

November 28, 2001

emerged the victor of this program which placed regular individuals in the roles of investigators in a fictitious town beleaguered by a serial murderer. Angel earned quite a few fans throughout the airing of the show and today a number of webpages are dedicated to his memory by these devoted fans who felt like they knew the charming New Yorker. Angel, who solved the mystery and caught the "killer," was awarded \$250,000 and a brand new Jeep Cherokee. He told a reporter after winning the show that he was giving part of his winnings to his father so that he could retire. He said that another part was going to help his nieces and nephews with their educations.

Mr. Speaker, the number of heroes emerging from the events on September 11th continues to grow. Our firefighters, police officers, and rescue workers who risked their lives daily before September 11th and have everyday since, are national treasures. I ask my colleagues to join me today in commemorating one of these treasured heroes; Angel Juarbe.

CLEAN DIAMOND TRADE ACT

SPEECH OF

HON. CONSTANCE A. MORELLA

OF MARYLAND

IN THE HOUSE OF REPRESENTATIVES

Tuesday, November 27, 2001

Mrs. MORELLA. Mr. Speaker, I rise in strong support of H.R. 2722, the Clean Diamond Trade Act, and I thank Congressmen HOUGHTON, RANGEL and HALL for their dedication to finding a consensus on this issue. Thanks to their work, the diamond industry, human rights organizations and American consumers can rest assured that their government is dedicated to eliminating the funding of civil war, and of terrorist organizations from diamond profits.

H.R. 2722, prohibits the importation of rough diamonds, or polished diamonds, into the United States unless the exporting country has a system of controls, consistent with United Nations General Assembly Resolution 55/56 adopted on December 1, 2000, or that is consistent with an equivalent international agreement. This bill also prohibits the Overseas Private Investment Corporation and the Export-Import Bank of the United States from engaging in projects involving the mining, polishing or sale of diamonds in a country that fails to meet these same requirements.

I believe this bill will finally address the massive human suffering that has occurred as a result of the trade of conflict diamonds in Africa. This tragedy, which has driven over 6 million people from their homes and resulted in over 2 million deaths, has gone unaddressed for too long. I encourage all my colleagues to support H.R. 2722, so the association between diamonds and Americans can once again be love, not violence.

EXTENSIONS OF REMARKS

HATE CRIMES PREVENTION ACT

HON. JOHN CONYERS, JR.

OF MICHIGAN

IN THE HOUSE OF REPRESENTATIVES

Wednesday, November 28, 2001

Mr. CONYERS. Mr. Speaker, since the April 3, 2001 introduction of H.R. 1343, the Hate Crimes Prevention Act, 199 members from both sides of the aisle have added their voices to the call for comprehensive legislation that will provide assistance to state and local law enforcement and amend federal law to streamline the investigation and prosecution of hate crimes.

The events of September 11th have demonstrated the destructive power of hate to rend the fabric of a community and a nation. Domestically, hate crimes statistics are a disturbing barometer of the state of the nation. In spite of national success in lowering overall crime rates, hate crimes have proven resistant to that trend. Data collected for 2000, pursuant to the 1990 Hate Crimes Statistics Act, documented 8,152 hate crimes, an increase of 3.5 percent from 1999 figures.

Overall, racial bias accounted for 54.3 percent of incidents, with religious bias accounting for 16.5 percent, sexual orientation 16 percent and ethnicity 12.4 percent of incidents. Notably, anti-black bias accounted for 35.6 percent of all racial bias and anti-Semitism accounted for 75.5 percent of all religious bias incidents.

In the wake of terrorist attacks, the Arab-American Anti-Discrimination Committee has investigated, documented and referred to federal authorities over 450 incidents. These incidents include the murders of a Muslim Pakistani store owner in Dallas, TX, and an Indian-American gas station owner in Mesa, AZ, where a suspect was arrested shouting, "I stand for America all the way."

The Department of Justice, however, has initiated only approximately 40 investigations of hate crimes directed against institutions or people of Arab or Middle-Eastern decent. As the James Byrd and Matthew Shepard tragedies suggest, the investigation and prosecution of this flood of hate crimes will strain the resources of state and local law enforcement agencies.

Current law limits federal jurisdiction to federally protected activities, such as voting for even covered classes of persons, so all these incidents will not be subject to federal jurisdiction. Moreover, current law does not permit federal involvement in a range of cases involving crimes motivated by bias against the victim's sexual orientation, gender or disability. This loophole is particularly significant given the fact that ten states have no hate crime laws on the books, and another 21 states have extremely weak hate crimes laws.

Our bill will remove these hurdles, so the federal government will no longer be handicapped in its efforts to assist in the investigation and prosecution of hate crimes. Through an Intergovernmental Assistance Program, federal authorities will be able to provide technical, forensic or prosecutorial assistance to state and local law enforcement officials. In addition, the legislation authorizes the Attorney General to make grants to state and local law

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enforcement agencies that have incurred extraordinary expenses associated with the investigation and prosecution of hate crimes.

The Hate Crimes Prevention Act of 2001 is a constructive and measured response to a problem that continues to plague our nation—violence motivated by prejudice. It is vital that both government and individuals distinguish the beliefs of the Arab-American and Muslim communities from the perpetrators of September 11th's violence, and recognize that these Americans share our values and contribute significantly to our communities.

All Americans should stand to condemn any acts of bigotry, violence or discrimination against Arab-Americans, South Asians and American Muslims and call upon Americans of every faith and heritage to stand together in this time of national crisis. Our sense of community with fellow Americans of Arab and South Asian decent and those of the Islamic faith should not be counted as another casualty of September 11th's senseless violence.

MEDICARE PATIENT ACCESS TO PHYSICAL THERAPISTS ACT OF 2001

HON. EARL POMEROY

OF NORTH DAKOTA

IN THE HOUSE OF REPRESENTATIVES

Wednesday, November 28, 2001

Mr. POMEROY. Mr. Speaker, I rise today with my friend and colleague from Illinois to introduce a bill that will provide Medicare beneficiaries with direct access to qualified physical therapists. I join Mr. CRANE today in introducing the "Medicare Patient Access to Physical Therapists Act of 2001," a bill that is patient-focused, patient-friendly, and puts the patient first. This legislation will enhance access to quality health care services for Medicare beneficiaries under Part B and expand choices for Medicare beneficiaries.

The time is right for this legislation, Mr. Speaker. Thirty-four states currently allow direct access to physical therapists without a referral requirement. The citizens of my own State of North Dakota have been able to directly access their physical therapists since 1989 without limitation. Under this provision of State law, my constituents have enjoyed nearly unfettered access to the expertise of licensed physical therapists without the delay or added cost of a physician referral. This is especially important to rural areas of this country where we are frequently underserved by health care professionals. Physical therapists in North Dakota are able to treat many impairments, functional limitations, disabilities, and changes in health status for our residents, and as such, they contribute to making our population more productive and healthy.

Access to physical therapist services without a referral requirement already has been successful around the country. Studies conducted by Johns Hopkins and Georgetown University researchers demonstrate that utilization of services was actually lower in episodes of care initiated without referral than episodes initiated with a physician referral. My constituents—who incidentally make up the largest population of seniors per capita—are entitled

to the same access under Medicare as the rest of the citizens in North Dakota and across the country. North Dakotans and all Medicare beneficiaries should have better access to qualified health care providers, and physical therapists can be instrumental in this role.

Finally, I think it is important to recognize that this bill will raise the standard, domestically and internationally in effect, for qualified physical therapists. The new standard endorsed by the American Physical Therapy Association requires a master's or doctoral degree, which I believe will serve to improve patient care across the country.

Through better access to highly qualified health care professionals, we ensure enhanced care and services for all Americans. Mr. Speaker, I ask for my colleagues' consideration and support for this important legislation to provide direct access to physical therapists under Medicare.

TRIBUTE TO THE CHILDREN OF
GOOD SHEPHERD LUTHERAN
SCHOOL

HON. JOHN SHIMKUS

OF ILLINOIS

IN THE HOUSE OF REPRESENTATIVES

Wednesday, November 28, 2001

Mr. SHIMKUS. Mr. Speaker, I rise to pay tribute to the children of Good Shepherd Lutheran school in my home town of Collinsville, IL, and their heartwarming actions in the wake of the September tragedy.

Roughly 2 months ago I received a package of letters from the students at Good Shepherd. In the aftermath of the terrorist attacks, the children were scared and confused; but the teachers calmed them, and asked those who wished, to put their thoughts on paper. The result was truly inspiring—over seventy cards, hand drawn by the children with pictures of crosses and flags and hearts. Inside them were notes of support and caring, as the children put their faith in God, America, and Congress to make things right in the world. As one young girl wrote, "We will pray to Jesus that Congress makes the right decisions. God bless America."

Mr. Speaker, some of these cards I shared with the Members from New York; the others I placed on the wall in my office. There they serve as a powerful reminder to me, not only of the faith that some people place in us as Representatives, but also of exactly for whom we are fighting this war. It is my sincere hope that when these children grow up and look back on this time, they will feel their faith in us was justified. It is my hope that we will have left them a better world.

Mr. Speaker, the students and the faculty of Good Shepherd School deserve our thanks—not only for their cards, which have touched my heart and the hearts of other Congressmen and women, but also for their great spirit as Americans. Their faith in God and Country is admirable; their faith in us as a legislative body is humbling. May God bless them, and may God bless our country.

ANTHRAX ISN'T THAT RISKY

HON. JOHN J. LaFALCE

OF NEW YORK

IN THE HOUSE OF REPRESENTATIVES

Wednesday, November 28, 2001

Mr. LaFALCE. Mr. Speaker, I would like to share with my colleagues the following article, which appeared in the Wall Street Journal on October 22, 2001. The article underscores the importance of putting into perspective the relatively small risk to average Americans posed by the threat of anthrax and bioterrorism, and the need for Americans to continue to go about their daily lives as before.

[From the Wall Street Journal, Oct. 22, 2001]

CHILL OUT: ANTHRAX ISN'T THAT RISKY

(By Ezekiel J. Emanuel)

My brother's business partner, a well-educated Hollywood agent, called to say that he just purchased \$1,900 worth of Cipro to protect his wife and two kids. Knowing there was a threat of anthrax out there, he couldn't sleep comfortably without Cipro at home.

The fear of anthrax, and the public response to it, has so far reflected bad math, bad medicine and bad public health. We cannot continue to let confusion determine how we act. It may hurt us badly.

First, the bad math. Anthrax is out there. Letters containing spores are a real threat. But the question is: How big a threat? So far one person has died of inhaled anthrax, and several others have cutaneous anthrax—from which they will probably recover uneventfully with treatment. Several hundred more people have been exposed, but far fewer than 100 have tested positive for having anthrax without being infected. For the family of Robert Stevens, who died in Florida, it is a terrible tragedy. But for the rest of us, anthrax is not a public-health menace that should drive us to do crazy things.

The risk of dying of anthrax needs to be put into perspective. One death among 280 million Americans is a minuscule risk. It is less than the risk of dying from driving just one mile. To put it another way, 280 people would have to die of anthrax to equal the risk of driving 50 miles in a car (about one in a million). How many Americans refuse to drive because of the risk of dying in a car accident?

More important, the risk is hardly random. There may be call for people working on Capitol Hill or at the White House or federal agencies or major news organizations to be concerned. But for average Americans the chance of an anthrax-filled letter is less than one in a billion, substantially less than the risk of being struck by lightning (about one in 600,000 in a year).

There are many reasons we react more strongly to the risks of anthrax than to the risks of driving. We are used to driving; we are habituated to the risks. We take precautions—we buckle up, we don't drink and drive. But anthrax is new, unexpected, outside our routine, and therefore scary.

Also, it is not the single death from anthrax that really worries us but the unknown possibility of a full-scale bioterror attack. But here we need to rationally consider the risk of a large attack and the likely harm it will cause. It takes a great deal of sophistication to generate the right-sized spores and, even more challenging, the right way of aerosolizing them over a large area. Spiked letters are not terribly effective at

spreading anthrax to thousands, let alone millions, of people. During the Cold War, it took the U.S. and the Soviet Union decades to work out the details of biological warfare with anthrax. Is it likely a terrorist group could do the same in a few weeks or even years?

Also, anthrax does not kill instantly. It takes several days. With the nation on high alert to the threat, any large-scale dissemination would be detected and people in the exposed area would be monitored and treated. The risks of dying of anthrax are simply not very high.

Stocking up on Cipro is bad medicine. First, children should not take Cipro; it can damage the development of their joints. Second, while relatively safe, Cipro, like all drugs, has side effects, some of which can be serious. Besides minor annoyances of nausea, diarrhea and rashes, Cipro can cause the inflammation and rupture of tendons. Prolonged use—like the 60 days of treatment necessary for prophylaxis against anthrax—can cause superinfections with very serious and even life-threatening bacteria. It also can have serious, potentially fatal, interactions with other drugs, such as the asthma drug theophylline.

And spending \$1,900 on Cipro for anthrax is foolish. There are many other drugs that are just as effective against anthrax, safer for children and considerably cheaper, including penicillin, erythromycin and doxycycline.

Cipro is a prescription drug. It should be used when there is a medical indication for its use, making the benefits of specific treatment favorable compared to the risks of the drug. Physicians should not dispense it as a way of calming worry. Real facts, not the prescription pad, are the right treatment for the insomnia of my brother's partner and his wife.

Bad medicine produces bad public health. The dispensing of antibiotics for colds, sore throats, the flu and other minor viral infections has created a serious problem; many bacteria are becoming resistant. We have been able to stay ahead by developing new antibiotics, but we are losing the race. The bacteria are able to mutate to outsmart our drugs faster than our pharmaceutical companies can develop, test and market and market new antibiotics. The result is a danger to us all. The next infection we get may be harder—or, God forbid, impossible—to treat because the bacteria no longer respond.

Millions of Americans self-medicating with Cipro is a real threat to public health. In the years since it has been on the market, bacteria have become resistant to Cipro. Widespread use serves no medical purpose, but only increases the chances of other bacteria—more threatening than anthrax—becoming resistant. We would end up protecting ourselves against the minuscule risk of anthrax, only to make ourselves more vulnerable to more common everyday bacteria. Not a good bargain.

My advice to my brother's partner: Take the Cipro to the pharmacy and get your money back. Keep driving your car and be sure you buckle up every time. Stop asking for antibiotics for every cold. And keep alert, contacting your local health department, hospital or physician if there is a credible threat.