure that sterile technique was maintained. She also initiated a series of classes for the OR personnel in OR technique with a special emphasis on asepsis and the importance of productivity.

This training continued under the direction of another OR nurse, Wilma Ostrander, who served several tours in Uganda. She focused her efforts on improving the efficiency and effectiveness of the OR nursing and paramedical staff through a series of lectures and demonstrations. She also participated in the development of infection control programs designed to improve the safety of the environment in the operating rooms resulting in lower post-operative infections and complications.

On return visits, she also assisted the department in the development of a computerized inventory system to track the utilization of supplies and equipment. This has facilitated the development of a departmental system to reorder supplies as needed, a critical function for the department. As part of this process, she has introduced the utilization of patient records and patient supply lists so that there is a record available tracing the items used and to facilitate stock orders.

As the OR became functional, it also became clear that there was not an adequate number of trained technicians at the hospital who could handle the maintenance and servicing of the medical equipment needed for surgery. This was particularly evident in the lengthy process required for the commissioning of the autoclave purchased for the Ward 7 OR suite. Once commissioned, Dr. Belcher learned that there was no one on the staff of the hospital who could maintain this autoclave, despite the fact that it was similar to others at New Mulago Hospital.

As a result, HVO entered into a collaborative relationship with the American Medical Resources Foundation (AMRF), a Boston-based NGO, to design and deliver a series of workshops to teach Ugandan technicians at both Old and New Mulago Hospitals how to repair, maintain and service medical equipment. A total of three workshops were held in 1996 focusing on the repair of cardiology, radiology, anesthesia, respiratory and OR equipment. The first workshop was attended by 30 hospital engineers and technicians from Mulago, Mengo, Rubago and Nsambya Hospitals. Although there was significant interest in the other two workshops, HVO and AMRF decided to limit the number of participants to 15 in order to ensure adequate time for hands-on work in diagnosing and repairing equipment.

HVO also sent a resident to Hong Kong for 2.5 months of post-graduate training at the University of Hong Kong under the direction of Professor John C.Y. Leong. This training not only served as an opportunity to see how services are delivered in another country, but also fostered the development of professional contacts outside of Uganda.

*Extension of Services*

The scope of this project was national. HVO, under the direction of Dr. Belcher, focused considerable effort on expanding the delivery of services to hospitals outside Kampala and developing an effective orthopaedic referral system for the up-country regions of Uganda.

For the first three years of the project, regular visits to various up-country facilities were undertaken by members of the Department of Orthopaedics, usually accompanied by a volunteer. Patients would be examined and the difficult cases referred to Mulago for surgery. Others would be measured and fitted with calipers or, if feasible, taken into surgery.

These visits ceased when travel funds for department personnel were no longer forthcoming from the Ministry of Health. However, Dr. Belcher planned an ambitious program of up-country visits starting again in 1996.

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The goal of these trips outside of Kampala was to increase the visibility of the services available for the disabled, to identify patients in need of services and to successfully enroll them in treatment programs.

With the end of the grant, this aspect of the project is perhaps the least likely to continue, although the need for this type of outreach is critical. Funds are needed for transportation, as well as food and housing for the team members. It is unlikely that the Ministry of Health will be able to fund as many trips as originally planned on an annual basis.

*Other Accomplishments*

HVO was able, with funds from the grant, to identify and procure essential educational materials, including books, journals, slide sets, and videos. HVO also purchased items necessary for the viewing and development of educational materials. For example, HVO procured overhead and slide projectors, a television and video machine, computers with CD-ROM capabilities, and a photocopier. Access to this equipment is essential as members of the department or volunteers seek to organize lectures and teaching materials for students.

More than 5,000 books and journals were shipped to Uganda under the auspices of this grant. Most of these were donated by members of HVO. HVO, based on input and recommendations of the senior members of the Department of Orthopaedics, also procured a set of current reference texts in medicine, rehabilitation, and orthopaedics for the departmental library. This order filled many gaps that existed in the library and will serve the educational needs of the department for many years to come.

One of HVO's educational objectives at the Medical School and Mulago Hospital was to develop better interaction and communication between the various departments involved in patient services and teaching. This was accomplished through the development of a weekly joint conference with the Radiology Department where orthopaedic surgeons and radiologists reviewed patient x-rays and learn from one another. Similar conferences were established with a joint pathology, radiology, orthopaedic, and oncology conference held monthly. Other joint conferences were established with the Neurosurgical and Pediatric Departments.

In addition, HVO, with the assistance of Dr. Belcher, was able to develop links with other departments. HVO initiated volunteer-staffed teaching programs with the departments of anesthesia, medicine and pediatrics. Strengthening the capacity of these departments to treat patients and to teach future generations of Ugandan medical providers is critical to the overall improvement of health care in Uganda.

When it became evident that HVO volunteers would not be able to have an active role assisting AVSI in the School for Physical Therapists, HVO recruited several PT volunteers to work primarily with the Departments of Physical Therapy. Donna Tinsley, a PT who spent 6 months in Kampala with the project, taught PT students during bedside ward rounds on Ward 7 as well as in the amputee, cerebral palsy and polio clinics.

PROBLEMS ENCOUNTERED

Some of the problems encountered in the course of implementing this project are inherent in the way international assistance is designed. The original grant was for a period of three years, an extremely short period of time in which to "improve the provision of orthopaedic, prosthetic, orthotic and physical therapy services . . ." for a country such as Uganda. Extensions were forthcoming but only for 12 to 18 months at a time. This

short-term focus prevented HVO from developing longer range plans that might have been more effective.

The logistical problems involved in renovating and equipping the departmental offices and OR suites on Ward 7 were, at times, monumental. Dealing with local contractors was very difficult. Materials were often delayed or "went missing". Workers might not show up on time or even at all. These problems contributed to a substantial delay in the project which was compensated for by a one-year extension.

Communications between the field office and HVO's Washington office were hampered by frequent power outages and missing faxes. This situation, however, improved over the life of the project, especially with the introduction of e-mail.

As was mentioned above, there were recurring problems with the maintenance of equipment, including, but not limited to, medical equipment. Due to power surges, office equipment frequently was damaged, often beyond repair. The problems associated with the commissioning of the autoclave might well serve as a case study in the difficulties in merging a highly sophisticated piece of equipment into a facility which cannot provide adequate supplies of water and electricity. Despite considerable research and investigation as to which autoclave would be best suited to the department's needs and building's capacity, this autoclave was inoperable for several years. When finally commissioned, its maintenance was a recurring problem.

#### PROJECT SUSTAINABILITY

The death on March 11, 1996, of Dr. Rodney Belcher was a tremendous loss for all involved in this project. Dr. Belcher was murdered in front of the HVO office on the hospital grounds in the course of a carjacking attempt that was ultimately unsuccessful.

Given the unexpected and tragic turn of events in 1996, what are the chances that activities undertaken to date will continue and that the impact of these many years of hard work will be sustained over time?

On a positive note, the senior members of the department immediately took charge upon Dr. Belcher's death and appropriately divided the departmental workload. The department has continued to function with weekly clinics, twice weekly operating schedules, ward rounds, seminars, etc. Through the end of 1996, thanks to funding available from HVO, up-country outreach clinics were conducted. Dr. Naddumba has been elected Head of the Department and has earned high marks for his administrative and political skills.

Health Volunteers Overseas will continue to send volunteers to share their technical expertise with members of the Department of Orthopaedics. HVO will also send volunteers to work with faculty and students in the Departments of Medicine, Pediatrics, and Anesthesia.

In addition, Dr. Norgrove Penny, a Canadian orthopaedic surgeon and member of Orthopaedics Overseas, accepted a four year contract in Kampala with the Christoffel Blindenmission (CBM) beginning in August of 1996. He is working in conjunction with the Uganda Society for Disabled Children and the Leonard Cheshire Homes of Uganda, both British based charities working in community based projects. His job includes developing services to up-country district hospitals who at present have no orthopaedic services.

There have been discussions between members of the Department of Orthopaedics at Mulago Hospital and Dr. Penny regarding the possibility of working together. There

certainly appears to be an overlap of mutual interests and HVO/Washington has strongly supported this possibility.

However, \* \* \* without a certain level of ongoing financial support there will be some serious problems ahead for the department and for the delivery of orthopaedic and rehabilitation services to the population at large in Uganda.

#### SUMMARY

This project began in the fall of 1989 in the midst of great anticipation and hope. Uganda was recovering from a long period of intense civil strife marked by intense fighting, brutality and bloodshed. HVO had an opportunity to participate in a program that would help rehabilitate the lives of thousands touched in one way or another by the breakdown of society during this period.

Now, seven years later, we can say that this project has done much to "improve the provision of orthopaedic, prosthetic, orthotic and physical therapy services for Uganda's thousands of children and adults who have lost upper and lower limbs, been crippled through the paralytic residual of poliomyelitis or otherwise become immobilized, especially those persons whose disabilities resulted from civil strife".

The death of Dr. Rodney Belcher was a devastating even. His death, however, serves as a beacon for members of the department and HVO who are determined not to allow this event to diminish the accomplishments of his many years of dedication and hard work.

[At the request of Mr. REID, the following statement was ordered to be printed in the RECORD.]

#### HONORING THE MOST WORSHIPFUL GRAND LODGE'S SCHOLARSHIP WINNERS

• Mr. LAUTENBERG. Mr. President, the Most Worshipful Grand Lodge, Masonic Architects of the Universe, Inc., Ancient Free and Accepted Masons, Electa Grand Chapter, Order of the Eastern Star of Newark, NJ, will be awarding scholarships to at least 16 deserving students at its second annual Scholarship Banquet on May 18. Young people from New York; Connecticut; Washington, DC; and Essex and Hudson counties in New Jersey will be recognized during the evening's ceremonies. I congratulate all the scholarship recipients, and I encourage them to always strive for academic excellence. In the words of poet Muriel Ruyskier, I urge them to "reach the limits of themselves, to reach beyond themselves."

Mr. President, education is the key that unlocks the door to the future. By the year 2000, 60 percent of all new jobs in America will require advanced technology skills. Anyone who does not have the required education will not be able to compete. Education isn't a luxury, it's a necessity.

I know that the scholarships awarded by the Most Worshipful Grand Lodge will help the recipients face tomorrow's challenges. But I also hope that these awards will instill in the winners a love for education. In the 19th century Jewish ghettos of Eastern Europe, mothers used to pour a little honey on

a book, in order to demonstrate to their children the sweetness of learning. And learning is sweet, because it enriches our lives; it opens our minds to new possibilities, and it allows us to fully enjoy the wonders of the universe.

Mr. President, as we honor this year's scholarship winners, I also want to commend the Most Worshipful Grand Lodge for its outstanding community work, particularly in the area of education. Through its actions, the Grand Lodge demonstrates that not only does it take an entire village to raise a child, it takes an entire community to educate a child.

I again congratulate all of the scholarship winners, and I wish them continued success as they continue on the path of knowledge and the path of life. ●

#### AMENDMENTS TO THE COMMITTEE RULES OF PROCEDURE IN THE CONGRESSIONAL RECORD

• Mr. SMITH of New Hampshire. Mr. President, Senator REID joins me to ask that changes to the Rules of Procedure for the Select Committee on Ethics, which were adopted February 23, 1978, and amended by the full committee on March 18, 1997, be printed in the CONGRESSIONAL RECORD. The material follows:

Rule 9, Procedures for Handling Committee Sensitive and Classified Materials, and Rule 14, Procedures for Waivers, of the Supplementary Procedural Rules are amended as follows:

Rule 9:

(c) Procedures for Handling Committee Sensitive and Classified Documents:

(1) Committee Sensitive documents and materials shall be stored in the Committee's offices, with appropriate safeguards for maintaining the security of such documents or materials. Classified documents and materials shall be further segregated in the Committee's offices in secure filing safes. Removal from the Committee's offices of such documents or materials is prohibited, except as necessary for use in, or preparation for, interviews or Committee meetings, including the taking of testimony, or as otherwise specifically approved by the staff director or by outside counsel designated by the Chairman and Vice Chairman.

(2) Each member of the Committee shall have access to all materials in the Committee's possession. The staffs of members shall not have access to Committee Sensitive or classified documents and materials without the specific approval in each instance of the Chairman and Vice Chairman, acting jointly. Members of the Committee may examine such materials in the Committee's offices. If necessary, requested materials may be hand-delivered by a member of the Committee staff to a member of the Committee, or to a staff person specifically designated by the member, for the member's or designated staff person's examination. A member of the Committee who has possession of Committee Sensitive documents or materials shall take appropriate safeguards for maintaining the security of such documents or materials in the possession of the member or his or her designated staff person.

(3) Committee Sensitive documents that are provided to a Member of the Senate in connection with a complaint that has been filed against the Member shall be hand-delivered to the Member or to the Member's Chief