

cost \$2.6 billion, and if the census were conducted in the same manner in the year 2000, the cost could rise to about \$4.8 billion.

#### NEW APPROACHES FOR THE 2000 CENSUS

The Census is proposing to take a different approach for the 2000 questionnaires, but plans to distribute them more broadly. Forms will not only be sent in the mail, as before, but be made available at grocery stores, churches, schools and community centers. The agency is also investigating whether the public could respond by telephone or via the Internet.

Furthermore, the Census hopes to encourage greater response by redesigning the form to make it easier to distinguish from junk mail and make it less intimidating. The number of questions on the short form will be cut from 17 to 8, and on the long form (which is sent to 1 in 6 households) from 59 to 55. The questionnaire will also explain why the government needs the information. A form being tested, for example, explains the data will help the government and communities plan education and health care services and distribute highway funds.

The most controversial aspect of the Census plan is its proposed use of "sampling" to count the population in 2000. In previous censuses the bureau made an actual head count of citizens using mail-in forms and enumerators, but this approach was missing an increasing number of people. For the 2000 census the agency plans to use mail-in forms and enumerators until 90% of households in a given county have been counted. Then a statistical sample of 10% of the remaining households will be selected, and enumerators will be sent, repeatedly if necessary, to count them. The results will be used to estimate the total number of those who were originally missed.

The Census says that this approach will improve the accuracy of its population count and reduce costs, as there will be less reliance on using enumerators. Critics respond that use of sampling is unconstitutional because the Constitution calls for an "actual enumeration." Decisions in lower federal courts, however, have upheld the use of sampling so long as it supplements, and does not replace, an actual count, but the Supreme Court has not yet ruled on the matter. Congress also continues to debate the issue.

#### JEFFERSONVILLE FACILITY

Jeffersonville is home to the second largest Census facility in the country. The Data Preparation Division supports about 175 Census Bureau projects, including the decennial and agriculture-economic censuses. The division assists in the assembly and mailing of questionnaires; the reproduction of working and training materials; receiving, editing, coding and problem resolution of data; data entry and microfilming; and the management of Census records.

The Jeffersonville facility will play an important role in the collection of data for the 2000 census. It currently employs over 1370 workers, but that number will rise to handle the increased workload for the census. In addition to its normal data-gathering activities, Jeffersonville will be responsible for high-tech processing of census information.

I opposed a funding bill for Census and other activities in the Commerce Department because it provided inadequate resources for the agency as it prepares for the 2000 census. The House bill would force delay in education and out-reach efforts aimed at increasing the number of households which respond to the census. It would also deny much needed increases for current economic statistics. I will work to increase the funding level for the Census Bureau as congressional debate continues on this appropriations bill.

#### CONCLUSION

I appreciate the outstanding work done by Census employees in Jeffersonville and around the country. The decennial census is an important event, and its outcome has profound consequences on planning for the future, on the distribution of federal aid, and on the make-up of congressional districts in the next decade.

The Census Bureau is working to respond to new challenges. Most would acknowledge that the 1990 census had its shortcomings. The decennial census will always be an enormous and complex undertaking, but changes must be made to make it more accurate and cost-effective, particularly in an era of severe budget constraints.

I strongly support efforts to simplify the census questionnaire and improve distribution. We must also work to educate a new generation of Americans about the importance of responding to the census so that mail-in rates improve. I agree that steps must be taken to address the problem of undercounting. My preference is to improve the actual count rather than rely on statistical sampling, but recognize that Census may have to consider new approaches to produce a more accurate count.

#### L.A. TIMES EXPOSES PRESCRIPTION FRAUD; H.R. 2839 IS ONE WAY TO REDUCE ABUSE, SAVE LIVES

HON. FORTNEY PETE STARK

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Wednesday, September 11, 1996

Mr. STARK. Mr. Speaker, the August 18, 1996 Los Angeles Times contained an excellent article on the massive amount of prescription drug fraud in our society and the deaths and illnesses it causes.

Last year, I introduced a bill, H.R. 2839, to encourage a medication evaluation and dispensing system which would stop much of the abuse of the prescription drug market, save lives, and avoid billions of dollars in medical injuries and expense. Last week, I described how the General Accounting Office recommends this type of program for the Nation.

Today, I am entering in the RECORD the L.A. Times story which documents the enormity of the problem and its cost to our society. I hope the passage of a bill like H.R. 2839 will be a priority of the next Congress.

[From the Los Angeles Times, Aug. 18, 1996]

PRESCRIPTION FRAUD: ABUSING THE SYSTEM  
(By Dan Weikel)

Millions of pills are being illegally resold on the streets. Some see a double standard in leniency toward doctors and the rich and powerful who overuse drugs.

Along one massive front of the war on drugs, where fortunes are amassed and lives destroyed, barely a skirmish has been waged.

Every year, hundreds of millions of prescription pills flow into the nation's illicit drug market, creating a giant cornucopia of painkillers, stimulants and tranquilizers. They are believed to be among the most abused substances in the country, even rivaling the estimated use of cocaine and crack.

But in California and elsewhere, only a few agents, often equipped with the most lenient narcotics laws, investigate the illegal trafficking of powerful pharmaceutical by doctors and others. In this backwater of enforcement, recognition comes hard and frustrations abound.

"There is just no glory in it—no guns, no piles of coke, and no bundles of cash to stack up for the TV cameras," said Special Agent Walter Allen III of the state Bureau of Narcotic Enforcement, who supervises prescription fraud cases.

It seems the only time prescription drug abuse gets serious attention is when a celebrity tumbles—be it Betty Ford, Elizabeth Taylor or superstar producer Don Simpson, who died of an overdose in January from a lethal mix of cocaine and 20 prescription drugs.

In an extraordinary effort, authorities from local, state and federal law enforcement agencies are investigating more than a dozen doctors suspected of unlawfully supply prescription drugs to the producer of such hits as "48 Hours," "Top Gun" and "Beverly Hills Cop."

On Friday, the offices of two of those doctors, both psychiatrists, were raided by investigators. The home of one also was searched.

"Abuse of prescription drugs is a serious problem in our society, but nobody pays attention until somebody big and powerful like Don Simpson drops dead," said Steve Simmons, the California Medical Board's senior investigator on the case. "But this kind of thing happens all the time to lots of regular folks."

Even when law enforcement resources are marshaled, the returns often are small. No more than two dozen doctors, dentists and pharmacists are prosecuted annually for prescription drug offenses, case records show. Most get probation and stay in practice, largely because it is harder to prosecute a professional in a white coat than a street-corner pusher.

In California, about three of four physicians convicted of a prescription drug crime keep their licenses. Users often do more time in jail.

"There are two kinds of justice in this system," said former state narcotics agent Paul K. King, who worked on prescription fraud in Los Angeles County for 10 years. "One for doctors, and one for everybody else."

Take the case of Dr. Eric C. Tucker, whom state narcotics authorities suspected of illegal trafficking after scrutinizing prescription records.

Before his arrest in 1991, court records show, Tucker issued more than 7,000 questionable prescriptions for the stimulant Preludin and another 7,600 for Dilaudid, so-called drugstore heroin, an addictive pain reliever that fetches up to \$100 a pill on the street.

More Dilaudid was coming out of Tucker's Montebello office every year than at County-USC Medical Center, the West Coast's largest public hospital.

Tucker, then 59, pleaded guilty to two felony counts of prescription fraud and lost his medical license. Although responsible for flooding the illegal market with hundreds of thousands, if not millions, of dangerous pills, he was sentenced to eight days in jail.

In contrast, Daniel G. Siemianowski, 38, of Los Angeles, a low-level street dealer and first-time offender, was prosecuted about the same time as Tucker. Police arrested him with about four ounces of crack and powder cocaine on the front seat of his car—a speck compared to the doctor's goods. Siemianowski's sentence: a year behind bars.

About 2.6 million people in the United States use prescription painkillers, stimulants, tranquilizers and sedatives for "non-medical reasons"—more than the estimated use of heroin, crack and cocaine, according to surveys by the National Institute of Drug Abuse. Only marijuana is more popular.

Users run the gamut from street addicts to senior citizens who mix afternoon cocktails

of tranquilizers, and even teenagers who sell their doses of Ritalin to classmates.

Some combine prescription drugs with illicit narcotics to enhance the high. Others use tranquilizers to soften the crash from cocaine and heroin, helping them sustain their habits. For many others, pharmaceuticals simply are their drugs of choice.

Sandra K. Bauer, a member of the California Board of Pharmacy, knows how easy it is to fall to prescription drugs—and how complacent regulatory and law enforcement agencies sometimes can be in searching out the truth.

In 1990, before Bauer joined the board, her 34-year-old sister collapsed after injecting three times the lethal amount of Demerol—synthetic morphine. Although the coroner found needle marks on her arms and thighs, police had accepted her husband's explanation that she had suffered from terminal cancer.

"I told him that was ridiculous," Bauer recalled of her conversation with the detective. "There was no cancer."

Bauer insisted that authorities take another look because her sister was a drug addict. During a search of her sister's home, police discovered shelves full of syringes, tranquilizers and potent painkillers.

"It was classic middle-class drug abuse," Bauer said. "You go to a doctor and get a bogus prescription. Then you get the pharmacy to fill it, and have your insurance company pay for it all. No one suspects anything."

To ensure a thorough investigation of her sister's death, Bauer lobbied state legislators, high-ranking law enforcement officials, journalists and officials on the state pharmacy and medical boards. As a result, two doctors and two pharmacists lost their licenses.

"Had I not intervened, my sister simply would have been buried—end of story," she said.

Even then, Bauer did not back off. Through a friend who was the appointments secretary for then-Assembly Speaker Willie Brown, she maneuvered her way onto the state pharmacy board in 1992. Bauer has been working ever since to improve professional discipline and the state's obsolete system of monitoring prescription drugs.

#### ENORMOUS PROFITS

The U.S. Drug Enforcement Administration has estimated that about \$25 billion in prescription drugs were sold on the illicit street market in 1993, compared to a government estimate of \$31 billion spent that year on cocaine, including crack.

What makes pills so attractive to abusers and purveyors are their purity, predictable effect and low cost compared to illicit drugs. For about \$10, less than the price of a few rocks of crack, a user can combine two or three times the therapeutic dose of codeine with the sedative glutethimide to achieve a high similar to heroin.

Although some of the drugs are smuggled into the country or stolen from distributors, a large portion comes from medical offices and pharmacies.

State and federal law prohibits the dispensing of controlled substances unless good-faith medical exams are performed, accepted prescribing practices are followed, and there is adequate medical justification. It also is illegal for someone to fraudulently obtain prescription drugs, a practice known as doctor-shopping.

By American Medical Assn. estimates, 1% to 1.5% of physicians dishonestly prescribe drugs, and another 5% are grossly negligent in their prescribing. In California, that represents 4,500 to 4,875 doctors.

For the unscrupulous professional, the profits can be enormous. Doctors, dentists

and pharmacists have made millions by turning their practices into lucrative pill mills, where fraudulent prescriptions—written in minutes—have sold for \$200 to \$600 apiece, depending on the substance.

Working at the other end of the spectrum are doctor-shoppers, who trick physicians and pharmacists with self-inflicted injuries, forged prescriptions and stories about back pain or old war wounds.

During an eight-month period in 1990, Vicki J. Renaldo of Oceanside duped 42 San Diego area doctors and 26 pharmacies into giving her thousands of codeine tablets—all paid for by Medi-Cal. She was convicted and sentenced to two years in state prison.

Another doctor-shopper in the Midwest managed to scam 134 physicians.

"It's so easy to do. The doctors don't really question you," said Barbara Curtis, 42, a member of Benzodiazepines Anonymous, a Los Angeles-based support group for prescription drug addicts. For almost 20 years, Curtis went to three or four doctors to secure supplies of two painkillers—Vicoden and Fiorinal with codeine.

"Migraine headaches was all I had to say."

"There seems to be a constant supply of these drugs on the black market," said Dr. Greg N. Haynor of the Haight Ashbury Free Clinic in San Francisco, one of the nation's leading drug treatment centers. "The fact is, a lot of pills are floating around out there that can pack quite a wallop."

Depending on the year, a quarter to a half of emergency room admissions related to drug abuse involve a prescription drug either taken by itself or in combination with alcohol or other controlled substances, according to the national Drug Abuse Warning Network.

The network surveys emergency rooms in 43 metropolitan areas to measure the consequences of drug use. It does not determine whether the prescription drugs were obtained illegally.

Of the top 20 drugs mentioned in the emergency room episodes, about 75% were prescription painkillers, sedatives, stimulants and tranquilizers.

Despite the enormity of the problem, prescription drug abuse remains a low priority for law enforcement, which has had its hands full fighting illicit drugs at home and abroad.

Building a prescription prosecution can take months, sometimes years, of tedious work. Pharmacy records must be scrutinized, and undercover buys must show conclusively that drugs were prescribed without good-faith exams or medical justification.

Because of the lengthy investigations and a shortage of agents, no more than 20 doctors, dentists and pharmacists a year are prosecuted criminally in California for prescription drug offenses. Federal authorities, on average, convict 240 people a year for federal drug-diversion offenses, or about five per state.

Even when charges are filed, however, juries balk at returning convictions. When they do, the sentences often are short.

#### LENIENT LAWS

Part of the reason, according to law enforcement officials, is that medical practitioners usually are charged under laws that can be filed either as a misdemeanor punishable by no more than a year in jail, or as a low-grade felony, which carries a penalty of 16 months to three years in prison.

The way the laws are written, prosecutors say, health care professionals can escape more serious drug-trafficking charges if they have written a prescription, no matter how fraudulent.

Assistant U.S. Atty. Alka Sagar said she has handled about 10 prescription fraud cases

in federal court in Los Angeles since 1990. Of those, she said, one doctor received a short prison sentence; the rest pleaded guilty and were placed on probation.

Although felony convictions for prescription fraud are considered easier to obtain in federal court than in state court, the penalties can be just as light because sentencing guidelines are geared almost exclusively toward street drugs.

"You could make a series of undercover buys for 60 pills each and the sentencing range would be zero to six months. Even if each buy was 100 times that amount, it would still be zero to six months," Sagar said. "You'd have to raid a drug factory to get a tough sentence."

In California, few police departments, even in major cities such as Los Angeles, have specialized officers or anyone with training in prescription drug abuse. The same holds true elsewhere in the nation.

Responsibility for investigating pharmaceutical abuse in California usually rests with the state's Bureau of Narcotic Enforcement. But, of the agency's 300 officers, about seven are assigned the task, and they sometimes are burdened with other assignments. Prescription drugs also represent a fraction of investigations by state Medi-Cal fraud units and professional boards.

Nationally, the federal government spends \$13 billion to \$14 billion annually on the war on drugs. But only \$70 million goes to the DEA to investigate prescription drug offenses—a small fraction of the agency's billion-dollar budget—and part of that is earmarked to halt the illegal flow of chemicals to clandestine labs.

Making enforcement even harder is that the state's computerized tracking system for the sale of controlled substances is obsolete. Because data has to be entered by hand, the unit can analyze only 10% to 15% of the 1.5 million controlled substance prescriptions forwarded annually.

Former state narcotics officer Paul King, who recently retired, recalled a frustrating incident that he says reflects a prevailing attitude toward pill fraud.

King said he learned in 1988 that federal officers in Ohio had arrested a drug runner as he got off a plane from Los Angeles International Airport with at least \$600,000 worth of Dilaudid in a shoe box—12,000 pills.

At the time, the heroin-like drug was pouring into the illicit market in Los Angeles and then to destinations nationwide. To King's dismay, federal agents wanted to use the courier as an informant for a standard cocaine case, torpedoing any investigation of the Dilaudid shipment, which was as valuable as 40 to 50 kilograms of wholesale cocaine.

"You couldn't put \$600,000 of any other drug that I'm aware of in a shoe box, and this guy was carrying it in plain sight," King said. "I later found out that the courier wasn't even prosecuted."

#### SUCCESSES RARE

Although there have been some successful crackdowns, critics say those have been few and far between.

During the mid- to late-1980s, state and federal authorities prosecuted more than 34 doctors, pharmacists and runners during Operation Rx, one of the largest raids on pill mills in Los Angeles. Also during the '80s, the powerful sedative Quaalude was virtually eliminated as a problem by regulatory and law enforcement action.

Still, for the most part, prosecutors are reluctant to file charges in prescription fraud cases because they believe that their limited resources are better spent fighting street drugs.

It is against this backdrop that comedian Chevy Chase managed to stay out of serious

trouble in 1994. For some time, the former star of "Saturday Night Live" has had a problem with painkillers, which he says he first took for back injuries caused by prat-falls.

State narcotics officials spent almost a year compiling prescription records on Chase, whom they suspected of illegally obtaining the potent painkillers Percocet and Percodan from numerous doctors. His Pacific Palisades home was searched, as were several physicians' offices.

Agents believed the evidence showed that Chase had engaged in unlawful doctor-shopping and recommended that charges be filed by the Los Angeles County district attorney's office. But that's as far as it went; prosecutors considered the case unwinnable.

Explaining his decision not to file charges against Chase, Deputy Dist. Atty. John Lynch said not only was the doctor-shopping law vague, but it was unclear whether Chase had committed any fraud as defined by the statute.

Los Angeles attorney Zia F. Modabber, a spokesman for Chase, declined to comment because of pending litigation brought against the comedian by a former chauffeur. The driver contends that he has been unable to get work since he was caught by police in 1994 while allegedly ferrying painkillers into Canada for Chase. The judge has restricted public discussion of that case, which is nearing trial.

"I think it would be inappropriate to discuss the issues," Modabber said, "not because we have anything to hide, but out of respect for the justice system."

#### A SLAP ON THE WRIST

Disciplinary records from state pharmacy and medical boards also raise questions about the resolve of regulatory agencies to get tough with those who violate criminal and professional codes.

From 1990 to 1995, the state medical board disciplined about 120 physicians for drug-related matters, 44 of whom were convicted of drug crimes. The pharmacy board disciplined about 160 people. The dental board disciplined 20.

One in four pharmacists or pharmacy owners, one in four dentists, and one in nine physicians lost their licenses after charges were sustained. Some of the cases included minor offenses for which license revocations would seem inappropriate.

But even when physicians were found guilty of criminal offenses, including felonies, three out of four kept their licenses. One of them was Dr. Jovencio L. Ranese, formerly of Anaheim Hills.

In 1990, Ranese agreed to plead guilty to one felony count of illegally prescribing controlled substances. He was sentenced to one day in jail and three years probation. Four felony counts were dismissed.

Case records show that Ranese issued thousands of fraudulent prescriptions for Dilaudid through a bogus treatment program for back pain. Authorities estimated that the scheme netted a minimum of \$400,000 from January 1988 to April 1989.

Despite the scale of the operation, the state medical board decided in December 1993 to suspend Ranese's license for two months and place him on eight years professional probation.

Back in 1984, the board first warned Ranese about his prescribing practices and ordered him to take medical courses. Court records show that he never took the classes, and the state never checked to see if he did.

Such examples have prompted allegations over the years that the medical board, as well as other regulatory agencies, have done little to rid their professions of the worst offenders.

Medical and pharmacy board officials acknowledge that there have been some problems with professional discipline, but say that reforms have been made since the early 1990s when the criticisms were at their height.

Records show that more complaints are being investigated and more people disciplined because of streamlined procedures.

Laws now require the automatic suspensions of medical, dental and pharmacy licenses for someone convicted of a felony. In addition, investigators say, they are seeking more court orders to suspend medical licenses after a person is arrested.

"There have been some improvements," said John Lancara, chief of enforcement for the state medical board, who was hired in the early 1990s to help overhaul the disciplinary system. "Our goal is to vigorously enforce the Medical Practices Act."

Meanwhile, at the pharmacy board, backlogs of cases—some of which had lingered for 10 years—have been eliminated. More records are being computerized, and fines that went unpaid for years are being collected.

Board member Bauer argues, however, that there is plenty of room for improvement. She compares the public attitude toward prescription drug abuse to that surrounding drunk driving before a grass-roots movement resulted in stronger laws.

"No one really sees this as a crime," she said. "To me, what is this if not a crime? We need to change people's attitudes. There is a need to say, 'This is a problem.'"

#### TRIBUTE TO THE REMSENBERG COMMUNITY CHURCH

HON. MICHAEL P. FORBES

OF NEW YORK

IN THE HOUSE OF REPRESENTATIVES

*Wednesday, September 11, 1996*

Mr. FORBES. Mr. Speaker, I rise today to pay tribute to the Remsenberg Community Church, and to celebrate the 100th anniversary of this glorious house of worship, serving this pastoral south shore Long Island, NY, hamlet.

On September 15, 1896, the Remsenberg Community Church building was dedicated by the congregation. For the ensuing 100 years, the "Red Brick Church" has served the spiritual needs of its congregants, strengthening the entire community through countless acts of charity and fellowship.

Both the church and the hamlet owe their appellation to Dr. Charles Remsen, the man who generously provided the funds to build this community its own house of worship. To show Dr. Remsen their appreciation, his neighbors moved to rename this hamlet in the southeastern corner of Southampton Town. On July 27, 1895, this former section of Speonk was formally founded as Remsenburg.

Though settlers pre-date the Revolutionary War, the organized founding of the Presbyterian Church dates back to July 3, 1853. Before Dr. Remsen's beneficent gesture, congregants gathered in schools and homes to worship, while ministers from neighboring towns were hired to preach God's word. The first frame church was dedicated in 1854 on Elijah Phillips's land, and the charter members include some of Suffolk County's prominent founding families: Selah Raynor, Merinda Halsey, Mrs. Nancy Tuthill, and Sophia Rogers.

The cornerstone of the current church building was laid on April 18, 1896, by the pastor,

Rev. Minot Morgan, on land donated by John and Elizabeth Dayton. The Suffolk County News reported that a "handsome new brick church in Remsenburg, presented to the Presbyterian Society of that village by Dr. Charles Remsen, was dedicated on September 15."

Today, the community church has an active membership of 36, with another 30 friends who attend services regularly; the Sunday school instructs about 15 students. Operated by the board of trustees, the church benefits from the enthusiasm and hard work of its own Ladies Aid Society and the Chapelettes.

On Sunday, September 15, at 10 a.m., Remsenburg Community Church members will hold a special service of thanksgiving. Today, more than ever, our Nation relies on the spiritual sustenance and communal support that our churches and temples provide. That is why I ask my colleagues to join me in saluting the Remsenburg Community Church. This bastion of community faith and fellowship has strengthened the fibers that bind this community and have made Eastern Long Island a better place to live.

#### A TRIBUTE TO TRINITY SCHOOL AT RIVER RIDGE BLUE RIBBON SCHOOL AWARD WINNER

HON. JIM RAMSTAD

OF MINNESOTA

IN THE HOUSE OF REPRESENTATIVES

*Wednesday, September 11, 1996*

Mr. RAMSTAD. Mr. Speaker, I rise today to praise Trinity School at River Ridge, located in my district in Bloomington, MN, for being named winner of the U.S. Department of Education's prestigious Blue Ribbon Award.

The Department of Education could not have selected a more deserving school for this highly coveted honor. When it comes to a comprehensive and successful approach to excellence in teaching, student achievement, leadership, and parental involvement, Trinity School at River Ridge has, in just 10 short years since its opening, set a lofty standard.

Mr. Speaker, this high distinction was well earned. Everyone at Trinity played a role in achieving this extraordinary level of educational excellence. Trinity was the only private school in Minnesota to receive the Blue Ribbon designation, and 1 of only 50 private schools selected nationwide.

Under the visionary leadership of a most remarkable man, Headmaster William Wacker, Trinity School has flourished. Always there for each and every student, William Wacker provides at all hours of the day a willing ear, an understanding shoulder, and a marvelous source of advice and encouragement.

The board of trustees, under the leadership of Louis Grams and full of caring and committed individuals, has selflessly devoted the time, talent, and energy necessary to make Trinity School at River Ridge one of the best in all of America.

Trinity School at River Ridge's special mission and educational approach are perhaps best described in the words of John Buri, a psychology professor at a private college in our area and member of the school's board of trustees: "In a national educational system where acquisition of job skills is of primary importance, it is good to see recognition of an institution where truly human qualities are valued and where there is an effort to educate