

In order to preserve, protect, and restore the Dunsmuir estate, DHGI relies on memberships and financial donations as well as donations and loans of furniture, art, collectibles, books and clothing from the turn-of-the-century.

The Dunsmuir House is truly a source of civic pride and a valuable resource for the community, and I am excited to join in the celebration of the 100th anniversary of its establishment.

THREE-MONTH EXTENSION OF RE-ENACTMENT OF CHAPTER 12, TITLE 11, UNITED STATES CODE

SPEECH OF

HON. PATSY T. MINK

OF HAWAII

IN THE HOUSE OF REPRESENTATIVES

Tuesday, March 9, 1999

Mrs. MINK of Hawaii. Mr. Speaker, I rise in strong support of H.R. 808, the Chapter 12 Farm Bankruptcy Bill, of which I am a cosponsor.

During the farm crisis of the 1980's, Congress recognized that the bankruptcy code failed to address the needs of most family farmers. In an effort to fill this void, Congress in 1986 enacted Chapter 12 of the bankruptcy code providing relief designed specifically for family farmers. Chapter 12 enabled family farmers to reorganize their debt and continue to operate, rather than having to liquidate, when they declared bankruptcy.

Chapter 12 is scheduled to expire in 3 weeks, on April 1, 1999. The Chapter 12 Farm Bankruptcy Bill, will extend Chapter 12 of the bankruptcy code for 3 additional months and continue this much needed bankruptcy option until it can be made permanent with the bankruptcy reform legislation that will be heard later this year.

Family farmers, the backbone of our country, deserve an opportunity to reorganize their debts and continue operating after they have declared bankruptcy. I support H.R. 808 and urge it's immediate passage.

TRIBUTE TO THE LATE ROBERT HAWTHORNE

HON. BENNIE G. THOMPSON

OF MISSISSIPPI

IN THE HOUSE OF REPRESENTATIVES

Thursday, March 11, 1999

Mr. THOMPSON of Mississippi. Mr. Speaker, today I pay tribute to Mr. Robert J. Hawthorne who passed away on February 19, 1999. Mr. Hawthorne was a motivator, educator, and served as a positive role model for many of the youths in his community.

Mr. Hawthorne received his early education at Jackson Lanier High School. Upon completion, he entered Tougaloo College, my alma mater, in Tougaloo, MS. Mr. Hawthorne's stay at Tougaloo was temporarily put on hold in order for him to serve his country in the United States Army. After being discharged from the service, he returned to Tougaloo College and received his degree.

In the early 1960's, Mr. Hawthorne moved to the Delta where he embarked on a 36-year teaching and coaching career in the Hollandale School District in Hollandale, MS.

The highlight of Mr. Hawthorne's career came when he was inducted into the Mississippi Association of Coaches Hall of Fame. Over the 36-year span, Mr. Hawthorne compiled a football record of 154-110-13 including several conference and district championships. In addition to coaching football, Mr. Hawthorne contributed to the boys and girls basketball teams and the boys and girls track teams. The fruits of Mr. Hawthorne's labor of love have resulted in his athletes going on to become doctors, lawyers, teachers, politicians and successful business persons.

Mr. Speaker, Mr. Hawthorne was truly an asset to the Second Congressional District of Mississippi. He served as a pillar of strength and hope for young people in the Mississippi Delta. If there ever was an example for a role model, Mr. Hawthorne would certainly fit the bill. He will be surely missed by all.

CONTINUATION OF AID DENIAL FOR TURKEY

HON. JOHN EDWARD PORTER

OF ILLINOIS

IN THE HOUSE OF REPRESENTATIVES

Thursday, March 11, 1999

Mr. PORTER. Mr. Speaker, I want to express my support for the continuation of current U.S. Policy regarding economic and military assistance to the Government of Turkey.

Over the past decade, I have worked tirelessly, as a member of the House Appropriations Committee to end the practice of providing scarce U.S. foreign assistance dollars to abusive governments around the world. Turkey is one example where sustained action by concerned Members of Congress has had an important impact. In 1995, despite a deplorable human rights record and consistently poor relations with its neighbors, Turkey was the third largest recipient of U.S. foreign assistance. Through the efforts of Congressman ANDREWS and many other concerned Members, we were able to end direct assistance to Turkey in fiscal year 1999. Today, I call upon Congress to maintain this policy as we begin working on the appropriations bills for the coming fiscal year.

The U.S. State Department and numerous non-governmental organizations both in and outside Turkey, have compiled a thorough record of the serious human rights problems that persist in Turkey to this day. The international community has continuously expressed dismay with Turkey's refusal to withdraw troops from Cyprus, its total rejection of any political solution to the Kurdish problem, and its ongoing mistreatment of the Kurds and other minority groups. Unfortunately, Turkey has done little to address these problems or move any closer to the standards of behavior that are expected of a country which desires a place in Europe and in the community of democratic nations.

I regret that the Turkish government has refused to accept responsibility for or take steps to correct the problems that hold Turkey back from its potential positive role in the region and the world. Until such time as that government does make a genuine effort to address these serious issues, the U.S. Congress must continue to send a strong message by refusing to permit U.S. taxpayer funds to be squandered on an abusive government that refuses

to conform itself to the basic international standards that we hold dear. I do not always agree with the policies of the Administration when it comes to Turkey, but I am pleased to note that there was not a request for economic or military assistance for Turkey in the President's budget for Fiscal Year 2000. I am pleased that the Administration has finally come around to the view shared by a majority of the Members of the House of Representatives on this issue, and I am hopeful that this signals a new willingness on the part of the Executive Branch to work with Members on a more constructive approach to improving Turkey's human rights practices.

HONORING ARTHUR O. EVANS

HON. DALE E. KILDEE

OF MICHIGAN

IN THE HOUSE OF REPRESENTATIVES

Thursday, March 11, 1999

Mr. KILDEE. Mr. Speaker, I stand before you today to recognize the accomplishments of a man who has made it his life's work to protect and defend human dignity, and to ensure the safety of our streets for our citizens and our children. On March 12, friends and family will gather to honor the career of Arthur O. Evans, who is retiring after more than 30 years in law enforcement.

It is difficult to imagine what the Flint, MI community would be like had it not been for the influence of Art Evans, an influence which began after he joined the Flint Police Department, following the end of his tenure as a member of the U.S. Air Force Air Police. Art began his career as a police officer in 1968, and rose through the ranks becoming a sergeant in 1974 and a lieutenant in 1984. During his tenure with the Flint police, Art served in divisions such as the Criminal Investigation Bureau, Neighborhood Foot Patrol, and the Inspection Bureau. During this time, Art also attended Flint Junior College and Michigan State University, earning degrees in Police Administration, Criminal Justice, and Criminal Justice Education and Administration. For over 25 years, he also worked as a Criminal Justice instructor at the University of Michigan-Flint, Saginaw Valley State University, and Mott Community College. In February 1985, Art was appointed Undersheriff of Genesee County, thereby giving him a larger jurisdiction and a greater opportunity for public service.

Art has often been involved in groups such as the Genesee County Association of Chiefs of Police, Flint Area Crime Stoppers, National Organization of Black Law Enforcement Executives, and the International Association of Chiefs of Police. He has worked to enhance the quality of life for his constituents through his involvement in groups such as Genesee County Violence Prevention Coalition, Mott Community College Criminal Justice Advisory Board, and the National Council on Alcoholism.

Art has many times stepped from behind his badge through his work with the Boy Scouts of America, Bishop International Airport Authority, and the YMCA. He has been General Chairperson for the United Negro College Fund in Genesee County, President of the Urban League of Flint Board of Directors, and President of the Flint Board of Education.

Mr. Speaker, many people in the Flint area, myself included, have greatly benefitted from

Art Evans' insight and experience. He has truly made Genesee County a better place in which to live. I ask my colleagues in the 106th Congress to join me in congratulating him for his dedication and commitment to justice.

PROVIDING FOR USE OF CATAFALQUE IN CRYPT BENEATH ROTUNDA OF CAPITOL IN CONNECTION WITH MEMORIAL SERVICES FOR THE LATE HONORABLE HARRY A. BLACKMUN, FORMER ASSOCIATE JUSTICE OF THE SUPREME COURT OF THE UNITED STATES

SPEECH OF

HON. BILL LUTHER

OF MINNESOTA

IN THE HOUSE OF REPRESENTATIVES

Tuesday, March 9, 1999

Mr. LUTHER. Mr. Speaker, I rise today to pay tribute to the life and legacy of late Supreme Court Justice Harry Blackmun. Ascending from a modest St. Paul Childhood to the Nation's highest court, Mr. Blackmun served the people of Minnesota for decades with his meticulous yet open legal mind before dutifully serving his Nation as Supreme Court Justice for 24 years.

Reflective and courageous Justice Blackmun bore great personal burdens in order to translate the Constitution's theory of liberty into fundamental guarantees for all people. He was a genuine and humble public servant. His passing will be mourned by people everywhere.

THE BREAST AND CERVICAL
CANCER TREATMENT ACT OF 1999

HON. RICK LAZIO

OF NEW YORK

IN THE HOUSE OF REPRESENTATIVES

Thursday, March 11, 1999

Mr. LAZIO of New York. Mr. Speaker, I rise today to introduce legislation that will allow states the option of providing Medicaid coverage to women who have been diagnosed with breast and cervical cancer through the federal government's National Breast and Cervical Cancer Early Detection Program (NBCCEDP).

This bill would allow women who are screened through the CDC program and diagnosed with cancer to help obtain the quality treatment they deserve. The Breast and Cervical Cancer Treatment Act would allow women to focus their efforts on getting well instead of worrying about how they or their family will be able to pay for their treatment.

Currently, screening services through this CDC-administered program are provided to women who earn too much to be eligible for Medicaid but not enough for private insurance. The nine-year-old program exists in 50 states, in five U.S. territories, in the District of Columbia, and through 15 American Indian/Alaska Native organizations.

The CDC screening program is a terrific success and has saved an untold number of lives. Since its inception in 1990, the program has provided more than 1.5 million screening tests to women who might have otherwise not had access to it.

More than 700,000 mammograms have been provided to primarily low-income women. Of this number, over 48,000 of the tests were abnormal, and over 3,600 cases of breast cancer were diagnosed. In addition, through the 850,000 cervical cancer screenings, more than 26,000 pre-cancerous lesions were detected, and 400 women were diagnosed with invasive cervical cancer.

But frankly, screening and early detection are only half the battle. These proactive efforts must be coupled with a quality plan for follow-up treatment. As the CDC program works today, treatment for these women is—at best—an ad hoc system. Women must rely on a tremendous amount of time and effort from volunteers, state workers, doctors, public hospitals, and others, to find appropriate treatment services for their disease. Follow-up services are very rare, and 5% of women in this program are never even treated. Congress needs to provide a plan that follows through for these women.

In my district of Long Island, the severity of this problem is very real. My staff has dealt with a number of women with varying issues that stemmed from this loophole of care in the current system.

For example, one woman from Suffolk County—while she was extremely grateful for the screening programs available to her—often referred to her treatment as “begging” because she often had to get treatment anywhere she could find it.

Another constituent with breast cancer felt like her disease was “public” because she found that the only way to get treatment as a woman in this situation is to tell every advocate and every doctor about your situation—to make these extraordinarily personal problems public—in the hope that someone can find what you need and help.

Finally, one woman chose not to get tested because she knew that treatment would not be guaranteed. This final example is what frightens me the most—some women are avoiding a screening that could save their life because of the potential expense it might cost them.

Seeing a need to complete this quality program, I joined with my colleagues Rep. ANNA ESHOO and Rep. ILEANA ROS-LEHTINEN, to sponsor The Breast and Cervical Cancer Treatment Act of 1999. Our legislation will allow states the option of providing Medicaid coverage to women who have been screened and diagnosed with breast and cervical cancer through the CDC program. In my view, this bill is the best long-term solution. Congress needs to ensure Americans that our government programs are working for them and that Congress is making the right decisions.

I am proud to introduce this critical piece of legislation in an effort to ensure that all women of all income levels will have access to the screening and appropriate and quality treatment to help combat this terrifying disease.

INTRODUCTION OF THE BREAST
AND CERVICAL CANCER TREAT-
MENT ACT OF 1999

HON. ANNA G. ESHOO

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Thursday, March 11, 1999

Ms. ESHOO. Mr. Speaker, I rise today to talk about two diseases we all hope to avoid but which often touches too many of our lives—breast and cervical cancer.

Mr. Speaker, breast and cervical cancer are killers. Breast cancer kills over 46,000 women each year and is the leading cause of death among women between 40 and 45. Cervical cancer will kill, 4,400 of our wives, daughters, mothers and sisters this year.

In 1990, Congress took the first step to fight breast and cervical cancer by passing the Breast and Cervical Cancer Mortality Prevention Act. This law authorized a breast and cervical cancer-screening program for low-income, uninsured or underinsured women through the Centers for Disease Control (CDC).

This law was an important first step, but it was only a first step. While the current program covers screening services, it does not cover treatment for women who are found to be positive through the program. The bill I am introducing today with my colleagues, Representatives LAZIO, CAPPS, and ROS-LEHTINEN, takes the next critical step by providing lifesaving treatment for these dreaded diseases.

Our bill, the Breast and Cervical Cancer Treatment Act of 1999, would establish an optional state Medicaid benefit for the coverage of certain women who were screened and diagnosed with breast or cervical cancer under the CDC National Breast and Cervical Cancer Early Detection Program.

Thankfully, Mr. Speaker, we possess the technology to detect and treat breast and cervical cancer. But we must pair this with the will to help women fight these diseases. The current method of providing treatment is through an ad hoc patchwork of providers, volunteers, and local programs that often results in unpredictable, delayed, or incomplete. Our bill would provide a consistent, reliable method of treatment for uninsured and underinsured women fighting breast or cervical cancer.

Mr. Speaker, I am pleased to say that over 90 of my colleagues from both sides of the aisle have already signed on to be original cosponsors of the Breast and Cervical Cancer Treatment Act. These members who have shown their support for this bill recognize that breast and cervical cancer are not only women's diseases. For the son who has lost a mother, the husband who has lost a wife, or the mother who has lost a daughter, this disease is a family disease.

In the last decade we have made great strides in diagnosing and treating breast and cervical cancer. But the causes of these cancers remain unknown and for many women how they will pay for their treatment remains unknown as well. Mr. Speaker, our hope is that Breast and Cervical Cancer Treatment Act will help change that.