

this is a service offered by the United States Government that is appreciated by millions around the world, but is little known here at home. VOA's Special English program was first broadcast over the international airwaves on October 19, 1959. Today, there are Special English broadcasts around the world seven days a week, six times a day, delivering the latest news and features on American culture, science, medicine, and literature.

Special English began as an experiment to communicate by radio clearly and simply with people whose native language is not English. It was an immediate success. Special English programs quickly became some of the most popular programs on VOA. Forty years later they still are. And they still are unique. No other international radio station has a specialized series of English news and feature programs aimed at non-native English speakers around the world.

VOA Special English is different from standard English in the way it is written and the way it is delivered. Its vocabulary is limited to 1,500 words. It is spoken slowly, in short, active-voice sentences. Although the format is simple, the content is not. Complex, topical subjects are described in an easy to understand, concise way.

Through the years, Special English has become a very popular English teaching tool, even though it was not designed to teach English. Its limited vocabulary, short sentences and slow pace of speaking help listeners become comfortable with American English. Individuals record the programs and play them over and over to practice their listening skills. Teachers of English in dozens of countries including China, Japan, Vietnam, Iran, Cuba, Russia, Nepal and Nigeria use Special English in their classes. They praise it for improving their students' ability to understand American English and for the content of the programs.

For many listeners, VOA Special English programs provide a window into American life that may change some misconceptions. A listener from China wrote:

A wonderful world appeared before my eyes through my radio receiver. There were your history, your everyday life, your brave and intelligent people and your words. To get a better appreciation about you, I spent most of my spare time in learning. I could say you presented people like me, those who have only limited English knowledge, an approachable American culture and acted like a usher leading us into it.

For other listeners, VOA Special English provides information that they cannot get elsewhere. A listener in Havana, Cuba writes:

I'm sure that you are not able to imagine how many people listen to you every day. What is important in Special English is that you broadcast the most important news and later give us important reports about science, environment, agriculture and then follow with 15 minute programs about all the things people are interested in.

And for other listeners, VOA Special English offers a way of learning American English. A listener in Tehran, Iran writes:

It was summer 1993 that I started listening to your programs, and during the first summer, I really had a great improvement in my

English speaking, specially my accent. Many times I wanted to write letters to you, but I was afraid, because I was not sure I could write in a way that I could reflect what was in my heart. I thank you because you did something that no one could do. I suffer from visual problems, so your programs with their independence of vision helped me a lot.

Mr. Speaker, the hundreds of such testimonial letters and e-mail messages that are received each month are proof that Special English makes a difference in the lives of people around the world. I invite my colleagues to join me in congratulating the Special English branch of the Voice of America on its 40th anniversary.

DR. PETER LUNDIN, A VERY
SPECIAL ROLE MODEL

HON. FORTNEY PETE STARK

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Wednesday, October 13, 1999

Mr. STARK. Mr. Speaker, kidney failure, and the need for dialysis 3 times weekly, is a devastating disease that grinds many people down.

One of the most remarkable people I know is Dr. A. Peter Lundin, who experienced kidney failure as a young man 33 years ago, but who entered the world of medicine, became a nephrologist, and has had a remarkable and successful medical practice since then. He has been President of the American Association of Kidney Patients and a tireless advocate for the Nation's quarter million renal patients.

He is truly a role model, a figure of courage and determination, to thousands. I would like to include in the RECORD at this point an article he recently wrote for RenalLIFE entitled "Dialysis at the Beginning."

Thank you, Dr. Lundin, for the great help and inspiration you have given to so many.

DIALYSIS AT THE BEGINNING

(By A. Peter Lundin, MD)

Patients starting on dialysis today do not realize how easy and routine it has become. Since the 1960s when it began, dialysis therapy has grown into a well-organized, efficiently run, multi-billion dollar industry. From the perspective of the doctor and provider, it is no big deal to start a patient on dialysis today. Everybody who needs it, can get it. Patients really cannot be blamed for their ignorance of how relatively easy they have it because the emotional trauma of losing your kidneys and beginning a new and restricted life with dialysis has not changed. What has changed in this regard is much less attention today is paid to emotional adjustment. Patients are told when they need an access placed and when to start dialysis, often with little consideration of the impact of this new and dramatic event on their lives. Dialysis units are often compared with factory assembly lines where patients come, get their treatment and leave without so much as a word of concern.

It was not like this when I began on hemodialysis in 1966. Then it was available in only a few centers scattered across the country. You had to have a willing insurance company or pay for it yourself. Because there were very few slots available you were chosen by a committee based on your social

worth. Only breadwinners or housewives caring for working husbands and children were eligible. You were expected to continue working after you started dialysis. If you had another complicating disease such as diabetes or were over 50 years of age, dialysis was not even offered to you.

The therapy itself was cumbersome and took a long time. It was done in settings where lots of nurses and doctors were available because of the uncertainty of how stable patients would be. Everybody was carefully observed by a psychiatrist for signs of distress. Everything was being measured because there was much to learn about this new therapy. How much time to spend on the machine and how often during the week to dialyze were still being developed. The few medications available for high blood pressure had powerful side effects and were rarely effective. There were no replacements for the erythropoietin and active vitamin D, which the dying kidneys had stopped making, therefore we were all constantly anemic. To get my hematocrit (amount of red cells in the blood) above 20 percent I needed frequent blood transfusions. The only way to control phosphorous in the blood was to eat a diet without phosphorous containing foods and to take Amphogel, an aluminum containing antacid. In those days Amphogel tasted like chalk. It came only as large unswallowable tablets or in liquid form and was extremely constipating. Due in part to the unpalatability of this therapy, some patients already had severe crippling bone disease. Others were already running out of areas for new accesses, their arteries and veins having been used up by multiple external catheters.

In those days we did not have grafts or fistulas. We dialyzed through an external shunt in the arm or leg. In my case it was in my leg so I had more independence in putting myself on and off the machine. While I did not have to worry about getting stuck with needles, the shunts caused serious concerns of their own. They easily got infected, damaged the veins and arteries, and often clotted. All of these problems led to a shunt life expectancy of about six months. One of mine was chronically leaking from the arterial side, forcing me to walk on crutches from class to class. After getting heparin for dialysis it might take several hours with pressure to stop bleeding. When it clotted I had my own declotting kits. Sometimes it would take several hours to open the shunt up again.

I was an undergraduate student at Santa Clara University in California when my kidneys failed. I was not a candidate for transplant, and as a student I was not a dialysis candidate either because I would have to become dependent on my family again. Nevertheless by a series of fortunate events the future came about and I am here 33 years later to tell about it.

I learned how to dialyze myself at the University of Washington in Seattle in their Remote Home Dialysis Program. After three months of training I returned to Northern California and to school. I had the hope and expectation of becoming a medical doctor, and I transferred to Stanford University, feeling it would be easier to get into medical school from there. While taking a full course load of physics, chemistry, biology and mathematics I dialyzed at home. The treatments were done, then as now, three times per week, but they lasted for 10 hours. Clearly, to be able to go to school the dialysis sessions had to occur overnight. After setting up the machine I would get on about 7 p.m. and off at 5 a.m. Of course, I had to sleep and

did while the machine was washing the blood.

When I started dialyzing at home, dialyzers and blood tubing did not yet come in clean packages out of a box. They had to be put together by hand. At first, I had specially made glass drip chambers and long roles of plastic tubing. Dialysis membranes came in a large flat box. The open end of the tubing had to be softened by sticking it in acetone and was then attached to both ends of the glass drip chamber. The dialysis membranes were soaked and sanitized for several hours in a container filled with acetic acid. Carefully removed, they had to be stretched over long plastic boards. There were four membranes divided into two layers each between three boards. Then this construction was filled with formaldehyde overnight before the next dialysis. With practice I was able to put it all together in a bit less than an hour. Taking it apart when the dialysis was over took less time, but before the next dialysis it had to be put together again.

My break came in 1968 when I was accepted to medical school in Brooklyn. It was my salvation. I was put on dialysis for 14 hours overnight, three times per week. I felt much better. I was learning to become a doctor. I got my first and only fistula which works well to this day. It was from that period of my life I learned some very important lessons about how to survive with dialysis: the importance of good dialysis and a reliable blood access.

Getting dialysis treatments today is, in many ways, very much easier on the patient, who is on average older and having many more medical problems. Supplies, equipment, medications and ways to treat other medical problems have greatly improved over the years. While having one's access fail is no less traumatic today than it was back then, the future promises to bring additional advances to improve the lives of patients with kidney failure.

INTRODUCTION OF THE SOUTHEAST FEDERAL CENTER PUBLIC-PRIVATE REDEVELOPMENT ACT OF 1999

HON. ELEANOR HOLMES NORTON

OF THE DISTRICT OF COLUMBIA

IN THE HOUSE OF REPRESENTATIVES

Wednesday, October 13, 1999

Ms. NORTON. Mr. Speaker, along with Chairman BOB FRANKS today, I rise to introduce the Southeast Federal Center Public-Private Redevelopment Act of 1999 (SEFCA) to develop the largest undeveloped parcel of prime real estate here in the District of Columbia—the Southeast Federal Center located in Southeast Washington. This bill follows a tour of the site at the suggestion of Rep. BOB FRANKS, Chairman of the Subcommittee on Economic Development, Public Buildings, Hazardous Materials and Pipeline Transportation, as a result of questions I raised to General Services Administration (GSA) officials at a congressional hearing on May 11, 1999, concerning the failure of the federal government to make productive use of this valuable federal land while the government pays to rent and lease space for federal facilities.

I recently held a town meeting in the District focusing on the development of the Southeast Federal Center and other properties owned by

the federal government and the jobs and spin-off economic benefits that they inevitably have on their surrounding communities. Because the parcel is located in this city, the District of Columbia would gain immeasurably from the project at the same time that the federal government finally would achieve productive use and revenue from valuable property. The win-win approach embodied in this bill has clear potential for a new kind of partnership between hard pressed cities and the federal government.

The Southeast Federal Center is a 55-acre undeveloped site just 5 minutes from the U.S. Capitol. Located between M Street, S.E. and the Anacostia River next to the Washington Navy Yard, the site is considered by real estate and land use experts to be one of the most valuable pieces of property remaining on the entire east coast. It is as important a federal parcel as Constitution Avenue and Pennsylvania Avenue, the existing prime locations for federal facilities. The property was once a part of the Washington Navy Yard, but approximately 30 years ago, this large parcel was transferred to the GSA in anticipation that the site would be developed into office space for federal agencies. For years, the site remained environmentally degraded, but I have worked hard to secure funds for this purpose, and to its credit, Congress responded by appropriating the necessary funds in FY 1997-99, and environmental upgrading is nearing completion. Yet, despite its inherent value, prime location, a \$30 million infusion from the federal government for environmental cleanup of the site, and a proposed mall with stores and amenities to be built by the government to serve federal employees and the neighborhood, GSA has been continually frustrated in attempts to attract federal government tenants to the site, and the property has remained undeveloped. Thus, instead of using this federal land to house federal agencies or for other productive purposes, the federal government rents other space throughout the region. The financial loss to the federal government as a result of its failure to make use of this valuable asset is incalculable.

Federal land cannot be used for other than federal purposes without legislation and the new approach embodied in this bill. One of the main reasons the site still lies unused is because the federal government has been unable to commit sufficient financial resources for its development. The bill would overcome this obstacle by creating a public-private partnership whereby the federal government would make the land available for development and a private developer would furnish the necessary capital to make the land productive. This kind of partnership represents an important breakthrough in securing the highest and best use for federal resources, securing revenue for the federal government, and saving the government money while at the same time contributing to the local D.C. economy and its neighborhood. The approach is mutually beneficial: the federal government makes its property available for development and revenue-producing occupancy and the developer, selected competitively, receives a valuable opportunity.

Our bill would authorize the Administrator of the GSA to enter into agreements with a pri-

ate entity to provide for acquisition, construction, rehabilitation, operation, maintenance, or use of facilities located at the site. The bill provides the GSA with wide latitude to enter into arrangements to bring any appropriate development work to the site—private, federal, local, or some combination. The bill also specifies that any agreement entered between the GSA and the developing entity must (1) have as its primary purpose enhancing the value of the Southeast Federal Center; (2) be negotiated pursuant to procedures that protect the federal government's interests and promote a competitive bidding process; (3) provide an option for the federal government to lease and occupy any office space in the developed facilities; (4) not require, unless otherwise determined by the GSA, federal ownership of any developed facilities; and (5) describe the duties and consideration for which the U.S. and the public or private entities involved are responsible. The bill also authorizes GSA to accept non-monetary, in-kind consideration, such as the provision of goods and services at the site.

I very much appreciate Chairman BOB FRANKS for his indispensable leadership on the bill. The Southeast Federal Center has been a subject at hearings since I came to Congress almost 10 years ago, and before. BOB FRANKS is the first chair of the Subcommittee to initiate action. New to the chairmanship of the Subcommittee, he was astonished to discover during my questioning of GSA witnesses that so large and valuable a federal parcel has long gone unused while taxpayers had been laying out billions of dollars to lease space for federal facilities. On the spot, he suggested that the subcommittee tour the parcel. Shortly thereafter, Chairman FRANKS indicated that he wanted to hold a hearing to work for expeditious passage of a bill for productive use of the parcel and revenue to the federal government. The result is a bipartisan effort made possible by the Chairman's understanding that something could be done about a notorious waste of a valuable federal resource.

I urge rapid passage of the Southeast Federal Center Public-Private Redevelopment Act of 1999 so that the progress we have made thus far can soon produce a result at once beneficial to the federal government and the nation's capital.

INTRODUCTION OF LEGISLATION TO EXPAND THE ACREAGE LIMITATION FOR SODIUM LEASES

HON. BARBARA CUBIN

OF WYOMING

IN THE HOUSE OF REPRESENTATIVES

Wednesday, October 13, 1999

Mrs. CUBIN. Mr. Speaker, today I am introducing legislation to amend the Mineral Leasing Act (MLA) to grant the Secretary of the Interior the discretion to increase the number of federal leases which may be held by any one producer in a single State. The present acreage limitation for sodium leases of 15,360 acres has been in place for five decades—longer than any other existing law. In fact, sodium is the only mineral subject to the MLA