

TRIBUTE TO CAPT. JOSEPH W. WARFIELD AND THE TEXAS STATE PILOTS' ASSOCIATION

HON. GENE GREEN

OF TEXAS

IN THE HOUSE OF REPRESENTATIVES

Thursday, March 18, 1999

Mr. GREEN of Texas. Mr. Speaker, I rise to pay tribute to Capt. Joe Warfield on his retirement as president of the Texas State Pilots' Association. The Texas State Pilots' Association is the professional organization that represents our State-licensed maritime pilots. These professional mariners navigate ocean-going ships safely to and from the many important commercial ports in Texas.

I am proud that our State's largest port, the Port of Houston, is in my district. The Port of Houston is connected to the Gulf of Mexico by the 53-mile Houston Ship Channel. The Port of Houston is the busiest U.S. port in foreign tonnage, second in domestic tonnage and the world's eighth busiest U.S. port overall. More than 6,435 vessels navigate the Houston Ship Channel annually. It is largely because of the skill and vigilance of professional state pilots such as Captain Warfield, that our vital waterborne commerce moves safely and efficiently through our state waterways.

Captain Warfield, an active Houston Pilot, served as president of the Texas State Pilots' Association from 1994 to 1998. He had been vice president of the association the previous 4 years. Captain Warfield is a graduate of Texas A&M University and has over 20 years of experience with the Houston Pilots. He has held numerous leadership positions within his pilotage association, including three years as Presiding Officer. On the national level, Captain Warfield is active in the American Pilots' Association. He was an APA Trustee for the State of Texas from 1994 to 1998 and served as a member of the APA's Navigation and Technology Committee for several years.

Mr. Speaker, I am honored to recognize the distinguished service to the Port of Houston and the State of Texas of Captain Joseph Warfield for his leadership and professional commitment to the safe dispatch of commerce on our waterways. We will miss his leadership, but we wish him well in his retirement.

INDIA'S COMMITMENT TO RELIGIOUS TOLERANCE

HON. ENI F.H. FALEOMAVAEGA

OF AMERICAN SAMOA

IN THE HOUSE OF REPRESENTATIVES

Thursday, March 18, 1999

Mr. FALEOMAVAEGA. Mr. Speaker, there have been a number of news stories recently about attacks on Christians in India. These attacks are deplorable and should be condemned. But even as we condemn them, we ought not to lose sight of the fact that the government of India has acted swiftly—in word and in deed—to also condemn the attacks and to take strong action against those who appear to be the perpetrators.

To date, there have been more than 200 people arrested in the two states, Gujarat and

EXTENSIONS OF REMARKS

Orissa, where the violence has occurred. Both the two state governments and the central government have deployed extra manpower, particularly police and investigation support teams, into the regions. In Gujarat, where the attacks have ruined property, the state government has already authorized relief and compensation payments for damaged property.

Not only has the government of India acted against the alleged perpetrators, it has condemned them, publicly and repeatedly, in no uncertain terms. Prime Minister Vajpayee and President Narayanan, India's head of government and head of state respectively, have spoken out against these crimes and those who would commit them. The Prime Minister even embarked on a one-day fast seeking a renewal of communal harmony, and did so on the January 30 anniversary date of the death of Mahatma Gandhi, India's revered leader, thereby tying his government's policies to Gandhi's ideals of non-violence and cultural diversity.

It is right for the Prime Minister to link his fast and the ideals of Gandhi. India is a diverse nation. Although it is predominantly a Hindu nation, Muslims, Christians, Sikhs, Buddhists and Jains freely practice their religions and have for centuries. It is important to note that these attacks, as heinous as they are, have only occurred in two states, which is home to only a small portion of India's Christian community. The vast majority of Christians live in parts of India that have not seen any signs of violence.

Mr. Speaker, let me close by noting that these attacks, terrible as they are, remind us that India itself remains a secular democracy, committed to the principles of individual tolerance and religious diversity. Its government has publicly demonstrated that commitment in recent weeks. It is to be commended for it.

A TRIBUTE IN MEMORY OF ROBERT H. HODGSON, JR.

HON. ELEANOR HOLMES NORTON

OF THE DISTRICT OF COLUMBIA

IN THE HOUSE OF REPRESENTATIVES

Thursday, March 18, 1999

Ms. NORTON. Mr. Speaker, I rise today to remember a friend, Robert H. Hodgson, Jr., whose mortal remains will be laid to rest in the columbarium of his home parish, St. Paul's Episcopal Church, on K Street in the District of Columbia, this Saturday.

Rob was a native Washingtonian who was educated at the Campus School of Catholic University and Gonzaga College High School. Rob also earned a BA at Rice University. He died in his sleep on February 18.

Rob was passionately political and politically compassionate. He thrived in the turbulent seas of D.C., Anglican, and Gay and Lesbian politics. He worked with numerous District officials, including Council Chairwoman Linda Cropp, Councilman Harold Brazil, and Councilman James Graham; he served as treasurer of the Gertrude Stein Democratic Club, was a vocal board member of Episcopal Caring Response to AIDS, and an active volunteer in his parish's AIDS and homeless ministries.

Those who knew Rob will remember his fondness for gossip. Rob always had the "in-

side scoop," not only on the D.C. Council and the D.C. Democratic State Committee, but on numerous vestries within the Episcopal Diocese of Washington. Rob often used his skills as a raconteur to enliven a dull reception with the latest "dish."

Rob was not survived by his immediate family, but he had many friends, in particular, his life-long friend Mary Eva Candon and his confidant Parker Hallberg.

Mr. Speaker, I ask that this House extend its sympathy and condolences to the many friends of Rob Hodgson.

INTRODUCTION OF THE BREAST AND CERVICAL CANCER ACT BY MARY ANN WAYGAN

HON. WILLIAM D. DELAHUNT

OF MASSACHUSETTS

IN THE HOUSE OF REPRESENTATIVES

Thursday, March 18, 1999

Mr. DELAHUNT. Mr. Speaker, standing in front of our nation's Capitol today was Mary Ann Waygan, a woman from Cape Cod, Massachusetts, who joined with Senators CHAFEE, MIKULSKI, and SMITH in introducing the Breast and Cervical Cancer Treatment Act. As an original cosponsor of the House version of this legislation, I would like to share with you her eloquent testimony of those affected by this tragic disease.

STATEMENT OF MARY ANN WAYGAN

Hello, my name is Mary Ann Waygan and I am the coordinator for the CDC Breast and Cervical Cancer Initiative for Cape Cod, Massachusetts.

Before I begin, I would like to thank Senators Chafee, Mikulski, Snowe and Moynihan for sponsoring this legislation. I would also like to thank Senator Smith for his support of this bill.

Clearly, the single largest problem facing the Breast and Cervical Cancer Screening Program today is finding resources and caregivers to provide treatment to the women who are diagnosed with breast or cervical cancer. The lack of treatment dollars is one of the biggest policy gaps in the program—and the problem is only getting worse.

The barriers to recruiting providers for charity care are growing, and funding for the treatment is an ad-hoc system that relies on volunteers, state workers and others to find treatment services. In the community, we go to tremendous ends to find treatment—and raise money to help pay for it. I've organized luncheons, bake sales, raffles—you name it. Anything to raise money for women who could not afford to pay out of pocket for treatment. Despite these efforts, all too often, we come up short.

Funding for treatment through the CDC program is the biggest problem I face as a coordinator and frankly a barrier to screening and detection. Funding for treatment is tenuous at best. Without passage of the Breast and Cervical Cancer Treatment Act, future funding for treatment for these women will remain uncertain.

I want to tell you one story in particular that clearly illustrates the problem some of these women face. A woman who lives in Buzzard's Bay, Massachusetts who was diagnosed with breast cancer through the CDC program.

Arlene McMann is a married woman in her early forties with two teenage sons and no health insurance.

When Arlene was diagnosed with breast cancer through the CDC screening program, she was devastated—not just with the diagnosis, but with the fact that she had no way to pay for the treatment she needed.

Faced with that situation, she and her husband were forced to use the \$20,000 they had been saving for years to pay for their children's college tuition. In less than a year, that money was gone. After that, she and her husband were forced to go into debt to pay for her ongoing chemotherapy/radiation treatment and other procedures including a craniotomy and gall bladder surgery. They are now more than \$40,000 in debt, were forced to move into a much smaller house and lost their dream of sending their sons to college without going into further debt.

The additional stress and pressure placed on Arlene and her husband by this situation has turned a difficult situation into an almost unbearable one. To make it even worse, Arlene recently found out that the cancer has spread to her hip, pelvis, lungs and liver.

Through all of this, Arlene has showed tremendous resolve. Despite being in pain and discomfort and forced to use a wheelchair, Arlene desperately wanted to be here today to share her story with you directly. She thought it was important for everyone to understand not just what the cancer had done to her, but what the effect of having to take on this incredible financial burden had done to her physical health, mental strength and family resources.

Due to her condition, Arlene's treatment finally is being paid because she qualified for disability. But to this day, Arlene is convinced that her cancer would not have spread had she been able to afford regular visits to an oncologist.

Arlene's energy and determination to fight this disease and remain positive are amazing. I feel lucky to know her and to have worked with her. I only wish that as the program coordinator, I could have done more—that I could have assured her that any treatment she needed would be paid for and that she wouldn't have to spend time dealing with bank statements, mortgages or packing boxes on top of everything else.

In summary, we hear over and over again that early detection saves lives. In actuality, early detection alone does nothing but find the disease; detection must be coupled with guaranteed, quality treatment to actually save lives.

We must pass the Breast and Cervical Cancer Treatment Act to make sure that screening and treatment always go together.

I would like to thank the National Breast Cancer Coalition for its leadership role in working to get this legislation passed and thank the members of Congress here today for sponsoring and supporting this legislation.

CENTRAL NEW JERSEY CONGRATULATES BRUCE SPRINGSTEEN ON HIS INDUCTION INTO THE ROCK AND ROLL HALL OF FAME

HON. RUSH D. HOLT

OF NEW JERSEY

IN THE HOUSE OF REPRESENTATIVES

Thursday, March 18, 1999

Mr. HOLT. Mr. Speaker, I rise today to direct the attention of my colleagues to the induction of central New Jersey's Bruce

Springsteen into the Rock and Roll Hall of Fame last Monday.

From central New Jersey to central Europe, you need only mention the name "Bruce," to gain immediate recognition of this man's work. From classics like "Promised Land," "Backstreets," "Tenth Avenue Freeze-Out," and "Thunder Road," Bruce Springsteen's songs hold special memories for all of us. He is a storyteller whose songs are about loyalty, friendship, and remembering the past. Most of all, his songs are about—and are part of—the real lives of Americans.

In 1973, Bruce released his famous "Greetings From Asbury Park, N.J." album. It was followed by "The Wild, the Innocent and the E Street Shuffle." In 1975 Bruce followed up with "Born to Run" which is widely acclaimed as one of the finest rock and roll albums ever made.

In the late 1970's and early 1980's Bruce and his band continued with a string of modern rock classics—"Darkness on the Edge of Town," "The River," and the multi-platinum album "Born in the USA." In the past few years, Springsteen recorded his most successful solo song ever, "Streets of Philadelphia," earning himself more Grammy Awards and an Academy Award.

Springsteen's most recent record, "The Ghost of Tom Joad" won a Grammy Award for best contemporary folk album, and builds on the work that Bruce began in the 1980's with his critically-acclaimed album "Nebraska," in calling attention to, and building on, America's rich folk music heritage.

Despite his incredible success and worldwide fame, Bruce Springsteen has always stayed true to his central New Jersey roots and to the interest of music fans everywhere. Indeed, in an era of high ticket prices and prima donna stars, Bruce Springsteen has always dedicated himself to providing his fans with affordable, consistent entertainment. He has been dedicated to seeing that his music makes its way into the lives of people. That dedication has rightfully earned him the nickname, "The Boss."

Mr. Speaker, Bruce Springsteen has given a lot to New Jersey, to the lives of music lovers everywhere and to our nation's rich popular culture. We in central New Jersey are rightfully proud to call him a native son and take tremendous pride in his induction into the Rock and Roll Hall of Fame. I am proud to say that Bruce Springsteen is a constituent of mine.

I hope that my colleagues in the House will join me and other central New Jerseyans in extending our congratulations to Bruce Springsteen for this well-deserved honor.

INTRODUCTION OF THE WORK INCENTIVES IMPROVEMENT ACT OF 1999

HON. FORTNEY PETE STARK

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Thursday, March 18, 1999

Mr. STARK. Mr. Speaker, I am honored to co-sponsor the Work Incentives Improvement Act of 1999. This bill would remove the barriers to health insurance and employment in-

herent in the current disability insurance (DI) system, and enable many Americans to return to work. Disabled people have much to offer. It is time that we recognize and encourage them to participate as contributing members of society.

I am especially pleased to support the Medicare and Medicaid provisions of this bill. Without these programs, many people living with disabilities would not have access to the care that is so vital to their health and well-being. Because private health insurance is not affordable or available to them, even after returning to work, we must keep Medicare and Medicaid available to the working disabled.

There is one segment to the disabled population that I urge my colleagues to give special consideration: End Stage Renal Disease patients.

As you know, there are about 260,000 Americans on dialysis and another 80,000 who are dependent on a kidney transplant (with about 11,500 kidney transplants performed annually). About 120,000 dialysis patients are of working age (between 20 and 64), yet fewer than 28,000 are working.

The "USRDS Abstract of Medical Evidence Reports, June 1, 1996 to June 1, 1997," reveals that 38.1% of all dialysis patients 18-60 years of age were employed full time, part time, or were students before onset of ESRD.

But only 22.9% of ESRD patients in the same age group were employed full time, part time, or were students after the start of dialysis. This 15% (38.1% minus 22.9%) differential is the prime hope for return to work efforts.

Of the transplant patients, most (88%) are of working age, but only about half of them are working.

Section 102 of your bill provides Medicare coverage for working individuals with disabilities—but ESRD dialysis patients already have this protection. For transplant patients, Medicare does not cover their major health need—coverage of \$8,000-\$10,000 per year for immunosuppressive drugs—after 36 months.

Clearly, we should tailor some special provisions to this population.

I would like to suggest a series of ESRD return-to-work amendments that would save total government revenues in the long run. While these proposals may increase Medicare spending, they would reduce Social Security disability and Medicaid spending.

There are just preliminary ideas, and I hope that you and the renal community could refine these ideas prior to mark-up.

(1) A huge percentage of ESRD patients qualify for Medicaid. The disease is so expensive (\$40,000-\$60,000 per patient per year) and the out-of-pocket costs so high that it impoverishes many. For transplant patients, the cost of life-saving immuno-suppressive drugs alone can be \$8,000, \$10,000 or more per year. No wonder many are tempted to avoid actions which would disqualify them for help.

As part of general Medicare policy, I have always thought that we should cover pharmaceuticals and, in particular, indefinitely cover immuno-suppressive. It is maddening to hear the stories of \$80,000-\$100,000 kidney transplants lost, because a patient couldn't afford the \$10,000 per year of medicine.

I think a good case can be made to add to this bill coverage of immuno-suppressives indefinitely, to encourage people to leave Medicaid/Disability and return to work.