

budget cuts trim funding for arts and music education in the Milwaukee Public Schools, MYSO has created new programs that ensure everyone has the opportunity to learn about and appreciate music. Programs like Progressions and MYSO Jazz Studies bring instrumental instruction and ensemble performance to students who might otherwise never have the opportunity to play an instrument or learn to read music. Together with several other youth arts organizations, MYSO collaborated to develop the Milwaukee Youth Arts Center, creating a dedicated space for youth arts that fosters excellence and honors the creative talents of Milwaukee-area youth. This project has contributed to the revitalization of a key central city neighborhood.

For all of these good works, I am honored to commend the Milwaukee Youth Symphony Orchestra. I thank them for 50 years of exemplary leadership and teaching, and look forward to their continued efforts to provide Milwaukee's youth with outstanding arts education.

TRIBUTE TO KATHERINE ROSE MYERS

HON. JAMES E. CLYBURN

OF SORTH CAROLINA

IN THE HOUSE OF REPRESENTATIVES

Thursday, May 11, 2006

Mr. CLYBURN. Mr. Speaker, I rise today to pay tribute to a truly exemplary student and constituent as she prepares to graduate from C.A. Johnson Preparatory Academy on May 23, 2006. Not only is Katherine Rose Myers valedictorian of her high school, she is a student leader among leaders and an outstanding example for all young people.

Katherine is the daughter of Kenneth Myers, Sr. and Emma McGraw Myers of Columbia, South Carolina. She has grown up in the same home where her mother was raised. However, she made a different choice than her mother regarding her high school education. Katherine's mother helped integrate a nearby high school during the early days of desegregation. Although Katherine could have chosen to attend any high school in her school district, she chose to go to C.A. Johnson, the neighborhood school. She felt very strongly about her choice, telling the local newspaper "It's my community and it's a nurturing environment."

It is certainly an environment in which Katherine thrived. Academically, she earned a 4.93 grade point average and has been recognized as a National Achievement Finalist, Palmetto Fellow Scholar and an Academic All-Star. Outside the classroom, Katherine has been a student leader as well. Her peers elected her to serve as Student Body President, and she is on the leadership team of the Fellowship of Christian Athletes. She is a varsity member of the Lady Hornets Basketball team and the track team. During the summer of 2005, Katherine was chosen to attend the prestigious Palmetto Girls State where she was chosen by her peers to serve as Governor. To honor this significant accomplishment Columbia City Council proclaimed October 5, 2005 Katherine Myers Day and awarded her the key to the city.

Despite all of these accomplishments, Katherine still finds the time to contribute to her

community. She is the former state vice president of the L.M. Atkinson Federated Youth Club Ladies of Essence and a Senior Cadette in the Girl Scouts Council of the Congaree Area. She also sings in the W.H. Neal Youth Choir at First Nazareth Baptist Church in Columbia.

This fall, Katherine will attend Furman University in Greenville, South Carolina as the recipient of the Herman W. Lay Scholarship, and will study political science. Prior to beginning her college experience, Katherine has already been selected to be one of ten Furman incoming freshmen to study in China for three weeks in July.

Mr. Speaker, I invite you and my colleagues to join me in commending Katherine Rose Myers as a leader of tomorrow. She has demonstrated that she will be a young person to watch in the coming years, and I will certainly be following her progress.

INTRODUCTION OF THE "DEPARTMENT OF ENERGY CONTRACTOR EMPLOYEE EQUITABLE TREATMENT ACT OF 2006"

HON. GEORGE MILLER

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Thursday, May 11, 2006

Mr. GEORGE MILLER of California. Mr. Speaker, the Department of Energy, DOE, recently announced that it will no longer reimburse its contractors for the cost of providing defined benefit pensions for new employees. Beginning in March 2007, contractors will only be reimbursed for defined contribution, 401 (k)-type plans. Furthermore, DOE will only reimburse for a "market-based medical benefit plan," thus encouraging contractors who provide comprehensive medical coverage for their employees to drop or reduce that coverage. In short, the DOE's action is a direct threat to workers' retirement and health care security.

That is why I rise today to introduce legislation to put an immediate halt to this policy. At a time when even well-funded companies are choosing to terminate their pension plans and Congress is struggling to find ways to encourage employers to provide meaningful health and retirement benefits to workers, penalizing federal contractors for offering guaranteed retirement benefits and quality health insurance is hypocritical and counterproductive. This bill, "the Department of Energy Contractor Employee Equitable Treatment Act of 2006," will simply prevent DOE from using its funds to implement this wrong-headed proposal.

According to a Department press release, the purpose of the new policy is "based on sound business practices and market-based benchmarks for cost management." However, at a speech at the National Press Club in January of last year, Labor Secretary Elaine Chao claimed that "President Bush has made retirement security one of the highest priorities of his second term. A critical component of his agenda is ensuring that the defined benefit pension system is viable and that the promises made to the workers enrolled in these plans are kept." This new DOE policy, particularly after the President's effort to privatize Social Security, contradicts that statement and reveals a true agenda of undermining guaranteed retirement benefits.

The DOE rationale—that defined benefit pension plans are too volatile—is particularly ironic given the pressure the Bush Administration is pushing for a House-Senate pension conference bill to change pension law in ways that will make the cost of a pension plan higher and less predictable.

Moreover, by tying reimbursement to a "market based medical benefit plan," the DOE encourages contractors who provide comprehensive medical coverage to reduce such coverage and to further shift health care cost burdens onto employees, rather than addressing rising health care costs. The DOE directive requires all contractors to make clear that they can "unilaterally change, suspend, or terminate any medical plan, coverage or contribution at any time." It further limits the conditions under which retirees may receive retiree health benefit coverage. Encouraging the loss or reduction of health benefits of any workers or retirees, including workers and retirees serving our country at nuclear facilities, is just plain wrong.

I encourage my colleagues to join me in support of this legislation.

IN HONOR OF DR. DANIEL R. MISHELL, JR. ON THE OCCASION OF HIS 75TH BIRTHDAY

HON. XAVIER BECERRA

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Thursday, May 11, 2006

Mr. BECERRA. Mr. Speaker, it is with utmost pleasure and privilege that I rise today to pay tribute to Dr. Daniel R. Mishell, Jr., an outstanding physician and pioneer in the field of women's health. This Saturday, May 13, 2006, family, friends and admirers will gather to celebrate Dr. Mishell's 75th birthday—which occurred on May 7—and salute his many achievements as husband, father and consummate professional.

Daniel Mishell, Jr., earned his BA with great distinction in 1952 and his medical degree in 1955 from Stanford University. As a faculty member at the University of California, Los Angeles in the 1960s, Dr. Mishell's breakthrough research resulted in the first pregnancy tests in the United States not involving animals. In 1969, he joined the faculty of the University of Southern California's Keck School of Medicine. As the Lyle G. McNeile Professor in the Department of Obstetrics and Gynecology and as its chairman from 1978 to 2005, Dr. Mishell has left an indelible hand print upon this nationally recognized institution of women's health.

Throughout his career, Dr. Mishell has held several prominent national posts and consulted internationally throughout the years in the field of obstetrics and gynecology. Since 1970, he has served as editor-in-chief of Contraception, the Association of Reproductive Health Professionals' official journal. He served as president of the American Board of Obstetrics and Gynecology from 1986 to 1990 and then as its chairman from 1990 to 1994. In 2003, he was elected as a fellow ad eundem of the Royal College of Obstetricians and Gynecologists of Great Britain. Respected as an international trailblazer in his field, Dr. Mishell led the World Health Organization's only clinical research and training center for

human reproduction in the United States. Included, Dr. Mishell has received numerous awards and honors throughout the years, including the Distinguished Scientist Award from the Society of Gynecologic Investigation in 1994 and the Guttmacher lectureship of the Association of Reproductive Health Professionals in 1999.

The countless studies and research that he has conducted and guided throughout his career have placed Dr. Mishell at the forefront in the field of women's health. His studies in the late 1960's resulted in the development of many of the devices and hormonal methods used for contraception today, including the Copper IUD, Norplant and the Contraceptive Ring. He directed research that led to technologies and tools that make it easier for women to conceive. He published more than 260 scientific papers in peer review journals, co-edited 34 medical textbooks, and wrote more than 140 textbook chapters on contraception, reproductive endocrinology, and infertility. There's no doubt that you will agree with me when I say that Dr. Mishell continues to influence the field of women's health today.

Dr. Mishell regards as one of his greatest achievements having "trained over 400 residents and made sure they would provide excellent health care in the field of Ob/Gyn." Imagine that! There are over 400 residents who have had the opportunity to learn from Dr. Mishell and they continue to build on his work in the field of women's health and share his enthusiastic commitment to ensuring that all women have the healthcare they deserve. Mr. Speaker, I can make this declaration with full confidence in its accuracy because I am the fortunate spouse of one of those superbly trained obstetrician/gynecologists. Moreover, as another of America's finest physicians, Dr. Paul Brenner, professor of obstetrics and gynecology at the Keck School, points out, Dr. Mishell has been instrumental in opening the field to more female physicians. With Dr. Mishell playing a major role in the education of numerous residents, fellows and junior faculty, it is easy to see why Dr. Brenner acknowledges that "in my lifetime, I don't think there's been anyone else who's had a greater impact on the field of ob/gyn."

Mr. Speaker, as Carol, Dr. Mishell's wife of almost 45 years, their children Sandra, Daniel and Tanya, and their four grandchildren gather with family and friends to toast his 75th birthday, it is with great admiration and pride that I ask my colleagues to join me today in saluting this thoughtful human being and tireless champion of women's health.

THE PROTECTION OF UNIVERSITY GOVERNANCE ACT

HON. DAN BOREN

OF OKLAHOMA

IN THE HOUSE OF REPRESENTATIVES

Thursday, May 11, 2006

Mr. BOREN. Mr. Speaker, on May 9, 2006, I withdrew my support for H.R. 5289, the Protection of University Governance Act. I co-sponsored the legislation believing at the time that it would help schools such as Southeastern Oklahoma State University in Durant recoup costs associated with eliminating offensive mascots. Upon further inspection it is clear to me that this bill does not achieve that

goal. Rather, this bill helps those schools that refuse to change and I cannot support that effort.

Changing a mascot is a costly proposition for a public college or university. For this reason, I feel our public institutions that have voluntarily decided to no longer associate themselves with offensive mascots need whatever assistance we can provide to them. Additionally, I feel that easing the financial burden of this undertaking could also encourage other schools to follow this responsible course of action.

NATIONAL NURSES WEEK 2006

HON. RUSH D. HOLT

OF NEW JERSEY

IN THE HOUSE OF REPRESENTATIVES

Thursday, May 11, 2006

Mr. HOLT. Mr. Speaker, I rise to pay tribute to the 2.9 million nurses across the country whose vital contributions to our healthcare system are rightfully honored this week during "National Nurses Week."

The theme of National Nurses Week (NNW) 2006 is "Nurses: Strength, Commitment, Compassion." These are 3 qualities that nurses show on a daily basis in caring for patients during times of disaster and crisis, at the bedside, and through continuing education.

In my own healthcare and that provided to my family and friends, I am continually impressed by the knowledge, professionalism, and kindness that nurses demonstrate in their patient care. They are literally at the front lines of our healthcare system, and their important role deserves to be recognized. That is why I am pleased to support House Resolution 245, supporting the goals and ideals of National Nurses Week.

There are immediate challenges facing the profession of nursing, and there are concrete steps that Congress should take in order to ensure that patients can benefit from their care now and in the future. Most notably, we must take steps to address the growing shortage of nurses and the aging of the nursing workforce.

Recruitment and retention of nurses is important, as is ensuring that schools of nursing have the faculty and resources they need to teach and train students. That is why I introduced H.R. 2184, the Nursing School Capacity Act, which would authorize an Institute of Medicine (IOM) study to identify constraints encountered by schools of nursing in admitting an adequate number of nurses for our healthcare system, and develop recommendations to alleviate the constraints.

We must fully fund nurse workforce development programs through Title VIII of the Public Health Service Act. Unfortunately, as the nursing shortage has worsened, funding has remained flat. We must ensure that healthcare providers are adequately staffed with nurses, and protect nurses from mandatory overtime. We also must support the right of nurses to bargain collectively with their employer, a basic right that should be afforded to workers in all sectors of our economy.

I thank all nurses for the contributions that they make to our health and to our communities.

ENCOURAGING ALL ELIGIBLE MEDICARE BENEFICIARIES TO REVIEW AVAILABLE OPTIONS TO DETERMINE WHETHER ENROLLMENT IN A MEDICARE PRESCRIPTION DRUG PLAN BEST MEETS THEIR NEEDS FOR PRESCRIPTION DRUG COVERAGE

SPEECH OF

HON. ELIJAH E. CUMMINGS

OF MARYLAND

IN THE HOUSE OF REPRESENTATIVES

Wednesday, May 10, 2006

Mr. CUMMINGS. Mr. Speaker, I rise in support of the resolution and to call for an extension of the May 15th deadline to allow our Nation's seniors more time to enroll in the Medicare Part D Prescription Drug program.

While I support the resolution sponsored by Representative NANCY JOHNSON, I believe that seniors need more than just encouragement to enroll in Medicare Part D. They need time—time to figure out their myriad of choices under this new benefit.

Mr. Speaker, seniors do not need an extension of the arbitrary May 15th deadline because they don't know the deadline is fast approaching. They need time because the benefit is so complicated.

They need time because the prescription drug benefit is not a direct add-on to Medicare centrally administered through CMS—which is what seniors and Democrats wanted, but a labyrinth of private companies, premiums, deductibles, co-payments, formularies, and pharmacy access that varies widely from plan to plan. In fact, in most states, beneficiaries have a choice of more than 36 drug plans.

They need time because the Medicare Modernization Act passed in the wee hours of the morning by the slimmest of margins in the 108th Congress, protects the interests of big pharmaceutical companies at the expense of our seniors by not allowing the Secretary of HHS to negotiate the best price for lifesaving drugs for our seniors.

They need time because they have to figure out how much their choice will cost them and whether or not they're in or out of the doughnut hole.

They need time because a recent GAG Report indicates that 60 percent of callers to the CMS regarding this benefit were given inadequate and incomplete information.

They need time because they face a maze of options provided by private insurance and pharmaceutical companies, entities which stand to reap great profit windfall that were placed in the bill by those who received enormous benefit from these industries.

Mr. Speaker, private companies wanted to be in this business, but they didn't want to risk losing any money. So the law was specifically designed to maximize profits and ensure the participation of many private plans. That is why the choice of providers is plentiful, collective bargaining power is non-existent, and the confusion to seniors is so great. It is truly by design.

Assuring that seniors have access to a high-quality and affordable prescription drug plan has been a top priority for me and my Democratic colleagues.

When seniors tell me that they must cut their pills in half or skip meals just to pay for the medicines they need, it breaks my heart. The injustice of this incenses me.