

the same tax rate as congressional candidates on interest bearing accounts for their campaign committees.

As we are asking our state and local officials to build better and safer communities, we should be encouraging more involvement from our citizens and not discouraging them from participating in state or local government.

By addressing unfair tax burdens on state candidates, my legislation would also help to simplify the tax code. By making the tax rates the same for state and local candidates as they are for congressional candidates, the tax code will in a small way become simpler for everyone running for office. I urge my colleagues to support this legislation to fight against unfair tax rates for candidates for state and local office.

TRIBUTE TO DR. JOHN HORN

HON. PETE SESSIONS

OF TEXAS

IN THE HOUSE OF REPRESENTATIVES

Wednesday, May 16, 2001

Mr. SESSIONS. Mr. Speaker, I would like to recognize today an outstanding educator from my district, Dr. John Horn. At the end of this school year, Dr. Horn will retire as Superintendent of the Mesquite Independent School District, bringing his long and distinguished career to a close.

During his 38-year career, Dr. Horn has been a visionary in public education, receiving numerous awards for his service. In 1995, he was honored as the Texas Superintendent of the Year by the Texas Association of School Administrators. The Mesquite ISD, with over 32,000 students, has thrived under his leadership, most recently earning the "Recognized" rating from the Texas Education Agency in 2000.

Dr. Horn involves the entire community in the improvement of education and involves himself in the community through various civic organizations. Often referred to as the "superintendent's superintendent," Dr. Horn has thoroughly dedicated himself to the education and enrichment of his students.

Although he will be greatly missed, Dr. Horn's legacy will serve as a constant reminder of his extraordinary career. I ask my colleagues to join me in congratulating Dr. John Horn on all of his accomplishments and wishing him the best for his well-deserved retirement.

THE TREND OF PRIVATIZATION

HON. TED STRICKLAND

OF OHIO

IN THE HOUSE OF REPRESENTATIVES

Wednesday, May 16, 2001

Mr. STRICKLAND. Mr. Speaker, I want to address a trend that I find very disturbing; a trend that I encounter again and again across a spectrum of seemingly unrelated issues. It is the trend of privatization, the trend of government forfeiting its responsibilities to those it serves.

I believe strongly that certain societal functions are so important that they simply must be carried out by the government, namely the imprisonment of criminals and the maintenance

of a health care safety net for our most vulnerable citizens. Now, I realize that these two functions are extremely divergent, but both are vitally important to society. The purpose of imprisonment is to protect the public from dangerous individuals who are paying a debt to society, and the purpose of the public health safety net is to protect the public, particularly the poor, from the ravages of preventable and treatable disease.

These two public functions have one very important thing in common: once we privatize them and turn over their missions to profit-making entities, we will never be able to rebuild what we have lost.

Public hospitals and public health centers provide a vital service as part of our national health care delivery system; they provide care to those who would be turned away from other institutions for not having health insurance. They often serve the poorest and the sickest populations, and are particularly attuned to the health consequences of delayed care, poverty, poor nutrition and chronic disease. Because these institutions are directly accountable to the public, they serve the public well—better, I would argue, than a privatized counterpart. I am not saying that private hospitals are not important or that they do not provide their share of uncompensated care, because they do, and we need to have them around. I am saying that public health care providers play a very important role in the health care marketplace, and they are unique in that they are more directly accountable to the public than are their private counterparts. More important, once we break our commitment to providing public health care by privatizing this service, we will find it very difficult, if not impossible, to re-establish this vital component of our comprehensive health care delivery system. I fear that we are moving toward this unfortunate state of affairs right now in our nation's capitol with the proposed privatization of DC General Hospital. Mr. Speaker, I believe that the plan to privatize DC General is, like most privatization plans, an extremely shortsighted measure that will jeopardize the availability of quality health care for some of the city's poorest citizens.

Likewise, the privatization of our nation's prisons is a practice that I find equally repugnant. The need to make a profit creates an incentive for private prison companies to cut corners when it comes to the security of the facility and the quality of correction personnel. The result is understaffing, low wages, inadequate training, poor benefits, and difficult working conditions. Reports from various private facilities reveal a failure to fill staff positions, a failure to provide government mandated programs that involve proper correctional officer training and prisoner rehabilitation programs, and a failure to implement tested, comprehensive security measures. Additionally, when governments contract out with private prison operators, taxpayers lose much in the way of valuable oversight tools. Nevertheless, they are still forced to assume much of the financial and legal liability associated with the operation of private prisons. If there are riots or breakouts, local government authorities are called in to handle the situation. When a private prison official violates an inmates rights, the taxpayers from the community—not the prison corporation—foot the bill for the lawsuit.

Whether it's the security of our prison system or the health care of America's poorest

citizens, privatization is a risky business that could cost us dearly down the road. I hope that the Congress will take very seriously its responsibility to the American public and not continue efforts to privatize safety net health care providers or the nation's prison system.

TRIBUTE TO THE LATE MARGARET VILLAGRAN (SIERRA) MELENDEZ

HON. JOE BACA

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Wednesday, May 16, 2001

Mr. BACA. Mr. Speaker, it is with great sadness that I note the passing of Margaret Villagran (Sierra) Melendez, the mother of Ruby Ramirez on my staff.

Margaret was born to Milton Villagran & Juanita Palacios on June 10, 1910 in El Paso, Texas. She was the 15th child of a family of 17. Her father was employed for Santa Fe until he died in 1917. Her mother was a housewife for the most part, and followed her husband wherever he was sent. She did the laundry for the work crews at the different sites that they were assigned to.

Margaret came to California at the age of 10 with her sister who was 17. Her brothers were working at the Jurupa Quarry in South Fontana and her sister came to work as a housekeeper for one of the owners of a winery in Guasti. They had to leave their mother behind until they had enough money to relocate them to California which was about two years later. She attended an elementary school named "Wineville" later changed to Guasti.

Margaret dropped out of school at 14 and went to live with her brother, Albert Villagran in Orange, CA. She was bilingual and went to work for Woolworths as a sales girl. Later she worked at the Hunts Co. and Sunkist Packing House. She came back to Fontana when she was 18 and met her husband, Pete Sierra. They got married and moved to Colton in 1927. They bought a house at 965 Jefferson Lane and she lived there until she was hospitalized.

Tragically, her first husband was killed in 1956 by a drunk driver. She was a widow for 19 years and then she remarried Frank Melendez in 1977. Frank and Margaret had dated before she married Pete. 32 years later, they met and got married. He died in 1999.

Margaret was a loving caring mother to everyone. Everyone that came to her house was welcome and the first thing she did was feed them. She was active in the Heart Association and once a year took care of collecting funds for the Heart Foundation. She volunteered for the Cancer Association, VFW, PTA, and was a member of San Salvador Catholic Church. She liked to work in her garden and cook on her wooden stove whenever she had a chance. Her house was a regular soup kitchen. Her house was located between the Union Pacific and the Southern Pacific Railroads. Every person that got off the train came knocking on her door and they never went away hungry.

Margaret never missed an election. She made sure that she had her absentee ballot. She was a good listener, helped wherever she was needed and never complained even with all the hardships she encountered throughout

her life. Everyone called her "Grandma Margaret."

Margaret leaves behind five daughters, Tillie Rodriguez, Ruby Ramirez, Mary Ramirez, Lorraine Chavez, JoAnn Beckman; and five sons, Pete Sierra Jr., Charlie Sierra, Amador Sierra, Johnny Sierra, and Joe Madrigal; sixty-five grandchildren; and four great-grandchildren.

I extend to the family my condolences and wish blessings to them in their time of mourning. We say, "goodbye, we miss you, God bless."

IN SUPPORT OF NATIONAL
WOMEN'S HEALTH WEEK

HON. CARRIE P. MEEK

OF FLORIDA

IN THE HOUSE OF REPRESENTATIVES

Wednesday, May 16, 2001

Mrs. MEEK of Florida. Mr. Speaker, I rise today in support of National Women's Health Week, to speak of a topic near and dear to me which is Lupus.

I know firsthand the heartache that lupus causes. I lost a sister to lupus and have seen many others suffer from this incurable disease. I know all too well the difficulties persons with lupus face to maintain employment and lead normal lives. I have seen the often-devastating side effects of current treatment regimens. I also know the profound impact that my sister's disease had on me and that lupus often has on the family and friends of lupus patients.

More people have lupus than AIDS, cerebral palsy, multiple sclerosis, sickle-cell anemia and cystic fibrosis combined. Yet I believe that much of the public does not yet have this awareness. The Lupus Foundation of America estimates that between 1,400,000 and 2,000,000 people have been diagnosed with lupus. Many others have the disease, but have not even been diagnosed because of the insidious way in which lupus "masks" itself, thereby often making it difficult to diagnose. Many lupus victims are mis-diagnosed, and some victims even die, without even knowing that they have this disease.

Lupus is a wide-spread and devastating autoimmune disease that causes the immune system to attack the body's own tissue and organs, including the kidneys, heart, lungs, brain, blood, or skin. It afflicts women nine times more than it does men, and is three times more prevalent in women of color than Caucasian women. Lupus has its most significant impact on young women during their childbearing years (ages 15-44).

Lupus patients from poor or rural areas often cannot access the level of specialty care required to manage such a varied and complex disease. When first presenting symptoms of the disease, lupus patients usually contact their family physician. It is not unusual for people to have lupus for three to five years and to visit up to five doctors before they receive a correct diagnosis. Unfortunately, medical schools do not provide family physicians with sufficient training to recognize lupus.

I am sure that increased public awareness of the pervasiveness of lupus will substantially assist our efforts to increase funding not only for research, but also for the treatment and support services that the Congress authorized last November when it passed my lupus bill,

H.R. 762, as part of the Public Health Improvement Act of 2000 (P.L. 106-505). Passage of H.R. 762 was an important step in the fight against lupus, one of which I am extremely proud. But it is not enough. It is time to take the next step this year by funding the research, treatment and support services that the Congress authorized last year when it passed my lupus bill.

Lupus affects multiple organ systems and can be an expensive disease to manage. Treatment requires the participation of many different medical specialists and expensive specialized testing and procedures. The average annual cost of medical treatment for a lupus patient is between \$6,000 and \$10,000. However, for some people with lupus, medical costs may exceed several thousand dollars every month. Lupus can be financially devastating for many families.

It was these human factors that caused me to offer H.R. 762 and to work so hard for so many years with all of you for its passage. The case management and comprehensive treatment services that we authorized in H.R. 762 for individuals with lupus, and the support services that we authorized for their families, will be tremendously helpful, but only if we adequately fund them. We need a coordinated, targeted, well-executed appropriations strategy to make the promise of these programs a reality.

My lupus bill that the Congress passed last year authorizes appropriations of such funds as are necessary for FY 2001 through FY 2003 for lupus research, education, and treatment, including a grant program to expand the availability of lupus services. It also empowers the Secretary of the Department of Health and Human Services to protect the poor and the uninsured from financial devastation by limiting charges to individuals receiving lupus services pursuant to the grant program, the way that we do under the Ryan White Care Act, should the Secretary deem it appropriate to adopt such limitations.

H.R. 762 authorizes research to determine the reasons underlying the increased prevalence of lupus in women, including African-American women; basic research concerning the etiology and causes of the disease; epidemiological studies to address, among other things, the differences among the sexes and among racial and ethnic groups with respect to the frequency of the disease; the development of improved diagnostic techniques; clinical research for the development and evaluation of new treatments, including new biological agents; and information and education programs for health care professionals and the public.

The bill also authorizes appropriations of such sums as are necessary for FY 2001 through FY 2003 for a grant program. This program would support a wide range of services for the diagnosis and disease management of lupus for lupus patients, as well as a broad range of support services for lupus patients and their families, including transportation services, attendant care, homemaker services, day or respite care, counseling on financial assistance and insurance, and other support services.

I think it is appropriate during National Women's Health Week, that Congress fully fund research and treatment programs such as this.

TRIBUTE TO THE LATE
FRANCISCA GARMON

HON. JOE BACA

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Wednesday, May 16, 2001

Mr. BACA. Mr. Speaker, it is with great sadness that I rise in memory of Francisca Garmon, of my district, who passed away on Mother's Day, May 13, 2001.

Francisca served as vice president of the local union, United Steelworkers of America Local 7600, which represents approximately 4,000 Kaiser Permanente Medical Center Employees in San Bernardino and Riverside counties. A woman of great faith, Francisca was known for her resilience and tenacity. A gifted communicator, she was asked by the union to serve as a spokeswoman because of her speaking abilities. A talented singer, she made a recording last year at the request of the Steelworkers International.

Francisca is survived by her husband, James Garmon, a physician's assistant at Kaiser Permanente's San Bernardino Clinic. She is also survived by her mother Virginia; Children Johnny, Troy and Anna (Sey), who is a customer service representative at Kaiser's Corona Call Center; grandchildren Dana, Kaleb and Jacob; brother, Richard; sisters Evelyn, Jeannie and Rosie; and many other relatives.

Francisca had worked for Kaiser Permanente for 18 years. Prior to becoming a grievance officer she served as an assistant grievance officer. In the year 2000, Fran became vice president of USWA Local 7600. She served as co-chair of the Legislative and Education Committee, was active in the Labor Management Partnership and was a political activist for State and Federal labor laws.

Francisca's presence, along with her efforts and hard work, will be missed tremendously by all her Brothers and Sisters of Local 7600, and indeed, all in our community, but our comforting memories of her will live on.

Francisca also served her country in the armed forces, in the Air Force from April 4, 1970, through September 11, 1970, being honorably discharged due to pregnancy; and also in the Army for two years, being honorably discharged on April 17, 1979.

Francisca made a lasting difference in her community. Our hearts go out to her family and loved ones. With God's grace we know she will have peace.

THE COST OF HIGH ENERGY
PRICES ON OUR NATION'S AGRICULTURE PRODUCERS

HON. JERRY MORAN

OF KANSAS

IN THE HOUSE OF REPRESENTATIVES

Wednesday, May 16, 2001

Mr. MORAN of Kansas. Mr. Speaker, I rise today to call attention to the energy crisis that is draining the farm economy. My district, like many rural areas across the country, has suffered greatly as a result of high energy prices. Agricultural producers in particular have been hit hard as higher diesel and natural gas prices increase fuel, irrigation energy, and fertilizer costs.