

As the 18th century progressed, this community also became the principal commercial center in the mid-west. Specializing in the trade of Indian goods and fur, Cahokia's economic development thrived. This served as the impetus for prompting the expansion of Agriculture as a viable livelihood, which was so necessary to feed the rapidly growing community of settlers.

The Village of Cahokia also took pride in its role in winning a battle of the American Revolution. Captain Joseph Bowman and George Rogers Clark negotiated peace agreements in Cahokia at Fort Bowman with neighboring tribes of the Illini Confederation, and then launched an attack on British occupied Vincennes. Both their soldiers and ammunition were primarily supplied by the residents of Cahokia.

Cahokia has long been recognized as a significant force in Illinois politics. In the 18th and 19th centuries, the Cahokia Courthouse served as an important center of activity in the Northwest. At one point it was both the judicial and administrative center for a massive area which rose up to the borders of Canada.

Today, I am honored to represent Cahokia, which has embraced its heritage of both Native-American history, as well as the influx of French and other ethnicities, spurred by westward expansion. This close community of churches, civic groups, and businesses inspires us to remember the legacy of our forefathers, while also celebrating the future.

Mr. Speaker, I ask my colleagues to join me in recognizing the Village of Cahokia this month in commemoration of its 300th Anniversary!

MUSEUM FOR AFRICAN ART

HON. JERROLD NADLER

OF NEW YORK

IN THE HOUSE OF REPRESENTATIVES

Wednesday, August 4, 1999

Mr. NADLER. Mr. Speaker, I am pleased to recognize one of New York City's premier cultural institutions, the Museum of African Art, and to invite my colleagues to visit the Museum over the August recess. Founded in 1984, the Manhattan-based Museum is the only independent museum in the United States devoted exclusively to historical and contemporary African art.

The Museum for African Art is dedicated to increasing public understanding and appreciation of African art and culture. Through exhibitions and catalogues of the highest aesthetic and scholarly merit, the Museum offers definitive research and scholarship on African cultural groups and their regional influences.

The Museum provides thematic comparison and exploration of artistic ideas reflected in the great variety of cultures in Africa, innovative methods of display and interpretation of African art to involve audiences directly in the exhibition process, and programs that stimulate lifelong learning and appreciation of African art and culture.

In April 1999, the Museum opened a groundbreaking exhibition entitled "A Congo Chronicle: Urban Art and the Legend of Patrice Lumumba." Consisting of 50 paintings by famed African artist Tshibumba Kanda-Matulu and several other urban artists of the time, this exhibition offers a uniquely personal

encounter with the African independence movement as it was born and took hold among the population.

African art aficionados are looking forward to the September unveiling of the exhibit, *Liberated Voices: Contemporary Art from South Africa*. Featuring close to 100 works, including paintings, sculptures, installations, photographs, and videos made since Apartheid ended in 1994. This exhibition highlights major trends in contemporary South African artistic practice. The exhibit will focus on the diverse works of young artists in today's South Africa. Through their personal experiences Museum visitors will gain a greater insight into this dynamic country.

Mr. Speaker, the Museum for African Art is a unique resource. I hope all of my colleagues will have the opportunity to visit the Museum to learn more about African art and its influence and significant contributions to our culture and society.

IN CELEBRATION OF THE BIRTH OF MORGAN JULIANN TAYLOR

HON. DAVID M. MCINTOSH

OF INDIANA

IN THE HOUSE OF REPRESENTATIVES

Wednesday, August 4, 1999

Mr. MCINTOSH. Mr. Speaker, last Wednesday, July 28, 1999, Morgan Juliann Taylor was born. She is the daughter of my chief of staff, Jeff Taylor and his wife Julie. God blessed them with a beautiful, healthy child. When we debate issues on the floor of the U.S. House of Representatives which will impact the lives of children, I like to think of children I know, especially my own daughter, Ellie. From this time forward, I will also keep Morgan Juliann in my mind and heart as this great body works to make this country a better place to live for Ellie, Morgan and all of our children and grandchildren.

TRIBUTE TO ISAAC DARKO

HON. JOSÉ E. SERRANO

OF NEW YORK

IN THE HOUSE OF REPRESENTATIVES

Wednesday, August 4, 1999

Mr. SERRANO. Mr. Speaker, I rise to once again congratulate and to pay tribute to Mr. Isaac Darko, a constituent of mine and a distinguished student at Columbia University in New York. He will be recognized for his academic and scientific achievements as a participant in the National Institutes of Health (NIH) Undergraduate Scholarship Program for Individuals from Disadvantaged Backgrounds (UGSP) on August 5, 1999 for the second year in a row.

Isaac graduated from the Health Professions and Human Services High School in 1997 and has just completed his freshman year at Columbia University. This summer he has been working at the NIH Department of Molecular Biology under the supervision of Dr. Alfred Johnson. He has been working on the epidermal growth factor receptor (EGFR), which is expressed in such cancers as breast and prostate cancer and in other cancer cell lines.

Mr. Speaker, the UGSP scholars search is highly competitive and nationwide. Currently,

the program has 24 scholars from all over the nation, from institutions such as Columbia University, MIT, Harvard, Georgetown, U.C. Davis, and Stanford. In order to participate in the program, a Scholar must either have a 3.5 Grade Point Average or be in the top 5 percent of his/her class. Candidates must also demonstrate a commitment to pursuing careers in biomedical research and must be from a disadvantaged background. The current group is composed of 32 percent Hispanics, 32 percent African Americans, 21 percent Asians, 10 percent Caucasians, and 5 percent Native American, with a balance between the genders of 52 percent female and 48 percent male.

Mr. Speaker, being selected for this program for two consecutive years indicates that Isaac has demonstrated that he has the ability and the desire to be an asset and a role model in our community. We are proud of his accomplishments and I know he is taking full advantage of the opportunity presented to him. He is a terrific example for future participants in this program and others like it.

Mr. Speaker, I ask my colleagues to join me in congratulating once again Mr. Isaac Darko for his outstanding accomplishments and also in commending the National Institutes of Health Undergraduate Scholarship Program for Individuals from Disadvantaged Backgrounds for offering opportunities to students like Isaac.

FAMILY BUILDING ACT OF 1999

HON. ANTHONY D. WEINER

OF NEW YORK

IN THE HOUSE OF REPRESENTATIVES

Wednesday, August 4, 1999

Mr. WEINER. Mr. Speaker, today I introduced the Family Building Act of 1999.

This legislation will assure the millions of Americans suffering from the disease of infertility that the treatments they so desperately need will be covered by their health insurance plans.

There is nothing more basic to human beings than the desire to have a family. Yet, more than 6 million American families will suffer from infertility at some point in their reproductive lives. However, fewer than 1 in 4 employer-based insurance plans include coverage for infertility.

Imagine being given the devastating news that you have a fertility problem. Fortunately, your physician confidently informs you that the majority of couples who seek treatment for their infertility are able to have a baby. So you leave the office feeling hopeful if not optimistic. Then news even more devastating than your diagnosis comes your way: your health plan has decided that infertility is a disease they don't think worthy of covering. Their profits mean more than your inability to have a family.

It's unfair, and it happens too often in this country.

As fewer and fewer of our citizens are allowed any meaningful choice in health plans, Americans are being denied access to medical treatments that provide them with their only hope of becoming a parent. This is unfair, and the Family Building Act of 1999 will put a stop to it.

The insurance industry may claim that providing infertility coverage will cost them so

much money that they will either go out of business or that employers will not be able to provide any coverage at all. This is not the case.

Studies completed by the American Society for Reproductive Medicine have shown that providing comprehensive infertility coverage will add only three dollars per member per year. Thirteen states have already passed similar legislation and it has not driven the insurance companies out of business, nor has it caused employers to drop their health insurance. In fact, in Massachusetts a study shows that the cost for HMOs actually went down when they started providing coverage.

Insurance coverage for infertility also allows for better medicine. We have all heard about and been concerned with the rising number of triplets, quadruplets and even higher numbers of multiple births from fertility treatments. Proper insurance coverage will allow patients and their physicians to pursue conservative, medically appropriate treatments and lower the risk of multiple births.

Consider: just three dollars a year could allow thousands of Americans to become parents. I think it's worth it, the American people think it's worth it and I hope this House will show it thinks it's worth it by passing the Family Building Act of 1999.

ISSUES FACING YOUNG PEOPLE

HON. BERNARD SANDERS

OF VERMONT

IN THE HOUSE OF REPRESENTATIVES

Wednesday, August 4, 1999

Mr. SANDERS. Mr. Speaker, I would like to have printed in the RECORD statements by high school students from my home State of Vermont, who were speaking at my recent town meeting on issues facing young people today. I am asking that you please insert these statements in the CONGRESSIONAL RECORD as I believe that the views of these young persons will benefit my colleagues.

WORKERS' RIGHTS AND WELFARE REFORM

(On behalf of Daniel Peyser and Jenn Donohue)

Daniel Peyser: I'm going to be covering workers' rights, and specifically minimum wage, and maybe health care, and Jenn is going to be doing welfare reform, which will tie into it.

A key issue regarding the basic rights of workers is a livable wage. There was a minimum wage increase that was from \$4.25 to \$5.15, but it is still not livable. It is nice to have the wage increase, but it is not significantly helping us out. I make minimum wage, and it's a pain when you are not making enough money that you feel that you would deserve more for the work that you put in. But, over the past two decades, the minimum wage, with that one exception of that increase, has largely, for most people, stagnated or declined, and combined with inflation, the real value of the minimum wage hasn't increased very much since around 1955 to 1970.

It used to be, after World War II, that when productivity went up in companies that the workers got cut into the action and everyone prospered. But between 1983 and 1989, we have seen that, as companies reach record profits, that workers aren't getting cut in any more. And between 1983 and 1989, 99 percent of the new wealth that was accumulated went to the top 20 percent of the income groups.

America is now the most economically stratified country in the industrialized world. So there's a lot of issues that also tie in with livable wage. I mean, you have welfare, which is one issue. And one of the incentives perhaps for a lot of people who are on welfare would be a higher minimum wage. I think the answer to the problem would be to require companies to, first of all, raise the minimum wage to something that is easily livable. Ideally, I would have said \$9 an hour or so. Cut back working hours, so require companies, based on how much money they make, to hire a certain number of workers, also based on their expenses, which would help unemployment rates.

Other issues that tie in are, a large part of having an unbalanced budget can be attributed to having stagnated wages. College education prices have gone up 80 percent over the past two decades, I think, as far as the cost of real value. And it is going to be harder and harder for people who are making minimum wage now to send their kids to college or to support their families.

Congressman Sanders: Jenn?

Jenn Donohue: As a senior in high school, the time is coming where I have to go out and find a job and employment. And, as Dan was saying, it bothers me in both respects, that there are people out there who are making minimum wage, trying to feed their kids, trying to buy necessities, basic things that people need, and they are getting welfare; and there are other people out there who don't work, who wait for the check to come every month, and that's what they live on, they have no initiative to get up, get out, and get a job.

Welfare was established for people in need, to help them get back up on their feet until the time came where they were okay, and they were all set, and they didn't need it as much as they did before. But now, I think, there is a problem where people are using it as their basic income. They have no desire to get up and get a job. And it is not the case with all people who are on welfare. Some people need it intensely. They are working two jobs, their spouse is working two jobs. Their kids are going to school, they need food and products all kids need.

I just think that something has to be done to change the way that welfare is going, because it is unfair to deprive people who really need the welfare of the money, when it is going to people who are just using it—I mean, there are women who get pregnant so they will have more money coming in the door. It is sick and it's twisted, and something needs to be done to reform welfare, so that the people who need it are getting it, and the people who need it and aren't doing anything to get it do something about that.

Congressman Sanders: Thanks for tackling a very, very important issue.

ZERO TOLERANCE FOR ALCOHOL

(On behalf of Laura Megivern)

Laura Megivern: My name is Laura Megivern, and I'm from South Burlington High School.

In all 50 states, it is illegal for anyone under 21 to purchase and possess alcoholic beverages. Following this logic, it should therefore be illegal for anyone under the age of 21 to have a blood alcohol concentration of anything over .00. However, this is not the case. In Vermont, anything under a .02 alcohol level is legal for someone under 21 years old, who cannot legally purchase or possess any alcoholic product.

It is required that all states have a zero tolerance law for people under the legal drinking age. A zero tolerance law is defined as any law that states that persons under 21 are not allowed to have a blood alcohol level

of anything more than .02, .01 or .00. In 1994, according to the National Highway Safety Administration, motor vehicle traffic crashes cost the United States more than \$150 billion in economic costs. Crashes involving 15- to 20-year-olds cost the United States years more than \$21 billion in 1994.

Although they may be effective, there is a bit of a discrepancy in the fact that, although youth are not permitted to purchase or possess alcohol, it is all right for them to have some alcohol in their blood. One reason why the legal limit is set above zero is because of problems with the calibration of instruments, and because of the margin of error that may exist in the use of a Breathalyzer.

Other reasons brought up while the law was being created were that some foods may raise the alcohol level in breath, and that wine consumed in church as part of communion may raise the blood alcohol to an illegal level. The amount of wine ingested during communion would most likely be immeasurable, unless the Breathalyzer test was administered just afterwards. Also, an average high school student taking one dose of NyQuil would be under this limit, as the alcohol level would barely be measurable—although, in my opinion, if you feel bad enough to take NyQuil, a cough syrup advertised as helping someone get to sleep, you probably shouldn't be driving anyway. Some yeast products may also raise the alcohol content, but not to a measurable level, according to Dan Steinbar of the Day One Program, an outpatient rehabilitation program. He also says that, a beginning drinker without a high tolerance to alcohol, like a teenager, would be showing signs of impairment, especially of slurred speech and impairment of judgment, at a .02 blood alcohol concentration.

To get to a .02 blood alcohol concentration, you would need to drink a can of beer, 12 ounces, or 6 ounces of wine. In fact, for a 150-pound male, one can of beer, 5 ounces of wine, or 1.5 ounces of hard liquor puts the blood alcohol concentration above the legal limit even for someone over 21. However, if the male waited two hours to drive, he would be below it.

The rationale for zero tolerance is clearly understandable. According to the National Highway Traffic Safety Administration, 21 percent of 15- to 20-year-old drivers involved in fatal crashes had some alcohol in their blood in 1996. In the same year, an estimated 846 lives were saved by the minimum-age drinking laws, and an estimated 16,513 lives have been saved by these laws since 1975.

Although there is a discrepancy in the legal limit and what one would hope would be the legal limit, I see the reasoning behind it, although I hope that, one day, equipment will be in use in Vermont that has no margin of error, so that we can have an actual zero tolerance law, rather than a .02 tolerance law, because zero should mean zero.

MAXINE DEAMOS

HON. IKE SKELTON

OF MISSOURI

IN THE HOUSE OF REPRESENTATIVES

Wednesday, August 4, 1999

Mr. SKELTON. Mr. Speaker, let me take this opportunity to recognize Maxine Deamos upon her retirement from the Lafayette Regional Health Center in Lexington, Missouri.

Ms. Deamos first started working at the former Lexington Memorial Hospital 34 years ago. During her tenure, she worked as a nursing aid in various departments of the hospital,