

I also will miss hearing JOHN speak on the House floor. He always commanded attention. In fact, I've always thought that when JOHN KASICH took to the floor to speak about anything, he was sort of like road kill—you just couldn't look away. Folks are drawn to his plain but spirited manner and his refreshing candor.

Mr. Speaker, most state delegations could never fill the oratory void left after the departure of a JOHN KASICH. Of course Ohio is a little different from most states. We've been blessed with an abundance of fine orators who command the public's attention. I just hope that in the 107th Congress my good friend, JIM TRAFICANT, will step up to the plate and shed that terrible shyness he has around the C-SPAN cameras.

JOHN KASICH, I thank you for your service to our country, to our fine state of Ohio, and for your years of friendship and guidance. Ohio is losing a great legislator, but I know our state and country have not heard the last of you.

INTRODUCTION OF THE HISPANIC HEALTH ACT OF 2000

HON. CIRO D. RODRIGUEZ

OF TEXAS

IN THE HOUSE OF REPRESENTATIVES

Friday, October 27, 2000

Mr. RODRIGUEZ. Mr. Speaker, today I am pleased to introduce the Hispanic Health Act of 2000, legislation to address disparities in access to health care, research, program funding, cultural competence, and representation of Latino health care professionals. This legislation aims to reduce these disparities in three specific disease areas that particularly impact the Hispanic community: diabetes, HIV/AIDS, and mental health in the Hispanic community.

As Chair of the Congressional Hispanic Caucus Task Force on Health, I am committed to fighting the health disparities that Hispanics face in this country. Last year, I and the members of the Congressional Hispanic Caucus released a Report on Hispanic Health in the United States. The report was a direct result of testimony received from community leaders, health providers, and policy makers in a series of forums during the first ever Hispanic Health Awareness Week in September, 1999. The report summarizes the findings from the experts and outlines their recommendations to improve health care delivery to Hispanics.

Racial and ethnic minorities continue to experience serious disparities in health. The report's findings demonstrate the seriousness of the situation and the need for immediate action.

Type 2 diabetes accounts for 90 to 95 percent of diabetes cases, and it is the most common form seen in the Latino community. Among Hispanics, type 2 diabetes is twice as high compared to non-Hispanic whites. Six percent of Hispanics in the United States and Puerto Rico have been diagnosed and it is estimated that another six percent have undiagnosed diabetes. One out of every four Mexican Americans and Puerto Ricans ages 45 and older have diabetes. One out of three elderly Hispanics have diabetes. Hispanics account for 20% of new AIDS cases, but only 11% of the population. In 1997, AIDS was the third leading cause of death among Hispanics

between the ages of 25 and 44, and 10th for Hispanics of all ages. Mexican American women are more likely to report severe depression than their non-Hispanic white, or African American female peers.

Substance abuse increased among Hispanic youth at the same time that it declined for non-Hispanic white and African American youth. Those at greatest risk appear to be Hispanic girls. Hispanic girls now lead girls nationwide in rates of suicide attempt, alcohol and drug abuse, and self-reported gun possession.

The Hispanic Health Act of 2000 reflects the recommendations outlined in the Congressional Hispanic Caucus Report on Hispanic Health in the United States. One of the most important issues that this legislation addresses in data collection and research funding. If we do not address disparities in research, we are not going to develop cures that address the health disparities that exist in Hispanic and other minority communities. With a clearer understanding of what we face, we can then deliver culturally competent health services that meet the needs of these communities.

This legislation requests an annual report from the Secretary of Health and Human Services on the progress of Latino initiatives throughout the agency regarding diabetes, HIV infection, AIDS, substance abuse and mental health. This information will prove invaluable in monitoring the responsiveness of HHS to the health needs of the Hispanic community and will give us the tools to direct resources were effectively in the future.

The legislation authorizes two diabetes programs to reduce the devastating impact of this disease on Hispanic-Americans. To increase prevention activities, the bill authorizes \$100 million for the National diabetes Education Program of the Center for Disease Control. These activities include identifying and targeting geographic areas that experience a high incidence of diabetes and diabetes related deaths particularly in the Hispanic community with educational and screening programs.

In addition, this bill authorizes \$1 billion to the National Institute on Diabetes and Digestive and Kidney Diseases to implement the recommendations of its Diabetes Research Working Group. This working group's plan was developed and delivered to Congress pursuant to the Fiscal Year 2000 Appropriations Act of the Department of Health and Human Services.

On HIV and AIDS, the legislation requests a plan from the Centers for Disease Control to address the under-representation of Hispanics in Community Planning Programs. The legislation also calls for the establishment of AIDS education and training centers at eligible Hispanic Serving Institutions funded by the Health Resources and Services Administration. An emphasis shall be placed on providing culturally and linguistically appropriate training of health providers to deliver bilingual HIV treatment and education. In too many cases, the lack of appropriate information creates a barrier to prevention and treatment, costing countless lives and suffering.

In an effort to reverse the trends in Latina suicides, the legislation establishes a female adolescent suicide prevention program. The Secretary of Health and Human Services, in collaboration with other agencies, would be empowered to fund programs that meet a set

of criteria designed to ensure that best practices are implemented to combat Latina suicides. The bill authorizes \$10 million for the implementation of these prevention programs.

The Hispanic Health Act of 2000 also provides for bilingual health professional training with respect to minority health conditions. The bill authorizes \$1 million for the development of culturally competent educational materials and technical assistance in carrying out programs that use such materials. In addition, it provides an additional \$5 million for a Center for Linguistic and Cultural Competence in Health Care through the Office of Minority Health.

A cultural competence demonstration project in the legislation would provide grants to two hospitals that have a history in the Medicare program. The hospitals shall receive a \$5 million grant for five years to enable them to implement standards for culturally competent services to address the needs of any population that is 5% or more of the total population they serve. An additional \$1 million is provided for the purpose of program evaluation. The bill allows for hospitals to use disproportionate share hospital funding to pay for translators for a population that is limited English proficient and makes up 10% or more of the population they serve.

Increasing the numbers of Hispanics who join the health professions is a necessary component of any plan to reverse the historical disparities faced by the community. The Hispanic-Serving Health Professions Schools provision authorizes the Secretary of Health and Human Services to give grants to Hispanic-serving health professions schools for the purpose of carrying out programs to recruit Hispanic individuals to enroll in and graduate from the schools. More Hispanic health professionals will assist greatly in providing culturally competent and linguistically appropriate care.

Finally, the Hispanic Health Act requires the Secretary to include data on race and ethnicity in health data collected under programs carried out by the Secretary. Outcome measures will be developed to evaluate, by race and ethnicity, the performance of health care programs and projects that provide care to individuals under the Medicare and Medicaid programs.

The Hispanic Health Act of 2000 fills an important gap in research, program implementation and evaluation, training, and facilitating cultural competence in health care institutions. I ask my colleagues to join us in taking the historic steps needed to reverse the trends that have left too many behind.

BRING THEM HOME ALIVE ACT OF 2000

SPEECH OF

HON. SHEILA JACKSON-LEE

OF TEXAS

IN THE HOUSE OF REPRESENTATIVES

Tuesday, October 24, 2000

Ms. JACKSON-LEE of Texas. Mr. Speaker, I am pleased to rise in support of the "Bring Them Home Alive Act of 2000." This bill creates an extraordinary opportunity for nationals of Vietnam, Cambodia, Laos, China, and the independent states of the former Soviet Union to do a wonderful thing and be richly rewarded for it. If a national from any of these countries

personally delivers a living American Vietnam War POW/MIA into the custody of the U.S. Government, he or she will be granted United States refugee status.

I am deeply moved when I think of the grief that is being endured by so many Americans, the Americans who are living with the uncertainty of having family members who were missing in action or prisoners in Vietnam and have not been heard of since the end of the war. Certainly this bill will not help all of them. In fact it may only help a few of them. But I feel very strongly that the bill is worthwhile even if it only brings one soldier home to his family after all of these years.

I urge you to vote for the "Bring Them Home Alive Act of 2000."

TRIBUTE TO SHAFEIK MOHAMMED

HON. JOSE E. SERRANO

OF NEW YORK

IN THE HOUSE OF REPRESENTATIVES

Friday, October 27, 2000

Mr. SERRANO. Mr. Speaker, I rise today to pay tribute to Mr. Shafeik Mohammed, an outstanding individual who has devoted his life to his family and to serving the community. Mr. Mohammed retired from Phipps Community Development Corporation on September 1 and moved to California to be with his children.

Originally from Trinidad, Mr. Mohammed and his wife first came to this country in 1971 to seek medical help for their daughter who had been seriously injured in a car accident. The early years were rough: four young children, a foreign country, and few marketable skills. The whole family enrolled in school, worked, studied, and saved. His wife became a registered nurse and Shafeik, while working full time, made the Dean's List at Medger Evers College. Their daughter recovered, went to law school, and is now Assistant District Attorney in Los Angeles.

Mr. Mohammed has worked in impoverished communities in both Brooklyn and the Bronx helping residents learn skills, gain employment, and develop careers. For more than thirty years he has worked with a passion and commitment that has inspired thousands of individuals and been instrumental in lifting whole families out of poverty.

In 1996, after fifteen months of retirement, he came to work for Phipps Community Development Corporation in my congressional district and has been the guiding light behind our educational and employment services ever since. Phipps CDC is the human services affiliate of Phipps Houses, New York City's oldest and largest not-for-profit developer of affordable housing.

Mr. Speaker, I ask my colleagues to join me in wishing a happy retirement to Mr. Shafeik Mohammed.

HONORING MEREDITH J.
KHACHIGIAN

HON. LORETTA SANCHEZ

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Friday, October 27, 2000

Ms. SANCHEZ. Mr. Speaker, today I pay tribute to one of California's most remarkable women, Meredith J. Khachigian.

Ms. Khachigian has chaired the Board of Regents of the University of California (UC) for three terms. In this position she manages the leading public research university in the nation. With 97,000 employees and 167,000 students, the UC system includes nine university sites, a graduate health science campus in San Francisco, three law schools, five medical schools and five hospitals. The Regents oversee the University's \$43 billion annual budget and also manage the UC Retirement System, the largest in the United States, and a General Endowment Pool of \$5.3 billion.

Ms. Khachigian is a consultant in community and public affairs and is the former Executive Director of Vital Link-Orange, a program that matches high school students' educational backgrounds with the needs of future employers. She is currently serving as a member of the Governor's School-To-Work Advisory Council for the State of California. Additionally, she represents the University on business matters through her involvement with the Orange County Business Council's workforce preparation initiative.

She has served as President of Human Options, a shelter for battered women, and is the co-chair of the program's 20th anniversary celebration, which in 2001 will commemorate two decades of dedicated service in the field of domestic violence.

Ms. Khachigian has combined a career in public service with her dedication to the needs of others and is well-known in the United States for her achievements. She is recognized for her expertise and is regularly asked to speak on prestigious news programs. She has served as an advocate for the University in Washington, DC, meeting with legislators on issues important to the hospitals and medical schools as well as the people of California.

I ask my colleagues to please join with me in recognizing an extraordinary woman. Meredith J. Khachigian.

TRIBUTE TO LISE THIBAUT, NEWEST MEMBER OF THE WORLD COMMITTEE ON DISABILITY

HON. TOM LANTOS

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Friday, October 27, 2000

Mr. LANTOS. Mr. Speaker, I want to call to the attention of my colleagues the selection of Ms. Lise Thibault as a member of the World Committee on Disability. Ms. Thibault brings to her new position some thirty years of leadership in the disability movement in her native country, Canada.

When Lise Thibault was a teenager, she suffered a tobogganing accident that left her with a permanent disability; however, having to use a wheelchair has never slowed her down. She went on to become a wife, the mother of two, the grandmother of five, and a prominent public figure.

Mr. Speaker, Ms. Thibault taught adult education and worked for the Canadian Broadcasting Company as a host and a researcher for programs about family and community issues. She was appointed to the Quebec Ministry of Education in 1977, became director-general of the Quebec Office for Persons

with Disabilities, and Vice President of the Quebec Occupational Health and Safety Board (1987-1993). Throughout her life, she has been an active leader in the disabled community, serving as president and director general of the Quebec Bureau for the Handicapped and board member of the Canadian Red Cross.

In 1994, Lise Thibault was given the YWCA's "Woman of Merit" award for her involvement in the community. That same year, she was named "Personality of the Year" by *Chatelaine Magazine*. On January 30, 1997, she was sworn in as Quebec's 27th Lieutenant Governor by Her Majesty Queen Elizabeth II. Ms. Thibault is the first woman and the first person with a disability to hold this office.

Mr. Speaker, I invite my colleagues to join me in welcoming this extraordinary warm-hearted woman who has dedicated herself to the well-being of others, Ms. Lise Thibault, as a member of the World Committee on Disability.

IN HONOR OF JOHN "JJ" JOHNSON, RECIPIENT OF THE NEW JERSEY AFL-CIO LABOR AWARD 2000

HON. ROBERT MENENDEZ

OF NORTH JERSEY

IN THE HOUSE OF REPRESENTATIVES

Friday, October 27, 2000

Mr. MENENDEZ. Mr. Speaker, I rise today to honor John "JJ" Johnson, recipient of the New Jersey AFL-CIO Labor Award for the year 2000. The AFL-CIO Labor Award is given to extremely dedicated individuals, who have made enduring contributions to the labor movement.

John Johnson became active in the labor movement in 1960, when he organized the Peter Pan factory in East Newark, New Jersey. In 1975, Mr. Johnson co-founded Local 617 of the Service Employees International Union (SEIU), which elected him executive vice president, a position he held for 23 years.

Today, Local 617 represents approximately 3,500 employees, making it the largest public employees local of the Service Employees International Union in the State of New Jersey. Mr. Johnson's hard work and dedication have been a major factor in the growth and success of Local 617.

In 1996, Mr. Johnson was elected to the Executive Board of the Services Employees International Union, AFL-CIO, CLC, becoming the Union's first African American official to serve in that capacity. The Service Employees Union is the third largest union in the AFL-CIO, with a membership of 1.3 million.

In addition, Mr. Johnson serves as a board member of the Public Sector Division and the Political Committee of SEIU; was elected president of the SEIU New Jersey State Council; was appointed to the board of the New Jersey State AFL-CIO, CLC; and was elected president of Local 617.

Today, I ask my colleagues to join me in honoring John "JJ" Johnson for his enduring contributions to the labor movement.