

Please join me in recognizing the achievements of this business woman, Mary Ann Weems.

IN HONOR OF THE RETIREMENT
OF LYNN SELMSER

HON. MICHAEL N. CASTLE

OF DELAWARE

IN THE HOUSE OF REPRESENTATIVES

Wednesday, March 28, 2001

Mr. CASTLE. Mr. Speaker, I wish to recognize today Ms. Lynn Selmser for over 27 years of service to Members of the House of Representatives. As Chairman of the Subcommittee on Education Reform of the Education and the Workforce Committee, I have worked with Lynn only a few years, but I can say that her reputation as a talented and knowledgeable member of the Committee staff is well deserved.

Lynn began her Capitol Hill career in the personal office of Illinois Rep. Robert McClory in 1974. She stayed with Rep. McClory for over seven years.

Next, Lynn worked in the personal office of Pennsylvania Rep. Bill Goodling, her hometown representative. She stayed in Rep. Goodling's personal office until January 1989, when she moved to the Committee on Education and Labor staff, which is now the Committee on Education and the Workforce.

During her time with the Committee, Lynn has educated me and many other Members of Congress on the intricacies of quite complex issues. She has covered issues and programs such as Child Nutrition, Impact Aid, Juvenile Justice, and child and adult literacy. I know all of the Members of the Committee will be at a disadvantage without her institutional knowledge and advice on these issues.

I believe that Lynn is most proud of her work on family literacy issues. Lynn worked on this issue on behalf of Rep. Goodling from 1988, when he originally sponsored what became the Even Start Act. She cares deeply about improving the literacy of adults as a way to improve literacy in children, and I understand that she plans to continue to promote adult literacy following her retirement from the Committee staff.

I know many Members of Congress and staffers, along with her friend and former boss, Rep. Goodling, join me in thanking Lynn for her many years of service and wishing her a relaxing and well-deserved retirement.

HONORING FAYETTEVILLE FIRE
CHIEF DUKE "PETE" PINER

HON. ROBIN HAYES

OF NORTH CAROLINA

IN THE HOUSE OF REPRESENTATIVES

Wednesday, March 28, 2001

Mr. HAYES. Mr. Speaker, I rise today to honor Fayetteville Fire Chief Duke J. "Pete" Piner, who will retire on April 1, 2001, after more than 37 years of service.

Chief Piner, 63, joined the Fayetteville Fire Department in 1964, following his father into the firefighting profession after a stint in the United States Navy and working briefly as an electrician.

Almost 25 years to the day, on March 22, 1989, Piner became chief of the department.

In the words of Fayetteville City Manager Roger Stancil, Chief Piner quickly established himself as a team player among city management. "His leadership extended throughout the city," said Stancil. "He was someone you could call on to accomplish a mission anywhere within the city government."

Chief Piner's vision led to many innovations for the fire department. During his tenure, the Fayetteville Fire Department built new stations to expand its service area, successfully merged with volunteer fire departments in neighborhoods annexed by the city, developed a state-of-the-art hazardous materials response team, and began to utilize more modern technology. In fact, Chief Piner played a key role in modernizing the city's communications capabilities so that various city departments, state, and county agencies could communicate with one another during a crisis or disaster situation.

I ask that all my colleagues join me in honoring Chief Duke J. "Pete" Piner for 37 years of remarkable public service to the people of Fayetteville, North Carolina.

A TRIBUTE TO JORGE MAS
SANTOS

HON. ILEANA ROS-LEHTINEN

OF FLORIDA

IN THE HOUSE OF REPRESENTATIVES

Wednesday, March 28, 2001

Ms. ROS-LEHTINEN. Mr. Speaker, it is with great pleasure and admiration that I congratulate Jorge Mas Santos on being honored for receiving the National Community Service Award by the Simon Wiesenthal Center.

As the son of a Cuban immigrant, Jorge Mas Santos learned to appreciate the freedoms and opportunities in our country, and realized that the dreams of liberty and democracy that his father had for his native land of Cuba would never be possible under the tyrannical regime of Fidel Castro. His ambition to fulfill his father's aspirations to help the thousands of Cubans migrating from the island seeking freedom has resulted in countless programs and activities that have benefited not only Cuban-Americans but also every citizen in South Florida.

Among his illustrious accomplishments, Jorge is the founder and chairman of Neff Rental; Chairman of the Board of the Cuban American National Foundation; Chairman of MasTec Inc.; and Executive Director of the Mas Family Foundation. Through this Foundation, the Mas Family Scholarships have awarded over \$500,000 to students who had little hope of obtaining higher education. He is deeply involved in community and civic activities as a member of the University of Miami President's Council and of Nova Southeastern University's Board of Trustees. Jorge's current multi-million dollar restoration project is to fulfill his late father's dream of turning The Freedom Tower, which is included in the National Registry of Historic Places, into an educational center and museum, scheduled for completion in late 2001.

Jorge has achieved a multitude of honors. His love and dedication to the cause of freedom has touched the lives of so many and has won him respect and admiration. I want to join with his family, friends and colleagues in celebration of this wonderful award and I wish him every future success.

RE-OPENING OF SPAG'S OF
SHREWSBURY, MASSACHUSETTS

HON. JAMES P. MCGOVERN

OF MASSACHUSETTS

IN THE HOUSE OF REPRESENTATIVES

Wednesday, March 28, 2001

Mr. MCGOVERN. Mr. Speaker, I rise today to join the community of Shrewsbury, Massachusetts in celebrating the Grand Re-Opening of Spag's—a store that has become one of the biggest tourist attractions in New England.

Founded in September 1934, Anthony "Spag" Borgatti set-up shop, on a 35 dollar loan from his mother, in a garage at 193 Boston Turnpike, using empty wooden crates as tables and display cases. Since that time, Spag's has become a retailing phenomenon that turned into a multi-million dollar enterprise. Spag believed in the words he spoke so often, "Business is not just about dollars and cents, it's about people. Customers are people, employees are people, suppliers are people; and we all need each other."

Spag's has stayed true to its founding basic principal of serving the working man by providing "quality goods at rock bottom prices". Today we celebrate the achievement that this retailing enterprise has accomplished and wish them well as they continue to serve their community.

Mr. Speaker, it is with tremendous pride that I recognize the employees of Spag's and the Borgatti Family for their past success and to thank them for the role they play, not only as a retail shopping enterprise, but also as a good neighbor always willing to help those in need. I congratulate them on their accomplishments and wish them well.

INTRODUCTION OF THE GLOBAL
HEALTH ACT

HON. JOSEPH CROWLEY

OF NEW YORK

IN THE HOUSE OF REPRESENTATIVES

Wednesday, March 28, 2001

Mr. CROWLEY. Mr. Speaker, I am introducing legislation to address an issue that is receiving much needed attention by the international community and the U.S. government. That issue is global health. Men, women and children all over the world are struggling with the impact of an HIV/AIDS pandemic in Africa that threatens to engulf parts of Asia over the next few years and destabilize regional security on each of these continents. The former Soviet Union has one of the most rapidly growing number of HIV/AIDS cases in the world and has already overwhelmed its already faltering health care infrastructure.

The people of these and those in other developing countries are struggling with the fact that more than ten million children die before their 5th birthday each year from preventable diseases in developing countries. They are struggling with the continued impact of global infectious diseases such as tuberculosis, malaria, other infections that threaten their lives, the lives of their children, the viability of their villages, their economies, their national security.

Epic threats to the health of people all over the world continue to challenge governments, domestic infrastructures and societies on a

rapidly growing scale. Their crisis is our crises. The stability of the region is at risk and with that, our interests in the stability of governments in Africa.

Despite these daunting facts, there is something we can do. Unprecedented opportunities exist today to improve health around the world and the U.S. must maintain its leadership role on these issues. It is in our interest to do so. Our borders are not impervious to these global health threats. To address these global health threats, I am introducing the Global Health Act of 2001.

During the 106th Congress, over 75 members of Congress and 152 organizations joined me in support of the Global Health Act of 2000 and we are reintroducing this legislation this year to reaffirm our commitment to improve the health of men, women and children around the world.

Today, I am joined by 52 of my colleagues in introducing bipartisan legislation to increase the U.S. commitment to global health by \$1 billion dollars over FY 2001 appropriated levels. With these additional funds, our commitment to global health will be authorized at \$2.55 billion.

Mr. Speaker, I would like to thank the fifty-two cosponsors of the Global Health Act of 2001. These cosponsors represent a broad cross section of the House; Democrats and Republicans, members of the Women's Caucus, the Progressive Caucus, the Black Caucus, Appropriators and Authorizers, who recognize the need and importance of an increased commitment to global health.

I ask that a copy of the Global Health Act be printed in the RECORD following my remarks.

We are joined in this effort by over 70 international organizations and two coalitions committed to global health, such as the Global Health Council, Save the Children, the Christian Children's Fund, and the American Foundation for AIDS Research, and the list is growing every day.

I have included that list of the global health organizations, faith-based organizations and development NGOs that support this legislation and ask that it be entered into the RECORD.

What does the Global Health Act do?

The Global Health Act of 2001 provides an additional \$1 billion to the global health programs of the Federal Government. This includes a \$275 million increase for HIV/AIDS, a \$100 million increase for maternal health, a \$200 million increase for family planning, a \$225 million increase for child survival, and a \$200 million increase for infectious diseases.

While other legislation will seek to target specific diseases, the Global Health Act understands the interconnectedness of health and seeks an increase for all of the global health programs that play an important role in improving the health of men, women and children around the world.

It also calls for increased coordination between the different government agencies administering health programs.

The HIV/AIDS pandemic is the greatest public health disaster to face mankind since the bubonic plague. Already, 58 million people have been infected or died as a result of HIV/AIDS and more than 95 percent of new infections occur in developing countries. Sub-Saharan Africa has been the hardest hit and in South Africa it is estimated that 10 percent of

its 45 million people are infected with the virus.

But, the pandemic is not limited to Africa: Asia will soon have more new HIV infections than any other region and Russia is the new "hot spot" for the disease. The disease is ravaging families and communities and young people have been particularly devastated. Every minute, five young people contract HIV/AIDS somewhere in the world and in Southern Africa it is projected that more than half of today's teenagers will become infected and die of AIDS.

UNAIDS has estimated that it would take \$3 billion to address HIV/AIDS in Africa alone (excluding access to drugs) and at this time the international community is providing less than \$1 billion a year for HIV/AIDS programs in the developing world.

The world looks to the United States to be a leader and now is the time for the United States to significantly expand its support for global HIV/AIDS programs. The creation of new drugs and vaccines cannot stand alone and we must also invest in the development of public health infrastructure.

This infrastructure will be important as we continue to expand investment in treatment and care programs. In addition, 42 million children will be orphaned by HIV/AIDS by 2010 and we must be prepared to provide good health care to these children across the health spectrum.

All children of the world need our support. As we approach the 10-year anniversary of the World Summit for Children, we must make a strong commitment in their future by investing in the world's children. Ten million children die before their 5th birthday each year in developing countries from preventable diseases, such as pneumonia, diarrhea and measles. Yet, funding for the core child survival program remained fairly stable in the FY 2001 budget. Without additional funding, the successful child survival programs will not continue to provide needed services for young girls and boys in developing countries. Through its research and development programs, the United States has developed interventions that work. Clean water and sanitation prevent infections, and oral rehydration therapy (a simple salt sugar mixture taken by mouth, which costs only pennies) has been proven to be among the most effective public health interventions ever developed.

Immunization programs have also proven to be successful and almost 75 percent of children are immunized today in developing countries.

Annually, immunizations avert two million childhood deaths from measles, neonatal tetanus, and whooping cough. The success of these programs is striking and the U.S. should reaffirm its commitment to children as we meet with other world leaders at the UN Special Session for Children in September, 2001.

Another equally compelling problem that has not yet been given the recognition it deserves is the death of 600,000 women each year during pregnancy and childbirth—one woman every minute.

Over 80 percent of these deaths are due to complications that are routinely prevented in the developed world, such as obstructed labor, infections and unsafe births. 99 percent of these 600,000 deaths could be averted.

Of all the health statistics monitored by the World Health Organization, the figures on

maternal mortality reveal the largest discrepancy between developed and developing countries.

Women in developing countries are 18 times more likely to die during childbirth than women in developed countries. This disparity does not need to continue. The WHO has identified a package of health interventions that for a cost of \$1–3 per mother, could save the lives of countless mothers and their children.

This small investment in mothers will have an enormous impact on the families of tomorrow.

Other interventions, such as family planning, also play a large role in protecting the integrity of a family.

One third of the world's population is between the ages of 10 and 24. As these young people begin to raise families, the demand for safe voluntary family planning services will increase dramatically.

Many women will choose to have children and over 200 million will become pregnant in the coming year.

But, following the birth of a healthy child, many couples prefer to delay or cease childbearing. About a quarter of a billion couples around the world find themselves in this situation and they do not have access to voluntary contraceptive methods. As a result, many pregnancies are unplanned or unwanted.

The World Bank has found family planning to be one of the best ways to improve maternal and child health and it is time for the U.S. to significantly expand funding and support for the international family planning programs at the U.S. Agency for International Development and increase the U.S. allocation to the United Nations Population Fund.

The final important piece of the Global Health Act is the increased funding for programs that address infectious diseases.

My own district was surprised and concerned when West Nile Encephalitis entered our community during the Summer of 1999. This incident reminded us that infectious diseases know no geographic boundaries, and are crossing U.S. borders with greater frequency.

Tuberculosis has re-emerged on the world stage in deadlier and more drug resistant forms.

With the appearance of multi-drug resistant tuberculosis, and its spread to Europe and the U.S., we face the possibility that this could again become a leading killer. But, through effective collaborative projects, the United States has been able to leverage its support for infectious disease programs and rates of malaria and polio are decreasing.

In just the past ten years, the number of polio cases worldwide has fallen by almost 50 percent and the death toll from malaria has been reduced by 97 percent. These partnerships have proven to be very fruitful and are a model for future U.S. action on infectious diseases.

With the resources provided under the Global Health Act and the coordination and assistance of other nations, we can make a profound difference in the health and wellbeing of millions of the world's poorest citizens.

Without good health, a nation will be unable to support a healthy and strong economy.

It is in our national and economic interests that the U.S. support increased funding for global health so that today's healthy children can be tomorrow's healthy world partners.

Mr. Speaker, I urge my colleagues to support this important legislation.

ORGANIZATIONS ENDORSING THE GLOBAL HEALTH ACT OF 2001

1. Adventist Development and Relief Agency.
2. Advocates for Youth.
3. Africa Faith & Justice Network.
4. African Services Committee, Inc.
5. Alan Guttmacher Institute.
6. Alliance Lanka.
7. American Association for World Health.
8. American Association of University Women.
9. American Foundation for AIDS Research.
10. American International Health Alliance Organization.
11. American Society of Tropical Medicine and Hygiene.
12. AmeriCares.
13. Andean Rural Health Care.
14. Asian and Pacific Islander Wellness Center.
15. Association of Public Health Laboratories.
16. Association of Reproductive Health Professionals.
17. Association of Schools of Public Health.
18. Baertracks.
19. The Centre for Development and Population Activities—CEDPA.
20. Catholics for a Free Choice.
21. Center for Reproductive Law and Policy.
22. Center for Women Policy Studies.
23. Christian Children's Fund.
24. Concern Worldwide U.S., Inc.
25. CONRAD Program.
26. Cross-Cultural Solutions.
27. Elizabeth Glaser Pediatric AIDS Foundation.
28. Family Care International.
29. Female Health Company.
30. FOCAS.
31. Global AIDS Action Network.
32. Global AIDS Alliance.
33. Global Health Council.
34. Infectious Diseases Society of America.
35. InterAction.
36. International Trachoma Initiative.
37. International Women's Health Coalition.
38. Institute for Global Health.
39. John Snow, Inc.
40. Journalists Against AIDS Nigeria.
41. Management Sciences for Health.
42. National Abortion and Reproductive Rights Action League.
43. National Association of People with AIDS.
44. National Audubon Society.
45. National Family Planning and Reproductive Health Association.
46. National Latina/o Lesbian, Gay, Bisexual, and Transgender Organization.
47. Programs for Appropriate Technology in Health.
48. Pathfinder International.
49. Physicians for Social Responsibility.
50. PLAN International.
51. Population Action International.
52. Population Institute.
53. Population Leadership Program.
54. Project Hope.
55. Religious Action Center of Reform Judaism.
56. San Francisco AIDS Foundation.
57. Save the Children.
58. United Methodist Church, General Board of Church and Society.
59. U.S. Coalition for Child Survival (see members list below).
60. U.S. Committee for UNFPA.
61. U.S. Fund For UNICEF.
62. Uganda Youth Anti-AIDS Association.
63. Union of American Hebrew Congregations.

64. Unitarian Universalist Service Committee.

65. University of North Carolina at Chapel Hill.

66. White Ribbon Alliance for Safe Motherhood (see members list below).

67. Women's EDGE.

68. World Neighbors.

MEMBERS OF THE U.S. COALITION FOR CHILD SURVIVAL

Academy for Educational Development, Adventist Development and Relief Agency, Aga Khan Foundation USA, Bread for the World, CARE Tajikistan, Children's Global Health and Education Network, Christian Children's Fund, CORE Group, Elizabeth Glaser Pediatric AIDS Foundation, Environmental Health Project, Freedom from Hunger, Global Health Council, Grantmakers in Health, Johns Hopkins University/School of Public Health, KRA Corp., Health Program, March of Dimes, Merck, PLAN International, Save the Children, US Fund for UNICEF, Voice of America, as of 3/28/01, World Health Organization, and World Neighbors.

MEMBERS OF THE WHITE RIBBON ALLIANCE FOR SAFE MOTHERHOOD

Academy for Nursing Studies, Advance Africa, Adventist Development and Relief Agency (ADRA), Aisyiyah, Indonesia, AIWC, American Association of World Health, American College of Nurse Midwives (ACNM), American Women's Association, Indonesia, APIK, Arthik Samata Mandal, Association of Women's Health, Obstetric, & Neonatal Nurses, Association for Maternal and Child Health Concern in Nigeria, AusAID WHFW Project/OPCV.

Biodun Mat/Eye Clinic, North Tougu, The Ghana Registered Midwives Assoc., BKKBN (National Family Planning Coordinating Board), BKOW (Coordinating Body of Women's Organizations, West Java), Cambodian Midwives Association, Canadian Women's Association, Indonesia, CARE, CARE—India, CASP, Catholics for Contraception, Center for Development Control, Center for Development and Population Activities (CEDPA), Centre For Human Survival, Nigeria, Center for Reproductive Law and Policy (CRLP), CHETNA, Child Survival Collaborations and Resources (CORE) Group, Christian Association of Nigeria, CMAI, Christian Children's Fund, Community Based Health Care Women's Group, Kimilili, Kenya, CRS.

DFID, EEC, Engender Health, Equilibres et Populations, France, Family Care International, Federal Women's Association of Muslim, FK-PKMI (Collaborative Forum—for the Promotion of Community Health, Indonesia), Ford Foundation, Indonesia, Forum for Executive Women, Indonesia, Geeyes Trust-India, General Board of Church and Society of The United Methodist Church, George Washington University, School of Public Health, Global Health Council, Hairdressers Associations, Nigeria, IBI (Association of Midwives, Indonesia), Indonesian American Medical Alliance, Indonesian Women's Coalition for Justice and Democracy, International Community Activity Center, International Confederation of Midwives (ICM), IPAS.

Jakarta International School, JHPIEGO, Indonesia, Johns Hopkins University—PCS, Johns Hopkins University—School of Public Health, JHU/CCP, Kalyanamitra, La Leche League International, Linkages Project/Academy for Educational Development, Local Government Service Commission, Nigeria, Loma Linda School of Public Health, Mamta Health Institute for Mother and Child—India, Market Women's Association, Nigeria, Matrika, MILES Production, Indonesia, Mitra Perempuan (Wone in Sisterhood), MNH Program Indonesia, MotherCare/

John Snow International (JSI), Indonesia, National Union of Teachers, Nigeria, NGO Networks for Health, NGO Networks for Health, Armenia, Nurses Association, Nigeria, Organization For Student Health Care Services, Monrovia, Liberia.

Pacific Institute for Women's Health, PATH, Indonesia, Pathfinder International, PFI, Pita Putih-Indonesia, PLAN International, POGI (Association of Specialists in OB/GYN, Indonesia), Population Council, Population Reference Bureau, Population Services International, Prerana, PRIME/Intrah, Project Hope, PSS, Pusat Komunikasi Jender dan Kesehatan (Center for Communications in Health and Gender Issues, Indonesia), RSB, Boedi Kemuliaan (Boedi Kemuliaan Maternity Hospital).

Safe Motherhood Initiative (SMI)—USA, Safe Motherhood Action Group—Nigeria, San Bernardino Coalition for Safe Motherhood, Save the Children, Shell Nigeria (Women's Programme, Community Development Department), SIDA, Soroptimist International of Indonesia, State Ministry of Women's Empowerment, Indonesia, TNAI, U.S. Pharmacopeia, White Ribbon Alliance—India, Women's Empowerment in Politics, Indonesia, World Vision, Yayasan Melati, YMCA, Zambian Enrolled Nurses/Midwives working at the University Teaching Hospital, Zambia White Ribbon Alliance for Safe Motherhood.

LEGISLATION CLARIFYING THE INCOME FORECAST METHOD

HON. MARK FOLEY

OF FLORIDA

IN THE HOUSE OF REPRESENTATIVES

Wednesday, March 28, 2001

Mr. FOLEY. Mr. Speaker, Congressman BECERRA and I introduced legislation today to clarify the income forecast method.

As Chairman of the House Entertainment Industry Task Force, I have understood that changes made in the Small Business Job Protection Act of 1996 that modified depreciation under the income forecast method have had unintended consequences for the movie industry. Our legislation corrects those consequences.

The "income forecast" method is a method for calculating depreciation under section 167 for certain property, including films. Under the income forecast method, the depreciation deduction for a taxable year for a property is determined by multiplying the cost of the property by a fraction, the numerator of which is the income generated by the property during the year and the denominator of which is the total forecasted or estimated income to be derived by the property during its useful life. The total forecasted income to be derived from a property is based on conditions known to exist at the end of a period for which depreciation is claimed and these could be revised upward or downward at the end of a subsequent taxable year based on additional information that becomes available since the last estimate. In the case of films, income to be taken into account means income from the film less the expense of distributing the film, including estimated income from foreign distribution or other exploitation of the film including future television exhibition.

The Small Business Job Protection Act addressed the income forecast method in order to make the formula a more appropriate method for matching the capitalized costs of certain