

Show." The duo went on to create many more classics such as "The Flintstones," "the Jetsons," "Top Cat," and "The Adventures of Jonny Quest," to the great delight of viewers of all ages.

The reason that both adults and children have such an affinity to the shows can perhaps be given by Mr. Barbera himself. In a recent interview with the Las Vegas Review-Journal he said, "We never really played down to kids. We made what I call entertainment for families. The kids got on board and the adults came on board. We never really lost any of them." today, the Flintstones still rank as one of the top-rated programs in syndication history.

In addition to great talent, Mr. Barbera is blessed with a loving family. He and his wife, Sheila, live in Studio City, CA, where Mr. Barbera continues to serve as a creative consultant, most recently with the animated feature film "Tom and Jerry—The Movie." He is also blessed with three children, Jayne, a production executive; Neal, a writer/producer; and Lynn, married to a producer and a mother of two.

Mr. Speaker, I invite you and my colleagues to join with me in honoring Mr. Joseph Barbera, who has given many generations, both young and old alike, beloved characters like Scooby-Doo, Tom and Jerry, Yogi Bear and Boo Boo.

#### CHILD ABUSE PREVENTION AND ENFORCEMENT ACT

SPEECH OF

**HON. JACK QUINN**

OF NEW YORK

IN THE HOUSE OF REPRESENTATIVES

*Tuesday, October 5, 1999*

The House in Committee of the Whole House on the State of the Union had under consideration the bill. (H.R. 764) to reduce the incidence of child abuse and neglect, and for other purposes:

Mr. QUINN. Mr. Chairman, I want to commend my fellow colleagues for their work in passing H.R. 764, the Child Abuse Prevention Act. This bill is a step in the right direction toward achieving our ultimate goal of eliminating child abuse.

Mr. Chairman, there are a few provisions currently being debated in the conference committee negotiations on H.R. 1501, the juvenile justice bill, that will help prevent child abuse and neglect. The first provision is the Parenting as Prevention Program. This program would provide parenting support and education centers to promote early brain development, child development and education.

The second provision that deserves our complete support is the Juvenile Accountability Incentive Block Grant, of which 25% is specifically reserved for prevention activities. This grant program would ensure that adequate resources are available for efforts aimed at preventing juvenile delinquency, including programs that prevent child abuse and neglect.

Numerous studies have concluded that there is a direct link between child abuse and a later onset of criminal activity as a juvenile. In fact, in one of the most detailed studies on this issue, the National Institute of Justice concluded that being abused or neglected as a child increased the likelihood of arrest as a juvenile by 59%.

Therefore, we must invest in programs that help to reduce child abuse.

In my home state of New York, a fifteen year study of a nursing home visitation program reported that state-verified cases of child abuse and neglect were reduced by 79% among program participants. Furthermore, youths whose mothers participated in the program were 55% less likely to be arrested.

Mr. Chairman, as we debate juvenile crime, our primary focus should be on child abuse. I urge all of my colleagues to support these provisions that are put forth in the juvenile justice bill.

CAPTAIN SANDRA REDDING  
MAKES HISTORY WITH CALIFORNIA HIGHWAY PATROL

**HON. JERRY LEWIS**

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

*Wednesday, October 13, 1999*

Mr. LEWIS of California. Mr. Speaker, I would like today to call your attention to an unprecedented accomplishment by Capt. Sandra Redding, who on Nov. 1 will become the first woman to serve as assistant chief of the California Highway Patrol.

A graduate of San Geronio High School in San Bernardino, Capt. Redding has risen quickly through the ranks of the CHP to her present position as commander for the San Bernardino area, where she has served since 1996.

Although she originally attended California State College, San Bernardino, with the goal of becoming a teacher, Capt. Redding developed a love of law enforcement and joined the San Bernardino Police Department in 1977. That same year, she was appointed to the CHP academy, and in 1978 joined that renowned law enforcement agency.

Serving throughout Southern California, Capt. Redding was promoted sergeant in 1983—the second woman to reach that position in the CHP. She became the second woman promoted to lieutenant in 1987, and was the third woman appointed as captain in 1996.

When she moves up to her new post as assistant chief, Capt. Redding will move to CHP headquarters in Sacramento to oversee programs in the Personnel and Training Division. She will be joined there by her husband, Jarrell, who is retiring after 27 years in the CHP, and stepdaughters Jessica and Jacqueline. But the Inland Empire will keep a claim on her through her proud parents, Joseph and Betty Hayes, who live in Highland.

Mr. Speaker, we can all be proud of the accomplishments of this product of San Bernardino schools. I ask you and my colleagues to join me in congratulating her and wishing her well in her new assignment.

VOA'S 40TH ANNIVERSARY OF  
SPECIAL ENGLISH PROGRAMMING

**HON. BENJAMIN A. GILMAN**

OF NEW YORK

IN THE HOUSE OF REPRESENTATIVES

*Wednesday, October 13, 1999*

Mr. GILMAN. Mr. Speaker, the Voice of America (VOA) is celebrating 40 years of

broadcasting Special English programs. I call this to the attention of our colleagues because this is a service offered by the United States Government that is appreciated by millions around the world, but is little known here at home. VOA's Special English program was first broadcast over the international airwaves on October 19, 1959. Today, there are Special English broadcasts around the world seven days a week, six times a day, delivering the latest news and features on American culture, science, medicine, and literature.

Special English began as an experiment to communicate by radio clearly and simply with people whose native language is not English. It was an immediate success. Special English programs quickly became some of the most popular programs on VOA. Forty years later they still are. And they still are unique. No other international radio station has a specialized series of English news and feature programs aimed at non-native English speakers around the world.

VOA Special English is different from standard English in the way it is written and the way it is delivered. Its vocabulary is limited to 1,500 words. It is spoken slowly, in short, active-voice sentences. Although the format is simple, the content is not. Complex, topical subjects are described in an easy to understand, concise way.

Through the years, Special English has become a very popular English teaching tool, even though it was not designed to teach English. Its limited vocabulary, short sentences and slow pace of speaking help listeners become comfortable with American English. Individuals record the programs and play them over and over to practice their listening skills. Teachers of English in dozens of countries including China, Japan, Vietnam, Iran, Cuba, Russia, Nepal and Nigeria use Special English in their classes. They praise it for improving their students' ability to understand American English and for the content of the programs.

For many listeners, VOA Special English programs provide a window into American life that may change some misconceptions. A listener from China wrote:

A wonderful world appeared before my eyes through my radio receiver. There were your history, your everyday life, your brave and intelligent people and your words. To get a better appreciation about you, I spent most of my spare time in learning. I could say you presented people like me, those who have only limited English knowledge, an approachable American culture and acted like a usher leading us into it.

For other listeners, VOA Special English provides information that they cannot get elsewhere. A listener in Havana, Cuba writes:

I'm sure that you are not able to imagine how many people listen to you every day. What is important in Special English is that you broadcast the most important news and later give us important reports about science, environment, agriculture and then follow with 15 minute programs about all the things people are interested in.

And for other listeners, VOA Special English offers a way of learning American English. A listener in Tehran, Iran writes:

It was summer 1993 that I started listening to your programs, and during the first summer, I really had a great improvement in my English speaking, specially my accent. Many

times I wanted to write letters to you, but I was afraid, because I was not sure I could write in a way that I could reflect what was in my heart. I thank you because you did something that no one could do. I suffer from visual problems, so your programs with their independence of vision helped me a lot.

Mr. Speaker, the hundreds of such testimonial letters and e-mail messages that are received each month are proof that Special English makes a difference in the lives of people around the world. I invite my colleagues to join me in congratulating the Special English branch of the Voice of America on its 40th anniversary.

DR. PETER LUNDIN, A VERY  
SPECIAL ROLE MODEL

HON. FORTNEY PETE STARK

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Wednesday, October 13, 1999

Mr. STARK. Mr. Speaker, kidney failure, and the need for dialysis 3 times weekly, is a devastating disease that grinds many people down.

One of the most remarkable people I know is Dr. A. Peter Lundin, who experienced kidney failure as a young man 33 years ago, but who entered the world of medicine, became a nephrologist, and has had a remarkable and successful medical practice since then. He has been President of the American Association of Kidney Patients and a tireless advocate for the Nation's quarter million renal patients.

He is truly a role model, a figure of courage and determination, to thousands. I would like to include in the RECORD at this point an article he recently wrote for *RenalIFE* entitled "Dialysis at the Beginning."

Thank you, Dr. Lundin, for the great help and inspiration you have given to so many.

DIALYSIS AT THE BEGINNING

(By A. Peter Lundin, MD)

Patients starting on dialysis today do not realize how easy and routine it has become. Since the 1960s when it began, dialysis therapy has grown into a well-organized, efficiently run, multi-billion dollar industry. From the perspective of the doctor and provider, it is no big deal to start a patient on dialysis today. Everybody who needs it, can get it. Patients really cannot be blamed for their ignorance of how relatively easy they have it because the emotional trauma of losing your kidneys and beginning a new and restricted life with dialysis has not changed. What has changed in this regard is much less attention today is paid to emotional adjustment. Patients are told when they need an access placed and when to start dialysis, often with little consideration of the impact of this new and dramatic event on their lives. Dialysis units are often compared with factory assembly lines where patients come, get their treatment and leave without so much as a word of concern.

It was not like this when I began on hemodialysis in 1966. Then it was available in only a few centers scattered across the country. You had to have a willing insurance company or pay for it yourself. Because there were very few slots available you were chosen by a committee based on your social worth. Only breadwinners or housewives caring for working husbands and children were eligible. You were expected to continue working after you started dialysis. If you

had another complicating disease such as diabetes or were over 50 years of age, dialysis was not even offered to you.

The therapy itself was cumbersome and took a long time. It was done in settings where lots of nurses and doctors were available because of the uncertainty of how stable patients would be. Everybody was carefully observed by a psychiatrist for signs of distress. Everything was being measured because there was much to learn about this new therapy. How much time to spend on the machine and how often during the week to dialyze were still being developed. The few medications available for high blood pressure had powerful side effects and were rarely effective. There were no replacements for the erythropoietin and active vitamin D, which the dying kidneys had stopped making, therefore we were all constantly anemic. To get my hematocrit (amount of red cells in the blood) above 20 percent I needed frequent blood transfusions. The only way to control phosphorous in the blood was to eat a diet without phosphorous containing foods and to take Amphogel, an aluminum containing antacid. In those days Amphogel tasted like chalk. It came only as large unswallowable tablets or in liquid form and was extremely constipating. Due in part to the unpalatability of this therapy, some patients already had severe crippling bone disease. Others were already running out of areas for new accesses, their arteries and veins having been used up by multiple external catheters.

In those days we did not have grafts or fistulas. We dialyzed through an external shunt in the arm or leg. In my case it was in my leg so I had more independence in putting myself on and off the machine. While I did not have to worry about getting stuck with needles, the shunts caused serious concerns of their own. They easily got infected, damaged the veins and arteries, and often clotted. All of these problems led to a shunt life expectancy of about six months. One of mine was chronically leaking from the arterial side, forcing me to walk on crutches from class to class. After getting heparin for dialysis it might take several hours with pressure to stop bleeding. When it clotted I had my own declogging kits. Sometimes it would take several hours to open the shunt up again.

I was an undergraduate student at Santa Clara University in California when my kidneys failed. I was not a candidate for transplant, and as a student I was not a dialysis candidate either because I would have to become dependent on my family again. Nevertheless by a series of fortunate events the future came about and I am here 33 years later to tell about it.

I learned how to dialyze myself at the University of Washington in Seattle in their Remote Home Dialysis Program. After three months of training I returned to Northern California and to school. I had the hope and expectation of becoming a medical doctor, and I transferred to Stanford University, feeling it would be easier to get into medical school from there. While taking a full course load of physics, chemistry, biology and mathematics I dialyzed at home. The treatments were done, then as now, three times per week, but they lasted for 10 hours. Clearly, to be able to go to school the dialysis sessions had to occur overnight. After setting up the machine I would get on about 7 p.m. and off at 5 a.m. Of course, I had to sleep and did while the machine was washing the blood.

When I started dialyzing at home, dialyzers and blood tubing did not yet come in clean packages out of a box. They had to be put together by hand. At first, I had specially made glass drip chambers and long roles of plastic tubing. Dialysis membranes

came in a large flat box. The open end of the tubing had to be softened by sticking it in acetone and was then attached to both ends of the glass drip chamber. The dialysis membranes were soaked and sanitized for several hours in a container filled with acetic acid. Carefully removed, they had to be stretched over long plastic boards. There were four membranes divided into two layers each between three boards. Then this construction was filled with formaldehyde overnight before the next dialysis. With practice I was able to put it all together in a bit less than an hour. Taking it apart when the dialysis was over took less time, but before the next dialysis it had to be put together again.

My break came in 1968 when I was accepted to medical school in Brooklyn. It was my salvation. I was put on dialysis for 14 hours overnight, three times per week. I felt much better. I was learning to become a doctor. I got my first and only fistula which works well to this day. It was from that period of my life I learned some very important lessons about how to survive with dialysis: the importance of good dialysis and a reliable blood access.

Getting dialysis treatments today is, in many ways, very much easier on the patient, who is on average older and having many more medical problems. Supplies, equipment, medications and ways to treat other medical problems have greatly improved over the years. While having one's access fail is no less traumatic today than it was back then, the future promises to bring additional advances to improve the lives of patients with kidney failure.

#### INTRODUCTION OF THE SOUTHEAST FEDERAL CENTER PUBLIC-PRIVATE REDEVELOPMENT ACT OF 1999

HON. ELEANOR HOLMES NORTON

OF THE DISTRICT OF COLUMBIA

IN THE HOUSE OF REPRESENTATIVES

Wednesday, October 13, 1999

Ms. NORTON. Mr. Speaker, along with Chairman BOB FRANKS today, I rise to introduce the Southeast Federal Center Public-Private Redevelopment Act of 1999 (SEFCA) to develop the largest undeveloped parcel of prime real estate here in the District of Columbia—the Southeast Federal Center located in Southeast Washington. This bill follows a tour of the site at the suggestion of Rep. BOB FRANKS, Chairman of the Subcommittee on Economic Development, Public Buildings, Hazardous Materials and Pipeline Transportation, as a result of questions I raised to General Services Administration (GSA) officials at a congressional hearing on May 11, 1999, concerning the failure of the federal government to make productive use of this valuable federal land while the government pays to rent and lease space for federal facilities.

I recently held a town meeting in the District focusing on the development of the Southeast Federal Center and other properties owned by the federal government and the jobs and spin-off economic benefits that they inevitably have on their surrounding communities. Because the parcel is located in this city, the District of Columbia would gain immeasurably from the project at the same time that the federal government finally would achieve productive use and revenue from valuable property. The win-win approach embodied in this bill has clear potential for a new kind of partnership between hard pressed cities and the federal government.