

312—an amendment to H.R. 3010, I would have voted “yea;” for rollcall No. 313—an amendment to H.R. 3010, I would have voted “yea;” for rollcall No. 317—an amendment to H.R. 3010, I would have voted “yea;” for rollcall No. 321—final passage of H.R. 3010, I would have voted “nay.”

HONORING THE UNITED STATES
APPRENTICESHIP ASSOCIATION
HALL OF FAME RECIPIENTS

HON. PETER A. DeFAZIO

OF OREGON

IN THE HOUSE OF REPRESENTATIVES

Monday, June 27, 2005

Mr. DEFAZIO. Mr. Speaker, on the 16th day of August, 1937, Franklin D. Roosevelt signed into law the Fitzgerald Act, now known as the National Apprenticeship Act. In the CONGRESSIONAL RECORD of August 7, 1937, Representative Fitzgerald (CT) said, “this bill sets up standards by Federal cooperation with the States and through the formation of voluntary committees in the states, throwing a cloak of protection around boys and girls and setting up standards and protecting them and guaranteeing that when their time of service in a trade has expired, they will come out full-fledged mechanics”.

In 1992 the United States Apprenticeship Association initiated the U.S.A.A. Donald Grabowski Hall of Fame, honoring individuals who have served at least 25 years helping the growth and development of apprenticeship and must be at least 65 years of age.

The following names represent well over 900 years of participation in various apprenticeship trades, ranging from Bricklaying, Carpentry, Sheet Metal, Electrical, Plumbers, Ironworkers, Operating Engineers, Painters, Auto Mechanic to Machinists. The inductees are: 1992—Richard Zorabedian, Rhode Island; John Hinkson, Missouri; William Denevi, California; and Howard Kerr, New York. 1993—Louise Albrecht, Wisconsin; Charles Nye, Wisconsin; Joseph D’Aires, New Jersey; Daniel Faddis, Oregon; and John Hunt, Pennsylvania. 1994—James Garde, New York; John O’Neil, Maine; and Thomas Crosby, Oregon. 1995—Lois Gray, New York; Gerald Olejniczack, Virginia; and Jack Reihl, Wisconsin. 1996—Lawrence Carr, Jr., Maine; John Hansen, Minnesota; and Peter Marzec, New York. 1997—Robert Baumgarten, Virginia; Richard Swain, Illinois; Kenneth Pittman, Florida; and Marion Winters, Washington, DC. 1998—Joseph Calci, Massachusetts. 1999—Albert Rowbottom, Maine; and Carl Horstrup, Oregon. 2000—Edward Marks, Massachusetts; Duane Meyer, Wisconsin; and Thomas Stanek, Wisconsin. 2001—Stephen P. Yorich, Michigan; and Kenneth “Skip” Hardt, Maine. 2002—Richard Karas, Michigan. 2003—Robert Roberts, Washington. 2004—William “Bill” Fura, Montana; Neil Heisey, Montana; and Keith Ricketts, Montana. 2005—Jim Reardon, Massachusetts; and James Kubinski, Massachusetts.

GENE BICKNELL FOR THE FINAL
GENE BICKNELL GOLF CLASSIC

HON. JIM RYUN

OF KANSAS

IN THE HOUSE OF REPRESENTATIVES

Monday, June 27, 2005

Mr. RYUN of Kansas. Mr. Speaker, I rise today to recognize Gene Bicknell of Pittsburg, Kansas for his dedication to giving back to his community.

Gene has remained an active contributor to the Pittsburg community, and has greatly impacted his neighbors through his generous efforts at Pittsburg State University and the city as a whole. Gene’s devotion to charitable causes is recognized by many as truly inspirational.

The weekend of July 8, 2005 marks the fifteenth and final Gene Bicknell Charity Golf Classic, which benefits Pittsburg’s Mt. Carmel Regional Medical Center and Pittsburg State University, Gene’s alma mater. The tournament has raised over \$1.2 million since its first year, and supporters hope to raise an additional \$100,000 this summer.

I congratulate Gene on the great success of this annual function and celebrate his humanitarian passion that has touched so many lives.

RECOGNIZING THE OUTSTANDING
WORK OF DIANA JORGENSON
UPON HER RETIREMENT

HON. GEORGE MILLER

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Monday, June 27, 2005

Mr. GEORGE MILLER of California. Mr. Speaker, I rise to pay tribute to Ms. Diana Jorgenson, a friend, constant supporter and advocate for the Contra Costa community, as she retires. Diana has a long history dedicated to improving the lives of families in my district and we are all beneficiaries of her service.

Diana’s long career in mental health and disability services began after she received her Masters of Social Work from the University of California at Berkeley in 1968. From there, she went on to work in the Mental Health Agency in San Francisco and was liaison to Sonoma Development Center. She continued her work at the agency until 1971, when she moved to the Golden Gate Regional Center.

From 1973–1975 while her husband was in graduate school, Diana put her skills to work at the Family Service Agency in Honolulu, Hawaii, later returning to the Golden Gate Regional Center and serving as head of the Concord Office. It was in this role she played a major part in establishing the Regional Center of the East Bay, sharing the dream of integrating persons with developmental disabilities into the community.

By 1978, Diana had taken on the role of Manager and Acting Director of Client Services. From there she moved to the San Francisco School and facilitated services for the Visually Handicapped Program. Diana also provided services for the County Office of Education in both the Special Education Division and George Miller Center West.

The Developmental Disability Council welcomed her as a member in 1982 and for five years Diana worked simultaneously for Rich-

mond Unified School District’s as a mental health specialist and in the DD Council.

For the past ten years Diana has worked tirelessly as staff to the Development Disability Council of Contra Costa as well as the Director of the Medically Vulnerable Infant Program for Contra Costa County. Her role has been vital in the Home Visiting Strategy for First Five and the Consultation and Response Team for home visitors.

Diana has served on the Board of the Infant Development Association for twenty-five years and was at one time the State Chair. For four years she also provided training on working with young children exposed to drugs.

Mr. Speaker, Diana has made monumental contributions in the world of social work world and I am pleased to recognize her many accomplishments.

Today, I am proud to commend her for her service to the community, her dedication to those in need and her commitment to the people of Contra Costa County. In recognizing Diana’s great contributions, I would also like to wish her a happy and healthy retirement.

PERSONAL EXPLANATION

HON. DEVIN NUNES

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Monday, June 27, 2005

Mr. NUNES. Mr. Speaker, on the legislative day of Friday, June 24, 2005, I was unavoidably detained with family matters and was unable to cast a vote on rollcall vote Nos. 313–321.

INTRODUCING THE CANCER AND
TERMINAL ILLNESS PATIENT
HEALTH CARE ACT

HON. RON PAUL

OF TEXAS

IN THE HOUSE OF REPRESENTATIVES

Monday, June 27, 2005

Mr. PAUL. Mr. Speaker, I rise to help working Americans stricken with cancer or other terminal illnesses, and their families, by introducing the Cancer and Terminal Illness Patient Health Care Act. This act exempts people with terminal illnesses from the employee portion of payroll taxes while they are suffering from such illnesses or are incurring significant medical costs associated with their conditions. The Cancer and Terminal Illness Patient Health Care Act also provides a payroll deduction to any worker who is the primary caregiver for a spouse, parent, or child with a terminal illness.

When stricken with cancer or another terminal disease, many Americans struggle to pay for the treatment necessary to save, or extend, their lives. Even employees with health insurance incur costs such as for transportation to and from care centers, prescription drugs not covered by their insurance, or for child care while they are receiving treatment. Yet, the federal government continues to force these employees to pay for retirement benefits they may never live to see!

Many Americans struggle to pay the costs of treating children, a spouse, or a parent with a terminal illness. My bill also provides much

needed tax relief for those who are providing care to a loved one with a terminal disease.

As a physician who has specialized in women's health issues for decades, I know how critical it is that cancer patients and others suffering from terminal illnesses have the resources they need to combat these illnesses. The Cancer and Terminal Illness Patient Health Care Act provides a realistic way to help people suffering from cancer or other terminal illnesses receive quality health care.

It is hard to think of a more compassionate tax policy this Congress could enact than to stop taking the resources away from working Americans that could help them treat cancer, AIDS, or other terrible health problems. I hope all my colleagues will help people suffering from terminal illnesses, and their caregivers, by cosponsoring the Cancer and Terminal Illness Patient Health Care Act.

A TRIBUTE TO ALAN D. BERSIN

HON. RANDY "DUKE" CUNNINGHAM

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Monday, June 27, 2005

Mr. CUNNINGHAM. Mr. Speaker, I rise today to ask my colleagues to join me in honoring Alan Bersin, who this June will conclude his seventh year as Superintendent of San Diego City Schools. As such, he finishes his term of service as the nation's longest serving superintendent in an urban district of 100,000 or more students. He has served our community in Southern California with great distinction as United States Attorney from 1993–1998 and as the Attorney General's Southwest Border Representative from 1995 to 1998, the so-called "border czar." Superintendent Bersin has rendered distinguished public service in the course of leading the transformation of the eighth largest public school district in America.

Under Superintendent Bersin's leadership, San Diego City Schools earning the highest academic rank increased by more than a third while the number of schools in the lowest category fell from 13 to 1. Mr. Bersin also promoted and successfully inspired 78.8 percent of the electorate to support a \$1.5 billion bond to repair and renovate the physical infrastructure of the city schools. He downsized the central office to streamline operations and directed further resources to the classroom. His outreach efforts set a new standard for community participation and dialogue and helped to foster an atmosphere of mutual respect. By maintaining a relentless focus on enhanced instruction and improved student achievement, Superintendent Bersin achieved great things for public education in San Diego.

Mr. Bersin oversaw a transformation of San Diego City Schools. The district is now better able to serve its students, their families and the broader San Diego community. The credit belongs to thousands of teachers and hundreds of school and parent leaders who were galvanized and energized by Superintendent Bersin's leadership. I am also pleased to announce that Mr. Bersin's service in support of public education will continue as Governor Arnold Schwarzenegger has appointed him Secretary of Education for California and a member of the State Board of Education. His term commences on July 1, 2005. I want to offer my congratulations to Alan. He continues to

exemplify public service and public servants at their best. I know my colleagues join me in wishing every success to California's new Secretary for Education.

TRIBUTE TO DONALD RUGGERY, SR.

HON. BILL SHUSTER

OF PENNSYLVANIA

IN THE HOUSE OF REPRESENTATIVES

Monday, June 27, 2005

Mr. SHUSTER. Mr. Speaker, I rise today to honor Donald Ruggery, Sr., owner of Ruggieri Enterprises LLC of Altoona, who has been honored as the 2005 Small Business Person of the Year by the St. Francis University Small Business Development Center. The Center recognizes businesses that have participated in the University's small business outreach program whose primary goal is to educate new business owners on how to create a successful business plan as well as assist in locating proper financing for their fledgling businesses.

After serving for more than 30 years as the Regional Director for the State Job Services and Unemployment Compensation Office in Altoona, Donald Ruggery, Sr. retired from his duties to assume a responsibility as equally as altruistic. In January 1992, he founded a Spherion staffing services franchise which today has grown into a full-service staffing and human resource consulting company providing permanent and temporary employment to thousands in the area. The success of the Spherion franchise in Altoona has spawned 11 other Spherion locations throughout central and western Pennsylvania.

Today, Ruggieri Enterprises, LLC doing business as Spherion under Donald's helm, is one of the top franchisees of a publicly-traded, three billion dollar staffing and human capital consulting company.

Donald selflessly refuses to take the full credit for such achievements and insists that others beside him were responsible for accomplishing their success in finding jobs for out-of-work Pennsylvanians. Despite Donald's refusal to take full recognition, through his careful guidance and leadership, Spherion has developed from a small start-up with one Altoona office at its inception to a multiple location firm with over \$34 million in revenue in 2004 alone.

The thousands of Pennsylvanians who now have jobs due to his continued hard work would certainly join me in thanking Donald for his contributions to the community and the economy, as well as serving as an inspiration for the spirit of chivalrous virtue.

INTRODUCING THE GERIATRICIANS LOAN FORGIVENESS ACT OF 2005

HON. ROSA L. DeLAURO

OF CONNECTICUT

IN THE HOUSE OF REPRESENTATIVES

Monday, June 27, 2005

Ms. DELAURO. Mr. Speaker, as our nation's 76 million baby boomers near retirement age, the number of Americans over age 65 will double to 70 million—one-fifth of the population. Americans older than 85 represent the

fastest growing segment of this population and membership in this once exclusive demographic group is projected to grow from four million Americans today to an estimated 19 million by 2050.

Unfortunately, our health care system is ill prepared to handle the strain of this enormous senior population, largely because we have a critical shortage of geriatric physicians. Fewer than 9,000 geriatricians practice in the United States, less than half of the current need. By 2030, the shortfall of geriatricians may reach 25,000 doctors. Approximately, 2,500 psychiatrists have received added qualifications in geriatric psychiatry; yet 4,000 to 5,000 geriatric psychiatrists are needed to provide patient care.

According to estimates from the President's Commission on Mental Health, at the current rate of approximately 80 new geriatric psychiatrists graduating each year and an estimated 3 percent attrition, there will be approximately 2,640 geriatric psychiatrists by the year 2030, or one per 5,682 older adults with a psychiatric disorder.

America must plan for the burdens the baby boomers demographic shift will place on our health care system and health care providers. Our first step is ensuring the country has an adequate number of well-trained physicians who specialize in geriatrics.

Today, I am introducing legislation along with my colleague Congresswoman ILEANA ROS-LEHTINEN of Florida, that will encourage more doctors to become certified in geriatrics. The Geriatricians Loan Forgiveness Act would amend the Public Health Service Act to include each year of fellowship training in geriatric medicine or geriatric psychiatry as a year of obligated service under the National Health Corps Loan Repayment Program. Specifically it would forgive \$35,000 of education debt incurred by medical students for each year of advanced training required to obtain a certificate of added qualifications in geriatric medicine or psychiatry.

Geriatric medicine is the foundation of a comprehensive health plan for our most vulnerable seniors. Geriatrics, by focusing on assessment and care coordination, promotes preventive care and improves patients' quality of life by allowing them greater independence and eliminating unnecessary and costly trips to the hospital or institutions. A fellowship in geriatric psychiatry provides intensive training in the biological and psychological aspects of normal aging, the psychiatric impact of acute and chronic physical illness, and the biological and psycho-social aspects of the pathology of primary psychiatric disturbances of older age. Thus, these specialists are equipped to diagnose and treat these complex conditions among our frailest citizens.

Mr. Speaker, this kind of specialized care is complicated and demanding. Many doctors inclined to study and practice geriatrics are dissuaded from doing so because treating the elderly takes more time and carries financial disincentives for doctors.

Medical training takes time, and it is important that we take steps now to alleviate the shortages in geriatrics that are only going to get worse in the next ten years and beyond. This legislation is a commonsense approach and a cost-effective investment, and I hope it will receive the support of the House.