

country. We feel so privileged to be a part of this country." Tom de Jong, at 73 the oldest of the 10 brothers and sisters, said yesterday at the kickoff of the event.

Tom was the first of the family to come to America. That was in 1948, when he took a job working on his uncle Sam Bruinsma's ranch in what is now Poway. Bruinsma was married to Tom's father's twin sister, Tante Jet.

Impressed with America and the opportunities it offered, Tom wrote to his parents, insisting they join him.

The rest of the family did indeed follow the oldest son, arriving in New York on May 26, 1949. This week's reunion—expected to draw more than 200 de Jongs and close friends—marks the 50th anniversary of that event.

"I will never forget that day," Arie de Jong, 60, perhaps the best known of the clan, said yesterday. "The Statue of Liberty and that New York skyline—and coming to America.

"America has been good to us."

Arie, after helping his family start the Hollandia Dairy, became a millionaire in the trash-hauling business. Among the possessions he has acquired are the three stone structures in Poway that his family first lived in.

The reunion, the first of its kind for the family, was Arie's idea.

"It's really for the kids and the grandkids through," he said. "It's to show them where their family started in this country."

Arie has arranged a busy schedule that included a barbecue picnic last night at the old family homestead, a trip to Catalina today and tomorrow, another barbecue and picnic Saturday at nearby Big Stone Lodge, and church on Sunday followed by final farewells.

A TRIBUTE TO H. GAYLON
GREENHILL

HON. PAUL RYAN

OF WISCONSIN

IN THE HOUSE OF REPRESENTATIVES

Tuesday, June 8, 1999

Mr. RYAN of Wisconsin. Mr. Speaker, I rise today to honor a distinguished public servant. H. Gaylon Greenhill, Chancellor of the University of Wisconsin-Whitewater, has decided to retire after 37 years of dedicated service to the institution and our region. Chancellor Greenhill has done so much to advance the cause of higher education in Wisconsin, and it is for his service that I salute him today.

H. Gaylon Greenhill has served in a variety of capacities at the University of Wisconsin-Whitewater throughout his tenure. Before being appointed chancellor in 1991, he served as Chairman of the Political Science department, Dean of Summer School and Extension Services, Acting Dean of the College of Letters and Sciences, Vice Chancellor for Academic and Student Affairs, and Vice Chancellor and Dean of Faculties.

Chancellor Greenhill received his Bachelor's degree in Social Studies at University of Wisconsin-River Falls and earned his Master's and Doctorate degree in Political Science from the University of Illinois. He was a Fulbright Scholar at the University of Oslo from 1960-61.

During his tenure as chancellor at UW-Whitewater, the university developed and im-

plemented the campus exterior plan, constructed the Irvin L. Young Auditorium, renovated the James R. Connor University Center and Hyer Hall, and made major technological advances such as the construction of a fiber optic computer network, the addition of numerous workstations in computer labs and the complete wiring of the residence halls.

Under Chancellor Greenhill's leadership, UW-Whitewater has been ranked in U.S. News & World Report's top tier of midwestern regional universities for five consecutive years. UW-Whitewater has also recently received accreditation from the North Central Association and National Council for Accreditation of Teacher Education.

Chancellor Greenhill initiated the Excellence for the 21st Century Campaign to raise \$10 million for scholarships and university betterment. Not only did UW-Whitewater surpass this goal, it did it two years early and had \$2.4 million in excess.

Chancellor Greenhill will retire from UW-Whitewater effective June 30, 1999. I know that I speak for everyone in the UW-Whitewater family when I wish him and his family well as they begin this new and exciting stage in their lives together. Thank you for your service to your community, Chancellor, and thank you for what you have done for the university.

IN HONOR OF THE LATE MAJOR
JOHN B. MAHAN

HON. SCOTT McINNIS

OF COLORADO

IN THE HOUSE OF REPRESENTATIVES

Tuesday, June 8, 1999

Mr. McINNIS. Mr. Speaker, it is with a heavy-heart that I wish to take this moment to recognize the life and career of one of The United States' great men, Major John B. Mahan. Sadly, Major John Mahan died after suffering a stroke in 1995. While his family and friends remember the truly exceptional life of Major Mahan, I, too, would like to pay tribute to this remarkable man.

Major John B. Mahan served proudly in the U.S. Army from 1938 until his retirement in 1961. During that time, he served in North Africa. While in North Africa, Major Mahan was wounded and had to spend months in a state-side hospital to recover. In the Marine Division, Major Mahan served in the Korean War as a liaison officer/transportation officer in some of the war's most intense months.

Later in his life, Major Mahan was stationed at Fort Carson as company commander. In 1957, he was chosen to be the Commandant of Cadets in the R.O.T.C. program for the Denver Public School District. Major Mahan put his all into the R.O.T.C. program, running it until his retirement.

Although his professional accomplishments will long be remembered and admired, most who knew him well remember Major John Mahan, above all else, as a friend. It is clear that he is truly missed, yet his family can take solace in the knowledge that each is a better person for having known Major John Mahan.

ANOTHER REASON WE NEED A RX
BENEFIT FOR EVERYONE IN
MEDICARE

HON. FORTNEY PETE STARK

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Tuesday, June 8, 1999

Mr. STARK. Mr. Speaker, a number of us have introduced H.R. 1495, a bill to provide a prescription drug for everyone in Medicare. A provision in that bill requires a system to prevent drug errors and the use of contra-indicated drugs.

Over-prescription and reactions among multiple prescriptions costs Americans billions of dollars a year in illness—and thousands of deaths. If we can reduce those errors, the total health care system can make enormous savings.

A new article in the May/June 1999 issue of the Journal of the American Pharmaceutical Association provides another example of why we should improve the quality of drug use among all Medicare beneficiaries. Following is the abstract of Rajender Aparasu's study entitled, "Visits to Office-Based Physicians in the United States for Medication-Related Morbidity."

Objective: To examine the prevalence, nature, demographics, and resource use associated with visits to office-based physicians in the United States during 1995 for medication-related morbidity.

Design: A nationwide cross-sectional survey of ambulatory care visits to physician offices, based on data from the National Center for Health Statistics' 1995 National Ambulatory Medical Care Survey.

Setting: Physician office-based settings in the United States.

Patients: Patients visiting office-based physicians for principal diagnoses of adverse effect of medications (ICD-9-CM E-code 930.00-947.9).

Main Outcome Measures: Weighted measures of prevalence, nature, demographics, and resource use associated with visits related to adverse effects of medications.

Results: An estimated 2.01 million (95% confidence interval, 1.69 to 2.34 million) visits for medication-related morbidity were made to office-based physicians in the United States during 1995, representing an annual rate of 7.70 visits per 1,000 persons. Medication-related visit rates were greater in women, in patients between 65 to 74 years of age, and in the Midwest. The most frequently cited reasons for medication-related visits were skin rash, nausea, and shortness of breath. The therapeutic agents responsible for medication-related visits were most often hormone and synthetic substitutes (13.32%), antibiotics (11.55%), and cardiovascular drugs (9.30%). Medication-related visits most often involved diagnostic services and medication therapy. The majority included instructions for a scheduled follow-up, and fewer than 1% resulted in hospital admission.

Conclusion: Medication-related ambulatory care utilization can pose a significant burden on health care resources unless specific strategies are initiated to control medication-related problems. The provision of pharmaceutical care can play an important role in reducing medication-related problems and associated health care costs.