

I will continue to support significant increases in funding for Head Start, Early Head Start, after-school programs and the Child Care and Development Block Grant program in large part because of the potential these programs have to reduce juvenile crime and domestic violence nationwide.

COMBATTING METHAMPHETAMINE IN SOUTH DAKOTA

A number of South Dakota law enforcement officials and local leaders have told me that meth abuse has become one of their top crime-fighting priorities in the past few years. Meth abuse threatens our young people, law enforcement officers, and our environment. Once again, I led efforts to enhance punishments of meth operators, mandate restitution for meth lab clean-up, and increase funding for treatment and prevention efforts. I also joined Senator TOM HARKIN (D-IA) in successfully securing emergency funding for meth lab clean-up efforts in South Dakota and nationwide.

There is much to be done to bring crime rates in our state down, and to help every South Dakotan feel safe in their home and community. I look forward to continuing my work with state and local leaders, law enforcement agencies in South Dakota, and my Republican and Democratic Senate colleagues in Washington. Together, by focusing on community crime prevention and by investing in our kids, I believe we can make progress in addressing the unique needs of our South Dakota communities.

ADDITIONAL STATEMENTS

TRIBUTE TO COL. ROBERT F. SINK

• Mr. MILLER. Mr. President, history gives us many examples of men and women who went above and beyond the call of duty to serve our great country. In our military, there have always been men and women who were not satisfied with maintaining the status quo, but who, instead, strove to make our armed forces the world's finest and the most powerful. One such individual was the late Colonel Robert F. Sink, commander of the 506th Parachute Infantry Regiment in Toccoa, Georgia.

The 506th Parachute Infantry Regiment was constituted on July 1, 1942 in the Army of the United States, activated July 20, 1942 at Camp General Robert Toombs at Toccoa, Georgia, attached to the 101st Airborne Division on June 1, 1943 and assigned to the 101st Airborne Division on March 1, 1945. The camp located at Currahee Mountain in Toccoa was soon renamed Camp Toccoa and was chosen because of its rugged terrain. The 506th Regiment selected the symbol of the Currahee Mountain as its Coat of Arms and "Currahee" became its battle cry.

It was here, in Toccoa, that Col. Sink initiated his rigorous training program

called "Muscle College" and set many of the standards for the paratrooper basic training program of the 101st Airborne Division. Because of Col. Sink's efforts, the 506th Parachute Infantry established records never before reached by any military unit in the world. Furthermore, Airborne infantrymen around the nation recognized the "Currahee trained" men from Camp Toccoa as a cut above their peers in strength and performance.

Col. Sink led his 506th Regiment into combat on D-Day at Normandy, then to Holland, Bastogne, France, Germany, and all the way to Hitler's "Eagle Nest." By the end of World War II, the 506th had received several coveted awards and decorations. The courageous service of the 506th Parachute Infantry Regiment was due, in no small measure, to the tireless efforts of Colonel Robert F. Sink, a true American hero. In honor of this great man, the Currahee Mountain Road, which changed the boys of the famous "Currahee" Regiment into men, will be fittingly renamed the "Col. Robert F. Sink Memorial Trail."

I hope my colleagues will join with me today in honoring this great man and his groundbreaking work on behalf of our nation's security. For those under Colonel Sink's tutelage who will travel back to Toccoa for this important reunion and celebration, I wish you the best and thank you for your service. Finally, special thanks should be extended to State Representative Mary Jeanette Jamieson for her work on this project. It was a pleasure to be involved in such a worthy effort.●

TRIBUTE TO REVEREND WILLIE JAMES

• Mr. LAUTENBERG. Mr. President, I rise today to recognize the great work of a civil rights pioneer and chapter president of the National Association for the Advancement of Colored People of Willingboro, New Jersey, Reverend Willie James, on the occasion of his receiving the award for exemplary community service.

Reverend James began his work for civil rights in 1958 when he attempted to buy a house in Willingboro's Levitt community. He was told that houses would not be sold to African-Americans. Reverend James decided to sue. Two years later, the United States Supreme Court officially integrated Willingboro, enabling Reverend James to become one of the community's first African-American residents.

In 1974, work demands forced Reverend James to move to Rhode Island. While in Rhode Island, Reverend James joined a statewide commission that studied disparities in white and minority prison rates than whites.

Eventually Reverend James returned to New Jersey where his level of activism flourished. He became president of

the Willingboro chapter of the NAACP. During his time as president, Reverend James made great progress researching the issue of disproportionate African-American male imprisonment.

In the recent election, Reverend James and the local chapter of the NAACP worked on motivating minorities to vote. Reverend James is a recipient of more than 30 local and national awards for his commitment to public service.

I am pleased to honor Reverend Willie James on this joyous occasion. His family, his friends, and his community are indebted to him for his unyielding service. This honor is richly-deserved. I salute him on yet another great achievement.●

IN RECOGNITION OF MR. WOODROW W. WOODY

• Mr. LEVIN. Mr. President, on Thursday, November 16, 2000, the people of Michigan, will pay tribute to Mr. Woodrow W. Woody, president and owner of the longest running car dealership in the Nation—Woody Pontiac Sales, Inc. Mr. Woody, who continued active participation in the business, until he was 92 years old in June 2000, when he officially closed the Pontiac dealership he opened in the city of Hamtramck, MI in 1940.

Mr. Woody has come to be known as the pillar of his industry. In 1966, his dealership hit its peak year with the sale of 2,200 cars. Revered by his peers and the people of Michigan, he was inducted into the Automotive Hall of Fame. Over the 60-year operation of his dealership, Woody, as he is called by friends and family, estimates that he sold over 100,000 Pontiacs, one of General Motors' leading products. He says his success is due to his genuine love of life and people.

This immigrant from Lebanon, embodies the ultimate success story of the American dream. Much of why he is being honored is because of his dedication and loyalty to the citizens of the city of Hamtramck and his beloved Lebanon. When the economy recessed and auto sales reflected a downturn, Woody never considered moving his dealership from the community that supported him through prosperous times. Hailed for his philanthropic activities, he spearheaded a drive to build a new facility for the Hamtramck Public Library. In addition, he has worked with Junior Achievement and the Rotary Club for more than 50 years accomplishing projects which support community growth. Woody has also been just as committed to the people of his homeland, where he has built a school and medical clinic.

Although Woody promises to continue his work in the community, interacting with various civic and fraternal organizations for the good of the community, the industry has lost its

senior statesman and he will be sorely missed. We all wish Woody continued health, happiness and prosperity in the years ahead. I am sure my colleagues join me in the celebration of the life of Mr. Woodrow W. Woody, extending to him the good will and wishes of the Senate.●

RECOGNITION OF BRIAN KAATZ,  
PHARM. D.

● Mr. JOHNSON. Mr. President, I rise today to express my appreciation for the contributions of Brian Kaatz, Pharm. D. who has worked as part of my staff for the past three months as a senior Fellow. Brian's expertise in the area of pharmacology has made him a tremendous asset to my legislative staff, and I am fortunate to have had his assistance. When he returns to the Department of Clinical Pharmacy at South Dakota State University in December, I know he will be missed immensely by me and my entire staff.

Fellows are often considered secret weapons to the Members they assist. Brian has been no exception. He came to my office with a distinguished professional career accompanied by a wealth of experience within the pharmacy industry. While his expertise lies in clinical pharmacy, Brian's interests range from issues involving infectious diseases and use of antibiotics, nutrition, health care ethics, drug policy and roles for pharmacists.

Currently a Professor and Department Head of Clinical Pharmacy at the South Dakota State University, Brian has had a career filled with accomplishments. He has been president of the South Dakota Society of Hospital Pharmacists, a member of the committee that re-wrote the pharmacy practice act passed by the South Dakota legislature in 1992, an official delegate several times to the American Society of Health-System Pharmacy annual meeting, and served as a consultant to several South Dakota hospitals and law firms. Additionally, Brian has authored or co-authored approximately twenty-five professional articles and is currently the editor of the South Dakota Journal of Medicine's Pharmacology Focus column, published monthly in South Dakota's Physician Journal. He has made numerous major presentations both regionally and nationally, and received several awards over the years for his notable career.

Throughout the past three months, Brian has worked on a number of projects in my office dealing with pharmacy and health care. Brian led research efforts regarding a comprehensive study comparing prescription drug prices throughout South Dakota and the impact of rising drug costs on those without insurance. Many millions of Americans, both Medicare age and younger have either inadequate or

no prescription drug insurance at all. There are roughly 39 million Medicare beneficiaries in this country, one third of whom have no prescription drug coverage. At a time, when drug prices are rising at rates far greater than the rate of inflation and seniors around this country are forced to choose between buying food or pills, we have an inadequate Medicare program that provides no coverage for prescription drug costs. The study that Brian spearheaded provided me with crucial data and real life stories depicting the impact of this issue for South Dakotans, young and old alike. Brian's research furnished my office with up-to-date and unbiased information that enabled me to communicate effectively with my constituents, especially pharmacists, during this time. Unfortunately, Congress was not able to come to an agreement on how we provide Medicare beneficiaries with prescription drug coverage, therefore the information that Brian compiled for me will be critically important as I work on this issue in the 107th Congress next year.

Brian also facilitated discussions with the Government Accounting Office, GAO, on two subject matters involving direct-to-consumer advertising of prescription drugs and conflict of interest matters involving the Food and Drug Administration's Advisory Committee members. The research Brian conducted in these two areas will provide me with the basis for further discussions with GAO and congressional committees seeking hearings into these matters. Brian previously authored and co-authored two articles specifically on the subject of direct-to-consumer advertising and has completed extensive research in this field.

I ask to have the contents of these two articles printed in the RECORD following completion of my statement.

One of the most important tasks as a Senator is to communicate with your constituents back home. Balancing my duties in Washington with my schedule in South Dakota is often challenging due to uncertainties of the Senate schedule. Brian's established relationship with the South Dakota Pharmacist's Association, South Dakota Board of Pharmacy and several national pharmacy organizations was extremely crucial to his work with my office. He was able to advance discussions surrounding several issues with these groups which will aid me tremendously in my future work with prescription drugs, roles of pharmacists and other health policy matters.

Brian can take pride in his career and dedication to health care issues. He is a recognized health care expert, an educator, an author, an advocate and a friend. I wish to express my deep gratitude to Brian for a job well done. I wish him the very best in his future endeavors.

The articles follow.

[From the South Dakota Journal of  
Medicine, Dec. 1998]

DIRECT-TO-CONSUMER ADVERTISING OF PRESCRIPTION DRUGS: AN ETHICAL PERSPECTIVE  
(By Brian Kaatz)

There is no doubt to anyone who reads this that the detailing and promotion of prescription drugs is big business. Thousands of sales representatives are employed and millions of dollars are spent annually to explain the putative advantages of certain products over others.

Notably, the effort by pharmaceutical manufacturers to expand market share of certain targeted prescription drugs has traditionally been directed solely to health professionals. This has changed in a big way.

Newspapers, magazines, and television are inundated with prescription drug promotions aimed at attracting the attention and interest of the public. Advertisements are intended to stimulate the individual interest of patients, which then potentially will result in inquiries (or demands) directly to physicians for that product. This approach may seem entirely satisfactory to the general public, but it is potentially problematic from several standpoints.

Even under the best of circumstances, most clinicians will admit that their knowledge of new drug products is far from complete. Ideally, a perspective of when or if to use a new product will come from careful surveillance of the primary literature, consultation with a respected and knowledgeable colleague, or from an unbiased, current review of a specific category of drugs. Many physicians pragmatically approach a new drug intending to be "neither the first nor last" to use it. This approach could understandably be thwarted if a number of patients persistently request a particular product as a result of the tried-and-true marketing approach of repetitive media encounters and high product visibility.

A patient may not be understanding if her physician tells her that he has no experience with a drug when at the same time the patient has seen it advertised maybe 20 times in the last two weeks. What is wrong with my doctor? Doesn't he watch TV?

The result may be subtle pressure or even coercion to prescribe the drug in question.

Tens of millions of dollars are spent advertising drugs like Claritin, Rezulin, Zocor, and Pravachol. Apparently, this approach has been especially successful since August of 1997, when the FDA allowed televised advertisements to be exempt from detailed descriptions of drug risks. This ruling at least relieved the viewing public from the sometimes bizarre, oblique ads that were seen prior to this, when requirements limited drugs to a name but no detail as to its use. Even relatively astute observers were sometimes confused about the intent of these commercials.

Now, patients and other interested parties are referred to the Internet or other sources "for more information," though they obviously are already headed down the road of special interest in that drug.

Beyond the easy questions that would ask, why can't these tens of millions of dollars be used to lower drug costs, or be put into research for new and safer pharmacologic entities, what of the ethics of direct-to-consumer advertising?

Patient autonomy has been argued elsewhere as being the preeminent ethics principle. There is a strong case for patients knowing as much as they can reasonably understand about disease processes and medication risks and advantages. There is also a