

EXTENSIONS OF REMARKS

PERSONAL EXPLANATION

HON. JOHN B. LARSON

OF CONNECTICUT

IN THE HOUSE OF REPRESENTATIVES

Wednesday, July 21, 1999

Mr. LARSON. Mr. Speaker, on Monday, July 19, 1999, my plane from Hartford to Washington was delayed and I unavoidably missed rollcall votes numbered 308, 309, and 310. Had I been present in the House Chamber, I would have voted “aye” on all three of these votes.

INTRODUCTION OF THE CIGARS ARE NO SAFE ALTERNATIVE ACT OF 1999

HON. EDWARD J. MARKEY

OF MASSACHUSETTS

IN THE HOUSE OF REPRESENTATIVES

Wednesday, July 21, 1999

Mr. MARKEY. Mr. Speaker, I rise today to introduce the Cigars Are No Safe Alternative Act of 1999, legislation which is similar to a bill I introduced during the 105th Congress.

Mr. Speaker, I want to commend the Federal Trade Commission (FTC) for the report it is releasing today which reveals dramatic increases in sales, advertising, marketing and promotion of cigars in 1996 and 1997. The FTC Report confirms my worst suspicions that despite serious and deadly health risks, cigar use is up dramatically in the United States over the last five years. Cigar consumption has skyrocketed by 57% from 1993 to 1998. Advertising and marketing budgets grew by 32% over the two years studied—and every expenditure category saw a substantial increase—newspaper advertising grew by a whopping 254%. This comes on top of the February 1999 report by the Inspector General of the Department of Health and Human Services that, “cigars are an emerging public health risk.”

It can not be put more plainly: Cigars are not a safe alternative to cigarettes and it’s time to clear the smoky haze regarding this deadly product. The legislation I am introducing today, the Cigars Are No Safe Alternative Act of 1999, will prohibit the sale and distribution of cigars to any individual who is under the age of 18. It will impose restrictions on the sale and advertising of cigars directed at youth, and eliminate cigar advertising on electronic media. It will encourage cigar manufacturers to end the practice of paying for, or participating in cigar product placements in movies and on television where a substantial segment of the viewing audience is under the age of 18 by requiring them to report on each such payment as it occurs. And it will direct the FTC to require warning labels on cigars to warn cigar users about the health risks presented by cigars.

The CANSA Act will also require the Secretary of Health and Human Services (HHS) to

conduct a study on the health effects of occasional cigar smoking, nicotine dependence among cigar smokers, biological uptake of carcinogenic constituents of cigars, and environmental cigar smoke exposure. It will further require the Federal Trade Commission (FTC) to report to Congress on the sales, marketing, and advertising practices associated with cigars—essentially updates to the report the FTC released today. And finally, the Secretary of HHS, acting in cooperation with the FDA, the FTC, and the Department of Treasury, will be required to monitor trends in youth access to, and use of, cigars and notify Congress of the results.

Cigar regulations are the orphan of our government’s tobacco control policy. And the trends on sales and marketing are getting worse, not better. The dangers associated with cigars must be exposed just as intensely as those associated with cigarettes and smokeless tobacco. Cigars should not be glamorized, they should be recognized as deadly health threats.

Mr. Speaker, I am particularly concerned that among adolescents, cigars are being perceived as more glamorous and less dangerous than cigarettes. A 1997 CDC Youth Risk Behavior Survey revealed that over 30 percent of high school boys and over 10 percent of high school girls had smoked a cigar in the month before the survey was done. Those numbers are very troubling, and I am hopeful that the legislation I am filing today will drive home the point that cigars are not a safe alternative to cigarettes, period.

Cigars emit greater amounts of tar, nicotine, and carbon monoxide, and substantially higher amounts of ammonia and a number of other cancer causing agents than cigarettes emit.

Congress must apply the same standard to cigars as it does to cigarettes with respect to youth access and marketing and advertising restrictions, and ensure that teenagers are not seduced by the cigar industry’s slick and sophisticated marketing strategy—through magazines like “Cigar Aficionado” and others.

I urge my colleagues to join me in supporting the Cigars Are No Safe Alternative Act of 1999.

TRIBUTE TO DR. INGE GENEFKE AND THE INTERNATIONAL REHABILITATION COUNCIL FOR TORTURE VICTIMS

HON. TOM LANTOS

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Wednesday, July 21, 1999

Mr. LANTOS. Mr. Speaker, it is an honor and a pleasure for me to call to the attention of my colleagues the work of an extraordinary woman, Dr. Inge Genefke, and the institution which she established, the International Rehabilitation Council for Torture Victims. Dr. Genefke, a Danish physician, is an outstanding humanitarian and a distinguished

medical doctor who uses her training and compassion to bring healing to those who have endured the pain of torture and abuse inflicted by repressive governments with whose policies or ideologies these unfortunate victims have questioned.

Today, at the end of the 20th century, some experts say that one-third of the 185 member states of the United Nations still practice torture or tolerate its use, and torture has been a dark side of human history for centuries.

The clinic which Dr. Genefke established in Copenhagen, Denmark, in 1979 was the first of its kind anywhere in the world which was devoted specifically to treating such victims of torture. Dr. Genefke’s unique mission—fighting for the forgotten victims and survivors of torture around the world—makes her one of the great heroines of humanity.

Mr. Speaker, Reader’s Digest published an excellent article in March 1999 on Dr. Genefke and her humanitarian work. I urge my colleagues to read this article and to join me in paying tribute to this courageous and compassionate woman.

[From Reader’s Digest, Mar. 1999]

SHE HEALS TORTURED SOULS

THANKS TO THE DEDICATED WORK OF DR. INGE GENEFKE, THE LIVES OF TENS OF THOUSANDS HAVE BEEN SALVAGED

(By Lawrence Elliott)

Miguel Lee, desperate to find release from his inner agonies, came one day to a clinic at the University Hospital in Copenhagen, Denmark. But when he saw the white coats of the hospital staff he began to tremble.

“What’s the matter,” Dr. Inge Genefke asked him. He couldn’t tell her. It was too black a memory.

But Miguel was able to speak of the anxiety that raged in his stomach, the headaches that felt like spikes being driven into his skull, the nightmares that jolted him into shrieking wakefulness and terrified his family.

Dr. Genefke listened carefully. Miguel sensed her concern; he trusted her. And finally he told her of the echoing torture chamber, night after night, when they wired his head to an instrument and sent excruciating electric shocks surging through his ears.

Dr. Genefke asked him about the white coats. “The doctors wore white coats,” he said. “And there was always a doctor in the torture room to make sure you didn’t die. Dying was too good for us.”

Once he had been a respected union leader and the head of a loving family. Now, after three years of imprisonment and torture by the junta that seized power in Chile in 1973 and three years of exile to Denmark, Lee is broken in mind and body.

Doctors assure him they understand how terrible the torture must have been. But they remind him that it is over. It is time to get on with his life.

It is what everyone tells him. He couldn’t make anyone understand that the torture doesn’t end when they stop beating you—until now.

“But the pain wasn’t the worst, was it?” Dr. Genefke asked him. “Wasn’t it worse that they made you feel guilty and ashamed? And don’t you still feel that way?”

• This “bullet” symbol identifies statements or insertions which are not spoken by a Member of the Senate on the floor.

Matter set in this typeface indicates words inserted or appended, rather than spoken, by a Member of the House on the floor.

Miguel's eyes welled with tears.

Dr. Genefke explained to Miguel that they had tortured him to break his spirit, to destroy his faith in himself, to make sure that he would never again have the courage to speak out against them. "We can help you here," she went on. "But you have to believe in one thing: nothing that happened to you in prison was your fault. Nothing! It was all their fault."

Miguel nodded mutely. He had finally found someone who understood.

"Torture has been a dark side of human history for centuries," Dr. Genefke says today. But the clinic she established in 1979 was the first of its kind anywhere devoted specifically to treat its victims.

When she began, it was still thought that torture could be restricted to a few bandit regimes, even eliminated. But it remains widespread. Fully one third of the 185 United Nations member states practice torture or tolerate its use.

The appalling realization that dungeon brutality had become the policy of many states changed Dr. Genefke's life. Determined to break through the curtain of apathy and ignorance in which torture flourished, she organized seminars, addressed rallies and raised money. Today there are more than 100 torture treatment centers around the world that were inspired by the efforts. The lives of tens of thousands have been changed by her and her team's work.

Essentially the same techniques are used around the world: slamming both ears simultaneously, often resulting in ruptured eardrums; rape and homosexual rape; electric torture; holding the victim's head under water polluted with human excrement to the verge of suffocation. A universal favorite is falanga, in which the victim is beaten on the soles of his feet often in an upside down position. Sometimes he is then made to walk barefoot on shards of glass.

When Ahmad, (some names have been changed to protect victim's families) a student leader from the Middle East, is brought to Copenhagen he cannot walk. The soft flesh on the bottom of his feet has been badly beaten and the soft tissue and nerve-endings severely damaged.

Ahmad remains at the clinic for a full year. In that time, psychotherapy helps him regain a true sense of himself. Then, having been treated with radiology, massage and other forms of physiotherapy, he walks out of the hospital with the help of a cane, but without pain.

Today, an intact human being, he is married and a father.

Nothing in Inge Genefke's early years foretold a life in which she would come face to face with the agony inflicted by one human being on another, or be nominated several times for the Nobel Peace Prize.

She grew up in middle class comfort, protected from life's harsher sides by warm and loving parents. A graduate of the University of Copenhagen, her career path as a specialist in neurology seemed fixed until she and three other physicians responded to a plea from Amnesty International to examine political prisoners of the infamous late sixties government of the Greek "Colonels."

They had been tortured, but some with such diabolical skill that there were no visible wounds, and only X rays and laboratory tests revealed their severe internal injuries. Deeply moved by their suffering, Dr. Genefke began a pioneering study into the uses and long-term consequences of torture, and of the medical treatment of its victims.

"In the beginning," Dr. Genefke says, "we thought, Okay, we patch them up, we set the broken bones and send them home. But we soon realized it was the pain in their hearts and souls that was devastating them."

Genefke had entered one of the least known branches of medicine. She had her little team, working with a few rooms and some beds made available at University Hospital, set out on a stop-and-go, trial-and-error quest for ways to heal the survivors of institutional torture.

In time, the clinical studies and principles for a rehabilitation programme would be shared with treatment centres around the world. All tangible medical symptoms are dealt with by specialists. Many of the patients believed what their captors had told them—that the torture had left them finished, living on borrowed time. So every symptom was checked, every presumed fatal illness probed, and nearly always disproved. Abused sinews and bones were ministered to by medicine, physiotherapy and surgery.

But, as Dr. Genefke says, broken bones are easier to mend than broken spirits. One study has revealed that of 100 Polish victims of Stalinist torture, 75 still suffered symptoms of severe stress or were chronically despondent 40 years later.

In Nepal, M, a factory worker in her twenties, is summarily arrested, beaten with rifle butts and raped by four policemen before losing consciousness. Charged with prostitution, she is moved from one town to another, verbally abused in public and repeatedly raped by police officers. A month after her arrest she is released and threatened with death if she takes any legal action.

Suffering constant bleeding, sleepless nights and blinding panic whenever she sees a man in uniform, she finally comes to the Nepalese Centre for the Victims of Torture.

"It's normal to feel ashamed," the therapist tells her, "but it's not your shame. The shame belongs to those who did these things to you."

Her family has to be helped to understand this, too. It takes time. So does her long and painful treatment. Eventually she and her family are able to put guilt, shame and despair behind them.

Inge Genefke set up the Rehabilitation and Research Centre for Torture Victims in 1982. Three years later, she organized its international body, the International Rehabilitation Council for Torture Victims (IRCT), of which she became secretary-general and medical director.

She is married to Professor Bent Sorensen, a burns specialist and a member of the UN Committee against Torture. Their time together is precious. Dr. Genefke is constantly travelling to help launch new centres, to rally people to her cause. This September, she is organizing a conference in New Delhi with the National Human Rights Commission.

Despite the worldwide enormity of torture, many of the centres Dr. Genefke has inspired get little or no help from their governments. But she has an uncanny ability to win over gifted professionals willing to take up the cause. "One minute you have a certain kind of life and the next minute that whirlwind, Inge Genefke, comes along and you're on her team," said one.

Yet there are times when the task seems insuperable. She sees a ghostly army of torture survivors out there, from communist prisons, military dictatorships in Latin America, the victims of upheavals in Asia, Africa and the Middle East. The number of victims seems to be growing, and her efforts to help them sometimes seem insignificant. "It is like trying to climb a mountain that keeps getting higher," she says.

Months of hospitalization and years of holistic therapy and rehabilitation were necessary before Miguel Lee was entirely sound. But now he has a steady job and with nine grandchildren, a full and rewarding family life. And in the end the junta did not defeat

him. Although he speaks Danish and is well-integrated into his new land, he spends much of his free time working for the preservation of the democratic freedoms Chile has wrested back from the military dictatorship.

Sometimes Inge Genefke has to seclude herself and spend an hour or so reading poetry to replenish her soul. But when she sees a man like Miguel Lee come back from the living dead, when she knows that her work has helped save some of this generation's best people from death and disability, she is again ready to tackle the highest mountain.

HONORING THE "OPERATION PROVIDE REFUGE" TEAM

HON. JIM SAXTON

OF NEW JERSEY

IN THE HOUSE OF REPRESENTATIVES

Wednesday, July 21, 1999

Mr. SAXTON. Mr. Speaker, I rise before you today to recognize a group of Americans whose dedicated efforts truly made the proverbial difference in the lives of thousands of people. Too often in life we overlook the tremendous efforts of individuals who transcend their job descriptions and positively affect the lives of others. There are 60 men and women in my district of whom job descriptions don't exist.

On May 1, 1999, these 60 men and women were civilian employees at Fort Dix Army Base in Burlington County, NJ. In less than twenty-four hours, however, these diverse professionals would be united as full-fledged participants in "Operation Provide Refuge," an attempt to provide shelter for refugees from the Balkans. In just three days, these extraordinary individuals converted sterile Army barracks into a comfortable living space suitable for families. The Fort Dix civilians of Provide Refuge offered more than a housing facility to these refugees; they offered a home.

As the first group of refugees arrived at Fort Dix on May 5, they were greeted with a tradition perhaps more American than any other: open arms. The first contingent of refugees—like the ones that would arrive later—spanned the entire age spectrum, but was comprised largely of the very old and the very young. These men, women and children were given the food, medical care, and shelter they so desperately lacked in their native land.

On July 16, 1999, the last of the refugees left their temporary home at Fort Dix. In the two months that it was operational, Provide Refuge took in more than 4,000 refugees, restored them to health, and placed them with host families in 40 states across the country. While 4,043 people checked into the facility, by July 16, 4,050 had checked out: during the tenure of Provide Refuge, the medical staff ushered into this world seven new lives—seven new Americans.

The reason I stand before you today, Mr. Speaker, is to thank the workers who were truly the backbone of Operation Provide Refuge: Diana Bain, Denise Berry, Bernice Bonaparte, Audrey Bracey, James Butler, Arlee Cane, Jr., Arlene Clayton, Robert Cole, Donald Conklin, Maureen Coughlin, Normal Cowell, Patricia Cunningham, Karen Currin, David Dennison, Perry Domelevich, Frederick Dudley, Richard Esbensen, Sharon Fegley, Walter Gibson, Kenneth Gordon, Bonnie Graham, Richard Grzegorek, Richard Hatfield,