

words, if a pharmacist advises a physician that a particular drug that was prescribed would harm the senior and the physician agreed and wrote a new prescription, then the pharmacist would be reimbursed. Many times physicians are unaware of other drugs being prescribed to patients for other conditions or being human, make mistakes.

Under this provision, a pharmacist would receive reimbursement only in instances that will benefit the health of the patient, but at the discretion of a physician. This provision is narrowly focused to provide the biggest bang for the buck in preventing elderly Medicare beneficiaries from becoming unnecessarily hospitalized or severely injured.

This legislation encourages pharmacists to spend more time reviewing the patient's prescription drug regimen, instead of racing to dispense prescription drugs quicker. Under current pharmacy care, even pharmacists can overlook possible drug prescribing mistakes. SMEA provides more opportunity for adequate review.

The final section of SMEA concerns consultations with a patient. A pharmacist would only be reimbursed when consulting a senior citizen which results in improved compliance with regard to specific drugs for six specific high-risk diseases or when a senior is on a drug regimen that requires four or more drugs.

Here, senior citizens will receive counseling from pharmacists for treatments that necessitate extra concern with compliance. Again, this legislation is carefully constructed to maximize Medicare savings, minimize hospital visits, and improve health care delivery for the elderly.

Pharmacists would be required to do more than just tell a patient to take two tablets a day with meals. SMEA would require pharmacists to do much more to improve patient compliance. Patient consultation sessions would involve increased pharmacist interaction with seniors about drug side effects, proper intake, and better drug regimen management with multiple prescriptions. These are just a few of the additional responsibilities that SMEA would require.

The end result is America's seniors living longer and remaining healthier without undue hospitalization and excessive costs. The elderly win. Medicare wins. And smart health care prevails.

#### FACING THE FUTURE CHALLENGES OF MANKIND

HON. JERRY LEWIS

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

*Tuesday, July 9, 1996*

Mr. LEWIS of California. Mr. Speaker, I would like to bring to your attention and submit for the RECORD a letter I recently received from Henry Chrystie of Yucaipa, CA, that raises some intriguing ideas and questions relating to the challenges mankind will face in the future. As Congress strives to make wise and prudent decisions to guide our country, Mr. Chrystie's thoughts will give all of us a little more to think about.

To the powers that be.

Ever since I was 14, in 1927, I have understood that, in my lifetime, men would be on the Moon and Mars, and I knew how it was

going to be done. I now understand why. It is because we humans are expanding our population at such a rapid rate that in the future we are going to be hard pressed to provide space and food for ourselves. We will convert sea water, and we will convert the deserts to provide more livable land. We will also get into some real knockdown drag-out fights over who has what. We will wish we had laid the groundwork for the human race to expand outward toward the universe, which is our destiny. This is the massive problem we will be forced to face. If this sounds dire, then show me that I am wrong.

It takes a lot of foresight to be in a position of responsibility, such as a Congressperson. Some of you have it but, unfortunately, some of you do not. You killed the search for extra-terrestrial intelligence even though any mathematician knows that it has to be out there because of the huge numbers that establish that probability. Now you seek to cut off funds, such as to NASA, etc. because you don't seem to understand how important long-range research and planning is.

Are we going to stall around until we are in a real bind, or are we going to continue our long-range research and studies so that we will be able to cope with our needs as they develop? It is up to you, the powers that be, to very carefully consider this problem because the future of the world's population is in your hands. I for one, hope you have the brains to make the right decisions.

All I can say to you is—think—very carefully. You must continue to support NASA, Mars Surveyor, Galileo, New Millennium, and related activities.

#### THE MARCH OF THE LIVING

HON. CAROLYN B. MALONEY

OF NEW YORK

IN THE HOUSE OF REPRESENTATIVES

*Tuesday, July 9, 1996*

Mrs. MALONEY. Mr. Speaker, I rise to call the attention of my colleagues to a critical program which I am proud to say is based in my New York City district—The March of the Living.

The March of the Living is a yearly journey in which thousands of Jewish teenagers gather from around the world in Poland and in Israel. During this unforgettable trip, these young people learn first hand about two 20th century events that changed the history of mankind forever—the Holocaust and the creation of the State of Israel.

While in Poland, March participants tour various cities where there had been vibrant Jewish communities before World War II, including Warsaw, Krakow, and Lublin. After seeing communities where Jewish life flourished, the teens are taken to the death camps where these lives were destroyed. The teens participate in a march from Auschwitz to Birkenau on Holocaust Memorial Day, the same day that Members of Congress gather in the Capitol Rotunda to honor the memory of those who were murdered in this genocide. I believe that this "march of the living"—young people retracing the steps of countless innocent victims who marched to their deaths—is one of the most creative and meaningful Holocaust remembrance programs ever enacted.

After showing the world that they will never forget the horrors of the Holocaust, the teenagers travel to Israel, where they visit the magnificent and vibrant Jewish homeland.

Created out of the ashes of the Holocaust, the State of Israel stands as a great triumph, not only for the Jewish people, but for the cherished ideals of democracy, compassion, and enlightenment.

Mr. Speaker, the March of the Living has changed the lives of over 20,000 young people. It has proved to be an effective way of teaching the lessons of the past to our next generation of leaders. At this particular moment in time, I would like to join others in the Congress in appealing to the Government of Austria to become involved in this program.

Half a century after the Nazi era, it is in Austria's best interests to show the world that it is committed to Holocaust remembrance and the preservation of Jewish heritage. A few weeks ago, the world was once again saddened to hear former Austrian President Kurt Waldheim's distorted views of World War II and his denial of his own facilitation of war crimes. Waldheim's autobiography, "The Answer," is not the right answer to those who survived the Holocaust and those who lost their loved ones.

In my view, this would be an opportune time for Austria to commit itself to participating in the March for the Living. For this nation to assist such a worthy effort to teach the lessons of the Holocaust would be the best answer anyone could give to Kurt Waldheim's tragic assertions.

Let me conclude, Mr. Speaker, by congratulating the March of the Living on its outstanding work. I want to especially praise my constituent Ernest Goldblum for his tireless efforts on this and many other worthy causes, and to thank him for bringing these important issues to my attention.

#### H.R. 3675 STAFF RECOGNITION

HON. FRANK R. WOLF

OF VIRGINIA

IN THE HOUSE OF REPRESENTATIVES

*Tuesday, July 9, 1996*

Mr. WOLF. Mr. Speaker, I wish to recognize and thank those staff members who supported the Members of this House in the preparation and passage of the fiscal year 1997 Transportation and related agencies appropriations bill, H.R. 3675: The Transportation Appropriations Subcommittee staff: John Blazey, Rich Efford, Stephanie Gupta, and Linda Muir. The Appropriations Committee staff: John Mikel, Dennis Kedzior, Elizabeth Morra, and Ken Marx of the majority staff; and Cheryl Smith of the minority staff. The associate staff to the committee: Lori-Beth Feld Hua of my office, Monica Vegas Kladakis of Majority Whip DELAY's office, Connie Veillette of Mr. REGULA's office, Kevin Fromer of Mr. ROGERS' office, Bill Deere of Mr. LIGHTFOOT's office, Ray Mock and Eric Mondero of Mr. PACKARD's office, Todd Rich and Sean Murphy of Mr. CALLAHAN's office, Steve Carey of Mr. DICKEY's office, Paul Cambon of Chairman LIVINGSTON's office, Kristen Hoeschler of Mr. SABO's office, Jim Jepsen of Mr. DURBIN's office, Christy Cockburn of Mr. COLEMAN's office, Barbara Zylinski-Mizrahi of Mr. FOGLIETTA's office, and Paul Carver of Mr. OBEY's office.

A PROBLEM IN OUR NATION'S  
SCHOOLS

HON. JAMES M. TALENT

OF MISSOURI

IN THE HOUSE OF REPRESENTATIVES

*Tuesday, July 9, 1996*

Mr. TALENT. Mr. Speaker, I rise today to share with my colleagues a thoughtful letter on a problem in our Nation's schools written by David Wagemann, a constituent of mine from St. Louis, MO:

DEAR CONGRESSMAN TALENT: You visited my home in the summer of 1992, as you were running for your first term in office. I was very impressed with your positions at that time and still am. Your reputation for strong principles, integrity and honesty have inspired me to write this, my first letter, to a congressman.

My concern is not a new one, but I wonder if it has been brought to your attention. The press is flirting with it and it has the potential to become a national scandal. On December 12, 1995, 60 Minutes showed a segment on the problem. I am enclosing newspaper articles from our own Post Dispatch which begins to expose the problem which is that our school districts are becoming drug pushers.

My oldest son Christopher attends the Parkway Northeast Middle School. We moved into the district in 1991, when my son began the third grade at Parkway's McKelvey School. Before that he attended the Woodland Elementary School of the Jennings District.

At Woodland, we discovered that my son was easily distracted, was disruptive in class and had poor social skills with members of his own peer group. I know that my son was a handful, but he was generally not a problem in the home. He is kind and loving. He is very good with animals and children younger than himself. He is very artistic and has even had his work displayed in the Capitol at Jefferson City. I wanted to work with the school to improve his behavior and so became involved with a team consisting of his teachers, administrators, counselors and myself. Chris seemed to flourish at Woodland. Through my association with "our team" I became a Cub Scout Leader, Treasurer and later President of the PTO. Never once during the four years we spent at Woodland did any of the teachers, administrators, or counselors suggest that I medicate my son. Even so, I was raised in the Parkway District and felt that I could improve my children's prospects for the future by moving there.

Within a month, my son's third grade teacher informed me that my son had Attention Deficit Disorder and needed to see his pediatrician for Ritalin.

The pediatrician, who had attended my son since birth, gave me a set of written questions to be answered by myself and another set for this teacher. This is called a Conners Test. My son did not score high enough to be diagnosed with ADD, but the doctor gave me a prescription for Ritalin anyway and instructed me that if it had a positive effect on my son's behavior, he most likely did have ADD.

The drug was to be administered in the morning and at lunch on school days only. I was instructed not to give it to him on weeknights, nor on weekends, nor during the summer break. The supposed purpose of these instructions was to determine when my son would outgrow the need for Ritalin.

The drug did indeed have a profound effect on my son. Within minutes of taking the drug my son would enter a zombie-like state (this descriptive term is borrowed from any number of professional articles.) His disruptive

tendencies were gone and he would appear to stare, glassy eyed, into the distance. The teacher reported that the changes she had expected had occurred and that she was pleased with my son's behavior while he was under the influence.

An equally immediate problem manifested itself in our home exhibited by personality disorders while he was not under the influence of the drug. My passive, loving, artistic child became hostile, aggressive and abusive to everyone around him. I have since learned that the medical profession recognizes this behavior as "rebound effect." I recognized it more simply put in the vernacular of my youth as crashing off the drug. I reduced the dosage to half a 5mg tablet, but the effect was the same. We tolerated this medical and educational experiment for a duration of two weeks, after which I permanently discontinued the drug and devoted the whole of my energies to learn all I could about ADD and Ritalin.

If, as I understand, one of the reasons our government exists is to protect its citizens, then what I have been able to discover through simple laymen's research, demands investigation and regulation by our government. In fact, the democratic controlled congress in the 1970's did investigate the use of Ritalin in our schools. They saw the drug induced behavior patterns, but made no discoveries of the improved academics or side effects. Perhaps enough time has passed and a congress with more traditional family values would consider the abusive tactics being used today to medicate our children for behavior modification.

Ritalin is a stimulant medication, or again to use the vernacular of my youth, it is "speed." The historical abuses of speed for recreational and medical purposes is well known to most of my generation. We all know from the highway billboards of the 1980's that "Speed Kills." The federal government recognizes the dangers of Ritalin in particular. It is a felony to possess Ritalin without a prescription. The federal government limits the number of prescriptions a doctor can write for Ritalin, each prescription must be personally issued from a doctor to his patient or guardian. No telephone or mail order prescriptions are allowed. Pharmacists are limited by the amount of Ritalin prescriptions they can fill. Only a licensed pharmacist can dispense Ritalin. Pharmacists must keep Ritalin under lock and key.

The known side effects of stimulant medications are appetite loss, insomnia, headaches, stomachaches, fatigue, staring, irritability, crying, motorics, Tourette's Syndrome, vocaltics, constipation, nervousness, depression, withdrawal, and liver damage.

In my experience, most teachers are not aware of the side effects of Ritalin and when made aware, can display a degree of concern regarding the worth of the benefits. Still, there are those teachers, administrators, counselors and social workers who are unscrupulous in the efforts to force a parent to medicate the child. Recently my son's special services teacher iterated and reiterated three times in a single conversation that my son's social interaction problems would undoubtedly result in his death before completion of the eighth grade. When asked to elaborate she stated that my son waves his hands in front of other students faces. This same teacher in another conversation threatened to suspend my son for making excuses for keeping a sloppy notebook. Threats of this nature have been common in my past five years at Parkway. I have attended a lecture by Parkway's then Superintendent who is now the Superintendent of the Clayton District, when he highly exposed the use of Ritalin. Administrators have gone behind

my back to my son's non-custodial mother in a nearly successful attempt to have him medicated.

There are only two reasons that educators would have for wanting our children to be medicated; (1) that they be afforded the best possible education and (2) that disruptive tendencies be eliminated. The verdict is still out concerning the improved academics of a medicated child. My non-medicated son is typically a B-C student. The verdict concerning behavior enhancement is not in doubt. It has been observed that even non-ADD pre-adolescent behavior is improved with stimulant medications. Could this be the real reason that schools want our children medicated? Didn't we used to medicate institutionalized mental patients for the same reasons? Is a teacher's comfort worth risking the health of our children?

I have employed the services of several clinicians to evaluate my son. Some were even suggested by the schools. Their first choice is always Ritalin despite my concerns. Some even chose to condescend from their lofty pinnacles of knowledge. I wanted to know just what they knew. What I discovered is a scandal of its own. They can describe the symptoms of ADD and ADHD, but have no idea what it is. Since the use of Ritalin is so prevalent you might expect that there is a chemical imbalance in the brain. That's one possibility. Another is an unidentifiable deformity. They have no idea what Ritalin does in the body so they are treating the symptoms of ADD with a symptomatic drug. They can't even determine whether ADD is physiological or psychological. They speculate about its cause. It could be congenital, but then again, it could be caused by head trauma. Consider how it is diagnosed. Different specialists diagnose in different ways, but a prominent method is to prescribe Ritalin and observe behavior changes. There is no MRI, no CAT, and no blood test. Some doctors offer motor tests, psychological evaluations or written self diagnosis. Less is known about ADD and ADHD than AIDS even though they have recognized ADD by one name or another for over 40 years. Recently the theory that ADD is outgrown in adulthood has been abandoned so that several generations can take advantage of stimulant medications.

It is generally accepted that 3-5% of the population had ADD or ADHD. Enclosed you will find a January 10, 1995 article from the Post Dispatch which states that "there are first grade classes in St. Louis County where 30% of the boys are reportedly being treated with Ritalin for attention deficit disorders." Any layman knows that boys are generally more disruptive than girls. If pharmaceutical companies and medical professionals are profiting by wholesale drug induced behavior modification of our children for the comfort of our educators, it is a scandal the like this country has never known. How would the Congress of the 1970's react to such a finding? Perhaps they would impose several restrictions on the dispensation of Ritalin. How would the Congress of today report such a finding? Parents today are not making informed decisions concerning this affair. Who will give us the information we deserve and who will protect us and our children from persecution in the schools we choose not to medicate our children?

Discoveries that need to be made:

School by school, what percentage of our children are being medicated for ADD and ADHD?

Are these percentages growing?

Comparisons need to be made between rural and urban districts, between neighboring urban districts, between public and private schools. What could be causing disparities? Do the schools have policies concerning

counseling parents toward the use of stimulant medications? If individual schools exceed the recognized percentages by multiples of 5 or 10 or more; what action should be taken?

What information do parents of ADD and ADHD children have to base decisions regarding treatment? How did they first become aware of ADD and ADHD? What counseling have they received and where did it come from? What kind of cooperation exist between schools and clinicians?

What benefits of Stimulant medications do teachers really see? Improved Academics? Improved behavior? Which is most important to the teacher?

Do parents who choose not to medicate their children feel harassed for their decision?

Ritalin has been commercially available since the fifties. Why can't we establish the long and short term side effects of the drug?

Congressman Talent, your prompt response to this matter is greatly appreciated.

#### U.S. GOVERNMENT PRINTING OFFICE—A LOYAL FRIEND TO CONGRESS

HON. MARTIN FROST

OF TEXAS

IN THE HOUSE OF REPRESENTATIVES

*Tuesday, July 9, 1996*

Mr. FROST. Mr. Speaker, the Appropriations Committee recently recommended that the U.S. Government Printing Office look for additional opportunities to privatize its operations. Already the GPO contracts out between 75 percent and 80 percent of all printing jobs it receives.

The GPO has one of the finest performing procurement operations of any in the U.S. Government, and GPO saves the taxpayers millions of dollars every year through this process.

The only work that continues to be done inhouse at GPO is work that would be very difficult and very expensive to contract out. The GPO performs almost all congressional work inhouse, working closely with the House, and Senate leadership on an hourly basis to ensure that Congress' business can be transacted each day.

What kind of control would we have over contracted printing. Would we get the CONGRESSIONAL RECORD, conference reports, business calendars, and bills on time? The GPO keeps personnel on standby to meet all of Congress' needs and contingencies regardless of the hour of the day or night.

How many contractors could do that? And, at what cost would it be to the Government?

The U.S. Government Printing Office charges only its costs to do congressional work. Contractors would charge cost plus a profit.

More than 100 years ago, most congressional printing was contracted out, and it was a disastrous program. Work was late, some of it never got done, and contractors charged outrageous prices.

The GPO was created to put an end to that very expensive and corrupt process. It has been an incredible success and a truly loyal servant to the U.S. Congress.

With the GPO's outstanding record, we need to take a long and hard critical look at proposals to privatize congressional printing.

#### THE SOCIAL SECURITY TRUST FUNDS NEED OUR HELP NOW

HON. WILLIAM M. THOMAS

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

*Tuesday, July 9, 1996*

Mr. THOMAS. Mr. Speaker, with the recent issuance of the 1996 annual report of the Board of Trustees of the Federal Old-Age, Survivors, and Disability Insurance [OASDI] Trust Funds, it is time to heed the warning that this report provides. The funds will be fully depleted by 2029. In addition to the loss of the trust funds that year, the 2029 annual Social Security tax revenues will only be adequate to cover three-quarters of the amount necessary to pay the OASDI benefits for that year.

If we don't act now, our retirement system that employers and employees have paid into since 1937 may become extinct. Today's young workers already have little faith that they will ever be able to collect Social Security benefits. In fact, in a recent survey, workers indicated that they believe they have a better chance of seeing a UFO than collecting Social Security benefits.

The number of covered workers receiving benefits has grown dramatically but the number of workers paying into the funds to cover each retired worker is shrinking dramatically as well. In 1945, the system had over 1 million recipients with approximately 41.9 workers paying into the fund for each retired worker receiving benefits. In 1995, there were over 43 million recipients with 3.3 beneficiaries supporting each retired worker. By 2070, there will be over 96 million recipients and only 1.8 current workers per each recipient.

Let's look at it from another perspective. In 1945, 2 out of every 100 covered workers were actually Social Security recipients. In 1995, there were 31 recipients for every 100

workers and in 2070, with the baby boomers, it will top off at 55 recipients out of every 100 covered workers. In 75 years, more covered workers will be retired than working. Please keep in mind that 41 years earlier, the fund was depleted and payments to recipients will be coming directly out of Social Security taxes paid in that year with the shortfall being made up with other taxpayer funds. If these funds are covering the Social Security shortfall, that means that less dollars are available for other entitlement spending—including Medicare and Medicaid—and discretionary spending.

The same time that the trust funds are gone and the shortfall is being made up with Federal dollars, Americans are living longer. Retirees will be collecting Social Security benefits for a greater length of time. In 1940, the average male did not even live long enough to collect Social Security benefits—average life expectancy 61.4 years; and females did not collect it for very long—average life expectancy 65.7 years. By 2070, the average man will live 78.4 years and the average woman 84.1 years. They will start collecting Social Security retirement at age 67.

Changes to the system need to be made now. Of course, the trustees look for solutions in America's checkbook and tell us that the system can be saved if we increase Social Security taxes approximately 2 percent during 1996.

There is a better approach. My Social Security IRA bill, H.R. 2971, is a modern plan. It incorporates the best of the present Social Security system and also provides the worker with a role in personal retirement planning. The worker's portion of the Social Security tax is placed in a federal insured depository institution of the worker's choice.

If today's average salaried worker pays into the Social Security IRA account for 45 years, upon reaching the future retirement age of 67 years, the worker will have accumulated approximately \$172,000 in the account—converted to present dollars and computed using a 3 percent annual rate of return. If these funds are rolled over upon retirement, into an annuity program, the monthly annuity payment to the retiree will be \$854. At retirement, the worker will also receive a reduced Social Security monthly annuity. Please note that the present monthly Social Security benefit for the average worker is \$886.

The time is ripe for change. The OASDI trust funds are in trouble. Let's not wait until it's too late. We need to make a change now if we want to save the Social Security system. Social Security IRA offers an alternative.