

Such are the shifting emotions of an 8-year-old girl trying to recover from a stray bullet that tore through her face—and awoke people to the violence in the city—on July 4, 2001. The men responsible for her shooting, Anthony Carter and Maurice Miller, were convicted this spring. But for Takira, the physical and emotional scars continue to heal, in fits and starts.

TAKING A GAMBLE

Unlike a light-skinned person with a bullet wound, Takira faces another obstacle to her healing simply because she happens to be dark-skinned.

She is prone to keloids, an excessive growth of scar tissue common among African Americans. The skin disorder has left thick, shiny scar tissue in the areas where the bullet cut through her cheek and where surgeons cut under her chin to piece her face back together.

She has returned to surgery to have the keloids removed, a gamble that her doctors and Gaston-Walters believe is worth taking. If the surgery is successful, Dr. James C. Alex, director of the division of facial plastic and reconstructive surgery at the Yale School of Medicine, is hopeful that the remaining scars left on Takira's face will gradually blend in with her otherwise perfect skin tone. But there's a 50 to 80 percent chance the keloids will return, just as bad or worse.

Takira has drifted into drug-induced sleep just before 3 p.m., as she is rolled through the double doors, draped in a cornflower blue paper sheet.

The sheet covers her up to the lower half of her chin, which is facing up toward the satellite dish-shaped lights. As the clock on the wall marks 3:11 p.m., Alex sits on Takira's left side and Dr. Bruce Schneider sits at her right.

Alex begins the delicate process of cutting out the scars and sewing Takira's face back together, much like a master quilter. Nurse John Breslin hands him a scalpel to cut around the U-shaped scar under Takira's chin. Schneider swabs the blood where Alex has cut, and applies medicine to limit the bleeding.

The scar, thick and wide, is in the same spot that Alex and Schneider cut open last July, when they pulled up the skin over her lip line, to expose her shattered jawbone, broken teeth and bullet fragments. The area was cleaned and rebuilt and a metal plate has been serving as her temporary jawbone while the bone grows back.

With methodical movements, Schneider, an oral surgeon and formerly chief resident at the Hospital of St. Raphael in New Haven, uses a small metal tool with two prongs to grasp the outer skin tissue. Alex examines the inner tissue and tests the area for nerve activity. Together, for another 25 minutes, they work on both sides of Takira's face, slowly cutting around the inner tissue of the worst scar.

Alex begins sewing together the inner skin using blue sutures, which look like dental floss, though fine as hair. The goal is to sew the tissue together without gripping it too hard, Alex instructs. "We are trying not to create tension on the skin. This will give you a more favorable scar. You will always have a scar."

Another 30 minutes pass. Alex and Schneider pull up the outer skin, and prepare for another "close." Again, they start sewing from opposite sides. A local pain reliever is applied to the scar tissue now sewn together and shaped like a thin cornrow-like braid. Rather than sew in a straight line, they create a ridge-like skin overlay, so that if Takira's new scar expands, it will push down flat rather than bubble up into a keloid, Alex says.

At 5:11 p.m., two hours after they opened it, the first scar under Takira's chin is nearly done. Their work is covered with antibiotics and an oily liquid that makes the bandages stick like glue.

Once the chin is finished, they move on to smaller scars on her neck, where incisions were cut to make way for a breathing tube in her throat. Next, they cut out the scars on her cheek, and repeat the process of sewing up the inner tissue and the outer skin, covering them with antibiotics and lotion.

Surgery is over at 6:58 p.m., three hours and 47 minutes after it began.

NIGHTMARES RETURN

Takira, her mother and the surgeons won't know for several months whether the keloids will return.

But it was a risk they took because Takira didn't want the scars to continue giving ammunition to the meanspirited children who call her scarface. Gaston-Walters, a dutiful parent, wants to protect Takira from those kinds of mental scars.

But for Takira, the pain and fear associated with the surgery make it hard to envision the outcome.

"Come on Missy, be nice," Gaston-Walters tells Takira four days after the surgery, "It's time for the stitches to come out."

Takira is trying to hit Dr. Alex, who wants to remove the stitches from her chin, cheek and neck at a record pace to prevent new scars from forming. But first he has to endure the fight of the tough-spirited little girl. Gaston-Walters grasps Takira's hands to restrain her, and Takira is promised a trip to Chuck E. Cheese's if she behaves. But she continues to cry, scream and fight.

She is given a sedative, and she goes to sleep. She appears at peace, but at home since the surgery, she wakes up at night frightened by her dreams. The nightmares had stopped about eight months after the shooting and the family's move to a quieter neighborhood, but the surgery has brought it all back again.

Takira is lying on her side when she wakes up in the examining room. Alex has finished taking out the stitches on her cheek and chin and is working on her neck when she flinches. She returns to a fighting posture, but avoids a full-blown tantrum when Alex reassures her that the procedure is nearly over.

He applies the oily liquid that smells like evergreen to each scar before placing white strips of tape, which act like sutures, on her face.

Removing keloids through surgery is risky, according to experts who have used a number of techniques to remove the scar tissue, including surgery, radiation and herbal creams.

"The keloids are like cancer that gets bigger and bigger," said Dr. Tom Geraghty, a plastic surgeon from Kansas City who has spent the past 24 years removing keloids from patients in Bolivia and the Dominican Republic.

Some patients develop the scarring from a bug bite, others from burns and other injuries that are untreated. Geraghty has seen a boy with a burn on his chest develop a keloid "thick as armor" and plenty of girls with keloids "the size of a grapefruit" as a result of ear-piercing.

No one can say yet why people with darker complexions are more likely than lighter-skinned people to get keloids. When children like Takira are afflicted with keloids, Geraghty supports the decision to remove the scars through surgery.

"Poor baby. Surgery is always a gamble, but a good gamble if you have no choice," he said. "If it were my daughter, I'd do it."

SPLASHING AROUND

Almost two weeks after the surgery, Takira got her wish to play in the water. The

portable pool hasn't been blown up yet, but she, her brother John and twin sister, Takara, take turns playing with the garden hose in a make-believe game of carwash.

There is no talk of the white bandages that still cover the lower half of Takira's face. The scar on her cheek is no longer covered and seems to be healing normally, no sign of a new keloid.

"Dr. Schneider said it was OK for her to get wet," Gaston-Walters said.

After the bandages are off, Gaston-Walters will apply an expensive over-the-counter herbal ointment to each of Takira's wounds, hoping to prevent excessive scarring.

None of that is on Takira's mind as she waits for her turn to rinse off the gold-colored pickup parked in the driveway. The game on this hot summer day, just three days before the anniversary of the shooting, is more about getting wet than washing cars.

"You wet me," Takira yells to Takara, who hands her the hose.

You wet me too," Takara says.

They yell this loud enough for Gaston-Walters to hear. She laughs aloud as Takira and the others stand, dripping wet, outside the front door of the small Cape-style house. "They do this all of the time. They've changed clothes three times today already."

More surgery looms next year to remove the metal plate from Takira's jaw. For now, things are back to normal for Takira and her family.

AS THE ADA ENTERS ADOLESCENCE, ITS PROMISE REMAINS UNFULFILLED BUT WITHIN REACH

HON. STENY H. HOYER

OF MARYLAND

IN THE HOUSE OF REPRESENTATIVES

Friday, July 26, 2002

Mr. HOYER. Mr. Speaker, today, we commemorate the 12th anniversary of the landmark Americans With Disabilities Act, the most sweeping civil rights legislation since the Civil Rights Act of 1964.

We do so with pride, as we measure our progress. We do so with sadness, as we mourn the recent passing of Justin Dart Jr., the ADA's "father" and an indefatigable soldier of justice. And we do so with deep concern, as the courts continue to issue decisions that limit the ADA's scope and undermine its intent.

Twelve years ago today, the first President Bush signed the ADA into law, hailing it as the "world's first comprehensive declaration of equality for people with disabilities."

As the lead House sponsor of this historic law, I knew it would not topple centuries of prejudice overnight. But I knew that, over time, it could change attitudes and change hearts, and unleash the untapped abilities of our disabled brothers and sisters.

The ADA sent an unmistakable message: It is unacceptable to discriminate against the disabled simply because they have a disability. And it is illegal.

The ADA, which enjoyed overwhelming bipartisan support, prohibits discrimination against the more than 50 million disabled Americans—in employment, in public accommodations, in transportation and in telecommunications. It recognizes that the disabled belong to the American family, and must share in all we have to offer: equality of opportunity, full participation, independent living and economic self-sufficiency.

Its first dozen years have ushered in significant change. Thousands of disabled Americans have joined the workforce, many for the first times in their lives. The ramps, curb cuts, braille signs and captioned television programs that were once novel are now ubiquitous.

However, despite such demonstrable progress, the ADA increasingly has become a legal lightning rod with courts issuing narrow interpretations that limit its scope and undermine its intent.

In its most recent term, for example, the United States Supreme Court issued a series of decisions involving the ADA, ruling against the claimant each time.

In *Chevron v. Echazabal*, the Court held that an employer can keep a worker from filling a job that could be harmful to the worker's own health, even though the ADA itself only allows employers to deny jobs to those who pose a "direct threat" to other workers.

Whether intended or not, this decision stands for the proposition that disabled Americans really cannot exercise independent judgment on what is best for them. Thus, *Echazabal* perpetuates the paternalistic attitudes that the ADA sought to combat.

In another devastating blow, the Court held in *Toyota Motor Manufacturing v. Williams* that a worker needed to show that her condition not only affected her on the job, but also prevented or restricted her from performing "tasks that are of central importance to most people's daily lives." Because the claimant in *Williams* had not sufficiently demonstrated how her disability limited her in performed tasks such as brushing her teeth, the Court said, she was not "disabled" under the ADA.

Is this really what Congress intended when it passed the ADA? That a determination of "disability" would require courts to examine whether claimants can brush their teeth? The answer is obviously no.

This decision has put disabled Americans who avail themselves of the law's protection in a Catch-22: They must demonstrate that their impairment is substantial enough so that it constitutes a disability under the ADA, but not so substantial that the claimant cannot do the job without a reasonable accommodation.

In other recent ADA decisions, the Supreme Court has stripped state workers of their right to sue for monetary damages for ADA violations, and held that corrective or mitigating measures such as eyeglasses or medication should be considered in determining whether an individual is "disabled" under the law.

The latter decisions have produced absurd results in lower courts. People with diabetes, heart conditions, mental illness and even cancer have been ruled "too functional"—with corrective or mitigating measures—to be considered "disabled."

Mr. Speaker, this is clearly not what Congress intended when it passed the ADA and President Bush signed it into law. We intended the law to have broad application. In fact, any person who is disadvantaged by an employer due to a real or perceived impairment by others may bring a claim under the ADA. That's because, simply put, the point of the law is not disability; the point is discrimination.

Justin Dart Jr., the gentle giant who worked tirelessly on behalf of the ADA and the disabled throughout the world, would no doubt agree.

Perhaps best known as the father of the ADA, Justin passed away on June 22nd. For

nearly five decades, he was one of the world's most courageous, passionate and effective advocates for civil and human rights.

Many called him the Martin Luther King of the disability civil rights movement. But he thought of himself in more humble terms—simply as a soldier of justice. I was fortunate to call him a dear friend.

As we commemorate this 12th anniversary of the ADA today and pay tribute to a wonderful man who devoted his life to promoting justice and equality for others, let's recognize that our work is far from finished. The series of Supreme Court decisions on the ADA remind us of that, and command us to begin discussing possible legislative responses.

We have come so far in the last dozen years. And we have poured a strong foundation for our house of equality, where Americans are judged by their ability and not their disability.

Yet, the promise of the ADA remains unfulfilled today but still is within reach. It falls to us now to carry on the fight and to realize Justin Dart's vision of a revolution of empowerment. Let's not rest until the work is done.

CONSTITUTIONAL LIBERTIES AND THE COSTS OF WAR AGAINST TERRORISM ACT

HON. CYNTHIA A. MCKINNEY

OF GEORGIA

IN THE HOUSE OF REPRESENTATIVES

Friday, July 26, 2002

Ms. MCKINNEY. Mr. Speaker, the attacks of September 11th, 2001 caused significant changes throughout our society. For our military services, this included increased force protection, greater security, and of course the deployment to and prosecution of the War on Terrorism in Afghanistan and elsewhere. Sadly, one of the first acts of our President was to waive the high deployment overtime pay of our servicemen and women who are serving on the front lines of our new War. The Navy estimates that the first year costs of this pay would equal about 40 cruise missiles. The total cost of this overtime pay may only equal about 300 cruise missiles, yet this Administration said it would cost too much to pay our young men and women what the Congress and the previous Administration had promised them.

In another ironic twist, the War on Terrorism has the potential to bring the U.S. military into American life as never before. A Northern Command has been created to manage the military's activity within the continental United States. Operation Noble Eagle saw combat aircraft patrolling the air above major metropolitan areas, and our airports are only now being relieved of National Guard security forces. Moreover, there is a growing concern that the military will be used domestically, within our borders, with intelligence and law enforcement mandates as some now call for a review of the Posse Comitatus Act prohibitions on military activity within our country.

In the 1960s, the lines between illegal intelligence, law enforcement and military practices became blurred as Americans wanting to make America a better place for all were targeted and attacked for political beliefs and political behavior. Under the cloak of the Cold

War, military intelligence was used for domestic purposes to conduct surveillance on civil rights, social equity, antiwar, and other activists. In the case of Dr. Martin Luther King, Jr., Operation Lantern Spike involved military intelligence covertly operating a surveillance operation of the civil rights leader up to the time of his assassination. In a period of two months, recently declassified documents on Operation Lantern Spike indicate that 240 military personnel were assigned in the two months of March and April to conduct surveillance on Dr. King. The documents further reveal that 16,900 man-hours were spent on this assignment. Dr. King had done nothing more than call for black suffrage, an end to black poverty, and an end to the Vietnam War. Dr. King was the lantern of justice for America: spreading light on issues the Administration should have been addressing. On April 4, 1968, Dr. King's valuable point of light was snuffed out. The documents I have submitted for the record outline the illegal activities of the FBI and its ColtelPro program. A 1967 memo from J. Edgar Hoover to 22 FBI field offices outlined the COINTELPRO program well: "The purpose of this new counterintelligence endeavor is to expose, disrupt, misdirect, or otherwise neutralize" black activist leaders and organizations.

As a result of the Church Committee hearings, we later learned that the FBI and other government authorities were conducting black bag operations that included illegally breaking and entering private homes to collect information on individuals. FBI activities included "bad jacketing," or falsely accusing individuals of collaboration with the authorities. It included the use of paid informants to set up on false charges targeted individuals. And it resulted in the murder of some individuals. Geronimo Pratt Ji Jaga spent 27 years in prison for a crime he did not commit. And in COINTELPRO documents subsequently released, we learn that Fred Hampton was murdered in his bed while his pregnant wife slept next to him after a paid informant slipped drugs in his drink.

Needless to say, such operations were well outside the bounds of what normal citizens would believe to be the role of the military, and the Senate investigations conducted by Senator Frank Church found that to be true. Though the United States was fighting the spread of communism in the face of the Cold War, the domestic use of intelligence and military assets against its own civilians was unfortunately reminiscent of the police state built up by the Communists we were fighting.

We must be certain that the War on Terrorism does not threaten our liberties again. Amendments to H.R. 4547, the Costs of War Against Terrorism Act, that would increase the role of drug interdiction task forces to include counter intelligence, and that would increase the military intelligence's ability to conduct electronic and financial investigations, can be the first steps towards a return to the abuses of constitutional rights during the Cold War. Further, this bill includes nearly \$2 billion in additional funds for intelligence accounts. When taken into account with the extra-judicial incarceration of thousands of immigration violators, the transfer of prisoners from law enforcement custody to military custody, and the consideration of a "volunteer" terrorism tip program, America must stand up and protect itself from the threat not only of terrorism, but of a police state of its own.