

It is especially fitting that today's remarks coincide with the opening of the Manatee County Veterans' Clinic. While Harold cannot be on hand for the grand opening of the clinic, his legacy will be evident in the service provided to the deserving veterans of the area.

Harold Rouse was a gentleman, a friend, a family man and a truly dedicated patriot. He is sorely missed and I consider it a personal honor to have known him.

CHILDREN'S ASTHMA RELIEF ACT
OF 1999

HON. FRED UPTON

OF MICHIGAN

IN THE HOUSE OF REPRESENTATIVES

Monday, September 13, 1999

Mr. UPTON. Mr. Speaker, I rise today to introduce H.R. 2840, Children's Asthma Relief Act of 1999, legislation providing a comprehensive, community-based response to the increasingly serious incidence of childhood asthma. I am pleased that my colleague, HENRY WAXMAN, is the original cosponsor of this bill.

Chronic asthma is a serious and growing health problem confronting our nation, and particularly our nation's children. The Centers for Disease Control and Prevention reports that 6.4 percent of our population report having asthma—a dramatic 75-percent increase over the last two decades. Childhood asthma has increased even more dramatically—over 160 percent since 1980—and is the most common childhood chronic disease. It is particularly prevalent among the urban poor, in all likelihood because of lack of access to health care and the high number of allergens in the environment. Asthma deaths have tripled over the past two decades, despite improvements in clinical treatment. In my own state, 5.7 percent of the population, or 542,300 Michiganders suffer from asthma.

The legislation we are introducing today will help us marshal and coordinate our resources to much more effectively wage war against this significant threat to our nation's health. First, the bill creates a \$50 million program within the Maternal and Child Health Block Grant program to assist communities in areas with a high prevalence of childhood asthma and a lack of access to medical care to establish treatment centers. In addition to providing medical care on site and in various areas of the community through "breathmobiles," the centers will also provide education to parents, children, health providers and others on recognizing the signs and symptoms of asthma, provide medications, and provide training in the use of these medications. The centers will also provide other services, such as smoking cessation programs and home modifications to reduce exposure to allergens.

In order to be eligible to receive grants under this program, applicants will be required to demonstrate that they will coordinate the services they are offering with other federal, state and local programs that may be serving these children and their families. Further, grantees are required to demonstrate that they are getting results and making progress in improving the health status of children in the program.

The bill encourages coordination of services in several other ways. First, it establishes a \$5

million matching grant program to encourage states to incorporate asthma prevention and treatment services in their state Child Health Insurance Programs. Second, it makes reducing the prevalence of asthma and asthma-related illnesses among urban populations an explicitly allowable activity under the Preventive Health and Health Services Block Grant program. Third, it requires the director of the National Heart, Lung, and Blood Institute, acting through the National Asthma Education Prevention Program Coordinating Committee, to identify all federal programs that carry out asthma-related activities and develop, in consultation with these agencies and voluntary health organizations, a federal plan for responding to asthma. Finally, it requires the Centers for Disease Control and Prevention to conduct surveillance activities that will help us get a better handle on the prevalence and severity of asthma and the quality of asthma management.

With these provisions in place, I am convinced that we can significantly advance our efforts to reduce the prevalence and severity of asthma in communities across the nation. I encourage you to sign on as a cosponsor and work with Representative WAXMAN and me for the passage of this law.

DEPARTMENTS OF VETERANS AFFAIRS AND HOUSING AND URBAN DEVELOPMENT, AND INDEPENDENT AGENCIES APPROPRIATIONS ACT, 2000

SPEECH OF

HON. CAROLYN B. MALONEY

OF NEW YORK

IN THE HOUSE OF REPRESENTATIVES

Wednesday, September 8, 1999

The House in Committee of the Whole House on the State of the Union had under consideration the bill (H.R. 2684) making appropriations for the Departments of Veterans Affairs and Housing and Urban Development, and for sundry independent agencies, boards, commissions, corporations, and offices for the fiscal year ending September 30, 2000, and for other purposes:

Mrs. MALONEY of New York. Mr. Chairman, I rise in strong support of the Nadley/Crowley/Shays amendment to restore HOPWA funding to its FY99 level—so that AIDS patients are not forced to choose between having a home and having their medication.

In my district alone, 130 fewer homeless and people with AIDS will be served without the amendment.

HOPWA allows communities to design local-based, cost-effective housing programs for people living with AIDS.

It supports patients with rent and mortgage assistance and provides information on low-income housing opportunities.

While basic housing is a necessity for everyone, it is even more critical for people living with AIDS. Many AIDS patients rely on complex medical regimens and have special dietary needs. Lack of a stable housing situation can greatly complicate their treatment.

We must not forget that while medical science has made important advances in treating AIDS, a cure remains elusive. Projections of the number of new cases during FY00 indicate that seven additional jurisdictions may

become eligible for HOPWA funding next year. Without the funds in the Nadley/Crowley/Shays amendment, jurisdictions already participating in the program will face even greater cuts in order to accommodate the newly eligible participants.

I urge you to vote for this bipartisan amendment in support of the 75,000 people across the country, in 100 communities, who currently benefit from HOPWA.

TRIBUTE TO VERA LILLARD-YOUNG

HON. PETER J. VISCLOSKY

OF INDIANA

IN THE HOUSE OF REPRESENTATIVES

Monday, September 13, 1999

Mr. VISCLOSKY. Mr. Speaker, it is with great pleasure that I pay tribute to an outstanding citizen of Indiana's First Congressional District, Mrs. Vera Lillard-Young, of Gary, Indiana. After forty years of dedicated public service, Mrs. Vera Lillard-Young announced her retirement from the Child Welfare Unit of the Lake County Office of the Division of Family and Children on Friday, August 27, 1999. Mrs. Vera Lillard-Young, along with her friends and family, will celebrate her retirement at a reception on September 18, 1999, at St. Timothy's Community Church Fellowship Hall in Gary, Indiana.

Mrs. Vera Lillard-Young has dedicated a substantial portion of her life to the betterment of the people and families of Northwest Indiana. Her distinguished career with the Lake County Division of Family and Children has had a positive impact on our community. For more than forty years, she has served as an important figure within the Division of Family and Children. She has held several positions throughout her tenure, but none as important as Division Manager with the Child Welfare Unit, the position from which she retired in August of this year.

A 1945 graduate of Wendell Phillips High School in Chicago, Mrs. Vera Lillard-Young enrolled as a student at Woodrow Wilson Junior College, which she attended for two years. In 1950, she earned a Bachelor of Science in Biology from De Paul University. Mrs. Vera Lillard-Young continued her education by taking graduate courses at Indiana University Northwest with an emphasis in social work. Additionally, she has attended several social work seminars in Chicago as well as at the University of Georgia.

In 1958, Mrs. Vera Lillard-Young began her career in social work as a caseworker at what was formerly called the Lake County Department of Public Welfare, which is today known as the Lake County Division of Family and Children. She has held several positions while employed with the Lake County Division of Family and Children, including: Caseworker with the Aid to Dependent Children Unit in Hammond, Indiana; Supervisor with the Child Welfare Unit in Hammond, Indiana; Assistant Division Head with the Child Welfare Unit in Hammond, Indiana; Assistant Division Head with the Aid to Families with Dependent Children Unit in Gary, Indiana; Assistant Division Director with the Child Welfare Unit in Gary, Indiana; and Division Manager with the Child Welfare Unit in Gary, Indiana.

After forty years of dedicated service, Mrs. Vera Lillard-Young is retiring as Division Manager with the Child Welfare Unit of the Lake