

know that many of the opportunities I have are a direct result of the scholarship program."

Hardy Spoehr, executive director of Papa Ola Lōkahi, the administrative branch of the Native Hawaiian Health Care systems, says: "All the scholarship students come out of their special Hawaiian seminars with a sense of Hawaiian culture that others may not have. They become aware of culturally appropriate ways, such as how to approach kūpuna [elders]. By 2002—when Federal funds are up for reauthorization—we'll have at least a hundred Hawaiian health professionals in the field."

In 1985, "You could count on two hands the number of Hawaiian physicians in Hawai'i," Spoehr says. "If these scholarships can continue for a total of 20 years, we'll build a pipeline of health services for 50 years—and make major changes in Hawaiians' health status."

The idea of how powerful a rich presence of Hawaiians in health care could be first came to Oliveira while she worked with Hale Na'au Pono, then bloomed big on a trip she arranged in 1997 for some of her women mental health clients. They spent three days on Kaho'olawe, the limited-access island that is still in transition from being a military practice bombing target to a re-sanctified cultural resource for Hawaiians. Oliveira saw metaphors for both her clients and herself.

"I talked to them about how the breakdowns in their lives were like Kaho'olawe's destruction," she says. "Their recovery will take their families' help. Nobody can do it alone. Kaho'olawe represents that. You can't be by yourself—it's contradictory to the Hawaiian perspective."

Oliveira is convinced that such cultural experiences are essential to the recovery of Hawaiian health. She also knows the major obstacle: funding.

Her new mission is to develop ways of documenting cultural approaches to solving mental health problems, to help ensure such programs will not forever be relegated to "fighting for funding scraps."

In 1997, to start a doctoral program in social welfare at the University of Hawai'i, she shifted her role at Hale Na'au Pono from directing day-to-day operations to consulting. She also began consulting at Wai'anae's Hui Hana Pono Clubhouse program and facilitating a women's group in the community for the Ho'omau Ke Ola drug and alcohol treatment center.

She is currently a consultant for the Native Hawaiian Health Care Systems (one office of which is on the Wai'anae Coast), and for the Kahumana Residential Treatment Center. She is also conducting research with the UH Department of Psychology to look at the impact of managed care on the severely mentally ill.

Farrington Highway is a fact of life, as Oliveira commutes from her Waikēle home to Wai'anae.

There's much to be done. This is confirmed by Annie Siufanua, clinic intake coordinator at the mental health center. "On the Wai'anae Coast, we don't have anger management training, or programs for sex abuse or domestic violence," says Siufanua. "One psychiatrist comes three days a week. Sometimes you can't get an ambulance—there are only two for 65,000 people. The entire health care outlook is getting worse."

That doesn't deter Oliveira. "Our mission is to improve the health status of native Hawaiians. It's worth it if you can make a difference in even one person's life." She says, pausing. "But you pray at night that in 10 years the daughter of your client won't be in the clinic for the same thing."

By the time Oliveira finishes a Wai'anae day, the sandy beaches border the highway

gleam gold in the sinking sun. Already in her short career, she has served Wai'anae well. The community has also served her. It's here she developed her idea that "there's not enough for us Hawaiians at the policy level. That's why we have a hard time getting the funding we need."

Driving home, she keeps one eye on the road, the other scanning the mountains and the sea in this community where she has learned so much. "I couldn't have asked God to put me in a better place to prepare me to go home to work in Hāna," she says.

And that preparation is already paying off. Julie Oliveira has recently begun providing individual and family therapy in Hāna two weekends a month.

#### CELEBRATING THE FIFTH ANNIVERSARY OF DEATH VALLEY NATIONAL PARK

##### HON. JERRY LEWIS

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

*Tuesday, November 9, 1999*

Mr. LEWIS of California. Mr. Speaker, I rise today to celebrate the fifth anniversary of the creation of Death Valley National Park, which protects and provides public access to some of the most dramatic scenery in the United States in a pristine desert environment that is unmatched in the world.

Death Valley became the largest national park in the lower 48 states when it was changed from national monument status and expanded to 3.3 million acres in 1994. More than 1.3 million people travel to the park now, and the historic Furnace Creek Inn remains open year-round—even through 130-degree summer days.

This spectacular park includes the lowest point in the Western Hemisphere—Badwater, at 282 feet below sea level—and mountain peaks over 11,000 feet tall. Much of the park is breathtakingly desolate wilderness, but visitors can also relive the time of the Gold Rush through ghost towns and the internationally famous Scotty's Castle.

In the past five years, the park staff has grown to include an archeologist, a botanist and hydrologist to research and protect the unique natural resources. The staff has successfully begun a multi-year effort to capture and remove the more than 500 burros who were introduced by miners, and who compete for scarce food and water with native wildlife like the Desert Bighorn Sheep. Non-native vegetation is also being removed.

The staff has also restored and improved historical resources like Scotty's Castle, and installed 60 new wayside interpretive exhibits, with plans for 50 more.

The park service has made efforts to ensure compensation and flexibility for private owners who property was included in the park, although some problems remain. We must urge the park service to make resolution of those inholder problems a top priority in the years to come.

Mr. Speaker, I ask you and my colleagues to join me in congratulating Park Superintendent Dick Martin and his staff for creating a world-class national park in this unique natural environment. Their efforts have ensured that the treasures of the desert can be viewed by many more visitors—and protected for all those who will come in the future.

#### TRIBUTE TO SERGEANT THOMAS J. SHANLEY

##### HON. PETER J. VISCLOSKY

OF INDIANA

IN THE HOUSE OF REPRESENTATIVES

*Tuesday, November 9, 1999*

Mr. VISCLOSKY. Mr. Speaker, at a time when crime concerns are on every citizen's mind, those who have dedicated their lives to law enforcement are to be commended. I would like to make a special commendation to Sergeant Thomas J. Shanley, a devoted law enforcement officer from Indiana's First Congressional District. Sergeant Shanley retired from the Schererville Police Department in September of this year after 21½ years of dedicated service. Sergeant Shanley will be honored by his family, friends, and members of the Schererville Police Department at a testimonial dinner Friday, November 12, 1999 at Teibel's Restaurant in Schererville, Indiana.

Thomas Shanley joined the Schererville Police Department on February 28, 1978 and graduated from the 51st class of the Indiana Law Enforcement Academy in July of 1978. He began his duties at the Schererville Police Department in the Patrol Division where in February of 1980 he was promoted to 1st Class Patrolman. Five years later he was promoted to the rank of Corporal and in 1989 was promoted to Sergeant. During his career with the Schererville Police Department, Sergeant Shanley served as a Certified firearms Instructor, an Instructor for the citizens Police Academy, Coordinator for the Field training program, and Coordinator for the Department Training program. He was most recently elected President of Training Coordinators for the Northwest Indiana Law Enforcement Training Center.

While Sergeant Shanley has dedicated considerable time and energy to his work with the Schererville Police Department, he has never limited the time he gives to his most important interest, his family. He and his wife Kathryn have one son, Patrick, age 10.

On this special day, I offer my heartfelt congratulations to Sergeant Shanley. His large circle of family and friends can be proud of the contributions this prominent individual has made to the law enforcement community and the First Congressional District of Indiana.

Mr. Speaker, I ask that you and my other distinguished colleagues join me in commending Sergeant Thomas Shanley for his lifetime of service and dedication to the people of Northwest Indiana and the citizens of the United States. Sergeant Shanley can be proud of his service to Indiana's First Congressional district. He worked hard to make the Town of Schererville a safer place in which to live and work. I sincerely wish him a long, happy, healthy, and productive retirement.

#### INTRODUCTION OF A DISCHARGE PETITION FOR A MEDICARE PRESCRIPTION DRUG BENEFIT

##### HON. FORTNEY PETE STARK

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

*Tuesday, November 9, 1999*

Mr. STARK. Mr. Speaker, I rise today to introduce a rule for a discharge petition to force

Congress to consider a Medicare prescription drug benefit. The rule would bring H.R. 1495, the "Access to Prescription Medications in Medicare Act of 1999," to the floor for debate and open amendments. My bill provides a new Medicare benefit for prescription drugs—with a \$200 deductible, \$1700 in new benefits, with a 20 percent co-pay and stop loss protection for beneficiaries who would otherwise spend more than \$3000 out of pocket on prescription drugs. This attempt to get a bill considered in the House is a way to force Republicans to finally address the issue of access to affordable comprehensive prescription drugs for seniors.

A number of my colleagues and I have offered proposals for a way out of the current predicament which is particularly unfair to seniors lacking prescription drug coverage. The President has put forth his own Medicare prescription drug proposal which has no new deductible, requires a 50 percent co-pay of \$2000 in 2002, rising to \$5000 in 2008, and no stop loss protection. The "Prescription Drug Fairness for Seniors Act" (H.R. 664) introduced by Representatives Allen et. al. also has tremendous support. While this legislation would not create a new Medicare drug benefit, it would extend discounts to seniors equivalent to the discounts obtained by other large purchasers.

As a recent Families USA study makes painfully clear, the cost of prescription drugs has become unbearable for America's more than 14 million Medicare beneficiaries who cannot afford prescription drug coverage. The Families USA study finds that seniors, the last major insured consumer group without a prescription drug benefit, are paying prices that are rising four times faster than the rate of inflation. According to this well-researched study, these drug prices support profit margins for the makers of those drugs that averaged 20 percent, while the median margin for Fortune 500 companies is only 4.4 percent. These high prices are supplementing the already-inflated paychecks of those who work for the drug industry.

Likewise, the minority staff of the House Government Reform Committee recently conducted a comparison of prescription drug prices in my district and dozens of other districts and found that seniors buying their drugs out-of-pocket are paying about twice as much as the drug companies' favored customers (such as large insurance companies and HMOs). For Zocor, a cholesterol-lowering medication taken by millions by Americans—myself included—the price differential between what a consumer would pay who has no drug insurance relative to the rate for large group health plans is a staggering 229 percent—\$114.62 versus \$34.80 for a bottle of 60 pills.

At the same time, an article in last Sunday's Washington Post reported that the four area HMOs serving Medicare recipients in Washington, D.C. will limit prescription drug benefits beginning January 1st. This appears to be reflective of a national trend as many managed care companies sharply raise co-payments and cap drug coverage. For example, next year UnitedHealthcare will raise prescription drug co-payments from \$20 to \$90 for a 90-day mail order supply of a brand-name drug and Cigna plans to reduce its annual benefit for brand-name prescription drugs from \$600 to \$400, with a new limit of \$100 per each quarter of the year.

The public overwhelmingly recognizes the need to provide seniors with access to afford-

able drugs. According to a recent Harris poll, 90 percent of Democrats, 87 percent of liberals, and 80 percent of Republicans and conservatives support a Medicare drug benefit. In addition, 70 percent of those participating in a recent Discovery/Newsweek poll ranked the high cost of prescription drugs as "the most important problem with the health-care system." And in a survey undertaken to better understand the American public's concerns, last Sunday's Washington Post reported the fear that "Elderly Americans won't be able to afford the prescription drugs they need" as one of the top issues that worries Americans.

So why, in light of the public's priorities, has there been a real reluctance for Republicans to move forward on the issue of Medicare prescription drug coverage this Congress?

Last week, Republicans decided to bring the BBA Refinement Act to the House floor under suspension so that amendments could not be introduced—such as the one based on Representative ALLEN's drug discount proposal. This legislation would have given seniors a price discount on their prescription drugs and permitted beneficiaries to finally purchase medicines at a fair price—bringing an end to the drug companies' price discrimination. And recently, the Ways and Means Republicans all voted against that same amendment offered by my colleague, Representative KAREN THURMAN, to include a discounting provision in the BBA Refinement legislation.

It is this lack of Republican responsiveness that is leading me to file the rule for a discharge petition to bring H.R. 1495 to the floor. There are a number of good proposals out there. Any and all of them would improve the current, deplorable state we are now in. I think we can all agree that the current situation is not working and that the most important step we can now take is to increase access to affordable prescription drugs for our nation's seniors.

#### TO RECOGNIZE TEACHERS WHO HAVE WON USA TODAY AWARD

#### HON. MAC COLLINS

OF GEORGIA

IN THE HOUSE OF REPRESENTATIVES

*Tuesday, November 9, 1999*

Mr. COLLINS. Mr. Speaker, when USA TODAY selected 29 of America's top teachers for its All-USA Teacher Team, I was proud to learn that 3 of them came from the Third District of Georgia. USA TODAY says the team parallels the All-USA Academic Team which has been selecting outstanding students since 1987.

I want to introduce these teachers to Congress. They represent the best in their profession, not only for their dedication, but for their creativity in designing programs to help children. Each has started an important program that teaches children both in the classroom and outside.

It goes without saying that each of these teachers developed their program on their own. These programs were developed in Columbus and Newnan, not in some bureaucrat's office in Washington, D.C.

Tina Cross, of Carver H.S., in Columbus, is a 25-year teaching veteran. She teaches advanced placement biology and physics. Her students are participating in a space shuttle

science project with North Carolina in sending peanuts into space to examine the effect of zero gravity on the nutrients. She said the peanut industry is also working with the students on the shoe-box-sized experiment.

Cross's students have other, more down-to-earth projects as well. They have raised money to build a Habitat for Humanity house in Tanzania, and in Columbus itself.

She teaches at George Washington Carver High School, which has over 1,700 students. It has science, math, technology, and vocational magnet programs. The school is named for the famous African American scientist George Washington Carver, whose work with peanuts helped revive Southern agriculture and improve nutrition. The peanut project is appropriate, don't you think?

Sylvia Dee Shore, a 30-year teaching veteran at Clubview Elementary in Columbus, teaches third graders. She started the Riverkids Network, which involves over 1,000 children from 18 schools in grades 3 through 8. She started the interdisciplinary river awareness project in 1994. The students sample the Chattahoochee River's waters, do chemical testing, and study insects and other animals found in the river system. They publish a bi-monthly newsletter, and an annual Riverkids Cookbook.

Clubview Elementary has 500 children from grades kindergarten through sixth grade. The school has very strong community roots with second and third generations attending school there.

Dr. Carmella Williams Scott, a 23-year teaching veteran teaches at the Fairmount Alternative School, in Newnan. She concentrates on children who have been sent to the school from juvenile justice departments or who have been expelled from other schools.

She teaches middle and high school students English literature and law. She introduced Cease Fire, which operates a juvenile video courtroom. Students assume the roles in the court of the judges and lawyers. They even film the proceedings and hold open hearings so other students can see what happens.

When students have altercations in the school, they are hauled into court to be judged by their peers, says Dr. Scott. This helps them learn to handle conflict without violence, and to resolve differences without fighting. "They coined the phrase, 'Don't hold a grudge—take it to the judge,'" Dr. Scott says. Her innovative program enhances her students to become a part of the judicial system. "They are tired of being this side of the court, and want to be on the other side of the court," she said. "This teaches them to think on their feet, research the law, and gives them practical skills."

Fairmount Alternative school has 150 students and 12 teachers, and specializes in working with students on a more individualized basis than most schools. Most students attend the school for 9-week stints.

The innovative program has landed Dr. Scott many awards, as well as an appearance on Japanese television.

These teachers have given a lot to the children they have worked with over the years. They have given to their communities. I want to thank them publicly for their effort, and to thank USA TODAY for providing them with this public recognition.