

HONORING THE 2005 WOMEN OF VISION AWARD RECIPIENTS: ROSYLN MILSTEIN MEYER AND GLORIA STEINEM

HON. ROSA L. DeLAURO

OF CONNECTICUT

IN THE HOUSE OF REPRESENTATIVES

Tuesday, April 19, 2005

Ms. DELAURO. Mr. Speaker, it is with great pleasure that I rise today to join Women's Health Research at Yale as they honor two outstanding women with their 2005 Women of Vision Award: Gloria Steinem and, my good friend, Roslyn Milstein Meyer. This recognition is a reflection of the contributions these women have made, locally and across the globe.

Author, advocate, and leader, Gloria Steinem has brought issues of concern to women to the forefront of national and international discussion. Her leadership and vision helped to create an atmosphere in which women became empowered and ensured that their voice was heard. Ms. Steinem is an individual who sparked debate and stimulated discussion. Whether it was through her books or her unparalleled activism—and whether or not you agreed with her views—women were encouraged and motivated to act. Hers is a legacy that will continue to inspire generations to come.

While there are many people with good hearts, there are few who combine that heart with a deep commitment to philanthropy and action. Roz Meyer is one of those special people. She captures the best spirit of what it is to be a community leader. She is the co-founder of Leadership, Education, and Athletics in Partnership (LEAP), a nationally recognized program supporting hundreds of young people throughout Connecticut, as well as New Haven's International Festival of Arts and Ideas, an annual celebration of art, culture, and tradition. The success of both of these programs would not have been possible without the support and commitment that Roz provided. Through her advocacy, leadership, and awe-inspiring generosity, she has left an indelible mark on our community.

Whether its impact is on the world or a community, women across the globe touch the lives of people every day. I am honored to stand today and join Women's Health Research at Yale in recognizing the outstanding achievements of Gloria Steinem and Roslyn Milstein Meyer. Through their many contributions, they are a reflection of the very spirit of the Women of Vision Award. I am delighted to extend my sincere congratulations and very best wishes to them on this very special occasion.

TRIBUTE TO DR. JEANNE PETREK

HON. NITA M. LOWEY

OF NEW YORK

IN THE HOUSE OF REPRESENTATIVES

Tuesday, April 19, 2005

Mrs. LOWEY. Mr. Speaker, I rise today to pay tribute to an exceptional woman—a devoted wife, mother, physician, and researcher—Dr. Jeanne Petrek.

Dr. Petrek, born in Youngstown, Ohio, pioneered the field of surgical oncology during a

time when very few women practiced such a demanding specialty. She received her medical degree from Chase Western Reserve in Cleveland and served on the faculty of Emory University School of Medicine in Georgia before joining the staff at Memorial Sloan-Kettering Center in 1978.

As director of the surgical program at the Evelyn H. Lauder Breast Center, Dr. Petrek became a leading expert on lymphedema and pregnancy-related breast cancer. In a field where most physicians focus on survival and the ability to extend life, Dr. Petrek chose to study how to improve the quality of life for cancer survivors, particularly after treatment. She also went on to study the links between surgery and lymphedema, which ultimately led to the development of surgical procedures that spare lymph nodes.

Dr. Petrek treated more than 4,000 women during her career in a specialty in which doctors normally handle about 400 patients. She was a true patient advocate and embodied the very best of what science and the medical profession can achieve.

Mr. Speaker, please join me in honor and recognition of Dr. Jeanne Petrek whose life will be remembered as one in which her determination to make a difference through her work was only matched by her devotion to her family. Her passing is a tremendous loss to her husband, her children, her colleagues, and her community, and she will be remembered in the hearts and minds of the thousands whose lives she touched.

TRIBUTE TO HARVEY L. STOCKWELL

HON. RICHARD W. POMBO

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Tuesday, April 19, 2005

Mr. POMBO. Mr. Speaker, I rise today to call attention to the House of Representatives the life accomplishments of a dedicated man. A man who has made a difference in so many lives that he should be recognized here today.

Harvey L. Stockwell, 87, of Garden Grove, California, was a retired U.S. Army Lieutenant Colonel with combat service in World War II, Korea and Vietnam. He died Feb. 28, 2005, of pulmonary complications at St. Joseph's Hospital in Orange, California.

Brother to Warren Stockwell, Harvey Lee "Bud" Stockwell was born in Irving Park, a suburb of Chicago, Illinois, on June 10, 1917, to Archie Lee and Anna Helen Stockwell.

He graduated from the University of Illinois in 1940 with a bachelor's degree in Geology and married Mary Lenore Lamb on August 21, 1943.

When our Nation was called into a second world war, Colonel Stockwell answered the call of duty. He started military life as an enlisted soldier in the US Army Corps of Engineers and quickly advanced to the rank of Corporal. His leadership ability earned him selection to Officer Candidate School where he was commissioned a Second Lieutenant in the Army Engineers and was sent overseas to fight, where he continued to lead.

Col. Stockwell was not a tall man in physical stature. But it was the quality of his character that defined the essence of his size. In that manner, he was a giant. A line of poetry from

Emily Dickinson defines his character well: "We never know how high we are until called upon to rise, and if our plan is true to form, our statures touch the skies."

During the 40th commemoration of the landing at Normandy in 1984, President Ronald Reagan described the character of the men who fought to preserve our freedom. In his address from France, President Reagan said, "These are the champions who helped free a continent. These are the heroes who helped win the war." Col. Stockwell was a champion and a hero. He helped make it possible for our Nation's flag to continue flying in all of its glory, long may she wave.

After World War II, he left military service for the private sector in Chicago, Illinois where he then answered our Nation's call again by reentering the service and fighting in the Korean War. This time, he stayed in uniform and was one of our Nation's first military advisors to serve in Vietnam.

Col. Stockwell was an honorable man who served our Nation faithfully in an honorable profession. He retired from the Army in 1966 at the rank of Lieutenant Colonel after 25 years of active military service, and traded one form of honorable service for another when he headed up the Junior Reserve Officer Training Corps in Long Beach, California. There, for over 15 years, he instilled in thousands of students the values that have made our Nation great, values such as selfless service, loyalty and honor. He influenced generations of young people who, without his mentoring, may not have gone to college and on to successful careers in military service and professional civilian life. They never would have known how high they could reach until he called upon them to rise, and their statures touched the skies.

One of the high schools where he taught in Long Beach—Polytechnic High School—established an annual leadership award in his name to the most-deserving member of Junior ROTC there who exemplifies good leadership, military bearing and the ability to teach subordinates basic military knowledge. The recipient receives a gold medal whose name is inscribed on a perpetual plaque displayed in the unit; May 2005 will be the 21st award of the honor.

Col. Stockwell also gave his guidance and approval for a family scholarship to be established in Phoenix, Arizona. The name of the scholarship is the Stockwell Family Leadership Award and will be awarded to the most deserving graduate of Arizona Project Challenge, which graduates two classes each year. The Arizona National Guard runs Project Challenge as an alternative to high school for at-risk youth between the ages of 16 and 18. Most of the program's graduates receive their GED certificates and go on to institutions of higher learning, and this scholarship will help some deserving young people achieve their goals. Thanks to him, the statures of even more young people will reach to touch the skies. The first award of the scholarship will be made in June 2005 in his memory, and the memories of his son Robert and his brother Warren. They, too, served our Nation faithfully in uniform during times of war and peace. Their legacy of service lives.

Col. Stockwell's health began to decline about 15 years ago. It seemed the worse his health became, the taller he stood in stature. Poor leg circulation and breathing difficulties

forced him to limit his walks from the front door to his flagpole in the front yard to continue raising the Stars and Stripes at 8 a.m., and then lower the flag at 5 p.m., a daily vigil he maintained faithfully year after year until a few weeks ago when he no longer had the strength. At that point, he retired the flag. His family has recently installed a lighting system at his home, where his wife continues to live, so Colonel Stockwell's flag may continue to fly.

Mr. Speaker, Colonel Stockwell is being laid to rest today at Arlington National Cemetery with full military honors. I ask that these comments be submitted into the CONGRESSIONAL RECORD so that they, like the flag that continues to fly in front of Colonel Stockwell's yard, may remain a permanent tribute to this great man.

CONGRATULATIONS TO WILLIAM L. MCCARRIER

HON. MELISSA A. HART

OF PENNSYLVANIA

IN THE HOUSE OF REPRESENTATIVES

Tuesday, April 19, 2005

Ms. HART. Mr. Speaker, I would like to take this opportunity to congratulate William L. McCarrier on his election to the Supreme Council of the Scottish Rite of Northern Masonic Jurisdiction of the United States of America.

William has been active in the Masonic community for almost 40 years, and has served as the commander in chief of the Scottish Rite Bodies of the Valley New Castle, and as the vice president of the New Castle Benefit Fund. William has also served as a county commissioner for Butler County, and is a trustee of the Butler County Community College.

I ask my colleagues in the United States House of Representatives to join me in honoring William McCarrier. It is an honor to represent the Fourth Congressional District of Pennsylvania and a pleasure to salute citizens such as William who make the communities that they live in truly special.

DRUG ENFORCEMENT AGENCY MUST RESTORE BALANCE BETWEEN PRESCRIPTION DRUG ABUSE AND PROVIDING PATIENT ACCESS TO NEEDED MEDICATIONS

HON. CHARLIE NORWOOD

OF GEORGIA

IN THE HOUSE OF REPRESENTATIVES

Tuesday, April 19, 2005

Mr. NORWOOD. Mr. Speaker, I think there is little doubt that our law enforcement agencies should conduct themselves, in fulfilling their founding purpose, in a manner that is consistent with their mission of serving the American people. In this light, I am submitting for the record an article by Radley Balko, a policy analyst with the Cato Institute, entitled "Bush Should Feel Doctors' Pain". The article suggests that the need to protect patients, while attempting to prevent diversion and misuse of prescription drugs is arguably out of balance.

There is no doubt that prescription drug abuse, particularly the abuse of prescription

pain medications, is a serious public health problem. I have been one of the most vocal advocates on the necessity of this body to address the abuse of prescription medication by patients, crack down on the practice of "doctor shopping" and prosecute those medical professionals that harm responsible pain management by violating their responsibility to the highest standards of their profession.

Consequently, the Drug Enforcement Agency (DEA) should absolutely take appropriate steps to stop criminals from diverting these medications and exploiting those who would abuse them. But, it must also recognize that over 30 million Americans suffer chronic pain and need access to proper pain management by legitimate medical practitioners if they are to lead normal and productive lives.

However, in its seemingly single-minded pursuit of "bad doctors," the DEA appears to be showing its lack of proper understanding, inability, or unwillingness, to strike a proper balance between these two public policy goals. I am worried that this failure is scaring responsible doctors away from prescribing legitimate patients from obtaining needed medications, causing these patients and those who love and care for them untold harm and unnecessary distress.

Congressmen WHITFIELD, PALLONE, STRICKLAND, and I have introduced H.R. 1132, a bill that would assist and encourage the States to establish a controlled substance monitoring program. These Prescription Monitoring Programs would assist physicians, pharmacists, and other healthcare professionals by providing them with prescribing information that would help them to detect abuse and diversion tactics and prevent "doctor shopping". This legislation also would permit law enforcement to review this prescribing data, but only where they certify that the requested information is related to an individual investigation involving the unlawful diversion or misuse of schedule II, III, or IV substances, and that such information will further the purpose of their investigation.

It appeared that the DEA realized it should not, indeed could not, dictate proper medical practice in the prescribing of pain medications. Last August, after working with a panel of distinguished physicians specializing in pain management, the DEA published guidelines for physicians who treat pain with opioids. These guidelines were designed to assure legitimate medical practitioners that they would not face prosecution simply because they prescribed such medications or treated a large number of patients in pain. Given the disturbing trend of doctors shying away from prescribing necessary medication due in large part to the issues discussed, the DEA should not act in a way that would further limit patients' access to needed pain management medications.

Within weeks, the DEA abruptly withdrew these guidelines without explanation in a transparent attempt to avoid jeopardizing a pending high profile prosecution. Strong objections came from the medical community and from 30 state Attorneys General. I am also including a copy of their letter sent to the DEA in which they raise their objections.

However, the DEA has not relented in its pursuit of doctors it considers to be practicing bad medicine in a field of practice that is still evolving and requires a certain latitude for the exercise of sound medical judgment. In effect, the DEA is doing the very thing it should not

do, determine what is acceptable medical practice.

The chilling effect the DEA's actions are having on physicians engaged in the legitimate practice of medicine is undeniable. Effective pain management has become all too difficult to obtain because many doctors are afraid to prescribe adequate levels of opioids for fear of investigation and prosecution. This is simply unacceptable, as a member of the healthcare community for over thirty years and a patient who has known the need for proper pain management.

Yes, the DEA should continue to work with the appropriate state and local authorities to pursue those who abuse the trust that was placed in them when they obtained a medical license. Yes, we should be cracking down on those patients who seek to circumvent and abuse the system to abuse prescription medications. But the DEA must lead the charge to restore the balance between these different but certainly not mutually exclusive public health goals. By assuring legitimate medical practitioners that they will not be investigated or prosecuted simply because they prescribe a certain kind of medication or have a successful practice, will better serve the American people, particularly those many millions who are needlessly suffering in pain.

NATIONAL ASSOCIATION OF ATTORNEYS GENERAL,

Washington, DC, January 19, 2005.

KAREN P. TANDY,

Administrator, Drug Enforcement Administration, Alexandria, VA.

DEAR Ms. TANDY: We, the undersigned Attorneys General, write to express our concern about recent DEA actions with respect to prescription pain medication policy and to request a joint meeting with you. Having consulted with your Agency about our respective views, we were surprised to learn that DEA has apparently shifted its policy regarding the balancing of legitimate prescription of pain medication with enforcement to prevent diversion, without consulting those of us with similar responsibilities in the states. We are concerned that state and federal policies are diverging with respect to the relative emphasis on ensuring the availability of prescription pain medications to those who need them.

Subsequent to DEA endorsement of the 2001 Joint Consensus Statement supporting balance between the treatment of pain and enforcement against diversion and abuse of prescription pain medications, the National Association of Attorneys General (NAAG) in 2003 adopted a Resolution Calling for a Balanced Approach to Promoting Pain Relief and Preventing Abuse of Pain Medications (copy attached). Both these documents reflected a consensus among law enforcement agencies, health care practitioners, and patient advocates that the prevention of drug abuse is an important societal goal that can and should be pursued without hindering proper patient care.

The Frequently Asked Questions and Answers for Health Care Professionals and Law Enforcement Personnel issued in 2004 appeared to be consistent with these principles, so we were surprised when they were withdrawn. The Interim Policy Statement, "Dispensing of Controlled Substances for the Treatment of Pain" which was published in the Federal Register on November 16, 2004 emphasizes enforcement, and seems likely to have a chilling effect on physicians engaged in the legitimate practice of medicine. As Attorneys General have worked to remove barriers to quality care for citizens of our states at the end of life, we have learned that