

community—children, deserves to be held up as a national role model.

For nearly a decade, Ellen Cokinos and the Children's Assessment Center have conducted a "quite revolution" in the treatment of child sexual abuse. Under Ellen Cokinos' direction, the Children's Assessment Center has set the standard for creating child-friendly intervention systems for sexually abused children by developing a comprehensive, coordinated team approach that draws from both the public and private sector. Ellen Cokinos has led a movement to change the way government agencies deal with sexually abused children by instituting a multi-disciplinary approach to the prevention, assessment, investigation, and treatment of child sexual abuse.

An internationally-recognized expert in her field, Ellen Cokinos deserves praise for her role in educating the larger community about violence prevention through establishing programs to foster greater awareness of child sexual abuse. I have had the great privilege of working with Ellen Cokinos on initiatives to promote the health and safety of Houston's children. The impact of the Children's Assessment Center, Ellen Cokinos' brainchild, reaches well beyond the more than 38,000 children it has served. This award is recognition of the invaluable contribution Ellen Cokinos has made to bringing about a fundamental change in how abused children are treated.

Mr. Speaker, as one who has worked closely with Ellen Cokinos, I know what she is a child advocate without equal and one of our community's great leaders. Therefore, Mr. Speaker, I rise with great pleasure to honor Ellen Cokinos, on the occasion of her receiving the FBI's Director's Community Leadership Award.

#### MEDICARE, MEDICAID, AND SCHIP BENEFITS IMPROVEMENT AND PROTECTION ACT OF 2000

**HON. PHILIP M. CRANE**

OF ILLINOIS

IN THE HOUSE OF REPRESENTATIVES

*Wednesday, November 1, 2000*

Mr. CRANE. Mr. Speaker, as we continue to consider the fate of the tax bill passed by the House of Representatives last week, I would implore the President not to veto this bill. As you know, this package includes the Medicare, Medicaid, and SCHIP Benefits Improvement and Protection Act of 2000 that provides much needed relief from the unintended consequences of the Balanced Budget Act of 1977 to a variety of Medicare providers including: hospitals, nursing homes, home health agencies, hospice services, and Medicare+Choice.

Among the various provisions included in the Medicare relief portion of this package aimed at improving the quality of care our nation's seniors depend on, I would like to call your attention to an important public health issues that is in the Medicare relief portion of this package. We have all heard from our nation's hospitals about the unintended consequences of the Balanced Budget Act of 1997 and it's effect on their ability to provide a variety of services to their patients. One area that has been hard hit is hospitals' ability to treat patients with state-of-the-art blood

products. In testimony before the Committee on Ways and Means Subcommittee on Health, the American Hospital Association specifically cited the costs associated with blood as one of the reasons that Congress should restore the full market basket index.

Patient access to a safe and adequate blood supply is a national health priority and has been recognized by members of this body, the American public, and the nation's public health leaders. Yet, many of us have heard from the American Red Cross, America's Blood Centers, and the American Association of Blood Banks over the past year about hospitals having trouble affording new, innovative blood therapies that help to ensure that the nation's blood supply is safe for patients. Additional funding is needed if we are going to remain committed to providing the safest blood supply possible.

The blood banking and transfusion medicine communities are constantly working to assure that safety improvements for blood are implemented as soon as they become available. Two recent initiatives have been introduced to increase the safety of the blood supply—Nucleic Acid Testing and leukoreduction. Nucleic acid testing allows for early detection of infectious diseases (such as HIV and hepatitis C (HCV)) in blood by detecting the genetic material of viruses. Leukoreduction, the removal of leukocytes (white cells) from blood components can reduce the frequency and severity of complications from transfusions. Unfortunately these new screening protocols significantly increase the cost of blood products. Nucleic Acid Testing and Leukoreduction increase the cost of blood products by over 40 percent for both hospitals and blood banks.

Our Nation's nonprofit blood collection centers operate in the same managed care environment as our hospitals. While volunteers freely give the gift of blood, our nonprofit blood centers must recover the cost associated with providing a safe, state-of-the-art product. This includes the cost associated with collecting, testing processing, storing, and distributing blood for patients in need.

Nonprofit blood centers pass these charges onto hospitals, which, in turn, must get timely and adequate reimbursement for these life-saving and life-enhancing products. Unfortunately, the current system by which the Health Care Financing Administration (HCFA) determined hospital inpatient reimbursement rates does not account for these new and improved safety measures in a timely manner.

The Medicare, Medicaid, and SCHIP Benefits Improvement and Protection Act directs HCFA and MedPAC to review how hospitals are reimbursed for blood and to make the necessary changes to provide for fair and timely reimbursement. While those studies will not be complete, nor will the recommendations be acted upon during the current fiscal year, we must act now to ensure that patients are receiving the safest possible blood products.

The American Hospital Association along with the American Red Cross, America's Blood Centers, and the American Association of Blood Banks have all recognized the importance of this legislation. By restoring the full inflationary update to the Market Basket Index for hospitals, Congress is providing the nation's hospitals and blood centers with the means to afford new blood therapies and to ensure that patients are treated with the safest possible products.

HONORING TOBY ROSENBLATT

**HON. NANCY PELOSI**

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

*Wednesday, November 1, 2000*

Ms. PELOSI. Mr. Speaker, Toby Rosenblatt is a remarkable individual we are fortunate to have in our San Francisco midst. He has accomplished extraordinary feats in various roles and over many years of public service to the community.

Toby was honored today by Secretary of Interior Bruce Babbitt for his outstanding work to preserve the scenic and recreational lands of our Golden Gate National Parks in the San Francisco Bay Area. He has made an immense and indelible contribution to our natural landscape. The San Francisco community joins the Department of Interior in congratulating Toby on this special recognition to a most deserving individual.

One of the highlights of this lifetime of accomplishment is Toby's leadership to return Crissy Field, a former World War II airstrip, to historic wetlands along the Presidio's window to the Bay. This is a phenomenal accomplishment—to bring the resources, talent and energy together in a great success that reverberates for the entire Bay Area Community, as well as for all of our national parks.

As Chairman of the Golden Gate National Parks Association (GGNPA), Toby has led the successful drive to bring over \$50 million in private donations to this spectacular project. By engaging the public in this effort, Toby had sparked a new awareness in the importance of our national parks and has led the way in forging the most successful public-private partnership in the history of the National Park Service. As the Secretary's citation notes: Under Toby's leadership at the GGNPA, "the Parks Association has become a national leader of NPS friends groups . . ." with contributions totaling over \$50 million, "the largest of any individual friends group."

In addition to serving as the volunteer Chairman of the GGNPA, Toby also wears the hat of Chairman of the Presidio Trust. In this capacity, he has led the Trust in preserving the Presidio's integrity as a national park and in meeting the goal set by Congress to reduce costs.

On behalf of our community, I extend my congratulations to Toby for this well-deserved honor, and also to his wife, Sally, and their sons Jamie and Adam.

Toby has served as the epicenter for many great accomplishments at the GGNPA and the Presidio and we look forward to his continued leadership in our community on behalf of our national parks.

TRIBUTE TO DAVID M. EVANS

**HON. STENY H. HOYER**

OF MARYLAND

IN THE HOUSE OF REPRESENTATIVES

*Wednesday, November 1, 2000*

Mr. HOYER. Mr. Speaker, on October 4, a man of great knowledge, talent and dignity passed away. David Meredith Evans was an officer in the Foreign Service, serving his country in that capacity from 1963 until 1995. He was 64 years of age. I came to know him

during his last assignment before retiring, when he served as the Senior Adviser on the staff of the Commission on Security and Cooperation in Europe, better known to us as the Helsinki Commission.

I was Chairman of the Helsinki Commission at the time and relied heavily on his expertise in the early 1990s, when the former Soviet Union and the countries of East-Central Europe were in a state of transition and, in some cases, turmoil. With the Cold War coming to a close, it was a challenge for many foreign policy experts to understand the new world into which we were heading. David, however, had a keen sense of where things were heading, both in terms of the wonderful possibilities and of the dangerous obstacles that stood in the way. Thanks in large part to him, the Helsinki Commission played a prominent role during that period: observing the first multi-party elections countries from the Warsaw Pact held in at least four decades; organizing congressional delegations to these countries to learn firsthand what was happening; attending meetings of what is now the Organization for Security and Cooperation in Europe (OSCE) to raise concerns about human rights violations in particular; and overseeing the drafting of Commission reports which helped educate policy-makers about what needed to be done.

David Evans had a strong background in Soviet and East European affairs going back to his education at Harvard University and his tours at the U.S. embassies in Moscow, Belgrade and Warsaw. He had focused considerably on economic and trade issues, and he understood early on that the entrepreneurial spirit and free market, not the collectivism and central planning of communism, were what the people in these countries needed. He further understood that this could not happen without the development of democracy, and he became a committed human rights advocate. Indeed, the Commission's first encounters with David Evans were during OSCE negotiations on economic, scientific and environmental questions. Rather than pushing generic "international cooperation" in these areas, he pushed for improved human contacts through developing the tourist industry; he criticized the Soviets for taking action against scientists like Andrei Sakharov who expressed independent political views; he promoted the right of environmental activists in the Soviet Union and East-Central Europe to raise their concerns without being punished by the state.

David also had a particular expertise on Yugoslav affairs, and while the violent demise of Yugoslavia beginning in 1991 had a strong affect on all of us, it brought him a personal anguish. He spoke the language fluently, traveled there frequently with the Commission staff and worked tirelessly to make us aware of what was happening and why. He was in Sarajevo in March 1992, when the city was first surrounded by Serb militants, and got a glimpse of the nightmare that Bosnia and its capital would have to endure one month later and the more than three years thereafter.

I worked mostly with David, however, in dealing with the break-up of the Soviet Union and the emergence of new countries about which we knew little. I can remember mostly his seriousness of purpose combined with a good sense of humor. Among other things, he introduced us all to the word "gefuffle," his description of a scene of chaotic confrontation where people are shouting at each other. And,

as I said, he was a man of great dignity. He was, for example, generally conservative and formal in his attire. Still, he would travel to some of the muddiest, dustiest, dilapidated places in Europe without hesitation in order to carry out the Helsinki Commission's mandate.

In the five years he was with the Helsinki Commission, the staff truly appreciated his presence and sense of purpose. They could rely on him to provide the direction and judgment needed to carry out their tasks. They could also count on his support for their efforts to promote human rights when those from other branches of government or countries sought to minimize human rights in international relations. Many of the same staff are still at the Commission, and kept in touch with him in his retirement. Indeed, he continued his activism during this period, working to preserve country estates and museums throughout Russia.

Along with his wonderful family, friends, fellow foreign service officers and Commission staff, I will miss David Evans and will always remember and value his advice and presence while at the Helsinki Commission. He was, Mr. Speaker, an American who dedicated his life to representing his country and the ideals on which it is based, and I am grateful to have known him.

#### MINORITY HEALTH AND HEALTH DISPARITIES RESEARCH AND EDUCATION ACT OF 2000

SPEECH OF

**HON. SILVESTRE REYES**

OF TEXAS

IN THE HOUSE OF REPRESENTATIVES

*Tuesday, October 31, 2000*

Mr. REYES. Mr. Speaker, I rise today in support of S. 1880. This bill, the "Health Care Fairness Act" will improve the health of minority populations including Hispanics, African Americans, Native Americans, Alaska Natives and Asian-Americans. I am a cosponsor of H.R. 3250, the House companion to S. 1880. Mr. Speaker, as you know, minority communities suffer disproportionately from many health problems and have higher mortality rates than whites for many treatable health conditions. They also continue to suffer from inequities in the U.S. health care system.

The legislation that is on the House floor today will increase federal commitment to biomedical research on minority health and will improve health related data collection on minorities. This legislation will implement demonstration projects that address bias in the health care system that adversely impact minority populations and will establish pilot projects in medical schools to reduce racial and ethnic health disparities. This bill will also make grants available for the development of health care education curriculum and for continuing health education professional development. Another important aspect of this bill is that it will elevate the Office of Minority Health to a Center of Research on Minority Health at NIH. The Center will conduct and support basic and clinical research, training, the dissemination of health information, and other programs with respect to minority health.

Mr. Speaker, more needs to be done in our country to address the disparities in healthcare for minorities. The Health Care Fairness Act is

a step in the right direction and I urge my colleagues to support this important piece of legislation.

#### THE RIGHT TO KNOW ACT OF 2000

**HON. TOM A. COBURN**

OF OKLAHOMA

IN THE HOUSE OF REPRESENTATIVES

*Wednesday, November 1, 2000*

Mr. COBURN. Mr. Speaker, a young woman visits a health clinic. She consults with a nurse, undergoes a series of tests and exams and then is sent home with a clean bill of health. She is not, however, perfectly healthy. She is infected with HIV. The clinic tested her, without her knowledge, and never told her the results. Because she was never told, she has been denied medical treatment that would have kept her healthy. Because she is never told, she unknowingly places others at risk for contracting the disease, including her husband and children. And because she is never told, her life is prematurely cut short and she dies from AIDS.

At 51 clinics across the country, the federal Centers for Disease Control and Prevention (CDC) is financing such a project. As a practicing physician, I find this to be highly unethical and appalling. In essence, government scientists have reduced men and women to bacteria in a Petri dish, disposal subjects for experimentation.

Because the CDC has failed to properly monitor the HIV epidemic with the same reliable reporting system used to track every other disease, the agency implemented these so called serosurveillance, or "blind", studies to determine the size and demographics of the HIV/AIDS epidemic.

The director of research at the Pediatric AIDS Foundation in California, Arthur Amman, has compared the CDC's blind testing to the notorious Tuskegee study that followed 400 black Alabama sharecroppers infected with syphilis in order to observe the disease's progression. Begun in the early 1930s, the Tuskegee 'experiment' financed by the Public Health Service, continued until 1972 despite the fact that treatment became available in the 1940s.

Likewise, the CDC's 'blind' HIV testing began in the 1980s and continues today even though medical treatment for HIV is now available.

Of those found to be HIV-positive through these government funded tests, up to 90 percent did not themselves receive an HIV test at some clinics according to the CDC's own data. That means at these locations, nine out of ten individuals that the CDC diagnosed as infected, were never told they are infected with a terminal and contagious disease.

The CDC rationalizes these 'blinde' tests by conducting the surveys in facilities which offer counseling and voluntary HIV testing to all patients. Regardless of whether testing is or is not otherwise available, it is criminal that anyone diagnosed with a life threatening, contagious disease is not told and is instead allowed to die and infect others. It is even more despicable that those charged with protecting the public's health are running this program.

The Right to Know Act will prohibit the CDC, or any other federal agency, from conducting or supporting such an unethical practice. It will