dysplasia syndromes (EDS) and their families. EDS are a group of genetic disorders which are identified by the absence or deficient function of at least two of the ectoderm (teeth, hair, nails or glands). There are at least 150 forms of EDS that have been identified.

EDS was first recognized by Charles Darwin in the late 1860s. EDS affects many more people that had been originally thought by Darwin. Today, the number of those individuals affected by EDS has been estimated as high as 7 in 10,000 births. Individuals affected by EDS have abnormalities of the sweat glands, tooth buds, hair follicles and nail development. Some types of EDS are mild while others are more devastating. People with EDS have been identified as having frequent respiratory infections, hearing or vision defects, missing fingers or toes, problems with their immune system and a sensitivity to light. In rare cases, the lifespan of a person with EDS may be affected.

Many individuals affected by EDS cannot perspire, requiring air conditioning in the home, at work or in school. Some individuals may have missing or malformed teeth or problems with their upper respiratory tract. EDS is caused during pregnancy, as the baby is developing. During the formation of skin tissues, defects in formation of the outer layers of the baby’s skin may lead to ED.

At this time there is no cure for ED. The NFED, incorporated in 1981, is the sole organization in the world providing comprehensive services to families affected by EDS. The NFED is committed to improving lives by providing information on treatment and care and promoting research. There are more than 3000 individuals served by the NFED in 50 states and 53 countries. They have provided more than $115,000 in financial assistance to families for their dental care, medical care, air conditioners, wigs, cooling vests and other needs. The NFED has provided patient access to one of our young citizens survives. Michael immediately got out his mother’s cell phone in order to call his stepfather, but unfortunately the phone went dead, due to the fact that their minutes had expired. Knowing that a call to 911 was free, he then called the emergency number for help. Michael tried to tell the dispatcher where they were located, but with only trees and grass visible, he was only certain that they were on Highway 109.

Shortly after that, the car, which was a stick shift, began to roll forward. Michael’s voice suddenly turned to panic, and he pleaded with the dispatcher to have someone find them. The dispatcher instructed him to take the key out of the ignition. Though he was overcome with fear, Michael managed to get the key out, and the car stopped. The dispatcher told Michael to honk the horn and flash the lights in the hope that a passing car would stop. Michael quickly complied with the dispatcher’s orders. Finally, a car stopped, and to his good fortune, the passengers in the car were an emergency worker and a trained nurse. When Michael’s stepfather arrived, the car was surrounded by people who were there to help. Cathy Surratt was taken to an area hospital where she was successfully treated and released.

The Davidson County Sheriff’s Department named Michael a 911 hero, and he was awarded a plaque at a special ceremony. This week, the National Emergency Number Association recognized Michael at its 20th annual conference, along with other National 911 heroes. I am very pleased to be able to recognize Michael as one of our North Carolina 911 heroes. On behalf of the citizens of the Sixth District of North Carolina, we offer our personal congratulations to Michael Mathis—a true hero.

HONORING THE SAYERS FAMILY OF CLARK COUNTY, OHIO

HON. DAVID L. HOBSON
OF OHIO
IN THE HOUSE OF REPRESENTATIVES

Thursday, June 28, 2001

Mr. HOBSON. Mr. Speaker, I rise today to recognize the members of the Sayers Family from Clark County, Ohio and their combined commitment to shared American values. I rise today to recognize the fact that four children of Charles and Virile Sayers have each married and raised their own families for a combined total of 231 years. The Sayer Family provides an excellent example for our community in Ohio, as well as for the country as a whole, of the importance and benefits of a strong family heritage.

In today’s society, it is very uplifting to hear stories such as these and to see the commitment this Ohio family has made to one another. It was through the Sayer Family’s strong foundation that they understood the meaning of hard work as well as the value of family. Growing up, the children were encouraged to be good students, trained in music, and helped run their family farm. They understood the meaning of responsibility and the importance of strong family ties.

I want to take this opportunity to recognize the Sayers’ for preserving such a strong family bond and for their traditional values and morals.

TRIBUTE TO JAMES E. ZINI, D.O.

HON. MARION BERRY
OF ARKANSAS
IN THE HOUSE OF REPRESENTATIVES

Thursday, June 28, 2001

Mr. BERRY. Mr. Speaker, I rise today to pay tribute to a great Arkansan and outstanding Osteopathic physician. I am proud to recognize James E. Zini, D.O., in the Congress for his invaluable contributions and service to his community, to our state, and to our nation.

Dr. Zini epitomizes the Osteopathic profession. With his application of Osteopathic practices and principals, he personifies the model D.O. physician—practicing in a small rural town taking care of people, not just treating symptoms. He started his family practice in rural Mountain View, Arkansas, in 1977. In his Mountain View and Marshall clinics, along with partner David Burnette, D.O., office manager Judy Zini, and the Zini Clinic staff, Jim makes sure that each patient visit—approximately 13,000 annually—is remembered as excellent, quality D.O. care.

Dr. Zini is Board Certified in Family Practice by the American College of Osteopathic Family Physicians and is a fellow of the college. Jim is also Board Certified by the American Board of Quality Assurance and Utilization Review Physicians.

As a founder and leader of the Arkansas Osteopathic Medical Association (AOMA), Dr. Zini tirelessly worked to advance the Arkansas Osteopathic profession: to promote the Osteopathic family in all areas affecting D.O.s; and to protect the licensure, practice and educational interests of all Arkansas D.O.s. Dr. Zini has served his state association with distinction: Founder, President, Vice President, Committee Chairperson, Member, and he received the first AOMA Physician of the Year Award in 1989. Jim is also the first D.O. to serve on the Arkansas State Medical Board—a position designated by law that he worked to enact.

Dr. Zini furthered his commitment to the Osteopathic profession at the national level: serving as an Arkansas delegate to the American Osteopathic Association (AOA) House of Delegates; numerous House committees; AOA Board of Trustees; several key AOA committees and chairmanships; and 2001–2002 AOA
EXTENSIONS OF REMARKS

HON. TOM UDALL
OF NEW MEXICO
IN THE HOUSE OF REPRESENTATIVES
Thursday, June 28, 2001

Mr. UDALL of New Mexico. Mr. Speaker, I rise today to address a bill I have just introduced, the Low Income Gasoline Assistance Program Act of 2001.

Let me begin my remarks by thanking the original sponsor of this legislation, Senator JOHN ROCKEFELLER, who in introducing this bill is attempting to address a very serious problem throughout our country. I also want to thank the original House cosponsors who have joined in this effort.

We all know the problem: skyrocketing gasoline prices have taken their toll on pocketbooks in a severe way. Gas station managers around New Mexico—and other parts of the country—say drivers are filling up their tanks and driving off without paying. Some say they have never seen it so bad, and it has forced them to change the things they do, like charging the fuel tax at the pump. A number of stations are now requiring customers to pay first because of so much lost revenue.

A common recommendation that we often hear when gas prices go up is for people to drive less: Walk, bike, or take public transit when you can. While I agree with that, unfortunately, that only goes so far, especially if you have no choice but to commute to work, to the doctor, or to school because public transportation is not available in your area. This is especially true for those who live in rural areas. These citizens have no other choice but to pay these prices in order to live their lives. This legislation attempts to address the problems that underprivileged citizens face in rural America with regard to the high cost of gasoline.

Our proposal is relatively simple. The current high price of gasoline is hurting people throughout the country. And perhaps no group is being hit harder than seniors and the working poor, especially in rural areas and places with inadequate public transportation. With experts predicting regular unleaded gasoline prices in excess of $2.00 a gallon for much of the country this summer, I believe it is our responsibility to provide some immediate, short-term assistance for our most needy citizens.

The Low Income Gasoline Assistance Program Act of 2001 or LIGAP, is modeled on the successful LIHEAP program that helps seniors and those with inadequate public transportation in the winter and air conditioning in the summer. Under this program, recipients would receive $25 to $75 per month for three months, as long as gasoline prices stay high where they live. If the price of gasoline does not fall back below the price at which the program triggers off, recipients would be allowed to re-apply for three additional months’ benefit.

LIGAP will allow states to make grants to low- and fixed-income individuals and families to defray the cost of purchasing gasoline for travel to work, to school, or to regular healthcare appointments when the price of gasoline reaches or exceeds the unmanageable current levels. States will make LIGAP grants to income-eligible families who meet the distance requirements of driving at least 30 miles a day, or 150 miles per week for work, school, or medical care appointments.

States are also encouraged to use their welfare reform block grant to provide transportation stipends to parents who meet the same distance standards.

This measure will enable states to operate the program through their Community Action agencies or welfare departments. Thus, states will have the flexibility to set income-eligibility standards similar to the current eligibility for LIHEAP. The prices at which the program triggers on and subsequently releases will then be set for each jurisdiction through consultation between the Secretary of Health and Human Services and the Secretary of Energy.

LIGAP is not meant to be a substitute for the long-term energy solutions we all seek for our nation. Each of us understands the necessity of a comprehensive and balanced approach to energy development, but we must realize that in every state there are hard-working people and elderly individuals whose monthly budgets are being stretched to the breaking point by the cost of gasoline. While we must approach this country’s energy demand with the willingness to make the tough, long-range choices demanded of us, it is equally important that we heed the immediate damage being caused by the current high prices. We must show a willingness to provide some comfort for those Americans who are most at risk.

Mr. Speaker, we all recognize that people are suffering and that something must be done to help with the high cost of gasoline. I urge my colleagues to join us in this proposal that is both forward thinking and comprehensive.

HON. SCOTT McINNIS
OF COLORADO
IN THE HOUSE OF REPRESENTATIVES
Thursday, June 28, 2001

Mr. McINNIS. Mr. Speaker I would like to take this opportunity to honor a life spent serving others, the life of Jack Fowler, Jr. Jack was a man that selflessly dedicated his life to protecting the lives of others. On Sunday,