

Chester did not fully retire until recently, instead choosing to continue to work several days a week at the Lowe's Drug Store in Maryville up until his 90th birthday.

Madam Speaker, I would like to congratulate Chester Graves on his well-deserved retirement and bring to the attention of my Colleagues and other readers of the RECORD a tribute to Chester that appeared in The Daily Times on December 14, 2009, which is reprinted below.

**MARYVILLE PHARMACIST RETIRES AFTER 60-YEAR CAREER**

(By J.J. Kindred)

After more than 60 years in the pharmaceutical business, you would think Chester Graves would have at least one negative thing that happened in his career.

Not a chance.

Graves retired last month after a career that spanned more than half of a century. Reportedly he is the longest-serving pharmacist in the State of Tennessee.

He has his wife's uncle to thank for jump-starting his career.

"He had a drug store, and he said if I would go into pharmacy, he would let me come into business with him," said Graves, who will turn 90 next month. "They opened up a new Baptist Hospital in Knoxville and he became a chief pharmacist and he sold his drug store."

A McMinn County native, Graves spent more than four years in the military, serving during World War II. He went to pharmacy school at the University of Tennessee at Memphis and worked for the former Cole Drug Store (which became Revco, then bought out by CVS).

He spent several years in Greeneville, working for Ciba, (Chemical Industries Basel) for 37 years in sales before it merged with Novartis in 1997.

He won the Tennessee Pharmacy Association's Lubin Sales Representative Award in 1984.

For 13 years, Graves worked for Lowe's Drug Store in Maryville in its nursing home division two or more days a week until his retirement.

He originally wanted to attend college to major in chemical engineering until the pharmaceutical opportunity came along.

"I didn't need to be changing (career choices) around all the time," Graves said.

He said with his work at Ciba, which is based in Switzerland, he traveled frequently with the company all over the country.

So what does Graves attribute his long career to?

"I never did drink or smoke," he said with a laugh. "The good Lord has been good to me, and (Lowe's) was exceptionally good to me. I only worked two days a week, but if somebody went on vacation and they needed me, they would call me."

Graves said the best thing about being a pharmacist was that "you help people. A lot of people come in and talk to a pharmacist before they go see a doctor. It's a good profession. What I did over (at Lowe's), they service a lot of nursing homes. We had technicians fill, orders and make stare (customers) have the right orders."

The pharmaceutical business has changed frequently over the years, Graves said.

"Pharmacists don't talk much with the patients like they used to," he said. "I didn't talk to customers much—I worked back in the back. The only people back there were the technicians and me. If there was somebody I knew I would go and talk to them."

"I would still be working if I could—I need the money," Graves added with a laugh.

He said he would miss the contact with people he worked with at Lowe's. "They are very nice people," he said.

Graves added that he would want his legacy to state that he helped a lot of people.

"I would hope that I helped a lot of them," he said. "I worked as manufacturer and worked heavily with doctors and druggists. I had a good repertoire. There would be a new drug that would come out and I would tell them what I had been told about the drug."

Steve Myers, co-owner of Lowe's, described Graves as a "professional person. He never became angry and he never met a stranger. He was just very goodhearted, he worked hard, and just a person everybody liked. The biggest thing I will miss about him is his friendship."

Now that Graves is retired, what will he do now?

"Rake leaves," he said with a laugh.

**HONORING THE MORRISTOWN CLUB OF MORRIS COUNTY, NEW JERSEY, ON ITS 125TH ANNIVERSARY**

**HON. RODNEY P. FRELINGHUYSEN**

OF NEW JERSEY

IN THE HOUSE OF REPRESENTATIVES

Thursday, January 21, 2010

Mr. FRELINGHUYSEN. Madam Speaker, I rise today to honor The Morristown Club of Morris County, New Jersey, which is celebrating its 125th Anniversary Year.

The Morristown Club was organized in December 1884, in response to an invitation sent to a list of residents who lived in the area and were deserving of a social meeting place.

From 1889 to 1929, The Morristown Club was located at 126 South Street. Members of the Club were prominent in the community and many members served in World Wars I and II. In 1928, the Club members purchased a new building at 27 Elm Street where the club still resides today.

In September 1983, the Club admitted women to membership and elected as its first women members, Congresswoman Millicent Fenwick and State Assemblywoman Josephine Margetts.

The club continues to provide luncheons and regular dinners with speakers and various programs. The Club has also made considerable investments in interior and exterior restorations in keeping with the historic character of the building and neighborhood.

Madam Speaker, I ask you and my colleagues to join me in congratulating the members of The Morristown Club as they celebrate 125 years in our community.

**EARLY DETECTION MONTH FOR BREAST CANCER**

SPEECH OF

**HON. NICK J. RAHALL II**

OF WEST VIRGINIA

IN THE HOUSE OF REPRESENTATIVES

Wednesday, January 20, 2010

Mr. RAHALL. Mr. Speaker, I strongly support designating an Early Detection Month for Breast Cancer and All Forms of Cancer (H. Con. Res. 158). As a cancer survivor myself, I stand here as proof that early detection can save lives.

While the search for a cancer cure continues, much progress has been made in the areas of prevention, detection and treatment

of cancers. However, there are still over 2 million new cases of cancer diagnosed each year.

The statistics are alarming: Breast cancer remains one of the most prevalent cancers affecting women, and prostate cancer is the second leading cause of cancer death among men. Only non-melanoma skin cancer remains more common for men and women overall. Right now, it is estimated that one in eight women will be diagnosed with breast cancer in their lifetime, and one in six men will be diagnosed with prostate cancer.

Sadly, thousands of West Virginia women faced breast cancer diagnosis in 2009 alone. Yet each year, more women survive their battle with breast cancer due to medical advances in early detection and treatment. Medical researchers, including those at Marshall University's Joan C. Edwards School of Medicine in Huntington, West Virginia, are working hard to improve those figures—but early detection remains an important key to saving lives, which is why I strongly support this effort to designate an Early Detection Month to bring attention and focus to this critical issue.

The steady decline in deaths resulting from breast cancer can be attributed to an increase in the number of women who receive mammograms and the development of powerful new drugs that successfully treat cancer.

As many of you are aware, in 2006 I was diagnosed with prostate cancer and subsequently underwent surgery. I am very thankful for all of the West Virginians who contacted me, offering their prayers and support as I prepared for my procedures, through my recovery, and up to this day. I am also truly grateful to the doctors who were able to diagnose my cancer early and—with immediate treatment, they improved my chances for survival.

Cancer screening is often quick and easy and many testing measures can be performed in a local doctor's office. So many lives can be saved and so many families spared a tragic heartache of dealing with cancer diagnosis. That is why I support H. Con. Res. 158 and the efforts to encourage early detection since the bottom line with cancer is raising awareness and early detection saves lives.

**HEALTHCARE DEBATE**

**HON. JOHN J. DUNCAN, JR.**

OF TENNESSEE

IN THE HOUSE OF REPRESENTATIVES

Thursday, January 21, 2010

Mr. DUNCAN. Madam Speaker, I hope that everyone who is concerned about the current healthcare debate will read the following two insertions that I would like to call to the attention of my colleagues and other readers of the Record.

First, this letter from Dr. Douglas MacKenzie, a surgeon from Santa Barbara, California.

Second, this article from Investor's Business Daily by Tevi Troy, a Fellow at Hudson Institute, and former Deputy Secretary of Health and Human Services, and Jeffery Anderson, a Senior Fellow in healthcare studies at Pacific Research Institute.

**HOW TO SOLVE HEALTHCARE ACCOUNTABILITY**

"Decades of data confirm the simple truth: If we want to lower health costs, we need to put consumers back in charge.

"Many people now feel like second-class citizens when they enter the doctor's office. That's because everyone in the office knows that the patient isn't really the payer—the patient doesn't hold the purse strings.

"The greater the percentage of medical costs that patients pay to their insurance company in premiums, the more insurers are in charge.

"The greater the percentage that patients instead pay directly to their doctor out-of-pocket, the patients are in charge.

"Whether it's television, computers or Lasik eye surgery, when consumers are in charge, prices stay in check. In 1970, consumers paid for 62% for all privately purchased healthcare out-of-pocket. Today, that percentage is just 26%.

"Consumers are paying less directly to doctors, but they're paying four times as much overall—to insurers or the IRS.

"Only two basic ways exist to cut costs: putting consumers in charge and letting them pursue value; putting the government in charge and letting it ration care.

"So, how do we put consumers back in charge? First, we need to reject the current bills in Congress, which would restrict consumer choice substantially. Then we need to empower consumers in three key ways:

1. End the unfair tax on the uninsured. We should give tax credits to individuals and families that are uninsured or self-insured, thereby putting them on the same ground as those with employer-sponsored insurance.

2. Make it easier for consumers to see prices.

3. Encourage consumer-driven insurance models to give consumers skin in the game.

Intel offers a plan in which it pays all insurance premiums, while its employees pay all health costs up to an annual deductible of about \$2,500 for families—with certain preventive care provided for free.

"Intel employees deposit part of their income into a health savings account tax-free, just like any income that's used to pay for insurance premiums is tax-free.

"These consumers have a stronger incentive to shop for value—as everything they spend up to \$2,500 comes from their own pockets, and everything they save is theirs to keep. Whole Foods offers a comparable plan.

"Across nearly 40 years, the costs of government-run medical care have risen far more, per patient, than the costs of privately purchased care. As consumers' opportunities and incentives to pursue value have diminished, costs have skyrocketed."

Source: Tevi Troy (2007-09 Deputy Secretary of Health and Human Services and now a Fellow at Hudson Institute) and Jeffrey Anderson (Senior Fellow in healthcare studies at Pacific Research Institute), Investor's Business Daily.

#### GOVERNMENT IS THE CAUSE OF HEALTHCARE PROBLEMS—NOT THE SOLUTION

"I would submit that we do not have a healthcare problem in this country, but we do most definitely have a government problem in this country."

"Our healthcare system is a mess, but few understand why, and most tacitly accept the notion that government can or must provide the solutions. But it needs to be recognized that government encroachment into healthcare over the decades was the key ingredient in creating the bureaucratic, inefficient morass that is our current system.

"The logical answer, once this is appreciated, is not to allow the government to fix what it broke in the first place! The answer is to strive to do everything possible toward the goal of getting government out of healthcare completely. This means less regulation, not more. This means less govern-

ment/corporate cooperation (collusion), not more. Lobbying for regulations favorable to one group over another is a toxic concept, based on the immorality of the method itself. Yes, I know that this is the 'way government works' nowadays, and I hear the arguments that we need to have a 'seat at the table,' but that doesn't make it any less wrong."

#### "HEALTHCARE IS NOT A RIGHT"

"We have gotten to the point where we are ready to hand over the last bit of control of our healthcare system to government bureaucrats. . . . Is it really so shocking to ask the question: 'Why is the government involved in my healthcare at all?' Maybe it's shocking to some state 'Healthcare is not a right.' But it's only shocking to someone with no understanding of natural law, rights versus privileges, or why a socialistic system, healthcare or otherwise, is profoundly immoral. The wealthy will always find a way to skirt such a system while the shrinking middle class pays for it, and the poor, the ones the system claims to benefit, suffer the most. . . .

#### ADVICE TO ORGANIZED DOCTORS

Recommend to your members that if they are one of the 17% of American physicians that remain members of the AMA, get out. Let's make it even clearer that the AMA doesn't represent American physicians and exists solely to feed off its lucrative CPT franchise (merely one example of corporate/government collusion which poisons the system and raises costs).

Learn what's really going on with healthcare in America. A good place to start is the Association of American Physicians and Surgeons and its special project website, [www.takebackmedicine.com](http://www.takebackmedicine.com).

Opt out of Medicare immediately. Continue to care for seniors, as most physician who have opted out do, through private contracts with reasonable fees. Refuse to be part of a corrupt and inefficient bureaucracy that threatens its physicians with draconian punishments and fines while paying them a pittance for the privilege. Imagine the signal that would send if a large organization of physicians like yours had the backbone to recommend this. It would force Reid and Pelosi to tender the idea of forced physician labor. That would likely wake up physicians, indeed the whole of the American people, to just how much power the government craves.

It is only a true free market in healthcare which will lower costs for all patients, increase availability of care, and spur innovation. Most, unfortunately, have no idea what a true free market looks like. It's not what we have now, and certainly not what is on the horizon.

Sincerely,  
DOUGLAS J. MACKENZIE, M.D., F.A.C.S.

#### HONORING THE CONTRIBUTIONS OF CATHOLIC SCHOOLS

##### SPEECH OF

#### HON. EDDIE BERNICE JOHNSON

##### OF TEXAS

##### IN THE HOUSE OF REPRESENTATIVES

*Tuesday, January 19, 2010*

Ms. EDDIE BERNICE JOHNSON of Texas. Mr. Speaker, I rise today in support of H. Res. 1008 to honor the contributions of Catholic schools.

The tradition of Catholic schools in America dates back to settlement of the new world, and through the centuries, Catholic institutions have been incredibly effective at educating

young people in the United States. Today, enrollment in Catholic institutions numbers at above 2 million students across the country with a student to teacher ratio of approximately 14 to 1. Additionally, Catholic schools graduate roughly 99 percent of their students with 97 percent of those graduates pursuing degrees at institutions of higher education.

Mr. Speaker, as we become a more interconnected and global society, the education of our young people will become increasingly important. Catholic institutions help to ensure that those same young people receive quality educations, and I ask my fellow colleagues to join me today in supporting H. Res. 1008 to honor the contributions of Catholic schools.

#### HONORING THE MARTIN LUTHER KING OBSERVANCE COMMITTEE OF MORRISTOWN, NEW JERSEY

#### HON. RODNEY P. FRELINGHUYSEN

##### OF NEW JERSEY

##### IN THE HOUSE OF REPRESENTATIVES

*Thursday, January 21, 2010*

Mr. FRELINGHUYSEN. Madam Speaker, I rise today to honor the Martin Luther King Observance Committee of Morristown, New Jersey in my congressional district, which this year is celebrating its 40th anniversary.

Since 1970, the Committee, has been dedicated to promoting the rich legacy of the life and works of the Reverend Dr. Martin Luther King, Jr. with the involvement of the Morris County community in its annual commemorative services.

The observance for 2010 marks the 25th year that Dr. King's birthday will be commemorated as a national holiday. As an expression of local unity and in recognition of this important event, the Martin Luther King Observance Committee is inviting the Morris Clergy Council to join with the committee in sponsoring services on Monday, January 18, 2010.

This year's theme "King's Dream: America, Fight Hate with Love," is the true embodiment of Dr. King's philosophy and teachings. From those individuals who spearheaded the initial celebration, the late Rachel Viola Jones and Dr. Felicia B. Jamison, the planning efforts have broadened to include members of the Morris Area Clergy Council, with representatives from all major faiths. In addition to the two founders, other volunteers who assisted in the early years included Emma L. Martin, George Dorsey, William "Jack" Harris, Reginald and Emanuella Smith, Flora Webb, Norman Jean Matthews, Woody Huff, Elizabeth Lubar, Cecelia Dowdy, Rabbi Z. David Levy, and the Rev. Charles Marks.

The core planning committee is continuing to carry on the tradition of excellence for this great program and has grown to include many dedicated volunteers. Some of those individuals include Nadine Alston, Dr. Judy L. Banks, Pastor Alfonso Sherald, Reverend Leon Sims, Minister Dr. David Hollowell, Reverend Robert C. Rogers, Deacon Henry Lee, George Loveless, Leonard Posey, James Mack, Janet Bonar, Patricia Johnson, Esq., Mae Williams, Elie Sims, Rabbi Donald Rossoff, James Vance, Minister Marian Sykes Johnson, and the Reverend Dr. Jerry M. Carter, Jr.

Madam Speaker, I am quite certain that the Martin Luther King Observance Committee will