

Each summer, Newport, Rhode Island and Shimoda, her sister city, hold Black Ships Festivals to celebrate the friendship which began in 1854. Since its inception 15 years ago, the Black Ships Festival of Rhode Island has grown bigger and better every year, becoming a fixture on Newport's summer schedule and an event that the entire state eagerly awaits.

The Festival truly is one of Rhode Island's treasures. It provides residents and visitors to the Ocean State a unique and inexpensive opportunity to learn about and celebrate Japan's traditions and culture. As a result, I can honestly say that our state has gained a better awareness than most of Japanese culture.

The success of the Black Ships Festival of Rhode Island is now recognized far beyond the borders of the Ocean State. On July 1, the Japan-America Society of Rhode Island was selected to receive the prestigious Japanese "Minister of Foreign Affairs' Citation", which recognizes individuals and organizations that have contributed to friendship and understanding between Japan and other countries. Of the 9 organizations receiving this award in 1998, the Japan-America Society is the only one that is not Japanese.

Mr. President, as the Co-Chair of this year's Black Ships Festival of Rhode Island, I ask my colleagues to join me in recognizing the Japan America Society of Rhode Island for its tremendous efforts in organizing the Festival and strengthening the bond friendship between the United States and Japan.●

DETROIT LADY ROAD RUNNERS BASKETBALL TEAM

● Mr. ABRAHAM. Mr. President, I rise today to congratulate a very special group of girls in the metro Detroit area. The Detroit Lady Road Runners basketball team came in second place in the girls 12 and under division of the Police Athletic League. The girls are the only basketball team in the city that won second place in the state of Michigan in the girls 10 and under Amateur Athletic Union. They are now on their way to competing in the 1998 AAU National Championship in Orlando, Florida July 31-August 8th.

The Lady Road Runners, led by Coach Jeffery Cruse, have not only put forth a great effort toward sharpening their basketball skills, practicing four days a week, but also in raising funds by washing cars, selling hot dogs and holding raffles and walk-a-thons. These girls also work very hard in school and for their churches.

I want to wish this team the best of success in their effort to win a National Championship. I am confident that they will do an excellent job representing Detroit and the great State of Michigan.●

SAVING MEMORY

● Mr. ROBB. Mr. President, one of my constituents, Rabbi Israel Zoberman of

congregation Beth Chaverim in Virginia Beach, VA, has recently published some thoughts arising from the release of a Vatican document. I would like to bring them to the attention of my colleagues, and ask that they appear in the CONGRESSIONAL RECORD at the appropriate juncture.

The article follows:

[From the Southern Virginia Jewish News, May 22, 1998]

SAVING MEMORY: A RABBI'S RESPONSE TO THE VATICAN

(By Rabbi Israel Zoberman)

The recent release of the long awaited Vatican document on the connection between the Holocaust and the Catholic Church almost coincides with the annual observance this season of the Shoah's tragedy, the enormity of which has turned it into the most defining event of the soon concluding 20th century, the bloodiest of all times.

While the document acknowledges a measure of Christian culpability for Jewish suffering, it falls short of a full apology, for the over-a-decade study of the trying theme is fraught with painful and embarrassing confrontations for the church, touching upon the historical rejectionist attitude by Christianity of Judaism and the Jewish people. No wonder that there were high expectations that the reached conclusions would fully reflect and respect the record of a troubling past reality in light of the subject's magnitude, as well as the breakthrough conciliatory accomplishments of the Second Vatican Council in the 60s and the unparalleled contribution of Pope John II, building upon the foundation laid by his great predecessor Pope John XXIII in dismissing Jewish responsibility for Jesus' execution and honoring Abraham's descendants. At stake was also the church's own need to come to grips with a burden weighing upon its conscience in a way demanding absolution from sins of both commission and omission, allowing for a renewed sense of integrity and reconciliation in an era of an unprecedented ecumenical spirit, where no longer can any faith claim an imperialistic role.

It seems that the controversial document could not escape internal political pressure and compromise along with vestiges of pre-Second Vatican thinking. Perhaps some of us within both the Jewish and Christian communities got a bit carried away in believing that the significant victories of the past several decades were free from roadblocks and unforeseen detours. How else explain the skirting of two central issues that the authors were surely aware of their persistent presence, that now more than ever will beg an unequivocal response. The fact that traditional anti-Semitism has its origins in two millennia of the church's anti-Jewish teachings, demonstrates contempt in word and deed for both the spiritual heritage from which ironically Christianity emerged, and the people who bore witness to the covenant they refused to abandon when threatened with expulsion, forced conversion and death itself. Is there any doubt that the Holocaust and anti-Semitism are intimately interwoven?

The second bone of contention is the role of Pope Pius XII whose silence during the Nazi slaughter was far louder than his intervention in saving individual lives. While there is no surprise that the church would want to defend her "infallible" leaders, it is the failure to exercise the vast moral authority invested in the Pope's high office which should serve as a cardinal yardstick in evaluating the legacy of any Holy Father, particularly under critical circumstances testing and mantle of true spiritual greatness. The

related concern of the Vatican's alleged involvement in aiding the escape of Nazis at the war's end to South America and elsewhere, deserves an honest investigation and disclosure. Only when past ghosts are finally laid to rest, can memory be cleansed to serve the future.

I trust that the contested official statement is not in its final form, for history and our common God expect more from us and we can deliver in this generation of unfathomable lows but also dazzling heights, a gift of healing hope for those to follow. I ought to know for during 1985 to 1995 my congregation benefitted from generosity of the most gracious Church of Ascension in Virginia Beach, where we found a loving home in the only such Catholic-Jewish sharing bond in the world, a direct outcome of a radically changed climate.

The Polish Pope, John Paul II, with his unique personality and past, did more than all other pontiffs combined to bring the two faith groups closer to one another, coming as he does from the vineyard turned graveyard of European Jewry, experiencing and resisting the German occupation, and being particularly close to a surviving Jewish childhood friend. His heartfelt embrace of the Jews, beginning in an historic first visit by a Pope to a synagogue, in 1986 in Rome, addressing them as "our dearly beloved brothers" and "our elder brothers," culminated in establishing diplomatic relations with the State of Israel in 1994. Before his extraordinary papacy comes to an end, he may yet surprise us with further bold steps to reassure us all that there is no retreat from the visionary path he so compassionately bequeathed to a suffering and expectant humanity.●

BICENTENNIAL OF THE PUBLIC HEALTH SERVICE

● Mr. FRIST. Mr. President, I rise to commemorate the bicentennial of the Public Health Service. On July 16, 1798, the Fifth Congress passed, and President John Adams signed, an Act which established the Public Health Service. The Public Health Service was originally established to provide medical care to sick and disabled seamen. Today the scope of their service includes educational activities, the provision of medical care, and activities on the forefront of biomedical research. I commend the members of the Public Health Service not only for their commitment to public health, but also their willingness to serve, and to contribute to the prevention and eradication of diseases.

Before being elected to the Senate in 1994, I was a heart and lung transplant surgeon for many years. The question I'm most often asked is, "Why would you leave medicine for politics?" My simple answer is: I didn't "leave." I'm away only for awhile. The deeper answer is that while—on the surface—politics seems so different from medicine, the underlying motivation is exactly the same. Medicine exists to improve the life of another human being. The primacy of the patient is the central focus of all that physicians do. The same can be said of public service and public policy. They exist to serve the best interest of the citizenry. As a physician, I had the opportunity to help

one person at a time. As a United States Senator, I have the chance—every day—to improve the lives of millions of Americans in Tennessee and throughout the country, as well as help secure the future of the next generation.

The Officers of the Commissioned Corps of the Public Health Service have a long history of service to the American people. For two centuries, the physicians of the Public Health Service have been on the forefront of protecting America from disease. As Fitzhugh Mullen chronicled in his book "Plagues and Politics," PHS officers have played a leading role in the control of infectious diseases—from plague control measures, to the eradication of smallpox, to the continuing response to outbreaks that threaten the public health, such as Legionnaire's disease and hantavirus.

As the leader of the Commissioned Corps, the Surgeon General has a critical role in promoting public health. I have been a strong supporter of the position of Surgeon General. I believe America needs a physician who will champion public health messages. We need a physician to focus national and international attention on public health problems. Reports from the Surgeon General have such credibility they are repeated by the media, health professionals, medical journals, and health educators. As chronic diseases such as heart disease and diabetes affect more Americans, we need a medical voice we can trust to talk to us about the need for prevention. We need a physician to educate the American people about the links between personal behavior and illness.

In Dr. David Satcher, America's new Surgeon General, we have the voice we need. I had the privilege of knowing Dr. Satcher from his time in Nashville. Because of his knowledge of population-based medicine, family medicine, and public health, he is eminently qualified to be our messenger to the American people on health issues. This past April, I had the privilege of introducing Dr. Satcher when he presented his first Surgeon General's report—a report on tobacco use among US racial and ethnic minority groups.

Surgeons General have led the fight against smoking for more than 30 years, and I'm pleased to see that the health consequences from tobacco use are also high on Dr. Satcher's agenda. Since the first report on the dangers of smoking by Surgeon General Luther Terry in 1964, there have been 24 reports on smoking, including the latest on smoking and minority populations. This most recent report notes the increasing rates of smoking among African-American and Hispanic teenagers, and cites the need for further research into prevention and cessation activities. Between 1991 and 1997, smoking among African American teenagers increased from 12.6 percent to 22.7 percent—an increase of 80 percent! Among Hispanic teenagers, smoking preva-

lence increased from 25 percent in 1991 to 34 percent in 1997. But teen smoking is not just a problem among minority populations. In 1997, cigarette smoking among white teenagers was nearly 40 percent—up from 31 percent in 1991. Teen smoking is a public health crisis that must be addressed.

There has been a great deal of attention given to reaching an agreement with the tobacco companies to reduce teen smoking. There is no silver bullet to stop young people from smoking. It will require a comprehensive approach that addresses three aspects: access, public health, and advertising.

Today, children and teenagers have ready access to cigarettes. Limiting that access includes everything from raising the price of a pack of cigarettes to restricting their ability to purchase cigarettes—including their access to vending machines. The cost must be high enough to discourage teenagers from smoking, but not high enough to create a black market.

The second aspect is the need for strong public health initiatives, including research, treatment, and surveillance. We must deal with the issue of nicotine addiction—through a better understanding of the physiology of addiction; through the best research programs—including basic science and behavioral research; and through effective programs that not only keep people from starting, but help them quit.

The third component is advertising. Society can no longer tolerate the specific targeting of young people by tobacco companies. This raises a Constitutional issue—the freedom to advertise versus what I regard as the wrongful targeting of children—8,9,10,12 years-old—in order to encourage them to smoke.

In the beginning of the 105th Congress, I was honored to assume the chairmanship of a newly established subcommittee on public health and safety, with jurisdiction over many agencies of the Department of Health and Human Services. In establishing the Subcommittee on Public Health and Safety, the Senate recognized the importance of public health. As Chairman, I've been able to bring public awareness to health issues facing this nation and to address the reauthorization of public health programs and agencies.

This past March, I was pleased to chair a subcommittee hearing on Global Health. We live in a global society. To paraphrase the Institute of Medicine's report, "America's Vital Interest in Global Health," we can consider no site too remote, no person too removed, and no organism too isolated to affect our citizens.

Last January, I spent a week on a medical missionary tour of Africa, specifically Kenya, South Sudan, and the Democratic Republic of the Congo. I was struck by how medical care and services varied—from sophisticated Western-style hospitals with adequate laboratory capacity to small hospitals

without electricity and running water. Several of the small hospitals are in remote areas that were virtually impossible to reach, except by small plane. While in Kenya, I heard about an ongoing epidemic of Rift Valley Fever where more than 300 people had already died. I saw first-hand patients with infectious health problems common in much of the world: tuberculosis, HIV, malaria and other parasitic infections.

The United States is uniquely poised to look beyond our borders and reach out to other countries. As a world leader in medical science, biomedical research, and pharmaceutical drug development, we can play a leadership role in global health issues through our federal agencies. However, the development of an effective global disease surveillance and response network requires the involvement of all countries and a partnership between the public and private sectors.

This past year, the subcommittee has also addressed the reauthorization of the Agency for Health Care Policy and Research (AHCPR), the nation's leading agency on health services research. The current debate on health care quality has led us to reexamine the federal role in supporting innovation and promoting quality in health care. We need solutions that are not only based on sound science but also serve the interests of patients. While there are many good private sector initiatives, there is a role for the federal government in implementing biomedical research results. As we reauthorize AHCPR, we will focus on health care quality, public-private partnerships, and advancing the science of quality improvement efforts.

This past March, I introduced "The Women's Health Research and Prevention Amendments of 1998"—a bill with broad bipartisan support that addresses diseases that affect women. I'm very pleased that, since 1993, we have developed guidelines to include women and minorities in NIH-sponsored trials. However, we must continue to do more. We must continue to review the women's health research agenda as we set research priorities. We need to incorporate new scientific knowledge on women's health. The women's health bill reauthorizes NIH programs for vital research activities into the causes, prevention, and treatment for some of the major diseases affecting women—including osteoporosis, breast and ovarian cancer, heart disease, as well as research into the aging processes of women. Our bill also reauthorizes several programs at the CDC for prevention and education activities on women's health issues. CDC's programs provide critical health services in each of our States to detect, prevent, and diagnose diseases such as breast and cervical cancer. Also, CDC programs—such as those at the National Center for Health Statistics—provide data that can assist us in making informed policy decisions about health care.

In conjunction with Senators from both sides of the aisle, I introduced

"The Health Professions Education Partnerships Act"—a bill that represents an opportunity to help improve the quality of, and access to, health care for millions of Americans. The Bill reauthorizes the programs funded through title VII and title VIII of the Public Health Service Act. For many years, this legislation has helped our nation's schools of health better serve the health needs of their communities, and better prepare the practitioners of the future. The Bill strives to increase the number of health practitioners, including physicians, dentists, and nurses, in underserved areas and to improve the representation of minorities and disadvantaged individuals in the health professions. These programs have often been the assistance of last resort for many disadvantaged students seeking careers in health.

Equally important is the legislation's goal to meet the need of underserved communities, often in rural or inner-city areas. Programs funded through this bill support the infrastructure which facilitates the training and practice of health care providers in underserved areas. Patients in underserved areas depend on these programs for their health care. Training providers in these areas greatly increases the likelihood that they will work in these areas when they complete their education. The Bill would also allow the Secretary of HHS to make grants to certain health professions schools designated "Centers of Excellence"—to assist these schools in supporting health professions education for under represented minority individuals. To qualify, these schools would: have a significant number of underrepresented minorities enrolled in the school; been effective in assisting minorities to complete their degree programs; and have been effective in recruiting underrepresented minorities as students and as faculty. "Centers of Excellence" are currently designated at Historically Black Colleges and Universities. This bill establishes Hispanic and Native American Centers of Excellence to increase the number of Hispanic and Native American health professionals.

Mr. President, for the past two centuries, the Public Health Service has been contributing unique ideas, ethics, and skills to public service. I congratulate the Public Health Service as it celebrates 200 years of public health and science. As the Public Health Service rises to meet the challenges of the next 200 years, I know they'll be every bit as successful as they have been in the past. ●

HONORING MS. JAMIE FOSTER BROWN

● Ms. MOSELEY-BRAUN. Mr. President, it is my privilege to take a few moments to join the Midwest Radio and Music Association (MRMA) in recognizing the career achievements of Ms. Jamie Foster Brown. The MRMA will host a tribute dinner in Ms.

Brown's honor during their annual conference in Chicago on July 23, 1998. I want to extend my heartfelt congratulations to Jamie Foster Brown for this prestigious award.

A native Chicagoan, Jamie Foster Brown graduated from Calumet High School and subsequently attended the University of Stockholm in Stockholm, Sweden. From these beginnings, Ms. Brown has become one of the most accomplished and respected women in the field of entertainment journalism. She publishes her own magazine, is heard on radio stations around the United States and England, and makes numerous television appearances each month. Jamie Foster Brown's success is testament to her talent and determination.

Jamie Foster Brown began her career in the entertainment business in 1979 when she founded the Washington Theater Group. Ms. Brown subsequently went to work for Robert Johnson's Black Entertainment Television, and was among the pioneers at this network in creating television programming for African-American viewers written, directed, and produced by African-Americans. Ms. Brown's talents were recognized at BET, as she ascended the ranks from executive secretary to a producer of the network's top-rated programs, "Video LP" and "Video Soul."

In 1988, Jamie Foster Brown struck out on her own and founded Sister 2 Sister Magazine as a monthly trade newsletter targeted at prominent women in the entertainment and media industries. Ten years later, Sister 2 Sister has emerged as one of the most powerful and respected monthly entertainment magazines, with a special focus on African-American celebrity news. The magazine is often the first to be granted interviews with major American entertainers, and often breaks stories that are later picked up by other news organizations.

In addition to publishing and writing for Sister 2 Sister Magazine, Ms. Brown has also recently written a book in honor of the late Betty Shabazz, entitled: *Betty Shabazz: A Sisterfriend's Tribute In Words and Pictures*. This loving tribute to Dr. Shabazz, published by Simon & Schuster, contains the recollections and anecdotes of friends and admirers including Maya Angelou, Myrlie Evers-Williams, and Ruby Dee.

Building upon the success of her magazine, Jamie Foster Brown is a regular entertainment reporter on BET, and makes many appearances on nationally syndicated news and entertainment television shows. Additionally, Ms. Brown hosts "Sister 2 Sister Update," a syndicated, daily celebrity news feature that is carried nationwide on the Westwood One Radio Network. "Sister 2 Sister Update" is also broadcast twice a week throughout Great Britain over the British Broadcasting Company's Greater London Radio. Ms. Brown is also heard daily as a frequent

celebrity guest on radio stations in Chicago, Detroit, Washington, D.C. and Los Angeles.

In a further display of her immense energy and enthusiasm for life, Ms. Brown also uses her considerable talents to better her community and our nation through volunteerism. Some of the many charitable organizations that have benefitted from Jamie Foster Brown's participation include the Duke Ellington School of Music, the Mount Sinai Parenting Institute and the Corporation Against Drug Abuse. For her professional and civic accomplishments, Ms. Brown has been honored by numerous organizations, including the Chicago League of Black Women, Anheuser Busch, Maurice Starr Productions, IMPACT and most recently, the Midwest Radio and Music Association. Along with balancing the demands of her career and charitable work, Ms. Brown remarkably finds time to remain a committed wife to Dr. Lorenzo Brown, as well as a loving and devoted mother to their two sons, Russell and Randall.

In closing, I would like to extend my most sincere congratulations to Jamie Foster Brown, a remarkable woman who is most deserving of this award. It is an important symbol of her exceptional talent, dedication, and vision, and I am pleased that she is being distinguished with this honor by the Midwest Radio and Music Association. I wish her, and her family, God's speed and much continued success in the future. ●

CBO ESTIMATE ON S. 1754

● Mr. JEFFORDS. Mr. President, on June 23, 1998, I filed Report 105-220 to accompany S. 1754, the Health Professions Education Partnerships Act of 1998, a bill to consolidate and reauthorize health professions and minority and disadvantaged health education programs, and for other purposes. At the time the report was filed, an incorrect estimate was filed by the Congressional Budget Office. Since that time, the CBO has corrected its estimate. I ask that a complete copy of the revised CBO estimate be printed in the RECORD.

The estimate follows:

U.S. CONGRESS,
CONGRESSIONAL BUDGET OFFICE,
Washington, DC, June 24, 1998.

Hon. JAMES M. JEFFORDS,
Chairman, Committee on Labor and Human Resources, U.S. Senate, Washington, DC.

DEAR MR. CHAIRMAN: The Congressional Budget Office has prepared the enclosed revised cost estimate for S. 1754, Health Professions Education Partnerships Act of 1998.

This revised estimate supersedes CBO's estimate of May 28, 1998, and corrects an error in the assumed subsidy rate for Health Education Assistance Loans.

If you wish further details on this estimate, we will be pleased to provide them. The CBO staff contact is Cyndi Dudzinski, who can be reached at 226-9010.

Sincerely,

JUNE E. O'NEILL,
Director.