''CELEBRATING THE 75TH ANNIVERSARY OF FURNACE CREEK INN''

HON. JERRY LEWIS

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Tuesday, January 29, 2002

Mr. LEWIS of California. Mr. Speaker, I rise today to celebrate the 75th anniversary of the Furnace Creek Inn, which has provided an oasis of hospitality in the midst of one of the most inhospitable places in the world: Death Valley National Park. The inn, which among other amenities has the first golf course in the California desert, is marking its 75th year in February.

The harsh beauty of Death Valley has been recognized since 1933 when it was designated a National Monument. Within its boundaries are America's lowest point—280 feet below sea level at Badwater—and mountains that rise more than 11,000 feet. While prospectors found gold and silver nearby, the real treasure of the area was borax, which is still mined in the Mojave Desert today for uses ranging from detergents to oven-to-table glass to termite protection for lumber.

Many Americans are familiar with the 20-mule teams that hauled the precious mineral 165 miles to the nearest rail line for the Harmony Borax Works, built by W.T. Coleman in 1882. The works were moved in 1889 to Daggett, but borax mining was resumed in Death Valley in the 1920s by the Pacific Coast Borax Company.

Noting the success of Palm Springs Desert Inn as a resort, Pacific Coast Borax decided to enter the tourism business, and the Furnace Creek Inn opened on February 1, 1927. Los Angeles architect Albert C. Martin designed the mission-style structure set into the low ridge overlooking Furnace Creek Wash. Adobe bricks were hand made by Paiute and Shoshone laborers. A Spanish stonemason named Steve Esteves created the Moorish-influenced stonework, while meandering gardens and Deglet Noor palm trees were planted. The inn had 66 rooms by the time it was completed in 1935, along with a spring-fed swimming pool that has views of the surrounding mountains and valley.

Tourism to Death Valley at the time surged in 1933 with the designation as a national monument. This meant that new, paved roads to and throughout the monument would be constructed, thus heralding automobile and tourist access to the site. In 1994 the area was designated a National Park, making it the largest park in the continental United States.

Mr. Speaker, thousands of guests have experienced the stark grandeur of Death Valley in elegance at the Furnace Creek Inn. The current owner, Amfac Parks and Resorts, Inc., has completely refurbished the Inn and its amenities, preserving this unique hotel for future generations. Please join me in commending them and congratulating them on this historic occasion.

GIRL SCOUT GOLD MEDAL RECIPIENT: KRISTEN VEECK

HON. STEVE ISRAEL

OF NEW YORK

IN THE HOUSE OF REPRESENTATIVES

Tuesday, January 29, 2002

Mr. ISRAEL. Mr. Speaker, it is with great pride that I rise today to recognize one of New York's outstanding young students: Kristen Veeck. In February, the young women of her troop will honor her by bestowing upon her the Girl Scouts Gold Medal.

Since the beginning of this century, the Girl Scouts of America have provided thousands of youngsters each year the opportunity to make friends, explore new ideas, and develop leadership skills while learning self-reliance and teamwork.

These awards are presented only to those who posses the qualities that make our nation great: commitment to excellence, hard work, and genuine love of community service. The Gold Awards represent the highest awards attainable by junior and high school Girl Scouts.

I ask my colleagues to join me in congratulating the recipient of this award, as her activities are indeed worthy of praise. Their leadership benefits our community and they serve as role models for their peers.

Also, we must not forget the unsung heroes, who continue to devote a large part of their lives to make all this possible. Therefore, I salute the families, scout leaders, and countless others who have given generously of their time and energy in support of scouting.

It is with great pride that I recognize the achievements of Kristen, and bring the attention of Congress to this successful young woman on her day of recognition.

ELIMINATE VICTIMS FUND COLLATERAL COMPENSATION REQUIREMENT

HON. BENJAMIN A. GILMAN

OF NEW YORK

IN THE HOUSE OF REPRESENTATIVES

Tuesday, January 29, 2002

Mr. GILMAN. Mr. Speaker, today I am introducing a bill to revise the victim's compensation fund to eliminate the offset clause which unnecessarily penalizes those men and women who prepared for their future through pension funds, life insurance policies, and other related investments. I believe that such a clause is not in accordance with the spirit of the original legislation which seeks to compensate every victim's family in an impartial manner.

On Thursday January 17th, I joined many of my constituents at the family rally in New York City to call on special master Feinberg to amend the final interim rule under which the fund is currently operating. At the rally, I was pleased to announce that Mr. Feinberg has indicated that he will be accepting comments on the fund for the next several weeks until the final rule is promulgated. However, I now believe that we cannot leave such an important decision to chance.

Accordingly, this legislation will ensure that the victims' families are fairly and individually compensated from this Federal victim's compensation fund without prejudice to any existing collateral payments. It is imperative for the Congress to rectify this matter at this time.

PERSONAL EXPLANATION

HON. ERNIE FLETCHER

OF KENTUCKY

IN THE HOUSE OF REPRESENTATIVES

Tuesday, January 29, 2002

Mr. FLETCHER. Mr. Speaker, I was unable to be present for rollcall vote No. 4 on January 24, 2002. Had I been present for rollcall vote No. 4, I would have voted ''Yea,'' in favor of passage of S. 1762, the Higher Education Act Amendments.

CHILDREN'S DENTAL HEALTH IMPROVEMENT ACT OF 2002

HON. JOHN P. MURTHA

OF PENNSYLVANIA

IN THE HOUSE OF REPRESENTATIVES

Tuesday, January 29, 2002

Mr. MURTHA. Mr. Speaker, dental care is the most frequently cited unmet health need of children. In fact, unmet children's dental care need, is three times greater than the unmet need for children's medical care, four times greater than the unmet need for prescription drugs, and five times greater than the unmet need for children's vision care. Dental decay is the most prevalent chronic disease of childhood.

To help in eradicating this hidden epidemic, Congresswomen LOWEY, ROYBAL-ALLARD, MORELLA and Congressmen UPTON, NORWOOD, STARK, DOYLE, MORAN, ANDREWS and I are introducing the ''Children's Dental Health Improvement Act of 2002''. With its enactment, this legislation will improve the access and delivery of dental care to low-income children across the country.

In September 2000, the U.S. Surgeon General reported in ''Oral Health in America: A Report of the Surgeon General'' that 14 percent of children in America were without health insurance coverage and that more than twice that number, 23 million children, were without any level of dental care. Pediatric health care providers and children's hospitals across America see the results of this lack of care every day, as they care for children with serious dental problems that could have easily been avoided had they had access to preventative and routine dental care.

The need to improve the oral health of America's children is well documented. According to the National Health and Nutrition Interview Survey, poor children age 2–9 have twice the levels of untreated decayed teeth as nonpoor children. According the U.S. Surgeon General, ''there are at least 2.6 children without dental insurance for each child without medical insurance.'' Progressive tooth decay causes children to suffer pain and infection, dysfunctions in eating and speech, distraction and irritable behavior and creates attendant learning dysfunctions and limitations. According to the National Institute of Dental and Craniofacial Research reports, 80 percent of tooth decay is isolated in only 25 percent of the children, with the most untreated disease occurring in low-income children. In addition, the social impact of oral disease in children is