The theme of this year's Parade is Wolfe Tone and The Good Friday Peace Accords. Wolfe Tone was an Irish Patriot and founder of the Society of the United Irishman, whose vision of Ireland was neither North nor South, neither Protestant nor Catholic, but one Ireland United and Free. The Good Friday Peace Accords, which were overwhelmingly supported by the people of the North and South, gave new hope for an end to sectarian violence and a peaceful resolution of political and social differences. The members of the Brooklyn Irish-American Parade Committee salutes with gratitude all the peacemakers who secured these accords for the people of Ireland, especially the untiring negotiations of former United States Senator George Mitchell.

This year's parade is dedicated to the memories of Johanna Cronin McAvey of County Cork, a founder of the Brooklyn Irish-American Parade Committee; Past Grand Marshals Paul O'Dwyer and Patrick McGowan, Past Aides to Grand Marshals Maureen Glynn Connolly, Tom Doherty, Eugene Reilly and Irene Stevens.

The Grand Marshal for the 24th Annual Parade is Sister Mary Rose McGeady, D.C., President and Chief Executive Officer of Covenant House who has dedicated her life to homeless children and their families. Sister McGeady has long been known as an innovator and beacon of good will to all those whose lives she has touched.

The Grand Marshall, her Aides Robert Hanley (Irish Culture) Pipe Major NYC Correction Department Pipe Band; Jane Murphy Parchinsky, Ladies AOH Kings County Board and Division 17; James Boyle (Irish Business) Snook Inn & Green Isle Inn; Bettyanne McDonough (Education) Emerald Society Board of Education; Patrick W. Johnson (Kings County AOH & Division 22); Geraldine McCluskey Lavery (Gaelic Sports/Young Irelands Camogie Team); Thomas Daniel Duffy (Grand Council, United Emerald Societies/Housing Authority); Parade Chairperson Kathleen McDonagh; Dance Chairperson Charlie O'Donnell; Journal Chairperson James McDonagh; Raffle Chairperson Eileen Fallon; Parade Officers, Members and all the citizens of Brooklyn, have joined together to participate in this important and memorable event.

In recognition of their many accomplishments on behalf of my constituents, I offer my congratulations and thanks to the Grand Marshall, her Aides, the Parade Officers and members of the Brooklyn Irish-American Parade Committee on the occasion of the Brooklyn Irish-American Parade Committee's 24th Annual Brooklyn Irish-American Parade.

IN HONOR OF J.C. PICKETT, M.D., PRESIDNET OF THE CALFORNIA MEDICAL ASSOCIATION

HON. MIKE THOMPSON

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Thursday, March 18, 1999

Mr. THOMPSON of California. Mr. Speaker, I am pleased today to honor the new California Medical Association (CMA) President, Dr. J.C. Pickett, of St. Helena, California.

Dr. Pickett has been a longtime leader in the Napa community, as well as throughout the State of California, and as native St. Helenan, I am extremely proud of my friend's outstanding accomplishments.

Born in West Virginia in 1926, Justus Cunningham (J.C.) Pickett received his B.A. degree from West Virginia University in 1956 and his medical degree from the Medical College of Virginia in 1958. He served as a surgical intern from 1958 to 1959, a surgical resident from 1959 and 1960, and an orthopaedic resident from 1960 to 1963, all at the Medical College of Virginia Hospitals.

Dr. Pickett was certified by the American Board of Orthopaedic Surgery in 1955 and became a Fellow of the American College of Surgeons in 1967 and the American Academy of Orthopaedic Surgeons in 1968. A retired colonel of the U.S. Air Force Reserve, he served in a number of important positions: as a clinical instructor at Ohio State University, as Chief of Staff and Chief of Surgery at Queen of the Valley Hospital in Napa, as a board member of the Napa County Chapter of the American Cancer Society, as orthopaedic consultant to Napa Valley College, and as team physician for Napa High School and Vintage High School. Dr. Pickett is also a member of the California Orthopaedic Association and the Western Orthopaedic Association.

Dr. Pickett served as President of the Napa County Medical Society from 1980 to 1981, as a member of the CMA House of Delegates from 1977 to 1990, and has been a member of CMA's Board of Trustees since 1990. In that capacity, he was Vice-Chair from 1994 to 1995, Chair from 1996 to 1997, and President-Elect from 1998 to 1999.

Despite his busy medical practice and dedication to his profession and patients, Dr. Pickett always finds time to spend with his wife Sandra, his three children, Justus Cunningham Pickett II, Carrie Laing Pickett, and John Eastman Brown Pickett, his two grandchildren Samantha and Joycelyn, and his beloved dog Murphy. Dr. Pickett is also well known to his friends, family, colleagues and patients as a highly skilled physician, gentleman farmer, infrequent golfer, and world class over lover of crossword puzzles.

Mr. Speaker, I believe it is fitting and appropriate to honor the lifetime of service Dr. Pickett has given to his community, his state and his nation. Undoubtedly, there are many families in Napa County who are thankful each day for Dr. Pickett's service. Napa County is a health community and its resident can point to Dr. Pickett's service as one reason for this.

Mr. Speaker, I would like to personally commend Dr. Pickett on his dedication and meritorious service, and I wish him well this coming year as the new president of the CMA.

ADVANCE PLANNING AND COMPASSIONATE CARE ACT OF 1999

HON. SANDER M. LEVIN

OF MICHIGAN

IN THE HOUSE OF REPRESENTATIVES

Thursday, March 18, 1999

Mr. LEVIN. Mr. Speaker, on March 17, 1999 I reintroduced the Advance Planning and Compassionate Care Act of 1999, along with my colleagues Representatives JAMES GREENWOOD and DARLENE HOOLEY. This legislation intends to respond to the critical needs of the elderly and their families during often difficult times in their lives. As advancements in health care provide better care and extend life expectancy, we must also be cognizant of the care we provide in the last stages of an individual's life.

It is my hope that by addressing the needs of patients and families dealing with pain and medical difficulties at the end of life, we can focus attention on the constructive steps that can be taken to provide help and assistance to seniors and other Americans during this critical period. We should not allow end of life care to be eclipsed by the debate over physician assisted suicide. In my discussions with families and physicians, people are concerned with the quality of care and the type of information available during this difficult period of one's life.

The Advance Planning and Compassionate Care Act builds on the Patient Self-Determination Act enacted in 1990, which I sponsored, by strengthening many of its provisions. The Patient Self-Determination Act requires health care facilities to distribute information to patients regarding existing State laws on living wills, medical powers-of-attorney, and other advance directives so that individuals can document the type of care they would like to receive at the end of their lives. Since passage of that legislation, there has been an increase in the number of individuals who have advance directives. However, a Robert Wood Johnson study found that less than half of hospitalized patients who had advanced directives had even talked with any of their doctors about having a directive and only about one-third of the patients with advanced directives had their wishes documented in their medical records.

This legislation seeks to address these problems and improve the quality of information provided to individuals in hospitals, nursing homes and other health care facilities. It will encourage seniors and families to have more open and informed communication with health care providers concerning their preferences for end-of-life care.

Specifically, the bill requires that a trained professional be available, when requested, to discuss end-of-life care. It also requires that if a patient has an advance directive, it must be placed in a prominent part of the medical record where all doctors and nurses can clearly see it. In addition, the bill establishes a 24-hour hotline and information clearinghouse to provide consumers, patients and their families with information about advance directives and end-of-life decision making.

Included in this legislation is a provision designed to ensure that an advance directive which is valid in one State will be honored in another State, as long as the contents of the advance directive do not conflict with the laws of the other State. In addition, the bill requires the Secretary of Health and Human Services to gather information and consult with experts on the possibility of a uniform advance directive for all Medicare and Medicaid beneficiaries, regardless of where they live. A uniform advance directive would enable people to document the kind of care they wish to get at the end of their lives in a way that is easily recognizable and understood by everyone.

The Advance Planning and Compassionate Care Act also addresses quality end-of-life care by responding to the national need for end-of-life standards. It requires the Secretary of Health and Human Services, in conjunction with the Health Care Financing Administration,

National Institutes of Health, and the Agency for Care Policy and Research, to develop outcome standards and other measures to evaluate the quality of care provided to patients at the end of their lives.

This legislation also responds to the serious crisis in pain care. As documented by the Institute of Medicine, studies have shown that a significant proportion of dying patients experience serious pain despite the availability of effective pain treatment. In addition, the aggressive use of ineffectual and intrusive interventions at the end of life may actually increase pain and eliminate the possibility for a peaceful and meaningful end-of-life experience with family and friends. This bill will improve the treatment of pain for Medicare patients with life threatening diseases.

Currently, Medicare does not generally pay the cost of self-administered drugs prescribed for outpatient use. The only outpatient pain medications currently covered by Medicare are those that are administered by a portable pump. It is widely recognized among physicians treating patients with cancer and other life-threatening diseases that self-administered pain medications, including oral drugs and transdermal patches, are alternatives that are equally effective at controlling pain, less costly and more comfortable for the patient. To address this inadequacy in coverage, the bill requires Medicare coverage for self-administered pain medications prescribed for outpatient use for patients with life-threatening disease and chronic pain.

The bill also focuses on the need to develop models to improve end-of-life care. The bill provides funding for demonstration projects to develop new and innovative approaches to improving end-of-life care provided to Medicare beneficiaries. It also includes funding to evaluate existing pilot programs that are providing innovative approaches to end-of-life care.

Mr. Speaker, the legislation we are proposing seeks to improve the quality of care for individuals and their families experiencing the last stages of life so they may do so together with dignity, independence and compassion.

SUMMARY: ADVANCE PLANNING AND COMPASSIONATE CARE ACT

SECTION 1. TITLE

Sec. 2. Development of Standards to Assess End-of-Life Care

The HHS Secretary, through HCFA, NIH, and AHPR, shall develop outcome standards and measures to evaluate the performance and quality of health care programs and projects that provide end-of-life care to individuals.

Sec. 3. Study and Recommendation to Congress on Issues Relating to Advance Directive Expansion

HHS will study and report to Congress on ways to improve the uniformity of advance directives.

Sec. 4. Study and Legislative Proposal to Congress

HHS shall study and report to Congress on all matters relating to the creation of a national, uniform policy on advance directives.

Sec. 5. Expansion of Advance Directives

Individuals in hospitals, nursing homes and health care facilities will have an opportunity to discuss issues relating to advance directives with an appropriately trained individual. Advance directives must be placed prominently in a patient's medical record.

This section also ensures portability of advance directives, so that an advance directive valid in one state will be honored in another state, as long as the contents of the advance directive do not conflict with the laws of the other state.

Sec. 6. National Information Hotline for End-of-Life Decision-making

HHS, through HCFA, shall establish and operate directly, or by grant, contract, or interagency agreement, a clearinghouse and 24-hour hot-line to provide consumer information about advance directives and end-of-life decision-making.

Sec. 7. Evaluation of and Demonstration Projects for Medicare Beneficiaries

HHS, through HCFA, will evaluate existing innovative programs and also administer demonstration projects to develop new and innovative approaches to providing end-of-life care to Medicare beneficiaries. Also, the Secretary shall submit to Congress a report on the quality of end-of-life care under the Medicare program, together with any suggestions for legislation to improve the quality of such care under that program.

Sec. 8. Medicare Coverage of Self-Administered Medication for Certain Patients with Chronic Pain

Medicare will provide coverage for self-administered pain medications prescribed for outpatients with life-threatening disease and chronic pain. (These medications are currently covered by Medicare only when administered by portable pump).

RED BANK MEN'S CLUB 50TH ANNIVERSARY: ''UNITY—PAST, PRESENT, FUTURE''

HON. FRANK PALLONE, JR.

OF NEW JERSEY

IN THE HOUSE OF REPRESENTATIVES

Thursday, March 18, 1999

Mr. PALLONE. Mr. Speaker, on Saturday, April 17, 1999, the members of the Red Bank, NJ, Men's Club will be celebrating their fiftieth anniversary with a formal dinner ball to be held at the PNC Arts Center in Holmdel, NJ. The theme for the evening, which will be chaired by Mr. Gary Watson, is ''Unity—Past, Present and Future.'' Two of the Red Bank area's leading citizens, James W. Parker, Jr., M.D., and Donald D. Warner, Ed.D., will be honored at the ball.

Dr. James W. Parker, Jr., was born in Red Bank, where he attended the public schools and began his lifelong membership in the Shrewsbury Avenue AME Zion Church. He attended Howard University, graduating in 1940 with a B.S. degree, and earning his M.D. degree in 1944. He also attained the rank of First Lieutenant in the U.S. Army. After serving his residency in Norfolk, Va., he came back home to Red Bank and opened a private practice. The Korean War interrupted his career on the home front, as Dr. Parker went to serve his country as a Captain in Korea with a Battalion Air Station on the front line, and later in Japan. After the war, he returned to private family practice, as well as serving on the medical staff at Monmouth Medical Center in Long Branch, NJ, and Riverview Medical Center in Red Bank.

Dr. Parker was married to Alice Williams Parker in 1944. They have two children and four grandchildren. His community involvement has been and continues to be extensive, including service to the YMCA, the Red Bank Board of Health, the American Red Cross, the Red Bank Board of Education, where he served as vice President, the Monmouth County Welfare Board, which he chaired, the Monmouth College Trustees Board, the Monmouth County Office of Social Services Board and the Red Bank Community Service Board.

Last year, Dr. Donald D. Warner retired after 23 years of service as Superintendent of the Red Bank Regional High School District. Dr. Warner began his long and distinguished career in education 40 years ago, starting out as a classroom teacher. He earned his Bachelor's Degree at Temple University and his Doctor of Education Degree at the Pennsylvania State University. Over the years, he has received school and community awards too numerous to mention. In his nearly a quarter-century in the Red Bank area, he has taken on significant community and professional responsibilities, serving on various boards of trustees, foundations and task forces in Monmouth County and throughout the State of New Jersey.

A native of Pennsylvania, Dr. Warner now lives in Tinton Falls, NJ, with his wife Mercedes, a teacher in the Tinton Falls District. The Warners' three children have all achieved impressive success—not surprising, given the commitment to hard work and excellence instilled in them by both of their parents. Despite his retirement, Dr. Warner has remained active in community affairs, while a scholarship being established in his honor will further his legacy as an educator by providing opportunities for students to expand their educational opportunities for years to come.

Mr. Speaker, the Red Bank Men's Club has been instrumental over the years in supporting youth through scholarships for higher education. Many members of the Club serve as mentors and tutors for youth in the community. I congratulate the leaders and members of the Red Bank Men's Club, and wish them many years of continued success.

INTRODUCTION OF H.R. 1150, THE JUVENILE CRIME CONTROL AND DELINQUENCY PREVENTION ACT

HON. MICHAEL N. CASTLE

OF DELAWARE

IN THE HOUSE OF REPRESENTATIVES

Thursday, March 18, 1999

Mr. CASTLE. Mr. Speaker, I am pleased to join with my colleague from Pennsylvania, Mr. GREENWOOD, to introduce H.R. 1150, the Juvenile Crime Control and Delinquency Prevention Act. It is essential that Congress join together to fight and reduce the rising rates of crime, particularly violent crime among children.

Our children are our most important resource. They are our future teachers, doctors, lawyers, engineers, and parents. We need to make sure that we do everything in our power to keep them safe from harm and prevent them from becoming involved in at-risk activities, such as drugs, alcohol abuse, and crime. In 1996 alone, there were over 100,000 arrests of children and youth under the age of 18 for violent crimes. Over 1,000 of those crimes were committed by those under the age of 10 and 6,500 were committed by youths between the ages of 10 and 12. In my home state of Delaware, one out of every five persons arrested in 1996 was a juvenile.

The key to lowering these statistics and stopping juvenile crime in its tracks is prevention and that is what we do in the Juvenile