

A TRIBUTE IN HONOR OF FRANCIS H. DUEHAY, MAYOR OF THE CITY OF CAMBRIDGE, MASSACHUSETTS

HON. MICHAEL E. CAPUANO

OF MASSACHUSETTS

IN THE HOUSE OF REPRESENTATIVES

Friday, November 19, 1999

Mr. CAPUANO. Mr. Speaker, I rise to acknowledge the forthcoming retirement of Francis H. Duehay, Mayor of the City of Cambridge, Massachusetts.

Frank Duehay has been an elected official in the City of Cambridge for 36 consecutive years, having first won a seat on the Cambridge School Committee in 1963. After having served four terms on the School Committee, he ran for the Cambridge City Council in 1971 and has served continuously since that time. Mayor Duehay first served as Mayor of the City of Cambridge for the 1980-1981 term, and in 1985 when he was elected to complete the term of Mayor Leonard Russell, who died in office.

As an elected member of the School Committee, Mayor Duehay introduced the Community Schools Program, which involved parents in the hiring of teachers and principals. He also was Chairman of the School Committee at the time when Cambridge successfully desegregated its school system. While on the City Council, Mayor Duehay chaired the Health and Hospitals Committee and oversaw the evolution of the Cambridge Health System, as it has now become one of the country's finest health care systems. He has been active in issues relating to municipal finance, zoning and planning, provision of neighborhood service, environmental protection, affordable housing, historic preservation and economic development. Most recently, he has led Council efforts to design and fund new affordable housing programs.

Mayor Duehay has served as Chair of the Trustees of First Parish (Unitarian Universalist) Church in Cambridge where he is a long time member. He is a board member of Tutoring Plus, The Cambridge Homes, and the Phillips Brooks House at Harvard University; and is an active member of several committees with the National League of Cities and the Massachusetts Municipal Association (MMA). Moreover, he has served as Chairman of the Cambridge-Yervan, Armenia Sister City Committee. Currently, Mayor Duehay is serving as MMA Vice President and in 1998 was the President of the Massachusetts Association of City and Town Councillors.

In his most recent term as Mayor, Mayor Duehay was Chairman of the Cambridge Kids Council, Chairman of the Welfare Reform Task Force, and successfully administered the Mayor's Summer Youth Employment Program, which provide jobs to 400 Cambridge residents. During his term as Mayor, Frank Duehay presided over the City Council with civility and dignity. He brought a true sense of professionalism to the body and with his departure, an era of Cambridge government will come to a close.

Mayor Duehay will now retire to the role of private, yet active citizen. He has the great fortune of being married to Jane Kenworthy

EXTENSIONS OF REMARKS

Lewis, an attorney and Decision Reporter with the Massachusetts Supreme Court.

Mayor Duehay will be sorely missed as he steps away from the public window. It was an honor for me to serve alongside this true gentleman.

A TRIBUTE TO DR. C. RONALD KAHN

HON. GEORGE R. NETHERCUTT, JR.

OF WASHINGTON

IN THE HOUSE OF REPRESENTATIVES

Friday, November 19, 1999

Mr. NETHERCUTT. Mr. Speaker, I rise today to pay special tribute to one of our nation's leading research scientists, Dr. C. Ronald Kahn of the Joslin Diabetes Center in Boston, Massachusetts. Dr. Kahn has dedicated his highly distinguished professional career toward the elimination of diabetes, and has made significant strides in contributing to our understanding and treatment of this debilitating and vicious disease.

Dr. Kahn's numerous awards and achievements include elected membership to the National Academy of Sciences. The Academy is a private organization of distinguished scientists and engineers dedicated to furthering science and its use for the general welfare. In October, Dr. Kahn was elected membership to the Academy's prestigious Institute of Medicine, of which there are only 588 currently in active status. As a member of the Institute, Dr. Kahn will be involved in protecting and advancing the health professions and science, promoting research related to health, improving the nation's health care and addressing critical issues affecting public health.

Dr. Kahn is currently Executive Vice President and Director of the internationally known Joslin Diabetes Center, a 100 year old diabetes treatment, research and education institution affiliated with Harvard Medical School. Dr. Kahn is the Mary K. Iaccoca Professor of Medicine at the Harvard Medical School.

Dr. Kahn chaired the Diabetes Research Working Group, which was established by Congress to provide recommendations on how Federal dollars for diabetes research can be spent most effectively to reverse the diabetes epidemic. In this landmark study, Dr. Kahn reported that the death rate from diabetes has increased by 30 percent since 1980, killing one American every three minutes. The DRWG recommended an increase of \$385 million over present NIH funding for diabetes research, for a total of \$827 million annually through all NIH institutes.

Throughout his distinguished career, Dr. Kahn has made significant scientific contributions to advancing the understanding and treatment of diabetes and its complications. Diabetes affects an estimated 16 million Americans, about one-third of whom do not know they have the disease. It is a leading cause of heart disease, blindness, stroke, nerve damage, kidney disease and other serious complications.

In the years that Dr. Kahn has served as Research Director at Joslin, the Center's research has truly achieved preeminence on a worldwide basis. Dr. Kahn's immense energy,

talent, and intellect have helped Joslin achieve preeminence in the study of diabetes and care of people with diabetes.

Scientific contributions by Dr. Kahn and his colleagues have contributed greatly to the understanding of cellular mechanisms that lead to diabetes and related complications. Throughout his academic career, he has trained numerous research fellows who are now making their own scientific contributions in laboratories around the world.

A native of Louisville, Kentucky and a resident of Newton, Massachusetts, Dr. Kahn received his undergraduate and medical degrees from the University of Louisville. After training in internal medicine at Washington University's Barnes Hospital, he worked at the National Institutes of Health for 11 years. There he rose to head the Section on Cellular and Molecular Physiology of the Diabetes Branch of the National Institutes of Health's National Institute of Diabetes and Digestive and Kidney Disorders.

Dr. Kahn is a member of numerous distinguished professional organizations. He has published numerous scientific papers over the years and has served on the editorial boards of many of the most prestigious medical journals.

Dr. Kahn has received many awards and honors. These include highest scientific and research awards from the American Federation of Clinical Research, the American Diabetes Association, the Juvenile Diabetes Foundation and the International Diabetes Federation. He holds honorary Doctorate of Science degrees from the University of Paris and the University of Louisville.

In conclusion, Mr. Speaker, I believe all will share in the appreciation we extend to Dr. Kahn for his tireless efforts toward the alleviation of pain and suffering from diabetes. Dr. Kahn's outstanding achievements serve to inspire others in his profession, as well as those of us who are not trained in the medical profession, to do all that we can to find a cure for diabetes and stop the tremendous toll this disease is taking on humanity.

PROCLAMATION NO. 2526

HON. MATT SALMON

OF ARIZONA

IN THE HOUSE OF REPRESENTATIVES

Friday, November 19, 1999

Mr. SALMON. Mr. Speaker, the severe treatment of Japanese Americans and aliens during World War II has been extensively detailed. Not as chronicled is the less pervasive, but still serious discrimination on the basis of ethnicity suffered by Americans or aliens of Italian and German descent. To this end, Congressman RICK LAZIO's Wartime Violation of Italian Americans Civil Liberties Act, which passed the House last week, would provide Americans with a sharper account of the discrimination suffered by Italian Americans during World War II. But, history would still lack a clear picture of the German-American experience.

It's clear that certain Americans of German descent experienced injustices similar to other ethnic groups during World War II. For example, consider the case of Arthur D. Jacobs, an

American of German descent, who now lives in my district. Mr. Jacobs published a book earlier in the year, *The Prison Called Hohenasperg* that details his account of internment in the United States and Germany. Mr. Jacobs and his family spent time at Ellis Island, Crystal City, TX, and finally a prison camp in Germany. The event that put Mr. Jacobs ordeal in motion was the leveling of unsubstantiated, anonymous charges against his father.

The book has generated national interest. The November 1st edition of the American Library Association's Booklist offered the following review of the book:

There has been very little written about the terrible punishment that was meted out to thousands of German Americans during World War II. That's why Jacob's book is an important one. This modest tome opens up a hidden and disgraceful chapter in our history for all to see.

The internment of Mr. Jacobs and his family was not an isolated case. Arnold Kramer, a Texas A&M professor specializing in European history and author of *Undue Process: The Untold Story of America's German Alien Internees*, observed in his book that about 15 percent of the 10,905 German aliens and Americans interned were committed Nazis, while the rest "were ordinary American citizens."

In the 48 hours following the bombing of Pearl Harbor President Franklin Roosevelt issued Proclamation 2525, 2526, and 2527, which authorized restrictive rules for aliens of Japanese, German, and Italian descent, respectively. These proclamations coupled with Executive Order 9066, which authorized the War Department to exclude certain persons from designated military areas, resulted in hardships and the deprivation of certain fundamental rights for the targeted populations. A 1980 Congressional Research Service Report, *The Internment of German and Italian Aliens Compared With the Internment of Japanese Aliens in the United States During World War II: A Brief History and Analysis*, revealed that the War Department would not support the "collective evacuation of German and Italian aliens from the West Coast or from anywhere else in the United States" but would authorize individual exclusion orders "against both aliens and citizens under the authority of Executive Order 9066." In other words, German and Italian Americans and aliens could still be denied basic civil liberties because of their heritage.

Ideally, Congress would address both the Italian American and German American experience during World War II. On a per capita basis, it appears that significantly more Americans or aliens of German descent were interned than Italian Americans. According to *Personal Justice Denied*, a report of the Commission on Wartime Relocation and Internment of Civilians issued in 1982, the Justice Department had interned 1,393 Germans and 264 Italians by February 16, 1942. Moreover, the Commission's report contains evidence that German Americans were considered to be more of a threat than Italian Americans. For instance, the Secretary of War in 1942 instructed the military commander in charge of

implementing Executive Order 9066 to consider plans for excluding German aliens, but to ignore the Italians. And later in the year, the Attorney General announced that Italians would no longer be considered "aliens of enemy nationality." No such clarification was ever issued for German Americans. Finally, President Franklin Roosevelt dismissed the threat of those of Italian descent living in America, referring to them as "a lot of opera singers."

As we reach the end of the century, I urge my colleagues to pursue a full historical accounting of the experiences of all Americans who suffered discrimination during the Second World War as expeditiously as possible.

HEALTHCARE RESEARCH AND QUALITY ACT OF 1999

SPEECH OF

HON. TOM BLILEY

OF VIRGINIA

IN THE HOUSE OF REPRESENTATIVES

Thursday, November 18, 1999

Mr. BLILEY. Mr. Speaker, I am pleased that we are witnessing today the passage of legislation that is critical to improving the quality of health care in this country. The Healthcare Research and Quality Act of 1999 will significantly increase health care research and science-based evidence to improve the quality of patient care.

The health care system is a dramatically different system today than a decade ago when the Congress established the Agency for Health Care Policy and Research. The financing and delivery of health care has changed as we have moved to more complex systems such as managed care. At the same time, there has been an explosion of new medical information stemming from our biomedical research advances. As a result, patients and providers face increased difficulty in tracking and understanding the latest scientific findings.

The legislation we are passing today represents the joint efforts of Senators FRIST, JEFFORDS and KENNEDY, together with Representatives BILIRAKIS, DINGELL, and BROWN. Senator FRIST introduced the first version of this bill in June of 1998, and until last week this legislation was considered (and passed) as part of the Patient's Bill of Rights Act in that body. In the House, Representative BILIRAKIS introduced a companion bill, H.R. 2506, on September 14, 1999. Following Commerce committee hearings and mark-ups, the House voted overwhelmingly—417 to 7—to pass H.R. 2506 on September 28, 1999. Late last week, the Senate separated the AHCPR legislation from its Patients' Bill of Rights, and passed S. 580 by unanimous consent. This bill, which is before us today, reflects agreement between the authorizing House and Senate committees on legislation that each body has acted on with the broadest bipartisan support.

S. 580 reauthorizes the Agency for Health Care Policy and Research for fiscal years 2000–2005, renames the agency the "Agency for Healthcare Research and Quality," and refocuses the agency's mission to become the

focal point for supporting federal health care research and quality improvement activities.

The new Agency for Healthcare Research and Quality will: promote quality by sharing information regarding medical advances; build public-private partnerships to advance and share true quality measures; report annually on the state of quality, and cost, of the nation's healthcare; aggressively support improved information systems for health quality; support primary care research, and address issues of access in underserved areas and among priority populations; facilitate innovation in patient care with streamlined evaluation and assessment of new technologies; and coordinate quality improvement efforts of the federal government to avoid disjointed, uncoordinated, or duplicative efforts.

AHCPR fills a vital federal role by investing in health services research to ensure we reap the full rewards of our investment in basic and biomedical research. AHCPR takes these medical advances and helps us understand how to best utilize these advances in daily clinical practice. The Agency has demonstrated their ability to close this gap between basic research and clinical practice.

As I noted earlier, S. 580 contains some modifications that reflect agreement between the authorizing House and Senate committees. I will not list all of the changes we have made, but I would like to highlight a few.

First, I am pleased that our bill has an increased emphasis on research regarding the delivery of health care in inner city and rural areas and of health care issues for priority populations including low-income groups, minority groups, women, children, the elderly, and individuals with special health care needs including individuals with disabilities and individuals who need chronic care or end-of-life health care. The legislation will ensure that individuals with special health care needs will be addressed throughout the research portfolio of the Agency.

A second provision included in the bill which I believe is extremely important for improving the health of our nation's children is the authorization to provide support for payments to children's hospitals for graduate medical education programs. The bill authorizes funding to the 59 freestanding children's hospital across the country that do not receive any GME funds today. These 59 hospitals represent over 20 percent of the total number of children's hospitals in the U.S. and they train nearly 30 percent of the nation's pediatricians, about 50 percent of all pediatric specialists, and over 65 percent of all pediatric specialists. I believe this is a strong addition to our bill which will ensure the training of pediatric physicians to improve the quality of health care for our children.

Mr. Speaker, this legislation would not have come to fruition without the contributions of many individuals. I would like to take this moment to express my gratitude to Representatives BILIRAKIS, DINGELL, and BROWN, and to Senator FRIST and his colleagues. I look forward to witnessing the enactment of S. 580 into law this year which will greatly improve the quality of health care for all Americans.