

creative spirit and her willingness to experiment with new ideas and techniques to better foment mathematics concepts in the minds of her students. Patricia's compassion for others is exhibited by her thoughtfulness towards both students and teachers.

Ben Geesa came to the Newton School Corporation 27 years ago, after serving his country in the United States Air Force. Since technology plays a vital role in the world and the economy, Ben was instrumental in starting the first computer education classes at North Newton High School. Ben is known as the computer "guru" throughout the corporation, as he helps to troubleshoot computer problems. His peers know him as a dedicated teacher and he is a continuous source of enthusiasm for his students as well as his co-workers.

Kay Harness is a fine example of the tenets embodied by those who have dedicated their lives to educating America's youth. Kay hails from the Tri-Creek School Corporation, where she has greeted her students and colleagues with a genuine smile for over 33 years. She has been active in all aspects of the school environment and has given continued support to the Parent Teacher Organization. Kay strives to be approachable and communicates well with administrators, fellow teachers, students, and parents.

Mr. Speaker, I ask you and my distinguished colleagues to join me in commending these outstanding educators on their receipt of the 2001-2002 Crystal Apple Award. The years of hard work they have put forth in shaping the minds and futures of Northwest Indiana's young people is a true inspiration to us all.

PERSONAL EXPLANATION

HON. DOUG OSE

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Tuesday, May 14, 2002

Mr. OSE. Mr. Speaker, due to a loss in the family, during the week of May 6 through May 10 I was in California and unable to cast a vote on Rollcall votes 127 through 158. Had I been present I would have voted in the following manner:

Rollcall votes 127-133, Aye; Rollcall 134, No; Rollcalls 135 & 136, Aye; Rollcalls 137-141, No; Rollcall 142, Aye; Rollcalls 143-152, No; Rollcalls 153-156, Aye; Rollcall 157, No; Rollcall 158, Aye.

PERSONAL EXPLANATION

HON. MARK R. KENNEDY

OF MINNESOTA

IN THE HOUSE OF REPRESENTATIVES

Tuesday, May 14, 2002

Mr. KENNEDY of Minnesota. Mr. Speaker, I would like the RECORD to reflect how I would have voted on Thursday May 9, 2002 during consideration of H.R. 4546.

Rollcall 138 Motion that the Committee Rise Nay.

Rollcall 139 Motion that the Committee Rise Nay.

Rollcall 140 Motion that the Committee Rise Nay.

Rollcall 141 On Agreeing to the Amendment (Markey) Nay.

Rollcall 142 On Agreeing to the Amendment (Weldon) Yea.

Rollcall 143 On Motion that the Committee Rise Nay.

Rollcall 144 On Motion that the Committee Rise Nay.

Rollcall 145 On Agreeing to the Amendment (Tierney) Nay.

Rollcall 146 On Motion that the Committee Rise Nay.

Rollcall 147 On Motion that the Committee Rise Nay.

Rollcall 148 On Motion that the Committee Rise Nay.

Rollcall 149 On Motion that the Committee Rise Nay.

Rollcall 150 On Motion that the Committee Rise Nay.

Rollcall 151 On Motion that the Committee Rise Nay.

Rollcall 152 On Motion that the Committee Rise Nay.

Rollcall 153 On Agreeing to the Amendment (Sanchez) Nay.

Rollcall 154 On Agreeing to the Amendment (Goode) Yea.

Rollcall 155 On Agreeing to the Amendment (Paul) Yea.

Rollcall 156 On Agreeing to the Amendment (Bereuter) Yea.

Rollcall 157 On Motion to Recommit with Instructions Nay.

Rollcall 158 On Passage Yea.

INTRODUCTION OF THE MEDICARE CHRONIC KIDNEY DISEASE MANAGEMENT ACT

HON. FORTNEY PETE STARK

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Tuesday, May 14, 2002

Mr. STARK. Mr. Speaker, I rise today to introduce the Medicare Chronic Kidney Disease Management Act. My bill would expand Medicare eligibility for uninsured patients with chronic kidney disease before their condition advances to End-Stage status. The bill would provide access to healthcare and most importantly disease management and End Stage Renal Disease-prevention services (ESRD). It would improve the quality of life for those suffering from kidney disease and could provide real savings for the Medicare program by helping chronic kidney disease patients avoid or delay the costly dialysis treatments and kidney transplants associated with the end stage status of the disease.

ESRD patients are the only group eligible for Medicare enrollment due to their medical diagnosis. ESRD is characterized by a permanent loss of kidney function, which results in the need for weekly dialysis treatments to cleanse impurities from the blood. ESRD patients are subject to a 30-month waiting period following diagnosis before Medicare benefits begin, which leads to further deterioration of health prior to being able to access care under Medicare. The decline in health that occurs during this waiting period reinforces the need for disease management interventions to preserve maximum health and delay advancement of the illness. It is known that early diagnosis and treatment of kidney disease can prevent certain future complications including progression to end stage status and development of heart disease, a common outcome of kidney disease. By allowing this vulnerable population to access care during the 2 years prior to qualifying for Medicare due to an End Stage Renal Disease diagnosis, this bill wisely and appropriately addresses a critical unmet health need.

Under the Medicare Chronic Kidney Disease Management Act, uninsured, pre-ESRD chronic kidney disease patients would be eligible for full Medicare coverage and ESRD prevention services. To be eligible, a physician would need to certify a chronic kidney disease patient as likely to need dialysis or a transplant in the next two years under accepted clinical standards. Individuals eligible under the bill would pay Medicare Part B premiums. Disease management and ESRD-prevention services provided by this legislation include counseling on treatment options, the viability of a kidney transplant, disease management, and nutrition. These new services would also be available to current Medicare enrollees who become diagnosed with chronic kidney disease.

Today, more than 300,000 people receive dialysis. By 2010, it is expected that 650,000 individuals will be receiving weekly dialysis treatment. In 2001, Medicare spent \$14.4 billion to care for ESRD patients, which averages more than \$20,000 per member, which far exceeds the average 2001 Medicare expenditure for non-ESRD beneficiaries, \$6000.

The National Kidney Foundation, who has endorsed this bill, estimates that 20 million

OLDER AMERICANS MONTH

HON. FRANK A. LOBIONDO

OF NEW JERSEY

IN THE HOUSE OF REPRESENTATIVES

Tuesday, May 14, 2002

Mr. LOBIONDO. Mr. Speaker, I rise today to speak on behalf of a resolution I introduced to honor and recognize older Americans who continue to contribute valued work experience to their home communities. As you know, May is Older Americans Month, and as such it provides us with a perfect opportunity to reflect on the contributions of all of our nation's older Americans. I have been fortunate in my career to have a successful working relationship with the Experience Works organization, formerly known as Green Thumb, which has a Staffing Service office located in my Congressional district. I have seen the great work they accomplish in encouraging senior citizens to stay active and involved in their communities by continuing to work or simply by mentoring younger workers. Therefore, I have introduced a resolution, H. Res. 407, to recognize these contributions of effort and active involvement on the part of our older Americans. It is a pleasure to honor America's seniors this month for their continued interest and enthusiasm in contributing to the American workforce. I urge my distinguished colleagues to support H. Res. 407 to honor our hard working older Americans.

Rollcall 138 Motion that the Committee Rise Nay.

Rollcall 139 Motion that the Committee Rise Nay.

Rollcall 140 Motion that the Committee Rise Nay.

Americans have kidney disease. Many of these Americans do not know they suffer from this condition and therefore do not take advantage of beneficial prevention measures. In February 2002, the National Kidney Foundation called for earlier screening for kidney disease in reaction to the near doubling of the illness in the U.S. in the last decade. Their screening campaign focuses on those at high risk for developing chronic kidney disease including people with diabetes, high blood pressure, a family history of the disease, older Americans, African Americans, Asian and Pacific Islanders, American Indians, and Hispanics.

Expanded prevention services for chronic kidney disease patients are long overdue. The preventive measures in this bill will minimize the damaging impact of this chronic illness and allow Medicare to slow the growth of the ESRD population. I urge my colleagues to join me in supporting the Medicare Chronic Kidney Disease Management Act so we can make these vital improvements to the Medicare program for those who suffer from chronic kidney disease.

PERSONAL EXPLANATION

HON. LUIS V. GUTIERREZ

OF ILLINOIS

IN THE HOUSE OF REPRESENTATIVES

Tuesday, May 14, 2002

Mr. GUTIERREZ. Mr. Speaker, I was unavoidably absent from this chamber on May 7, 2002, I want the record to show that had I been present in this chamber, I would have voted "yea" on rollcall vote 127 and "yea" on rollcall vote 128. I was also unavoidably absent for a few minutes on May 9th and would like the record to show that had I been present in this chamber, I would have voted "no" on rollcall vote 139 and "no" on rollcall vote 140 and "yea" on rollcall vote 152.

IN REMEMBRANCE OF MARY ELIZABETH PARKER COLLINS

HON. JOE BACA

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Tuesday, May 14, 2002

Mr. BACA. Mr. Speaker, I rise today with regret and deep sadness to announce the passing of Inland Empire community leader and dear friend Mary Elizabeth Parker Collins who died at the age of 73 on May 6th. I first got to know Mary when I was elected to the California Assembly. Mary volunteered in my San Bernardino office as I was beginning my political career. Her enthusiasm and wisdom were an inspiration to me and all who knew her.

Mary was a great advocate of equality and humanitarianism her entire adult life. Her experience as a single mother of five children in the 60's instructed Mary on the inequalities in society and was the catalyst for her commitment to social change. She became active in the Urban League of Indianapolis, where she dedicated herself to motivating the disenfranchised. Mary was involved in a wide variety of crucial movements such as tenant strikes, community based programs for at risk teens, and voter registration and participation programs.

While continuing to seek a better life for her family, Mary moved her family west to Southern California. She spent time in Los Angeles before moving and settling in the Inland Empire. Mary continued her commitment to civil rights while in the Inland Empire, by participating in the "Gates Must Go" and "Tyisha Miller Justice" campaigns. She then served as President of the Fontana/Rialto NAACP, where she fought to reinstate the jobs of countless people of color who had been arbitrarily laid off. Mary also spearheaded the establishment of a Police Review Board in Rialto, which helped reduce the number of civilian shootings by Police and led the way for the first Black Police Chief of Rialto.

Mary had a clear political gift, and she later served as President of the Inland Empire Democratic Club. She was not afraid of hard work and contributed greatly in my office by volunteering during my years as a newly elected California Assembly Member.

Mary is survived by her only son, Stephan Collins, four daughters, Karen Collins Lewis, Remelle Lumpkins, Terry Hunter and Carolyn Gullex, 15 grandchildren and 9 great grand children.

Mary has left behind a wonderful legacy of social justice and community activism. She will be missed by family and friends alike. Mary touched us all with her kind deeds and leadership in our community. Barbara and I extend our deepest condolences to her family and may God bestow his comfort upon them at this time.

DAM SAFETY AND SECURITY ACT

HON. BILL SHUSTER

OF PENNSYLVANIA

IN THE HOUSE OF REPRESENTATIVES

Tuesday, May 14, 2002

Mr. SHUSTER. Mr. Speaker, I rise today to introduce legislation that will prevent us from repeating the past. Specifically, the National Dam Safety and Security Act reauthorizes a program that has directly helped the states and protects the citizens of this great country.

Dams provide tremendous benefits including water supply for drinking, irrigation and industrial uses; flood control; hydroelectric power; recreation; and navigation. At the same time, dams also represent one of the greatest risks to public safety, local and regional economies, and the environment. Historically, some of the largest disasters in the U.S. have resulted from dam failures. The 1928 St. Francis Dam failure killed more than 500. During the 1970's the Buffalo Creek, Teton and Toccoa Creek dam failures collectively cost 175 lives and more than \$1 billion in losses.

One dam failure hits a little closer to home for me. On May 31, 1889, the 72-foot high South Fork Dam above Johnstown, Pennsylvania, burst. Twenty million tons of water took its natural course, dropping 450 feet in 14 miles, at times 70 to 75 feet high and reaching speeds of 40 miles per hour. In 40 minutes, three miles of water drained into the valley below.

At 4:07 on the chilly, wet afternoon the inhabitants heard a low rumble that grew to a roar like thunder. Most never saw anything until the 36-foot wall of water, already boiling with huge chunks of debris, rolled over them at 40 miles per hour, consuming everything in

its path. Making the wave even more terrifying was the black pall of smoke and steam that hung over it—the "death mist" remembered by survivors. Almost 113 years ago to the date, more than 2,209 people lost their lives when the dam failed. In their memory, we must not let this happen again.

Unfortunately, even today many dams are not maintained properly. Dams require ongoing maintenance, monitoring, frequent safety inspections, and rehabilitation. More than 90 percent of the nation's approximately 100,000 dams are regulated by the states. Further, many dam owners, including most private dam owners who own over half of all dams, lack the resources necessary to perform dam maintenance or to make significant repairs.

In the past two years more than 520 dam incidents, including 61 dam failures, were reported to the National Performance of Dams Program. As a matter of fact, the number of high-hazard potential dams whose failure would cause loss of human life is increasing, due to development of downstream land. Today there are 9,921 high-hazard potential dams.

Even more alarming, states presently report approximately 2,100 "unsafe" dams, which have deficiencies that leave them highly susceptible to failure.

The combined effect of rapid downstream development and aging or noncompliant structures, coupled with a predicted increase in extreme events, demands fully funded and staffed State dam safety programs as well as substantial and proactive funding for dam repairs.

In an effort to ensure dam safety, Congress passed the National Dam Safety Program in 1996. Under this program, State dam safety agencies have received grants totaling \$7 million to assist them with improving dam safety regulatory programs by procuring equipment, implementing new technology, and enabling more frequent inspections. The program also provided opportunities for continuing education to dam safety engineers and funding for research to advance the technology of investigations, construction and rehabilitation of dams.

I am pleased to report that this program was successful and deserves to be continued. It is important to note that this model program sent the money directly to the States—where it was used, to educate, inform and help protect the people.

My State of Pennsylvania has been at the forefront of the nation's dam safety efforts over the last two decades and our program has been cited as a role model for other States in developing new and expanded programs. Of the three thousand two hundred dams in Pennsylvania, nine hundred and fifty are now classified as high-hazard potential structures, meaning their failure could cause loss of life or substantial damage to properties. This determination helps our State dam officials identify which dams deserve regular inspection and those that require more infrequent inspection. In conversations with the Pennsylvania State dam officials, they confirmed that they couldn't have done it without the National Dam Safety Program.

My bill reauthorizes this successful National Dam Safety and Security Act by updating and