that my colleagues in the House will join me and other Central New Yorkers in extending our gratitude and condolences to Mr. Karcher’s friends and family.

HONORING DR. JOE TARON

HON. WES WATKINS
OF OKLAHOMA
IN THE HOUSE OF REPRESENTATIVES

Tuesday, August 3, 1999

Mr. WATKINS. Mr. Speaker, I rise today to honor Dr. Joe Taron, a faithful servant of the people of Pottawatomie County, in the Third Congressional District of the Great State of Oklahoma. Dr. Joe has committed his life to improving the quality of life of the people around him, and his accomplishments over the years are legendary.

For 23 years Dr. Joe’s vision, hard work, perseverance and leadership have been the inspiration of the effort to build the Wes Watkins Reservoir near McCloud, Oklahoma, to provide a permanent new water source to the citizens of Pottawatomie County. On Monday, August 9, the lake will be officially dedicated, providing not only a valuable new source of drinking water to the cities of Shawnee and Tecumseh, but also providing the citizens of Pottawatomie County and the people of central Oklahoma with a great recreational resource for swimming, boating and fishing.

I am proud to call Dr. Joe my friend. He is a wonderful “role model” for our children and grandchildren, and our country is a better place because of his work to help those around him. Mr. Speaker, I rise today to honor Dr. Joe Taron for his outstanding commitment to his community, state and country. I urge my colleagues to join me in wishing Dr. Joe many more years of continued joy and happiness.

THE ANTHRAX ISSUE IN THE DEPARTMENT OF DEFENSE

HON. WALTER B. JONES
OF NORTH CAROLINA
IN THE HOUSE OF REPRESENTATIVES

Tuesday, August 3, 1999

Mr. JONES of North Carolina. Mr. Speaker, earlier today, a number of my colleagues joined me in a press conference to discuss an issue that I believe may jeopardize the readiness of our military—the Department of Defense Anthrax Vaccination Immunization Program.

I wanted to take a few moments to share some of my thoughts on the press conference and the anthrax issue as a whole.

In March of this year, I met with a number of reservists from Seymour Johnson Air Force Base in the Third District of North Carolina, which I am proud to represent, to hear their concerns about the mandatory anthrax vaccination program.

After listening to their concerns, I contacted Secretary Cohen and requested the program be halted until the questions surrounding the program could be answered. The Department denied my request. It also failed to address my concerns.

Mr. Speaker, all branches of the military are currently experiencing great difficulty in recruiting and retaining quality military personnel.

Since the announcement of the mandatory vaccination program in 1997, growing numbers of military personnel—particularly Guard and Reservists—are choosing to resign rather than take what may be an unsafe anthrax vaccine.

Now, military personnel across the country are struggling with their options: take the vaccine or leave the service.

Unfortunately, too many are choosing the latter.

At Travis Air Force Base alone, 32 pilots in the 301st Airlift Squadron have resigned or are planning to do so because of the anthrax vaccine.

That is more than a fifty percent attrition rate.

The Air Force estimates it costs $6 million to train each pilot.

If this figure holds true, the United States is losing over $190 million dollars worth of training and over 450 years worth of combined experience in the cockpit!

These statistics are not isolated to one unit or one base.

A recent Baltimore Sun article reported that as many as 25 F–16 pilots of 35 pilots in the 122nd Fighter Wing of the Indiana National Guard might refuse the vaccination. This could effectively ground the squadron.

At least one-third of the F–16 pilots in the Wisconsin National Guard’s 115th Fighter Wing is expected to refuse the vaccinations. Another Air National Guard unit in Connecticut reportedly lost one-third of their pilots for the same reason.

The active duty force is also plagued by this problem.

Fourteen Marines in Hawaii and at least a dozen in California have refused the vaccine and are awaiting likely court-martials and dishonorable discharge.

Other reports indicate that even the Department of Defense estimates several hundred active personnel have refused the vaccine and are awaiting disciplinary action.

In a time when all branches of our military are faced with severe challenges in recruiting and retaining quality military personnel, we should be looking for ways to recruit and retain these men and women, not drive them away.

For this reason, Mr. GILMAN and I each introduced separate pieces of legislation to address the problem.

My legislation, H.R. 2543, the American Military Health Protection Act, would make the current Department of Defense Anthrax Vaccination Immunization Program voluntary for all members of the Uniformed Services until either: (1) The Food and Drug Administration has approved a new anthrax vaccination for humans; or (2) The Food and Drug Administration has approved a new, reduced shot course for the anthrax vaccination for humans.

Mr. GILMAN’s legislation, H.R. 2548, stops the vaccination program until the National Institutes of Health has completed additional studies.

However, today’s press conference was not about pushing a single bill. Instead, we were here today because despite our respective differences, there is solidarity in our goals.

Each of the men and women at the press conference represented differing views on how to best deal with the anthrax vaccination program.

For that reason, today Mr. GILMAN and I were able to announce our joint efforts to secure a hearing in the Armed Services Committee on our respective legislative proposals. If we are both willing to risk their lives to defend this great nation, the least we can do is ensure their questions of safety have been adequately answered before requiring them to take it.

It is important to respond to this issue before a small readiness problem affects the entire force.

I am hopeful that all of our colleagues will join us in working to achieve that goal.

TOBACCO AND U.S. INTELLIGENCE ISSUES

HON. BERNARD SANDERS
OF VERMONT
IN THE HOUSE OF REPRESENTATIVES

Tuesday, August 3, 1999

Mr. SANDERS. Mr. Speaker, I submit for printing in the RECORD statements by high school students from my home State of Vermont, who were speaking at my recent town meeting on issues facing young people today. I believe that the views of these young persons will benefit my colleagues.

TOBACCO

(On behalf of Sara Sinclair)

Sara Sinclair: Hi. My name is Sara Sinclair.

I’m here to talk about an issue that in many ways relates to nationwide health care, and in many ways would make it more affordable, and that is tobacco control.

Right now in the state of Vermont, 36 percent of our peers are addicted to nicotine, which is the active drug in tobacco. 2,000 of us become addicted every year, and roughly 12,000 of us, alive and in high school now, will die because of tobacco use. And personally, that scares me a whole bunch.

I remember when I was in elementary school—I will be graduating next year. I am a junior this year—and we were the Smoke Free Class of 2000. In elementary school, we had all these wonderful programs, and everyone said, “Okay, I’m not going to smoke, I’m not going to smoke.” And as time wore on, we got into high school, and the program sort of fell away. And now I look at my peers, and I see a huge number of them addicted to tobacco. Their skin is becoming wrinkled. They get shaky when they don’t have their cigarette. They have this strong need for it.

And it’s very frightening for me to see my peers addicted to that so early, and to know that they will probably suffer long-term effects from their tobacco use now. I have a ten-year-old sister right now who says, “I’m not going to smoke, I’m not going to smoke.” And I hope she will be able to hold true to that. But I fear that, even if she does, that many of her peers won’t. 