Day. I join them in their celebrations and wish ticipating individual. The TN Guardcare Prothem continued prosperity. ticipating individual. The TN Guardcare Prothem continued prosperity.

TRIBUTE TO GREG RICE

HON. ROBERT W. NEY

OF OHIO

IN THE HOUSE OF REPRESENTATIVES

Wednesday, September 25, 1996

Mr. NEY. Mr. Speaker, I commend the following to my colleagues:

Whereas Greg Rice has won the International Auctioneers Championship;

Whereas Greg Rice has brought the international title to Ohio for the first time in history:

Whereas Greg Rice has demonstrated a steadfast commitment to auctioneering; and Whereas Greg Rice should be recognized for his outstanding victory and persistence; Therefore, be it

Resolved. That the residents of Coshocton, with a real sense of pleasure and pride, join me in commending Greg Rice for his hard work and dedication to his occupation.

IN HONOR OF MEDIGUARD PRO-GRAM TENNESSEANS FOR TEN-NESSEE

HON. BOB CLEMENT

OF TENNESSEE

IN THE HOUSE OF REPRESENTATIVES

Wednesday, September 25, 1996

Mr. CLEMENT. Mr. Speaker, I rise today to pay tribute to the fine men and women who participate in Mediguard/Guardcare, a unique health care delivery program provided by the Tennessee National Guard to provide critically needed health care to underserved populations in 39 counties across the State of Tennessee.

The idea for Tennessee's Mediguard Program began when former Tennessee Governor Ned McWherter saw the efficient system for health care delivery administered by National Guard troops in South America. Along with Representative JOHN TANNER, former Representative and now-Governor Don Sundquist and many State legislators and other members of the Tennessee National Guard, I was pleased to help develop the framework for a program called Mediguard, later named Guardcare. Approximately 3 years ago, a pilot program was established under the auspices of the NGB in 10 States with the objectives of relieving overburdened State public health facilities and boosting low physician-to-patient rations in 39 Tennessee counties seriously deficient in receiving basic health care services. Many factors were used to identify the target counties, and the study was recently repeated to assure that current needs are still being appropriately addressed.

Supplies for Guardcare exercises are allocated from Guard pilot funds and equipment needs have been met through loans from Guard units and leasing. As of last year, the program operates on Federal funding—so we tell our communities they can see their tax dollars at work right at home. The best part of the program, in my opinion, is that we are able to provide these much-needed health care services to people who are desperately in need of them at absolutely no cost to the par-

gram is administered as a component of a special projects unit aligned under the State Adjutant General Command. The functions and purposes of Guardcare in Tennessee are carried out through two teams: the Guardcare administrative team and a mobile health team. The mobile health teams used in Guardcare exercises changes from exercise to exercise. These teams are comprised of Army-Air physicians, nurse practitioners, physician assistants, nurses, dentists, lab specialists, and medical support personnel on split drill from their base units. Mobile health teams have been augmented by a wealth of local community health care personnel and other community volunteers. Without these volunteers from the host communities. Guardcare's success would have been seriously jeopardized.

Prior to the start of each program year, a training calendar is planned which focuses on 7 to 8 target communities from the 39 medically underserved communities. Counties must request Guardcare, and there is currently a 2-year waiting list.

It is my pleasure to salute the Tennessee Guardcare Program and the men and women who have made it an outstanding success over the past 3 years. Through their efforts, and through the support of many communities across the State, Guardcare has been able to demonstrate volunteerism at its finest; truly, Tennesseans for Tennessee.

PROSTATE CANCER AWARENESS MONTH

HON. RODNEY P. FRELINGHUYSEN

OF NEW JERSEY

IN THE HOUSE OF REPRESENTATIVES Wednesday, September 25, 1996

Mr. FRELINGHUYSEN. Mr. Speaker, in recognition of Prostate Cancer Awareness Month, I commend to your attention a patient education conference that was held earlier this year in the 11th Congressional District—Prostate Cancer: Today and Tomorrow. Cohosted by the American Foundation for Urologic Disease, Morristown Memorial Hospital and the Prostate Cancer Support Group of Morristown Memorial Hospital, it was an effective grassroots effort to warn and educate local residents on the importance of early detection of and continued research into prostate cancer.

According the American Cancer Society, prostate cancer is the greatest cancer risk for American men, and over 317,000 males will be diagnosed with this type of cancer in 1996. It is vital that prostate cancer be recognized as a serious threat to American men and their families.

Increaed awareness of health issues, improved detection and testing techniques, and national awareness programs for this disease have all played significant roles in increasing public knowledge of prostate cancer.

There are a number of individuals and organizations I want to recognize for holding such an impotant conference:

First, Honorable Dean A. Gallo, the former Congressman of New Jersey's 11th Congressional District, died of prostate cancer on November 6, 1994. His widow, Mrs. Betty Gallo, is now a trustee of the Dean Gallo Foundation and she instituted the Dean Gallo Prostate Cancer Research Scholarship Fund. This

scholarship fund will help fund career investigators who are committed to prostate cancer research in the State of New Jersey.

Second, I commend the American Foundation for Urologic Disease, a charitable organization, whose mission is to prevent and find a cure for urologic diseases through the expansion of research, education and public awareness. For over 20 years, the Research Scholar Program of the AFUD has funded over 300 urologic researchers as they established their scientific careers. Over 98% of the investigators have continued in these career paths.

Third, Morristown Memorial Hospital, a notfor-profit hospital serving northern New Jersey, for its leadership in the field. Founded in 1892, it has expanded in size and services to become a 599-bed medical center and the third largest in the state. It is a major teaching hospital, affiliated with Columbia University's College of Physicians and Surgeons. Its regional Cancer Center is affiliated with the Cancer Institute of New Jersey in New Brunswick and offers expertise in surgical, urologic, medical, radiation and gynecologic oncology specialties. Center highlights include clinical trials, cytogenetics and patient support programs.

Fourth, the Morristown Memorial Prostate Cancer Support Group which is chaired by Mr. Peter Doherty, a prostate cancer survivor. Over seventy-five persons, including physicians and medical professionals, prostate cancer survivors, their partners and families and friends gather to exchange information and provide support, encouragement and hope.

Finally, I would also like to commend the participants of Prostate Cancer: Today and Tomorrow, outstanding physicians and an organization whose research is making significant inroads in the field of prostate cancer. They include:

E. David Crawford, M.D., Professor and Chairman, Division of Urology of Colorado Health Sciences Center, Denver, CO. He is also chairman of the Prostate Cancer Education Council [PCEC], national sponsor of Prostate Cancer Awareness Week.

Charles Myers, M.D., was chief of the Clinical Pharmacology Branch of the National Cancer Institute, where he directed clinical trials of drugs used in the treatment of advanced prostate cancer.

William H. Hait, M.D., Ph.D., Director of the Cancer Institute of New Jersey.

Arthur Israel, M.D., is Chief Section of Urology, Morristown Memorial Hospital. Dr. Israel is a member of the American Foundation for Urologic Disease and the American Urological Association. He is currently president of the New Jersey Urological Society.

Schering Oncology Biotech, a corporation headquartered in Kenilworth, New Jersey and TAP Pharmaceutical, Inc. of Deerfield, Illinois for providing educational grants for prostate cancer research.

All those who participated in Prostate Cancer: Today and Tomorrow made a powerful impact on patients, physicians, medical institutions, research and educational foundations, and industry to collaborate and provide accurate medical information to prostate cancer victims, survivors and their families, I salute their work.

MICHIGAN STUDENT'S PLEDGE OF ALLEGIANCE

HON, DICK CHRYSLER

OF MICHIGAN

IN THE HOUSE OF REPRESENTATIVES Wednesday, September 25, 1996

Mr. CHRYSLER. Mr. Speaker, Anya Bonine is a young woman from Dexter, Ml. The following statement was printed in the Ann Arbor News on April 4, 1995. The values and American beliefs described in the article should stand as a lesson for us all. The American flag and the Pledge of Allegiance should be at the heart of our patriotism, loyalty, and pride.

[From the Ann Arbor News, Apr. 4, 1995] SAYING PLEDGE OF ALLEGIANCE IS AN IMPORTANT SIGN OF RESPECT

(By Anya Bonine)

"Good morning students," a teacher smiles and says. As they take attendance and hand in book order money, everything seems normal. Right? Wrong. They are missing one small, yet big thing. The Pledge of Allegiance. What has become of it? Yes, of course, there is a flag in most rooms, but where does the pledge come in?

"I pledge allegiance, to the flag, of the United States of America, and to the republic, for which it stands, one nation under God, indivisible, with liberty and justice for all."

These words seem familiar enough to us, but to our children to come, the words will probably seem foreign.

Have you ever thought about what the pledge really means? Sure, the flag is merely a piece of material, but the true importance of the flag lies in its symbolism, not the design. Our flag expresses protection, victory, challenge, submission, pride, honor, threat, loyalty and, most of all, hope. It was adopted on June 14, 1777. By saying it, you are expressing your oath to our country. It shows loyalty to the United States and is much like a promise.

In an easier-to-understand version it means: "I pledge my loyalty to the United States of America, because it is one bonded nation, under God's law, with freedom and rights for all mankind."

We should be proud to live in a free country where you are not watched day and night and where you can have your own religion. A country where something like this could be written.

After you let this sink in for a minute, you suddenly ask yourself, "Why don't we say the pledge anymore?"

Well, after observing, I've come to a conclusion. Nobody cares. The students don't. The teachers don't. The school boards don't. If the pledge is not said, no one cares. I have been in school for about three quarters of the year now, and the pledge has not been said once. Has it been forgotten? And aren't schools supposed to teach values? The pledge teaches values. Are teachers afraid of teaching values? It also talks about God. There is nothing wrong with God, so what is all the opposition about?

In our society, a lot of things have been taken for granted. We need to take the pledge off that list. What about all the men and women who have given their lives for our country, in wars through the years? The men and women who gave their lives for us to become a free country. By not saying the pledge, they have all been forgotten.

Please, if this essay hasn't made a dent in your life, throw it away. If it has touched you at all, give a little respect by saying the pledge. Give respect to your country, its ancestors, God, and yourself.

TRIBUTE TO THE NEIGHBORHOOD YOUTH ASSOCIATION

HON. JULIAN C. DIXON

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES Wednesday, September 25, 1996

Mr. DIXON. Mr. Speaker, I am pleased to rise today to recognize the Neighborhood Youth Association [NYA] on the occasion of the organization's 90 years of service to the Los Angeles community. On Friday, October 25, 1996, NYA will celebrate its 90th anniversary at a gala dinner at the Skirball Cultural Center. I am therefore pleased to have this opportunity to salute NYA this afternoon.

Founded in 1906 by the Episcopal Diocese of Los Angeles, NYA has established a rich legacy of providing essential services to underprivileged youth and their families. Included among the many services offered are individual and group counseling, crisis intervention, educational and employment services, child and family therapy, and after-school care for over 3,000 high-risk youth and families. The association has sponsored many award winning projects, including a mural painting project designated Barrios Unidos, which culminated in an award from the National Endowment for the Arts.

Other awards received by the Neighborhood Youth Association include the Agency of the Year Award, presented by the California Chapter of the National Association of Social Workers; a \$1,000 grant bestowed by the California Banker's Association; and a commendation from United Way, which cited the group for its creativity in reaching out to ". . meet the needs of minority youth in low income families living in barrios and ghettos. . "

NYA's current project, Personal Best, allows association members and volunteers to work with each participating child from early child-hood through high school. Components of the Personal Best program include counseling and tutorial services. The purpose is to help participating children identify and establish the goals and motivation necessary to help them achieve and succeed, both academically and socially.

Mr. Speaker, at a time when society must do more to help the less fortunate members of our society, organizations such as NYA stand as a shining example of what the secular and religious community can accomplish when they join forces to help humankind. For 90 years, NYA has been providing exemplary service to the Los Angeles community. I ask that you join me in congratulating NYA on its anniversary celebration, and in extending to them our best wishes for many more years of service to the community.

PARTIAL-BIRTH ABORTION BAN ACT OF 1995—VETO MESSAGE FROM THE PRESIDENT OF THE UNITED STATES (H. DOC. NO. 104– 198)

SPEECH OF

HON. SUE W. KELLY

OF NEW YORK

IN THE HOUSE OF REPRESENTATIVES

Thursday, September 19, 1996

Mrs. KELLY. Mr. Speaker, I rise in reluctant opposition to the veto override of H.R. 1833.

I am opposed to late-term abortions except in instances where they are necessary to save the life of the mother or for serious, very limited health reasons. Unfortunately, this well-intentioned legislation fails to make these exceptions. Tragedies involving severely deformed or dying fetuses sometimes occur in the late stages of pregnancy. In these crisis situations, women should have access to the safest medical procedure available, and in some occasions the safest such procedure is the intact dilation and evacuation procedure.

If we ban this procedure, Mr. Speaker, as this legislation seeks to do, doctors will resort to other procedures, such as a caesarean section or a dismemberment dilation and evacuation, which can and often do pose greater health risks to women, such as severe hemorrhaging, lacerations of the uterus, or other complications that can threaten a woman's life or her ability to have children again in the future.

Mr. Speaker, passage of H.R. 1833 will not end late-term abortions; the bill only bans one such procedure that, in the judgment of the doctor, might offer the surest way of protecting the mother. The New York chapter of the American College of Obstreticians and Gynecologists opposes H.R. 1833, expressing concern that "* * Congress would take any action that would supersede the medical judgment of trained physicians and would criminalize medical procedures that may be necessary to save the life of a woman * * *".

If H.R. 1833 were amended to include exceptions for situations where a woman's life or health is threatened, ensuring that decisions regarding the well-being of the mother are made by doctors, not politicians, I would gladly support the bill. Without this protection, however, I cannot in good conscience support this legislation today.

Good people will always disagree over the abortion issue, and I respect the passion and depth of feeling that so many of my constituents on both sides of this issue have expressed to me. Maintaining policies which priomote healthy mothers and healthy babies should remain above the political fray, and it is for this reason that I oppose the veto override today. Thank you, Mr. Speaker.

SMALL BUSINESS REGULATORY RELIEF ACT OF 1996

HON. JAMES A. BARCIA

OF MICHIGAN

IN THE HOUSE OF REPRESENTATIVES Wednesday, September 25, 1996

Mr. BARCIA. Madam Speaker, last week, Congressmen EWING, BUYER, POSHARD, and I introduced H.R. 4102, the Farm Transportation Regulatory Relief Act. That bill would allow States to provide protection for farmers and farm-related service industries from a potentially expensive and unnecessary regulation that would bring them under the same regulation as the hazardous materials transportation industry. To do this, would be a mistake.

Today, we extend our warmest thanks to Congressman JIM OBERSTAR, ranking democratic member of the Committee on Transportation and Infrastructure and Committee Chairman BUD SHUSTER for recognizing this effort and accepting our amendment to H.R. 3153. This change in the Small Business Regulatory