

One can say that JOE SKEEN never backed away from something that was important to him and his home. We saw this when he was instrumental in overturning the newly acquired line-item veto of President Clinton, which threatened 38 defense projects. He showed us his strength again in his work to repeal the 55 mile-per-hour federal speed limit, and the development and implementation of the Waste Isolation Pilot Plant in Carlsbad, New Mexico—the first repository for defense waste in the nation.

He's been the "Top Shepard" for his flock and I am sure that the "Top Shepard on High" will keep a watchful eye over him as he heads back to his home in New Mexico. Good luck JOE and God bless you. You will be missed.

HONORING DR. JOHN FENN FOR  
HIS BREAKTHROUGH WORK IN  
MASS SPECTROMETRY THAT  
LED TO HIS RECEIVING THE  
NOBEL PRIZE IN CHEMISTRY

**HON. ERIC CANTOR**

OF VIRGINIA

IN THE HOUSE OF REPRESENTATIVES

*Friday, October 11, 2002*

Mr. CANTOR. Mr. Speaker, I rise today to honor Dr. John Fenn, an analytical chemistry professor at Virginia Commonwealth University, for his breakthrough work in mass spectrometry that led to his receiving the Nobel Prize.

Dr. Fenn is being recognized for developing a new way to quickly identify and analyze proteins through mass spectrometry, which allows scientists to analyze a substance through its mass. Dr. Fenn's work has aided researchers in their need to learn more about the interactions of the hundreds of thousands of different proteins that show up in the human body. His development has revolutionized the hunt for new medicines and can help in the early diagnosis of cancer.

While Dr. Fenn, who is 85, stopped riding his bicycle to work a few years ago, he still has plenty of energy. He runs his own laboratory at VCU, maintains a full work schedule, and mentors two graduate students. He is known for arriving at work early and generating countless ideas. It is reported that his students have a hard time keeping up with him.

Dr. Fenn's vision and commitment to his work are invaluable, and we are all grateful for the hope that he has generated. I am honored that such a remarkable citizen resides in the seventh district of Virginia.

Mr. Speaker, please join me in honoring Dr. John Fenn.

TAYLOR MOTION TO INSTRUCT  
CONFEREES ON H.R. 4546—BOB  
STUMP NATIONAL DEFENSE AU-  
THORIZATION ACT FOR FY 2003

**HON. CHARLIE NORWOOD**

OF GEORGIA

IN THE HOUSE OF REPRESENTATIVES

*Friday, October 11, 2002*

Mr. NORWOOD. Mr. Speaker, the freedom we enjoy here in America is anything but free. Our Nation's disabled military retirees have

paid the ultimate price for that freedom. Yet today we show our gratitude to these heroes by denying them the benefits they have earned through their service. I'm speaking of the dollar-for-dollar offset of military retired pay and VA disability compensation that is currently being imposed.

A law passed in 1891 requires a disabled career military veteran to waive the amount of his retired pay equal to the amount of VA disability benefits he is rightfully owed. Mr. Speaker, this is a poor way to show our gratitude to America's disabled veterans. During my time in Congress, I have remained a strong advocate for correcting this law and bringing an end to the prohibition that exists with concurrent receipt.

I think it is particularly appropriate that on this day—the day when this body rightfully granted the President the authority to call on our Armed Forces in dealing with Saddam Hussein's wicked regime—we have a unique opportunity to keep our promise to the service men and women who have served so bravely in defense of freedom and this Nation throughout the years.

We in Congress do have a unique opportunity and more importantly, a responsibility, to do the right thing for America's disabled retired veterans through the Bob Stump National Defense Authorization Act of FY 2003 (H.R. 4546). By addressing the inequity that exists through this legislation, we can take a major step towards ending this injustice and sending a strong message of support for these true American heroes.

HONORING THE 50TH ANNIVER-  
SARY OF THE SIDEWINDER MIS-  
SILE PROGRAM

**HON. WILLIAM M. THOMAS**

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

*Friday, October 11, 2002*

Mr. THOMAS. Mr. Speaker, I rise to recognize the 50th anniversary of the development of the Sidewinder Missile—the world's most accurate, reliable and successful dogfighter missile in use today.

Fifty years ago, the research and development phase for a new fighter missile began at the Naval Ordnance Test Station (now the Naval Air Warfare Center Weapons Division) at China Lake, California. A team of technicians, scientists, and fleet-experienced operators worked endless hours to produce a new type of weapon—one that sought out the heat exhaust from an enemy aircraft's engine.

China Lake's vast test ranges in the Mojave Desert afforded researchers the ability to test new theories almost immediately. They eventually developed the design we have today: a heatseeking, short-range, air-to-air missile carried by fighter aircraft. The missile was named after a desert rattlesnake, the Sidewinder, which detects its prey by sensing an animal's heat emissions.

Early versions of the Sidewinder proved its lethal accuracy and effectiveness in Southeast Asia. During Operation Black Magic in the Formosa Straights, Chinese Nationalist Air Force F-86s shot down eleven of the Chinese communist air force's MiG fighters. In Vietnam, the U.S. Navy and Air Force successfully used the Sidewinder in countless missions. My col-

league and a highly-decorated naval aviator, Representative Randy "Duke" Cunningham, used the Sidewinder missile to become Vietnam's first fighter ace.

The Sidewinder's early successes proved the weapon's capabilities, affording many opportunities to increase the effectiveness of the Sidewinder. Newer generations of the missile were developed and have seen action in many theatres, including over the Gulf of Sidra to shoot down a Libyan fighter aircraft during a dogfight in the early 1990s and during the Persian Gulf War, where twelve Iraqi aircraft were shot down using the Sidewinder. The current version of the Sidewinder, the AIM-9M, arms a wide range of American fighters, including the U.S. Navy's F-14 and F/A-18, the U.S. Air Force's F-15 and F-16, and the AH-1 W helicopter.

The Sidewinder's newest version, the AIM-9X, is currently in development phase. To date, over 110,000 missiles have been produced for 28 nations and it is, by far, the most widely used air-to-air missile in the West.

In celebrating its golden anniversary this November, the Sidewinder program is testament to American ingenuity and innovation. I am confident that the Sidewinder program will continue to be a leader in the field of missile technology for the warfighter of today and tomorrow.

HEALTH CARE SAFETY NET  
IMPROVEMENT ACT

**HON. TOM UDALL**

OF NEW MEXICO

IN THE HOUSE OF REPRESENTATIVES

*Friday, October 11, 2002*

Mr. UDALL of New Mexico. Mr. Speaker, I rise today in support of H.R. 3450, The Health Care Safety Net Improvement Act which amends the Public Health Service Act to increase authorization for health centers. Reauthorization of this bill will help to improve, strengthen and expand delivery of health care services for community health centers (CHC). I am particularly in favor of this bill because CHC's have been pivotal towards improving access to health care for my uninsured and disadvantaged constituents of New Mexico. Without these centers, too many New Mexican's would go without essential preventative health care and primary care services.

Recent studies have demonstrated that the disparity in access to health care has contributed to poorer health and shortened life span of the uninsured. Often, the reason for not seeking medical attention is because the cost of treatment is too expensive. Therefore, these patients forgo the preventative and often life saving treatment because they cannot afford it. Instead, only in extreme life or limb cases do they seek treatment. Sadly, only after the disease has advanced and progressed into precarious stages leaving little opportunity for a healthy recovery. Time and again they seek treatment in a hospital setting hoping to temporary ameliorate their condition so they can continue to live their normal lives. Not once thinking about how they will control their condition upon discharge because they know that they are uninsured and cannot afford ongoing treatment of their condition. So they settle for a temporary bandaid to alleviate the pain.

There are too many Americans with inadequate access to health care. Whether they