Pulmonary Hypertension at the National Heart, Lung, and Blood Institute (NHLBI) and complement the private efforts of the PH Community.

Pulmonary Hypertension (PH) is a rare lung disorder in which the pressure in the pulmonary arteries rises above normal levels and may become life threatening. When pulmonary hypertension occurs in the absence of a known cause, it is referred to as primary pulmonary hypertension (PPH). PPH is extremely rare, occurring in about two persons per million population. As of 1996, approximately 5–10 thousand individuals suffered from this disabling condition. The greatest number reported in women between the ages of 21 and 40. Nonetheless, we now know that men and women in all age ranges, from very young children to elderly people, can develop PPH. It also affects people of all racial and ethnic origins equally.

I first became aware of this illness a couple of years ago when one of my constituents and close friend came to speak to me about a disease his now eight-year-old daughter, Emily, had just recently been diagnosed with. At that time, I first learned that there was no cure for PPH, and that Emily could not be expected to live beyond 3–5 years. I began to think that in order to get Emily and other PH sufferers a chance to really experience life, the federal investment in Pulmonary Hypertension must be expanded to take full advantage of the tremendous potential for finding a cure or effective treatment.

Why does the federal government have a role in our fight against Primary Pulmonary Hypertension? Pulmonary hypertension is frequently misdiagnosed and has often progressed to late stage by the time it is accurately diagnosed. More importantly, PH has been historically chronic and incurable. This unpredictable survival rate has not been encouraging to patients, their families or physicians. Furthermore, in 1996–97 almost six million Americans took anorexic drugs which can cause PPH in some people. Thousands now have PPH and are in terminal stages or have already succumbed to the disease. It is anticipated that many more cases of PPH from diet drugs will be diagnosed in the coming years.

I also believe that federal resources will complement the dollars and efforts the Pulmonary Hypertension community is doing on their own. This public-private partnership will also help ensure that everyone is working together so that we get the most “bang for the buck.”

However, thanks to efforts Congress has taken in the past, the efforts of the pulmonary hypertension community, and the National Heart, Lung, and Blood Institute (NHLBI), that is beginning to change. New treatments are available that now allow some patients to manage the disorder for 15 to 20 years or longer, although most Pulmonary Hypertension sufferers are not that fortunate.

I am pleased that in 1981, NHLBI established the first PPH patient registry in the world. The registry followed 194 people with PPH over a period of at least 1 year and, in some cases, for as long as 7.5 years. Much of what we know about the illness today stems from this study. But, we still do not understand the cause or have a cure for PPH.

Mr. Speaker, as I sit at a fork in the road, we can either take the road that becomes a dead-end, or with the Committee’s help, we can take the road that provides a future for the individuals and families of Pulmonary Hypertension.

TRIBUTE TO BERYL HAMPTON KILGORE

HON. ZOE LOFGREN
OF CALIFORNIA
IN THE HOUSE OF REPRESENTATIVES

Thursday, March 29, 2001

Ms. LOFGREN. Mr. Speaker, today I rise to congratulate Beryl Hampton Kilgoré, a 75-year resident of San Jose. Beryl Kilgoré will be celebrating her 100th birthday on March 31, 2001.

Beryl Hampton was born on March 31, 1901 in Fortbewest in northern California. She married Charles Kilgoré in 1920 and they had two daughters, Martha Miller and Norma Mencacci. The Kilgoré family moved to San Jose in 1926 and Mrs. Kilgoré has resided there since that time.

Beryl Hampton Kilgoré has been a treasured resident of the Chai House since 1996 and is beloved by all who know her. I join my voice to the many others offering congratulations to this wonderful woman on her 100th birthday. I wish her nothing but happiness on this joyous occasion and the best to her and her family in the coming year.

HONORING SUNRISE HOUSE

HON. MARGE ROUKEMA
OF NEW JERSEY
IN THE HOUSE OF REPRESENTATIVES

Thursday, March 29, 2001

Mrs. ROUKEMA. Mr. Speaker, I rise today in commend and honor the important work being done by the Sunrise House Foundation and to congratulate the dedicated community leaders being honored on the occasion of the 10th anniversary of Sunrise House’s Halfway Home.

The anniversary of the halfway home will be celebrated at a gala of “Home of the Child” dinner this week. Honorees at the dinner include my good friends state Senator Robert E. Littell and his wife, former New Jersey GOP State Chairwoman Virginia Newman Littell. Senator Littell has been a major supporter of Sunrise House’s Teen and Clean Program for addicted adolescents while Mrs. Littell has been a leading advocate of a safe haven for abused children and active in the Year of the Child celebration.

Also being honored is Lorraine Hale, daughter of the legendary Clara “Mother” Hale, with whom she founded the Hale House center for children of drug-abusing women in New York. Hale House has served as a model for the Sunrise House Halfway Home. In addition, Sussex County Prosecutor Dolores Blackburn will receive the John P. Diskin Memorial Award for her work addressing the need for addiction treatment services.

Sunrise House is a non-profit drug and alcohol treatment center in Lafayette, New Jersey. The 90-bed residential treatment facility in Lafayette in 1997 and now has a capacity of 12 women and infants. Since its inception, the home has treated 119 women and 125 children.

Mr. Speaker, we must rehabilitate those who have made the unfortunate choice of ruin- ing their lives and those of the “Child” dinned by abusing drugs or alcohol. We cannot allow innocent children to be forced to bear the burden of disastrous choices made by their parents. Programs such as the Halfway Home are vital to ensuring that the children of addicted mothers get another chance at a “normal” life. The fact that it is a public-private partnership—it receives state funding in addition to private funds from generous donors—makes it all the much better an example that should be copied across our nation.

I ask my colleagues in the United States House of Representatives to join me in congratulating Sunrise House, its staff, volunteers and dedicated community leaders being honored on this celebrated 10th anniversary. May God bless all those who have been so dedicated.

A TRIBUTE TO MR. DOUGLAS X. ALEXANDER

HON. EDOLPHUS TOWNS
OF NEW YORK
IN THE HOUSE OF REPRESENTATIVES

Thursday, March 29, 2001

Mr. TOWNS. Mr. Speaker, I rise today in honor of Douglas X. Alexander for his many contributions to his East New York community.

Douglas was born and raised in Brooklyn. He attended New York City Community College and received a degree in marketing from Baruch College. He has been a business leader for many years, recently completing a successful career as a Vice President at Chase Manhattan Bank. Douglas’s professional career, while challenging, did not fulfill his need to serve his community. As a result, he continues to be a dedicated community leader, serving as chairman of the Brooklyn Advisory Board of the New York Urban League, a member of the Board of the Stuyvesant Restoration Revolving Loan Fund, on the board of the St. Francis De Sales School for the Deaf and the New York Chapter of Habitat for Humanity. Douglas has also served as a Zone Chairman, a Region Chairman, and a Cabinet Secretary Treasurer, a Vice District Governor and a District Governor of the Lions Club. There is no doubt that while Douglas will be retired