

through the full House, and through final passage. This legislation has meant more to economic growth and job development in Oklahoma than any efforts in recent history. Without Leslie Belcher Sowell's efforts, it would have been nearly impossible for me to see this legislation passed into law. Her last action in our office was making a phone call trying to get this process extended until 2009.

Leslie has always shared my goal of improving the economic conditions in rural Oklahoma, which is why she has been such a perfect fit for my staff. Leslie has been dedicated and committed to my efforts whether I was Democrat, Independent, or Republican.

I have had the privilege of watching Leslie grow in her career, seeing her marry the love of her life, taking on her most challenging and rewarding job ever—becoming a mother. Leslie is a dear friend, and I thank her for her service to the Third District, the State of Oklahoma, and the United States of America.

Leslie: I will miss you, and the Third District will miss you. May God bless you and your family. I tip my hat to you, and thank you for your loyal friendship and a job well done.

**PRESIDENT BUSH'S ENERGY
POLICY**

HON. JERRY F. COSTELLO

OF ILLINOIS

IN THE HOUSE OF REPRESENTATIVES

Friday, May 25, 2001

Mr. COSTELLO. Mr. Speaker, for months now, people in our area and all over the country have been upset with the ever-increasing cost of gasoline, and rightfully so. At a time when we are facing one of the most serious energy shortages in history I am especially interested in President Bush's plan for a national energy policy. I have strongly supported a long range energy policy for our country.

I believe the President's energy plan has many good points including a \$2 billion coal initiative and increased use of reformulated gasolines using ethanol. However, I believe his proposal can be improved upon. For example, we have the ability now, to use reformulated gasoline in a much greater capacity. In addition, Congress needs to ensure the President's new Clean Coal Power Initiative is adequately funded. Coal, which we have an abundance of in Southwestern Illinois, is an excellent alternative use of fuel. I think the President's coal initiative is a great idea that can be expanded to include incentives for new and improved clean coal technologies. We can and should use this abundant resource in an environmentally sound way. Coal usage will greatly reduce our dependence on foreign oil and avoid a band-aid approach, like drilling in the Arctic National Wildlife Refuge.

Mr. Speaker, excluding California and Hawaii, my home state of Illinois is faced with the highest gas prices in the country. Cutting gas prices now is essential! This can be done in a variety of ways: opening marginal oil wells, producing more ethanol and ensuring oil companies are not making record breaking profits from increased gas pricing.

I have also started hearing from many farmers who want to hear more about the role ethanol will play in the President's plan. I was very disappointed to learn that Vice President CHENEY does not believe alternative fuels are

a viable option right now. CHENEY stated "Years down the road alternative fuels may become a great deal more plentiful. But we are not yet in any position to stake our economy and our own way of life on that possibility." We can and should use alternative fuels now! In 2000 alone the ethanol industry expanded production by 155 million gallons and is on course to increase by an additional 400 million gallons in 2001. Each day more than 5 million gallons of ethanol are blended into about 65 million gallons of gasoline—adding critical volume to a tight gasoline market and reducing the pressure on price. Ethanol is far less expensive than MTBE—refiners could replace \$1.50 of MTBE with 50 cents of ethanol.

Mr. Speaker, I hope Congress will ensure improvements are made to the President's plan that will allow for immediate relief and assure our constituents that we will not continue the upward spiral of higher gas prices or greater dependence on foreign oil year after year.

**TRIBUTE TO PROVIDIAN
FINANCIAL CORPORATION**

HON. BARBARA LEE

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Friday, May 25, 2001

Ms. LEE. Mr. Speaker, I am extremely honored and proud to rise today to salute Providian Financial Corporation for its selection as this year's Quality Cup service industry award winner, as named by the Rochester Institute of Technology and USA Today.

On learning of Providian's selection, I felt a special sense of pride in knowing that this company is based in the Bay Area and that thousands of its employees live and work in my district.

Providian is an outstanding corporate citizen. In my own district, Providian partnered with the NFL Oakland Raiders to raise more than \$40,000 last year for a children's education center. The company's dedication to the community translates to its business practices as seen by this recognition of its high quality customer service.

Providian also deserves commendation serving people along every point of the economic spectrum. The company believes that providing access to credit helps people build better lives. And, it works hard to help people obtain and manage the credit they need.

To ensure quality service, Providian records every sales call. It has empowered its customer representatives to resolve complaints on the first call. It has put in place new systems to help customers protect their credit records with last-minute payments by phone and the Internet. With initiatives like these, Providian has made service its hallmark.

Remarkably, Providian has implemented these changes and recorded a steep drop in complaints at the same time it has dramatically increased the number of customers it serves.

I hope my colleagues in the House, and all Americans, will join me in saluting Providian for a job well done. I hope that all of corporate America will look at their example of being a good corporate citizen.

PERSONAL EXPLANATION

HON. BILL PASCARELL, JR.

OF NEW JERSEY

IN THE HOUSE OF REPRESENTATIVES

Friday, May 25, 2001

Mr. PASCARELL. Mr. Speaker, due to an error on my part, on May 23 I erroneously voted in the affirmative for the Cox amendment to H.R. 1, rollcall No. 143.

My intention was to have voted in the negative for the Cox amendment to H.R. 1, rollcall No. 143.

DETROIT'S 300TH ANNIVERSARY

HON. JOE KNOLLENBERG

OF MICHIGAN

IN THE HOUSE OF REPRESENTATIVES

Friday, May 25, 2001

Mr. KNOLLENBERG. Mr. Speaker, I rise today to congratulate the city of Detroit and its residents on the 300th anniversary of the city's founding. As the oldest city in the Midwest, Detroit is the place where Henry Ford made the automobile affordable for all people through the implementation and perfection of mass production. I want to thank Congresswoman CAROLYN KILPATRICK for introducing H. Con. Res. 80.

The city of Detroit also provided assistance for more than 40,000 individuals eagerly awaiting freedom as a stop on the Underground Railroad. Additionally, the city of Detroit has been coined the "Arsenal of Democracy", as Motor City residents bravely gave their services to our nation, contributing tremendously to the United States' victory in World War II.

With this year marking the 300th anniversary of Detroit's founding, it has grown into the tenth most populous city in the United States. Detroit has put the world on wheels, and exerts global influence in automobile manufacturing and trade. Furthermore, Detroit is an academic and cultural epicenter, and also exhibits a rich sports tradition. Many musical greats call Detroit home, and it was in this great city where the Motown Sound was born.

I wish to extend to each resident my hearty congratulations on Detroit's 300th anniversary. Their dedication and hard work makes Detroit a city to be commended on its important contributions to the economic, social, and cultural aspects of the United States.

**ANOTHER MINNESOTA MEDICAL
TECHNOLOGY SUCCESS STORY**

HON. JIM RAMSTAD

OF MINNESOTA

IN THE HOUSE OF REPRESENTATIVES

Friday, May 25, 2001

Mr. RAMSTAD. Mr. Speaker, the front page of the Wall Street Journal yesterday announced the Food and Drug Administration's approval of a break-through medical device produced by St. Jude Medical, and company located in my home state of Minnesota.

St. Jude is part of Minnesota's Medical Alley, made up of 300 medical technology companies in the Twin Cities area, which has led the innovation explosion in health care. Increasingly, new medical devices are saving

lives, improving the quality of life and reducing health care costs for Americans.

Congress can be proud of its work over the past several years to reform the FDA so Americans can get access to life-saving medical technologies. However, much more remains to be done, including reforming the way Medicare reimburses seniors for these health care technologies.

As co-chair of the House Medical Technology Caucus and a member of the Ways and Means Health Subcommittee, I encourage my colleagues to join me in promoting reforms that will make technologies like St. Jude's "sutureless" heart surgery device available to seniors and the other Americans who desperately need them.

[From the Wall Street Journal, May 24, 2001]

NEW TOOLS MAY MAKE HEART-BYPASS
SURGERY QUICKER AND LESS RISKY
(By Ron Winslow)

BERNE, SWITZERLAND.—As Thierry Carrel stands over his patient in operating room No. 1 at University Hospital here, he may be poised at the threshold of a new era in heart surgery.

For more than three decades, surgeons have used needle and thread to sew new blood vessels into patients during coronary-bypass operations, which are typically performed through a massive incision in the chest. The vessels are used to reroute blood around blockages in the arteries that feed the heart. And the procedure's success hinges largely on the surgeon's skill at stitching them into place.

But at the moment, Dr. Carrel isn't using his sewing talents. Instead, he takes a device loaded with a vein, inserts it into a small hole he has just cut in the patient's aorta and pushes a button. Click. The device, which resembles a long-handled screwdriver, releases a tiny web of wires that unfolds to form a star-shaped rivet. In less than 10 seconds, Dr. Carrel has attached the vein to the aorta mechanically. That compares with the three to five minutes it might have taken him to make the same attachment with stitches.

FOREIGN DEBUT

Dr. Carrel is one of a handful of surgeons in Europe and Canada who have used the device during the past several months on a total of about 1,000 patients. St. Jude Medical Inc., the U.S. company that makes the product, rolled it out quietly in Europe last fall, but has largely kept it under wraps. Now, that is about to change.

Today, St. Jude plans to announce that the Food and Drug Administration has approved the device for use in the U.S. That makes the St. Paul, Minn., company the early front-runner in an emerging race to equip doctors to perform "sutureless" bypass surgery. If surgeons embrace the new technology, it could transform the procedure by triggering wider use of techniques designed to make the operation easier on the patient and reduce the incidence of serious side effects.

St. Jude calls its new product the aortic connector. While it is designed to make just one type of the various critical attachments that bypass surgery requires, the company is planning to introduce a full line of connectors over the next year or two, aiming to automate the entire vessel-grafting process. The typical bypass operation involves three or four vessel grafts in which a doctor performs five to seven individual sewing procedures.

NOT GOING TO FLY ANYMORE

As the first to the market, St. Jude faces several hurdles in winning acceptance of its

device. Among them: the added cost of using it and the long-term track record of conventional heart surgery, which is impressive enough that many doctors may feel little need to meddle with it. But there also are compelling arguments for heart surgeons to adopt sutureless connectors. Leading the list is the growing push to make bypass surgery—one of medicine's most invasive operations—more patient-friendly.

"For 35 years, we've been doing by-pass surgery the same way and gotten away with it," says Hani Shennib, a heart surgeon at McGill University Health Center in Montreal. "That's not going to fly anymore. Patients really want to have the same outcome as surgery but with procedures that are a lot less invasive."

The most promising strategy along those lines is beating-heart surgery, in which the surgeon operates on the heart as it continues to pump blood. The goal is to avoid putting the patient on a heart-lung machine, or the "pump," as surgeons call it. Time on the pump, which takes over the heart's function so surgeons can operate on a still organ, has been associated with complications arising from bypasses.

A MOVING TARGET

But the beating-heart technique, which emerged in the mid-1990s, is used in only about 20% of the more than 700,000 bypass surgeries performed world-wide each year. The main reason: the painstaking work of suturing bypass vessels into place—which surgeons call "the anastomosis"—is much harder to do on a beating heart. Devices that automate the process could make beating-heart surgery much less challenging and potentially more popular.

"The only reason you put a patient on a pump is to accommodate the guy tying the knots," says St. Jude's Daniel J. Sullivan, the aortic connector's chief inventor. "We're the first ones to go after the sewing process as an issue."

In addition, proponents say, mechanical connectors could make bypass surgery safer by reducing the risk of stroke and other neurological side effects that recent studies have linked to the operation. In February, Duke University researchers reported that 42% of bypass patients suffer such problems as loss of memory, confusion and inability to pay attention for as long as five years after the surgery. About 3% of bypass patients suffer a debilitating stroke as a result of the procedure. Some doctors say a connector could help doctors avoid clamping the aorta, a step in the surgery that is believed to be a key cause of such brain damage.

Another potential benefit: consistency of surgical results. "Hand-sewn bypass grafts are irregular. Every one is a little different," says Robert Emery, a Minneapolis heart surgeon who served as a paid consultant to St. Jude in developing its device. "With this thing, every one is the same."

St. Jude isn't alone in seeing a big opportunity for such technology. Johnson & Johnson, in a venture with Bypass Inc., of Israel, has tested a "suture-less anastomotic device" in small-scale human trials. J&J says it has begun discussions with the FDA about what would be required to gain approval. Tyco International Ltd.'s U.S. Surgical unit and Abbott Laboratories' Perclose unit both are developing mechanical connectors, as are several smaller closely held companies.

"A lot of people think this is going to be a big deal in coronary surgery," says Dr. Emery.

In the U.S., St. Jude plans to sell its new device only to hospitals whose surgeons have been trained in its use. As a result, the company, which had \$1.18 billion in revenue last year, is projecting to sell only a few million

dollars worth of the connectors this year. In years ahead, St. Jude hopes the devices will become a major contributor to its revenue and profit growth.

The St. Jude product includes a cutter that makes a round hole in the aorta for attaching the replacement vessel, rather than the jagged opening left by the punch that surgeons now typically use for that job. The wire rivet that the device deploys is made of a stable metal and is designed to expand slightly to fill the hole as it clamps the vessel to the aorta.

But St. Jude must persuade surgeons that the device will match or improve on the success rate of conventional bypass surgery. Death rates from the procedure are only about 3% at most hospitals. For the vast majority of patients, the surgery is an effective treatment for angina, the severe chest pain caused by blocked coronary arteries. And it could take several years to show whether mechanical vein attachments are as durable as sewn ones.

Even the product's fans say that its cost could be a deterrent, because issuers usually pay doctors and hospitals a fixed amount for bypass operations. St. Jude plans to charge between \$400 and \$450 for the single-use devices. Assuming a full line of connectors becomes available, that could add more than \$2,000 to the cost of a typical bypass operation. St. Jude says that shorter operating times and other savings will partly offset the additional cost.

A device that diminishes the value of a surgeon's suturing skills could be hard to sell to some members of a profession in which "good hands" are a hallmark of stature. "Doing the anastomosis is the essence of our specialty," says David Fullerton, chief of cardiothoracic surgery at Northwestern Memorial Hospital in Chicago. During his decade of surgical training, Dr. Fullerton says he would hone his technique during off hours by tying surgical knots in his shoelaces, and by slicing open chicken breasts and sewing them up before popping them on the grill.

"For most of us, it took so much effort to acquire these skills, we're reluctant to give them up," he adds.

That isn't to say that St. Jude's device will banish sutures from the operating room anytime soon. For one thing, the new connector is designed only for attaching saphenous veins—replacement blood vessels that are harvested from a patient's leg—and then only to attach the end of the vein upstream from the blockage being bypassed. For now, surgeons who use the device will need to stitch the other end of the vein to an artery on the heart, below the obstruction.

St. Jude is at work on a second device to make this lower, or distal, connection. That's a trickier task for the surgeon because there the diameter of the leg vein is typically much wider than the vessel it is being connected to, requiring special care to make sure the anastomosis doesn't leak. In addition, that graft, which typically can take a surgeon 10 minutes to 15 minutes to complete, often must be connected to harder-to-reach areas on the side or back of the heart.

In Berne, Dr. Carrel and his colleague Friedrich Eckstein have used St. Jude's distal connector in about 20 patients so far, with encouraging results. St. Jude says it hopes to have this second device on the market in the U.S. by mid-2002. Amount other things, it is designed to eliminate the problem of mismatched vessel diameters.

Another model the company is developing

pumping chamber. Still another version of the St. Jude is counting on the line to transform it into a major player in the cardiac-surgery market. The company has long dominated the heart-valve market, and it also sells devices that combat heart-rhythm irregularities. But in the late 1990s, its executives launched a search for new technologies that promised future growth.

That search led to St. Jude's surprise announcement a year and a half ago that it was acquiring Vascular Science Inc., a closely held Minneapolis company that developed the connector under Mr. Sullivan's leadership. St. Jude paid \$80 million for VSI and agreed to pay an additional \$20 million if the newly acquired unit met certain development goals. But though the acquisition substantially diluted its earnings, St. Jude largely kept mum about what it was buying.

"We didn't want Guidant, Medtronic, Boston Scientific and every cab driver in New York making these things," says Terry L. Shepherd, St. Jude's president and chief executive, referring to rivals in the heart-device business.

Some doctors who are impressed by the device believe it won't win broad acceptance until a distal connector is available, so that surgeons can do both ends of their grafts without sutures.

However, St. Jude believes there is a robust market for the aortic connector alone, thanks in large part to its potential for reducing neurological side effects from surgery. During conventional bypass operations, when the heart is stopped, doctors clamp off the aorta to keep blood from backing up into the heart. But in patients with clogged coronary arteries, the aorta if often diseased too. That means its lining is layered with plaque, much like a rusty pipe. When the aorta is clamped, some of this gunk can be dislodged. When the clamp is released, the debris is picked up in the blood stream and can get carried to the brain.

"You get an old guy whose vessels look like a Drano commercial, and sometimes you hear an audible crunch" when the clamp is applied says David Stump, a researcher at Wake Forest University, in Winston-Salem, N.C., who has studied the neurological side effects of heart surgery.

Material dislodged by clamps is believed to be one of the chief causes of brain-related side effects in bypass patients. In extreme cases, it can cause a major stroke, or even death. Just how serious and lasting the effects are depends on where in the brain the debris ends up, says Dr. Stump.

During beating-heart surgery, blood continues to flow through the aorta. But doctors use what they call a side-bite clamp to pinch off a portion of the vessel to stabilize the site for stitching. That, too, entails a risk of dislodging debris, and other complications. But with the connector, doctors will be able to connect vessels quickly enough to make such clamps unnecessary.

"The first and immediate impact of the St. Jude device is that you don't have to put a clamp on the aorta," says Michael Mack, a Dallas heart surgeon with no financial connection to the company. "That eliminates a potential source of stroke."

Whether that will prompt widespread use of the device is hard to gauge. Neurological problems can be caused by factors other than clamps, and St. Jude doesn't have any data as yet to demonstrate whether its device indeed cuts the risk of stroke or cognitive impairments. But with the neurological issue getting fresh attention, many doctors may not feel inclined to wait for hard data. "If you have a patient with a brain problem after an [otherwise] uncomplicated operation, that is disastrous," says Dr. Carrel, the Swiss heart surgeon.

Five years ago, the growing Sullivan of surgeons, a small group of engineers started thinking about the connector, their goal was to develop technology for doing bypass surgery through the same type of catheters used in balloon angioplasty. In the angioplasty procedure, a balloon-tipped catheter is threaded through a small incision and into the heart, then inflated to open a blocked artery. But early on, it became clear that using sutures to attach vessel grafts via catheter wouldn't work. That set off the plan to develop a mechanical connector for conventional bypass surgery.

Still, Mr. Sullivan and others believe that the new technology will lay the groundwork for their original plan, eventually enabling doctors to do bypass surgery without cracking open the patient's chest.

MEMORIAL DAY 2001

HON. BENJAMIN A. GILMAN

OF NEW YORK

IN THE HOUSE OF REPRESENTATIVES

Friday, May 25, 2001

Mr. GILMAN. Mr. Speaker, I want to take this opportunity to share some thoughts, as we gather this weekend around our congressional districts to commemorate all those who made the ultimate sacrifice for all of us in the name of liberty.

It is appropriate that we take time out of our busy lives to remember all those whose fates are still unknown, and to thank all those who continue to carry our Nation's torch of freedom on the battlefield, on the seas, and in the air, throughout the world, so that we in America may continue to enjoy the full fruits of our liberties . . .

Memorial Day is a time for all Americans to honor our fallen heroes, our Veterans and our dedicated service men and women who are serving in peacekeeping missions in troubled areas throughout the world.

On Memorial Day, I will be participating in numerous Veterans observances throughout my 20th Congressional District, including the Castle Point VA Hospital, the American Legion Post #199 Memorial Day Parade; and the Memorial Day Parade at the Village of Florida by Post #1250.

Other events include the dedication of the Frederic Malek Tennis Courts at the U.S. Military Academy at West Point. Frederic Malek, a West Point graduate, 1959, served as an airborne ranger attached to the Special Forces in Vietnam. Mr. Malek continued to serve his country in key roles for three presidents as Deputy Under Secretary of the Department of Health, Education and Welfare, as Deputy Director of the Office of Management and Budget and as Director of the 1990 Summit of Major Industrialization.

Historian Barbara Tuchman stated: "War is the unfolding of miscalculations . . ."

Remembering our heroes of the past, reminds us not to make any miscalculations that could lead to any future war:

Miscalculations . . . of our being perceived as being weak; of allowing our defenses to atrophy; of neglecting America's best interests; of ignoring the needs of our Veterans and those who continue to serve today.

Our 107th Congress, under the leadership of President Bush, is working to ensure that our Veterans will have the support they deserve . . .

In the FY 2002 budget there are significant increases in spending for Veterans programs, including a 16-percent increase in mandatory spending, and in new funds for the G.I. bill.

In March, the House passed H.R. 811, the Veterans Hospitals Emergency Repair Act, authorizing funds to repair the V.A.'s medical facilities, and, by a unanimous vote, the House passed the Veterans Survivor Benefits Improvements Act, expanding life insurance benefits for the spouses and children of our Veterans.

Along with our House Veterans Committee Chairman, Chris Smith, we are working to move forward with the 21st century Montgomery G.I. Bill Enhancement Act, increasing the education benefit for service members and Veterans.

Moreover, I've introduced the American Gold Star Parents Annuity Act, creating a new annuity for our gold star parents.

And finally, just this week, the House and Senate passed legislation, expediting the construction of the World War II Memorial in Washington, a fitting and long overdue tribute to our Nation's World War II Veterans.

In the words of President Teddy Roosevelt, "A man who is good enough to give his blood for his country, is good enough to be given a square deal afterwards" . . .

To our Nation's Veterans, I send my thanks and pledge to remain committed to their cause and general welfare.

In their spirit, on this Memorial Day, let us rededicate ourselves to the men and women, who worked and died together, so that our Nation may remain free and continue to stand as a beacon of liberty for the entire world.

To all our Veterans we say thank you and God bless.

THE UNITED NATIONS HUMAN RIGHTS COMMISSION: IS IT ANY LONGER WORTH SEEKING MEMBERSHIP?

HON. DOUG BEREUTER

OF NEBRASKA

IN THE HOUSE OF REPRESENTATIVES

Friday, May 25, 2001

Mr. BEREUTER. Mr. Speaker, the editorial following from the May 23, 2001 edition of the Omaha World-Herald raises very important and pertinent questions about the relevancy of the United Nations Human Rights Commission (UNHCR) upon which the United States recently lost its membership. As this member said to U.N. Secretary General Kofi Annan yesterday during his meeting with the House Committee on International Relations, the UNHCR increasingly seems to have become a haven for some countries with the worst human rights records in order to ward off criticism and further manned by other countries which are all too willing to table the consideration of resolutions concerning countries with such human rights records because their less than courageous vote may avoid the loss of export markets.

Mr. Speaker, as this member said to the Secretary General and House colleagues perhaps the major emphasis of the Congress and the United States is to demand a fundamental re-orientation of the UNHCR and to find other