TRIBUTE TO PATSY GUADNOLA

HON. SCOTT McINNIS

OF COLORADO

IN THE HOUSE OF REPRESENTATIVES

Wednesday, October 22, 1997

Mr. McINNIS. Mr. Speaker, I'd like to a take a minute to tell you about a woman who has been instrumental in the lives of so many children on the Western Slope of Colorado. Her name is Patsy Guadnola and she taught music in Glenwood Springs for over 51 years. She was such a knowledgeable and patient teacher that she even taught music to me. Ms. Guadnola is the type of individual that we could all learn from, as she has given so much of herself to the people.

Ms. Guadnola is the youngest of 10 brothers and sisters who were Italian immigrants. She has witnessed the town of Glenwood Springs evolve from a town of dirt roads and a two lane bridge to a town now considering a light rail system and a bypass for its main street.

Her love of music, children, and family has been the constant that has rooted her so deeply in the community. When she was just a child, her brothers and sisters contributed money so that she might take piano lessons. When she was 12, she began playing the organ on Sundays at St. Stephen's Catholic Church, a commitment she continues to this day.

Following Ms. Guadnola's graduation from the University of Northern Colorado and the Julliard School of Music, she returned home and began work as the music teacher at the Glenwood public schools for grades 1 to 12. She taught in the very same room where she discovered her own desire to one day become a music teacher herself.

For 40 years Ms. Guadnola taught music in the elementary and high school. Following her retirement from the public school, Ms. Guadnola went on to teach music for 11 more years at St. Stephen's Catholic School.

With a career spanning 51 years, Ms. Guadnola has enjoyed watching many locals grow from children to adults.

Ms. Guadnola's legacy lives around her in the people she has taught and continues to see. In her former students she sees a little bit of herself living on especially in those who have gone on to a career in music or teaching.

Mr. Speaker, it is people like Patsy Guadnola who make the Western Slope of Colorado the wonderful place it is. She is truly an inspiration to us all, and as one who learned so much from her myself, I can say she will always be greatly appreciated for what she has done.

MEDICAL RESEARCH

HON. LEE H. HAMILTON

OF INDIANA

IN THE HOUSE OF REPRESENTATIVES

Wednesday, October 22, 1997

Mr. HAMILTON. Mr. Speaker, I would like to insert my Washington Report for Wednesday, October 15, 1997 into the CONGRESSIONAL RECORD:

SETTING FUNDING PRIORITIES FOR MEDICAL RESEARCH

The United States is the world's leader in medical research. We spend more each year on research to cure and prevent disease than any other nation, and we are also at the forefront of developing new and innovative treatments for diseases ranging from heart disease to breast cancer to AIDS. The benefits of this research are manifest. Americans are living longer than ever before, and we are much more successful at fighting disease.

The federal government will spend about $13 billion on medical research this year, which is 37% of the total amount spent on research by all sectors. An important issue for Congress, the medical community and average Americans is how that money is spent. In general, Congress gives the National Institutes of Health (NIH), the government's lead agency for medical research, broad discretion in setting research priorities, that is, in deciding how funding is allocated to research on various cancers and other diseases. Congress has earmarked money in recent years for specific types of illnesses, such as breast cancer and prostate cancer. But by and large, NIH is still the lead decisionmaker. This approach is premised on the view that NIH, rather than Congress, has the expertise to make the best professional judgments about funding priorities and will make its decisions based on public health requirements and hard science, not political pressures.

LOBBYING FOR RESEARCH DOLLARS

There is some concern, however, that this process is becoming increasingly politicized. One measure of this change has been the proliferation of groups lobbying the federal government for research dollars. There are over 2,800 registered lobbyists on health issues, including 444 specifically on medical research. Lobbying on research funding is not necessarily a bad thing. It can, for example, bring attention to illnesses which have been underfunded and otherwise provide decisionmakers with helpful information.

The question, though, is how far lobbying can go before it undermines the integrity of the decisionmaking process. Lobbying for research dollars is intense, with different advocacy groups fighting for limited resources. The NIH budget, unlike most agency budgets in this period of government downsizing, has nearly doubled in the last decade. It is nonetheless uncertain whether these increases can be sustained under the recent balanced budget agreement. Furthermore, competition for NIH grants is intense. About 75% of the research grant proposals submitted to NIH do not receive funding. Lobbying efforts appear in some cases to have succeeded in shifting more research dollars to certain diseases, particularly AIDS and breast cancer.

HOW FUNDING IS ALLOCATED

NIH-funded research is wide-ranging. It encompasses everything from accident prevention to basic research on the root causes of disease to research on specific diseases, such as heart disease, diabetes and AIDS. NIH considers many factors when allocating research dollars among various diseases, including economic and societal impacts, such as the number of people afflicted with a disease; the infectious nature of the disease; the number of deaths associated with a particular disease; as well as scientific prospects of the research.

Congressional debate has focused on how NIH funds research on specific diseases. Comparing funding levels can be a tricky business. Research on one disease can have benefits in other research areas. Likewise, funding of basic research may not be categorized as funding for a specific disease even though the basic research may be related to the fundamental understanding and treating of the disease. Nonetheless, NIH does categorize funding by disease area and, according to the most recent statistics, it dedicates $2.7 billion to cancer research, including $400 million to breast cancer research; $2.1 billion to brain disorders; $1.5 billion to AIDS research; and $1 billion to heart disease. Other well-known diseases get lesser amounts. For example, diabetes research gets $320 million, Alzheimer's research $330 million, and Parkinson's research $83 million.

NIH critics say that these funding priorities fail to focus on those diseases which afflict the largest number of Americans, but rather emphasize those illnesses which get the most media and public attention as well as the most effective lobbying efforts. For example, the leading cause of death in the U.S. is heart disease, followed by cancer, stroke and lung disease. AIDS-related deaths rank eighth. A recent study suggested that in 1994 NIH spent more than $1,000 per affected person on AIDS research, $93 on heart disease, and $26 on Parkinson's.

CONCLUSION

Congress has held hearings this year on how NIH sets its funding priorities, and is now considering a proposal to direct an independent commission to study the matter and make recommendations on how to improve funding decisions. Others have proposed more dramatic measures, such as having Congress, rather than NIH, earmark funds or at least set funding guidelines for the agency.

I am wary of proposals to involve Congress too directly in the funding decisions of the NIH. Medical research involves complex questions of science and technology, and Congress is not well-equipped to make policy judgments in this area. I am concerned that, if Congress took to micro-managing agency decisions in this way, special interests would overwhelm the process. Funding allocation should be guided by science and public health demands, not by lobbying efforts or politics, and the process used by NIH has been successful. Its research has produced advances in the treatment of cancer, heart disease diabetes and mental illness that have helped thousands of American families.

I am, nonetheless, sympathetic to the view that the NIH should give more attention when setting priorities to the societal and economic costs associated with particular disease areas. Setting funding priorities, particularly in an era of tight Federal budgets, is a difficult process and involves difficult choices. When NIH decides to emphasize one area of research, it necessarily means less funding will be available for other, worthy areas of research. The key point is that the decisionmaking process be generally insulated from political pressures.

HEART OF GOLD

HON. HOWARD L. BERMAN

OF CALIFORNIA

HON. HENRY A. WAXMAN

OF CALIFORNIA

HON. JULIAN C. DIXON

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Wednesday, October 22, 1997

Mr. BERMAN. Mr. Speaker, it is no surprise to my colleagues, Mr. WAXMAN and Mr. DIXON, and me that Carmen Warschaw has been named the Heart of Gold Honoree by the Medallion Group of Cedars Sinai Medical Center and will be given this prestigious award on October 25, 1997.

Few people in America have contributed so much intellect, time, energy, and passion to

improving our world, our country, and our greater Los Angeles community than has Carmen Warschaw.

Each of us has known Carmen, and her husband Louis, personally and professionally for more than 30 years. She has had an immense impact on our lives and our careers. None of us would likely have reached our positions were it not for Carmen Warschaw. She is a close personal friend, trusted adviser, candid—sometimes acerbic, but always humorous—critic, and a model of what community service and good citizenship ought to be. Our admiration for her is indescribable.

It would be impossible—and if possible, give the appearance of carrying coals to Newcastle—to try to list a fraction of Carmen's honors, areas of interest, awards, positions of responsibility, and titles. It would sound as if we were praising a dozen public spirited people—not just Carmen Warschaw.

Nor could we discuss the myriad stories and legends—both factual and perhaps embellished by time—that surround this fascinating, witty, charming Whirling Dervish of national and local Democratic politics, civil rights, women's rights, health care, art, culture, and Jewish community involvement.

One story will suffice. Several years ago, then, as now, a major leader in the Democratic Party, Carmen was double-crossed in a backroom deal. When Carmen confronted her nemesis, she was told that next time she should get it in writing. Ever since, Carmen has handed out pens with the inscription, Get it in writing, Love, Carmen, and ever since, successive generations of California Democratic leaders have repeated the admonition—and the story.

While making an enormous mark on the larger society, Carmen is a wonderful wife, mother, and grandmother. We have had the pleasure of being close to the entire Warschaw family, her husband Lou, daughters Susan and Hope, sons-in-law Carl Robertson and John Law and grandchildren Cara, Chip, and Jack.

Our comments today are occasioned by yet another Warschaw milestone. Carmen and Louis have—with their characteristic generosity—endowed the Carmen and Louis Warschaw Chair in Neurology at Cedars-Sinai Medical Center.

We ask our colleagues to join us in honoring Carmen Warschaw, an extraordinary woman whose zest for living and profound sense of compassion are examples for us all. She has—and is continuing to—truly enriched our lives.

MICHAEL TURNER A COMMUNITY CRIME FIGHTER

HON. STENY H. HOYER

OF MARYLAND

IN THE HOUSE OF REPRESENTATIVES

Wednesday, October 22, 1997

Mr. HOYER. Mr. Speaker, I rise today to recognize Michael Tucker, one of my constituents, who was recently honored for his leadership and community work in crime prevention. The National Crime Prevention Council and Ameritech selected Special Agent Turner to receive the Ameritech Awards of Excellence in Crime Prevention. Special Agent Turner is one of 8 winners selected from 140 nominations.

Special Agent Turner, the demand reduction coordinator for the DEA's Washington Field Division, is a pioneer in the coordination of law enforcement officials with local citizens to combat crime in their communities. He has had numerous successes in South Boston, Virginia, and Halifax County where he helped these communities fight drugs and crime. Most recently, Special Agent Turner has worked with the DEA in Washington, DC, to provide leadership in reducing homicides and violent crimes in the East Capitol Dwellings and Greenway communities. Additionally, he has worked with the 6th District Police Department Community Services section to create youth programs and neighborhood watch groups. He, along with the D.C. Police Department, helped to organize the orange hat patrol groups.

Special Agent Turner's work to help foster community involvement in law enforcement has led to a sharp decline in the homicide rate in DC's 6th Police District and the creation of many new prevention programs in community organizations. Organizations such as the Boys and Girls Clubs and Drug Abuse Resistance Education Plus have become involved with these new prevention programs.

I would like to thank the National Crime Prevention Council and Ameritech for honoring Michael Turner with the Ameritech Awards in Excellence in Crime Prevention. I applaud NCPC's dedication to helping fight crime and building community support and, I appreciate Ameritech's commitment to supporting crime prevention initiatives.

It is evident from Special Agent Turner's work that he is not afraid to identify a troubled community which is plagued with crime, to roll up his sleeves and to take personal action to solve a problem. I ask my colleagues to join me in congratulating Special Agent Turner for this well deserved honor.

SALUTE TO BROWARD COUNTY'S AFRICAN AMERICAN LIBRARY

HON. ALCEE L. HASTINGS

OF FLORIDA

IN THE HOUSE OF REPRESENTATIVES

Wednesday, October 22, 1997

Mr. HASTINGS of Florida. Mr. Speaker, I am honored to pay tribute today to the Broward County African American Library, which opens in my congressional district this Saturday, October 25. One of the great milestones in learning opportunities, this sanctuary of history, learning and culture promises to become one of south Florida's greatest libraries. Its purpose is to showcase the immeasurable contributions of African-Americans in this country as well as in our native Africa. Beyond that, however, it will stand as a beacon for the educational uplift of an entire community.

The great historian, educator, and author David Walker, once commented about the importance of libraries for African-Americans:

''I would crawl on my hands and knees through mud and mire, to the feet of a learned man, where I would sit and humbly supplicate him to instill into me that which neither devils nor tyrants could remove, only with my life—for colored people to acquire learning in this country makes tyrants quake and tremble on their sandy foundations.''

This is the kind of idealism that propels the outstanding individuals who have devoted their lives to making the Broward County African American Library a reality. I am pleased to salute their achievement, and to praise their enormous efforts in this significant undertaking.

The significance of this project to the growth and development of Broward County is immeasurable. I am pleased to commend the individuals who have committed their lives and their livelihood to making this library a dream come true, a dream founded upon the notion that to study each other—our accomplishments, our traditions, our culture—our accomplishments, our traditions, our culture—is to know each other.

Mr. Speaker, I rise today to pay tribute to the Broward County African American Library, as it steers our community toward greater progress and understanding.

INTRODUCTION OF LEGISLATION TO REPEAL ''LOCK-IN'' OF MEDICARE BENEFICIARIES IN MANAGED CARE PLANS

HON. FORTNEY PETE STARK

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Wednesday, October 22, 1997

Mr. STARK. Mr. Speaker, I am today introducing legislation to repeal a provision in the Balanced Budget Act of 1997 that would ''lock'' Medicare beneficiaries into a managed care plan. My bill would continue the present policy which permits continuous open enrollment—and disenrollment—in HMO's by Medicare beneficiaries.

The BBA provides that in 2002 Medicare beneficiaries have half a year to get out of a Medicare+Choice plan that they have enrolled in. In 2003 and forever thereafter, they have only 3 months each year to decide to disenroll.

Mr. Speaker, many HMO's do a good job making people happy while they are healthy. Like fire engines at the Fourth of July parade, they look good and make people feel safe. The test comes when there is a fire—or in the case of an HMO, when a person gets sick. There is strong evidence that many HMO's do not do well when a person becomes ill, particularly when one faces a chronic illness or disability and needs rehabilitation. Today under Medicare, an HMO enrollee who finds they need help and the HMO is not delivering can on a month-by-month basis leave and seek care in another HMO or in the fee-for-service sector.

Beginning in 2002, that right will end.

There are good policy reasons for limiting the enrollment and disenrollment of people in HMO's. For example, coordinating periods of open enrollment provides a wonderful chance to compare plans and to encourage more competitive pricing of HMO products as they compete for business during an annual open enrollment period. Further, a bad HMO can make a huge profit by encouraging the disenrollment of people once they become sick and it makes financial sense for Medicare to limit this opportunity for gaming.

Mr. Speaker, these good reasons are overridden in my mind by the danger that lock-in creates for people who become seriously ill and who needs treatment that an HMO may refuse to provide. There are good economic