

Philadelphia's famed Boathouse Row. The Delaware River channel deepening project is now in its first construction phase. We have established a pilot program for water-related "brownfields" environmental cleanup at the East Central Incinerator so that abandoned industrial sites can be cleaned for waterfront reuse and redevelopment.

Mr. Speaker, these projects would not have occurred without the persistence and passion of Mr. Callegari's diversified planning program which includes environmental restoration, beneficial use of dredged material projects and effective use of the Corps' Continuing Authorities Program to address the needs of the region. His leadership has earned him the distinctive deFleury Bronze Medal, a well-deserved honor.

I am proud to have worked with Bob in sharing a vision of maintaining and improving our waterways. As he seeks new professional challenges, I am confident that his distinguished career with the U.S. Army Corps of Engineers will benefit all citizens.

THE BAY CITY LION'S CLUB:  
KINGS OF GIVING FOR 80 YEARS

HON. JAMES A. BARCIA

OF MICHIGAN

IN THE HOUSE OF REPRESENTATIVES

Thursday, February 28, 2002

Mr. BARCIA. Mr. Speaker, I rise today to pay tribute to the Lions Club of Bay City, Michigan, as its members prepare to celebrate 80 years of outstanding community service, charitable giving and remarkable volunteer efforts.

Chartered on December 8, 1921, the Bay City Lions Club was founded by 35 civic-minded local men who were determined to expand their passion for doing good by giving back to the entire community and beyond. Today, the Bay City chapter, with 235 members, ranks as the largest Lions Club in the state of Michigan; the fifth largest in the entire United States; and, the 15th largest in the world. Under the leadership of Club President Joseph Gwizdala and all officers past and present, members have consistently lived up to their club motto. "We Serve," by actively addressing the needs of our community in large and small measures.

It is especially noteworthy that the Lions Club never uses any of the money collected from the public to defray administrative costs. Instead, they use all the money they collect to help those in need, with 75 percent of their annual budget used to help local families and individuals and 25 percent going to statewide projects.

The Lions are widely known for their mission to provide glasses and hearing aids to the needy, but the Bay City Lions Club has gone above and beyond the call of duty in that regard and in many more endeavors as well. One particularly praiseworthy example was when they purchased a glaucoma testing machine for the Bay County Health Department. The club also annually sponsors many events and activities, including a health fair, holiday celebrations for disadvantaged children, Little League teams, and a host of other projects. They also provide scholarships to students from area high schools and adult education programs.

The Bay City Lions Club serves as a shining example of community-minded selflessness by putting the needs of others ahead of personal or financial regard. The many volunteers who give their time and talents to the Lions Club have set a high standard when it comes to serving the greater community.

Mr. Speaker, I ask my colleagues to join me in applauding the Bay City Lions Club for their significant contributions and in congratulating them for 80 years of success. I am confident they will continue to make Bay City proud.

BILL TO ESTABLISH OFFICE OF  
CORRECTIONAL HEALTH

HON. TED STRICKLAND

OF OHIO

IN THE HOUSE OF REPRESENTATIVES

Thursday, February 28, 2002

Mr. STRICKLAND. Mr. Speaker, I would encourage my colleagues to support HR 2422, legislation I have introduced that would establish an Office of Correctional Health within the Department of Health and Human Services.

According to the Department of Justice (DOJ), the United States is second only to Russia among industrialized nations in incarceration rates with nearly 2 million people in jail or prison. The fuel that feeds this prison population explosion is comprised of several components. Mandatory minimum and "three-strikes" sentencing laws have resulted in longer sentences and more frequent incarcerations. A look at the changing demographics in American prisons and jails sheds light on the challenges correctional facilities face at the beginning of the 21st century.

Substance abuse poses a significant health care challenge for correctional facilities. According to DOJ, 57 percent of state prisoners and 45 percent of federal prisoners surveyed in 1997 said they had used drugs in the month before their offense. A whopping 83 percent of state prisoners and 73 percent of federal prisoners had used drugs at some time in the past. It is estimated that about three-quarters of all inmates can be characterized as being involved in alcohol or drug abuse in the time leading to their arrest.

According to an article in the Washington Post entitled, "Mentally Ill Need Care, Find Prison", it is estimated that the number of inmates with serious mental illnesses in American prisons and jails is nearly 5 times the number of mentally ill in state mental hospitals. So many of these inmates with mental health needs also have a co-occurring substance abuse problem. This high incarceration rate of the mentally ill, many of whom have substance abuse problems, poses an enormous challenge to the correctional health care system. In the first comprehensive report on mental illness in correctional facilities, the Bureau of Justice Statistics (BJS) found that 7 percent of federal inmates and 16 percent of those in state prisons or local jails or on probation said they either had a mental condition or had stayed over night in a mental hospital unit or treatment program. The highest rate of mental illness was among white females in state prisons at 29 percent. For white females age 24 or younger this level rose to almost 40 percent. When compared to other inmates, mentally ill inmates and probationers reported higher rates of prior physical and sexual

abuse. According to BJS, nearly 6 in 10 mentally ill offenders reported they were under the influence of alcohol and drugs at the time of their current offense.

The increased incarceration rate of women also presents new health care challenges to correctional facilities. According to BJS, in 1998 an estimated 950,000 women were under custody, care or control of correctional agencies. Nearly 6 in 10 women in state prisons had experienced physical or sexual abuse in the past. This statistic, coupled with the reality that 7 in 10 women under correctional sanction have minor children, points to the acute need for counseling services. Women inmates utilize health care, including sexually transmitted diseases, and the possibility of pregnancy either upon entry into the corrections system or during, women's special health care needs must be addressed in a comprehensive fashion.

The health care needs of inmates have expanded as the incarcerated population has aged. As inmates grow old in prison they succumb to the same ailments which afflict the elderly in the outside world—diabetes, heart disease and stroke. These geriatric health care needs represent another challenge to correctional agencies in providing adequate care.

In 1996, the Centers for Disease Control and Prevention's National Center for HIV, STD, and TB Prevention formed an ad hoc working group, the Cross Centers Correctional Work Group made up of health professionals from across CDC. The purpose of the group is to focus attention on the complex health needs of incarcerated men, women, and youth in the United States. I commend the work of this group and the fine efforts of CDC in addressing the very complex health issues associated with correctional facilities.

According to CDC, the prevalence of infectious disease is high among inmates. For AIDS, the prevalence is five times that of the general population. Further, inmates coming into correctional facilities are increasingly at risk for HIV infection through risk behaviors such as needle sharing and unprotected sex. Tuberculosis is another important public health issue in prisons and jails according to CDC. TB infection rates are substantially higher among inmates; estimates are anywhere from four to 17 times higher because conditions associated with TB (poverty, drug use, HIV infection, etc.) are more common in the incarcerated population than the general US population. According to CDC, even as we have decreased the number of TB cases overall, it has become a much more focused disease, with outbreaks of TB in correctional facilities starting to count as a major factor in its spread. For Hepatitis C, the prevalence among inmates is nine times higher than that of the general population.

Jails, where inmates are held awaiting trial or serve short sentences of two years or less, represent the "front lines" of correctional health care. Many inmates lacked good access to health care services before their incarceration and are therefore more likely to come to jails and prisons with chronic illnesses and infectious diseases. Rates of infectious disease are known to be higher among inmates than in the general population. This high incidence of infectious disease among inmates threatens the health and lives of thousands of dedicated corrections officers and staff members who work in prisons and jails across America.

Most inmates are released after they've served their time; without treatment, these infected inmates threaten the public health of the community upon release. Every year there are approximately 12 million inmates released into the community. We need to recognize the real opportunity for treatment and prevention services in treating the high-risk corrections population as well as the clear public health implications for the community at large.

All of these alarming statistics contribute to the need for the establishment of an Office of Correctional Health within HHS. Such an office would coordinate all correctional health programs within HHS; provide technical support to State and local correctional agencies on correctional health; cooperate with other Federal agencies carrying out correctional health programs to ensure coordination; provide outreach to State directors of correctional health and providers; and facilitate the exchange of information regarding correctional health activities.

Mr. Speaker, with a growing diverse and medically complex population in America's prisons and jails, we must ensure that inmates are provided the health care they need, that staff members operate in a safe working environment, and as a result, that public safety is enhanced.

CELEBRATING 100 YEARS OF  
JARRETT STATIONARY

**HON. HOWARD COBLE**

OF NORTH CAROLINA

IN THE HOUSE OF REPRESENTATIVES

*Thursday, February 28, 2002*

Mr. COBLE. Mr. Speaker, on Friday, March 1, 2002, one of the most respected family-owned businesses in High Point, North Carolina, will celebrate its 100th birthday. On behalf of the citizens of the Sixth District of North Carolina, we wish to congratulate Jarrett Stationary on its first century of existence.

"We don't know the exact date when Gene Jarrett started the business, but it was in February 1902," David Wall, the store's president told the High Point Enterprise. Wall, a third-generation owner and a High Point City Councilman, told the newspaper, "I figured holding the celebration on March 1 would help us cover the date properly. Ever since we got to 95 years, it seems like it's taken forever to get to 100 years, so I'm both proud and relieved that this time has finally come."

Because small businesses are the lifeblood of our economy, Mr. Wall, all of us are proud that Jarrett Stationary has succeeded for 100 years. Jarrett Stationary is the 16th oldest business entity in High Point according to the local Chamber of Commerce. Jarrett Stationary has had a rich and colorful history during its century in business.

There have only been three presidents during its 100-year existence. Gene Jarrett ran the company for approximately 45 years. Thurman Wall, Jarrett's son-in-law, served as president before his son, David, assumed the role in 1981. The company also served as a bookstore during its first 40 years before concentrating on office supplies after World War II.

It has been at its downtown North Wrenn Street location since 1929. Despite the glut of national office supply chains, and that many

other small businesses have abandoned the downtown retail core, Jarrett Stationary has stayed and thrived. The future looks equally bright for Jarrett Stationary.

In fact, the very name of the company has come up for discussion in the past. Though a Wall family member has run the business longer than a Jarrett, David Wall said there was never any real consideration to abandon the company name. "Both my father and I thought about all those years that the good name of Jarrett Stationary has been built up in this city," Wall told the High Point Enterprise. "In retail especially, if you have that, that's like money in the bank, so why change?"

We concur that Jarrett Stationary should not change. It should continue to serve the people of High Point the same way it has for 100 years. On behalf of the citizens of the Sixth District of North Carolina, we congratulate Jarrett Stationary on its centennial celebration, and we offer our best wishes for the future.

WELCOMING MEMBERS OF THE  
AMERICAN BURN ASSOCIATION

**HON. J.C. WATTS, JR.**

OF OKLAHOMA

IN THE HOUSE OF REPRESENTATIVES

*Thursday, February 28, 2002*

Mr. WATTS of Oklahoma. Mr. Speaker, I would like to take this opportunity to welcome to Washington the members of the American Burn Association ("ABA"). The ABA and its over 3,500 members devote their time and resources to promoting and supporting burn-related research, education, care, rehabilitation and prevention. The membership consists of physicians, nurses, occupational and physical therapists, researchers, social workers, firefighters and hospital burn centers.

Many of you may be surprised to learn that there are over one million burn injuries in the United States each year and over 4,500 burn deaths. There are over 700,000 emergency room visits each year for burn-related injuries and over 45,000 hospitalizations. Because burn care is so complex and highly specialized, over half of all hospitalizations are to the nation's 139 specialized burn centers.

Burn injuries are among the most painful and horrific injuries that one can suffer. Even in ordinary times, we would owe a debt of gratitude to these dedicated and highly trained professionals and their institutions for treating and saving thousands of burn victims each year. September 11th brought about an even more profound appreciation of the work done by these burn professionals.

Immediately after the two planes plunged into the World Trade Center and a third plane crashed into the Pentagon, burn center hospitals and medical personnel responded. According to the CDC, about one third of all patients hospitalized in New York after September 11th were burn victims. These victims suffered from 35–75 percent total body burns. Many were in critical condition, some dying, others facing a long road to recovery with several reconstructive surgeries required to repair the damage. Similarly, in Washington Hospital Center.

As bad as this situation was, the medical community prepared for even greater horror. The ABA immediately alerted the 139 U.S. burn centers and began an assessment of the

maximum burn bed availability for possible victims. By early afternoon on September 11th, the ABA had identified 1,500 available burn beds for potential victims and communicated specific information regarding this situation to relevant federal agencies.

The ABA also reached out to the Office of Emergency Preparedness, which manages the National Disaster Medical System ("NDMS"). NDMS is a partnership between FEMA, HHS and other federal agencies and private organizations that can provide emergency medical and support care during a disaster. Burn doctors formed Burn Specialty Teams under NDMS' auspices to ensure that all victims received the best care possible.

One story that deserves particular mention relates to the ABA's role regarding providing allograft that is critically important in burn treatment. There was simply not enough allograft available in Washington after the Pentagon attack. The Washington Hospital Center contacted a Dallas skin bank, which had 70 square feet of skin available to send to Washington. The problem was that all air transportation had been grounded. Despite these obstacles, the skin was packed in a truck and two young men drove from Dallas to Washington, arriving late afternoon on September 12th. Lives were saved as a result of this heroic effort.

We know from incidents dating back to Oklahoma City up to the World Trade Center and the Pentagon that disasters can strike at any time. If we are to respond to such disasters, we must strengthen the nation's National Disaster Medical System, including fully integrating the nation's burn centers into any disaster preparedness plans. Burn care is unique and requires a cadre of multi-disciplinary professionals to ensure a favorable outcome from these horrific injuries.

Mr. Speaker, we thank the dedicated medical professionals of the American Burn Association for what they do every day and, most especially what they did to treat the victims of September 11th.

RECOGNIZING OLYMPIC SILVER  
MEDAL WINNER LEA ANN PARSLEY

**HON. PATRICK J. TIBERI**

OF OHIO

IN THE HOUSE OF REPRESENTATIVES

*Thursday, February 28, 2002*

Mr. TIBERI. Mr. Speaker, countless Americans are proud of Olympic medalist Lea Ann Parsley, but none more so than her friends and neighbors in central Ohio.

America knows Lea Ann as the athlete who sped to a silver medal in the first-ever women's skeleton event at the Salt Lake City winter games. But her friends in central Ohio know her as much more than that. She's a full-time firefighter at the plain township fire department in Franklin County and a volunteer firefighter in her hometown of Granville. And she's completing her work at the Ohio State University on a doctorate in community health nursing.

No wonder that Granville assistant fire chief Stan Nicodem said that Lea Ann "embodies not only the ideals of the Olympics, but the ideals of volunteerism and of firefighting. This just highlights that she's a very special person."