during his last assignment before retiring, when he served as the Senior Adviser on the staff of the Commission on Security and Cooperation in Europe, better known to us as the Helsinki Commission.

I was Chairman of the Helsinki Commission at the time and relied heavily on his expertise in the early 1990s, when the former Soviet Union and the countries of East-Central Europe were in a state of transition and, in some cases, turmoil. With the Cold War coming to a close, it was a challenge for many foreign policy experts to understand the new world into which we were heading. David, however, had a keen sense of where things were heading, both in terms of the wonderful possibilities and of the dangerous obstacles that stood in the way. Thanks in large part to him, the Helsinki Commission played a prominent role during that period: observing the first multi-party elections countries from the Warsaw Pact held in at least four decades; organizing congressional delegations to these countries to learn firsthand what was happening; attending meetings of what is now the Organization for Security and Cooperation in Europe (OCSE) to raise concerns about human rights violations in particular; and overseeing the drafting of Commission reports which helped educate policy-makers about what needed to be done.

David Evans had a strong background in Soviet and East European affairs going back to his education at Harvard University and his tours at the U.S. embassies in Moscow, Belgrade and Warsaw. He had focused considerably on economic and trade issues, and he understood early on that the entrepreneurial spirit and free market, not the collectivism and central planning of communism, were what the people in these countries needed. He further understood that this could not happen without the development of democracy, and he became a committed human rights advocate. Indeed, the Commission's first encounters with David Evans were during OSCE negotiations on economic, scientific and environmental questions. Rather than pushing generic ''international cooperation'' in these areas, he pushed for improved human contacts through developing the tourist industry; he criticized the Soviets for taking action against scientists like Andrei Sakharov who expressed independent political views; he promoted the right of environmental activists in the Soviet Union and East-Central Europe to raise their concerns without being punished by the state.

David also had a particular expertise on Yugoslav affairs, and while the violent demise of Yugoslavia beginning in 1991 had a strong affect on all of us, it brought him a personal anguish. He spoke the language fluently, traveled there frequently with the Commission staff and worked tirelessly to make us aware of what was happening and why. He was in Sarajevo in March 1992, when the city was first surrounded by Serb militants, and got a glimpse of the nightmare that Bosnia and its capital would have to endure one month later and the more than three years thereafter.

I worked mostly with David, however, in dealing with the break-up of the Soviet Union and the emergence of new countries about which we knew little. I can remember mostly his seriousness of purpose combined with a good sense of humor. Among other things, he introduced us all to the word ''gefuffle,'' his description of a scene of chaotic confrontation where people are shouting at each other. And, as I said, he was a man of great dignity. He was, for example, generally conservative and formal in his attire. Still, he would travel to some of the muddiest, dustiest, dilapidated places in Europe without hesitation in order to carry out the Helsinki Commission's mandate.

In the five years he was with the Helsinki Commission, the staff truly appreciated his presence and sense of purpose. They could rely on him to provide the direction and judgment needed to carry out their tasks. They could also count on his support for their efforts to promote human rights when those from other branches of government or countries sought to minimize human rights in international relations. Many of the same staff are still at the Commission, and kept in touch with him in his retirement. Indeed, he continued his activism during this period, working to preserve country estates and museums throughout Russia.

Along with his wonderful family, friends, fellow foreign service officers and Commission staff, I will miss David Evans and will always remember and value his advise and presence while at the Helsinki Commission. He was, Mr. Speaker, an American who dedicated his life to representing his country and the ideals on which it is based, and I am grateful to have known him.

MINORITY HEALTH AND HEALTH DISPARITIES RESEARCH AND EDUCATION ACT OF 2000

SPEECH OF

HON. SILVESTRE REYES

OF TEXAS

IN THE HOUSE OF REPRESENTATIVES

Tuesday, October 31, 2000

Mr. REYES. Mr. Speaker, I rise today in support of S. 1880. This bill, the ''Health Care Fairness Act'' will improve the health of minority populations including Hispanics, African Americans, Native Americans, Alaska Natives and Asian-Americans. I am a cosponsor of H.R. 3250, the House companion to S. 1880. Mr. Speaker, as you know, minority communities suffer disproportionately from many health problems and have higher mortality rates than whites for many treatable health conditions. They also continue to suffer from inequities in the U.S. health care system.

The legislation that is on the House floor today will increase federal commitment to biomedical research on minority health and will improve health related data collection on minorities. This legislation will implement demonstration projects that address bias in the health care system that adversely impact minority populations and will establish pilot projects in medical schools to reduce racial and ethnic health disparities. This bill will also make grants available for the development of health care education curriculum and for continuing health education professional development. Another important aspect of this bill is that it will elevate the Office of Minority Health to a Center of Research on Minority Health at NIH. The Center will conduct and support basic and clinical research, training, the dissemination of health information, and other programs with respect to minority health.

Mr. Speaker, more needs to be done in our country to address the disparities in healthcare for minorities. The Health Care Fairness Act is a step in the right direction and I urge my colleagues to support this important piece of legislation.

THE RIGHT TO KNOW ACT OF 2000

HON. TOM A. COBURN

OF OKLAHOMA

IN THE HOUSE OF REPRESENTATIVES

Wednesday, November 1, 2000

Mr. COBURN. Mr. Speaker, a young woman visits a health clinic. She consults with a nurse, undergoes a series of tests and exams and then is sent home with a clean bill of health. She is not, however, perfectly healthy. She is infected with HIV. The clinic tested her, without her knowledge, and never told her the results. Because she was never told, she has been denied medical treatment that would have kept her healthy. Because she is never told, she unknowingly places others at risk for contracting the disease, including her husband and children. And because she is never told, her life is prematurely cut short and she dies from AIDS.

At 51 clinics across the country, the federal Centers for Disease Control and Prevention (CDC) is financing such a project. As a practicing physician, I find this to be highly unethical and appalling. In essence, government scientists have reduced men and women to bacteria in a Petri dish, disposal subjects for experimentation.

Because the CDC has failed to properly monitor the HIV epidemic with the same reliable reporting system used to track every other disease, the agency implemented these so called serosurveillance, or ''blind'', studies to determine the size and demographics of the HIV/AIDS epidemic.

The director of research at the Pediatric AIDS Foundation in California, Arthur Amman, has compared the CDC's blind testing to the notorious Tuskegee study that followed 400 black Alabama sharecroppers infected with syphilis in order to observe the disease's progression. Begun in the early 1930s, the Tuskegee 'experiment' financed by the Public Health Service, continued until 1972 despite the fact that treatment became available in the 1940s.

Likewise, the CDC's 'blind' HIV testing began in the 1980s and continues today even though medical treatment for HIV is now available.

Of those found to be HIV-positive through these government funded tests, up to 90 percent did not themselves receive an HIV test at some clinics according to the CDC's own data. That means at these locations, nine out of ten individuals that the CDC diagnosed as infected, were never told they are infected with a terminal and contagiouis disease.

The CDC rationalizes these 'bline' tests by conducting the surveys in facilities which offer counseling and voluntary HIV testing to all patients. Regardless of whether testing is or is not otherwise available, it is criminal that anyone diagnosed with a life threatening, contagious disease is not told and is instead allowed to die and infect others. It is even more despicable that those charged with protecting the public's health are running this program.

The Right to Know Act will prohibit the CDC, or any other federal agency, from conducting or supporting such an unethical practice. It will

require that whenever an HIV test is conducted using federal funds that every reasonable effort is made to find and disclose to the tested individuals the results, together with appropriate counseling. Never again should anyone ever be denied the knowledge of an HIV diagnosis or the medical care that can save their lives.

I am hopeful that Congress in the remainder of the 106th Congress will include this life saving proposal in an appropriate legislative vehicle headed to the President's desk.

COMMEMORATING THE 75TH ANNIVERSARY OF THE WILMER EYE INSTITUTE AT JOHNS HOPKINS

HON. CLIFF STEARNS

OF FLORIDA

IN THE HOUSE OF REPRESENTATIVES

Wednesday, November 1, 2000

Mr. STEARNS. Mr. Speaker, today I pay tribute to the Wilmer Eye Institute at Johns Hopkins in Baltimore, Maryland. The Institute celebrated its 75th anniversary in April of this year and is known throughout the world for its outstanding staff and exceptional care that is delivered at the facility.

The Wilmer Eye Institute has been designated as the best overall department of ophthalmology in the country. This distinction marks the fifth consecutive year that it has received this honor. This is the first year that Wilmer has been designated best in all categories by the Ophthalmology Times, which includes best overall, best research, best clinical, and best residency. The fact that it is the only department to be given such recognition by a peer survey of department chairmen and directors of residency programs across the United States makes this an even greater honor.

The Wilmer Institute has an interesting history. Back in the 1920's, Mrs. Aida Breckenridge, who suffered from glaucoma, was treated by Dr. William Holland Wilmer. To show her gratitude Mrs. Breckenridge persuaded 700 other grateful patients to build an eye hospital to honor him. Through her efforts $3.7 million was raised and the Wilmer Eye Institute was dedicated in 1929. It was the first eye hospital to combine patient care with teaching and research.

Since it was founded, the Institute has made many significant contributions throughout the years. In 1947, physicians on staff at Wilmer were responsible for writing the textbook on the subject of Nueroophthalmology and are still considered to be the authority on this subject.

I would like to mention several major achievements made by Wilmer Institute to correct diseases that impair eye sight. In 1956, scientists at Wilmer discovered that excess oxygen in incubators causes retinal damage in many premature infants. This discovery resulted in a dramatic decrease in the number of blind preemies.

Then, in 1979, the Dana Center under the auspices of Wilmer opened the first and only preventive ophthalmology center in the United States. The Center has been instrumental in saving the sight of millions of people all over the world. The Dana Center can list among its many accomplishments the following discoveries by its researchers; overexposure to ultraviolet light from the sun significantly increases the risk of developing cataracts; demonstrated the link between smoking and cataracts; found that glaucoma strikes African-Americans at five times rate of white Americans, and are developing more effective screening techniques for this disease; and the Center was also instrumental in leading to the development of the first safe drug to treat and control river blindness.

Perhaps one of the most meaningful discoveries made by its researchers occurred in 1983 when Vitamin A capsules were given to children in developing countries to prevent blindness. Another benefit of this discovery was a 30 percent drop in the death rate among these children.

The Wilmer researchers continued to make other noteworthy discoveries throughout the 1980s. In 1987, the Institute developed one of the most effective eye drops to treat the eye pressure caused by glaucoma. Cornea surgeons at Wilmer successfully used excimer laser energy to erase scars on the cornea which delayed and in some cases eliminated the need for a transplant.

These are but a few of the many, many contributions that have been made since the founding of the Wilmer Institute 75 years ago. I believe we all owe Mrs. Breckinridge our gratitude for her keen insight and tireless efforts to promote the establishment of this premiere eye institute.

Mr. Speaker, I can't speak highly enough about the Wilmer Institute which is responsible for preventing the loss of sight of millions of people around the world. It is precisely for this reason that it is regarded as the best eye hospital in the world by doctors surveyed in the U.S. News and Report. It has proven time and time again that it is on cutting edge when it comes to treatment of eye disorders. I'm not surprised the first ophthalmic genetic center in the United States was established at Wilmer.

The leading causes of blindness are cataracts, infection, diabetes, macular degeneration, and glaucoma. In the words of Dr. Morton Goldberg, Chairman of the Wilmer Eye Institute, ''My prognosis for the future of eye care and eye research is higher than it ever has been.'' This type of optimism from the number one ophthalmology institution in the country should be very comforting for every individual who has a history of eye disease in his or her family.

Many of us here in Congress have had first hand experience with being treated at the Wilmer Institute and know that it has and will continue to do an outstanding job in caring for its patients. Let me offer my congratulations and best wishes to the staff for their years of hardwork and dedication. Congratulations to the Wilmer Institute at Johns Hopkins in Baltimore, Maryland as they celebrate their 75th anniversary this year.

GENETIC ENGINEERING: A TECHNOLOGY AHEAD OF THE SCIENCE AND PUBLIC POLICY?

HON. DENNIS J. KUCINICH

OF OHIO

IN THE HOUSE OF REPRESENTATIVES

Wednesday, November 1, 2000

Mr. KUCINICH. Mr. Speaker, genetically engineered (GE) food is and should be controversial. However, one voice has tended to dominate official discourse on the subject—that of the agri-business industry. These corporations and their paid public relations spokespersons have claimed: that GE food is identical to foods bred by selective (traditional) breeding; GE food is safe; GE food is associated with good environmental practices; and GE food will cure world hunger. Federal regulators have largely left these claims unchallenged, permitting the industry to introduce GE food rapidly and widely without producing scientific evidence to back their claims.

The public is skeptical. There is a growing popular movement that is critical of GE food promises and suspicious of its industry proponents. In other countries, consumers have flatly rejected GE food, and opposition to GE food is growing in this country. I believe that GE food is an example of a radically new technology, the massive commercialization of which has out-paced science and public policy.

In this article, I wish to examine the industry's claims and scrutinize federal actions. I will then present alternatives.

IS GE FOOD JUST LIKE TRADITIONAL FOOD?

There are significant and obvious differences between the genesis of traditional food and the manufacturing of GE food. Scientists note that conventional breeders rely on processes that occur in nature (such as sexual and asexual reproduction) to develop new plants. By contrast, genetic engineers use ''gene guns'' and bacteria among other methods to forcibly insert or ''smuggle'' foreign genetic material into a plant or animal. Genetic engineers also use genetic elements such as viruses which ''turn on'' the foreign genes in the new host organism as well as genes for antibiotic resistance that mark which cells have accepted the foreign genetic material.

Conventional breeders are bound by species boundaries that allow them to transfer genetic material only between related or closely related species. By contrast, the very purpose of genetic engineering is to allow scientists to transfer genes from completely unrelated life forms, creating such concoctions as corn that exudes toxins found in soil bacteria or tobacco that glows due to the insertion into its genome or a firefly gene.

Scientists warn that genetic engineers cannot always accurately predict the outcome of their experiments. Many scientists argue that the genetic engineering process is inherently unpredictable and that genetic engineers are operating with incomplete knowledge about how genes interact with each other and with their external environment. While genetic engineers can with some precision locate and isolate a trait or gene to be inserted, they cannot control with any precision where that gene will be inserted into the host plant or how it will interact with other genes in the host plant. The new gene may disrupt the function or regulation of a plant's existing genes.

Field trials and lab research have documented the unpredictable nature of GE plants. In a 1990 study, scientists attempted to suppress the multiple colors of petunia flowers by turning off pigment genes in the plant. Researchers predicted that all the engineered flowers would be the same color. The flowers, however varied in terms of the amount of color in their flowers and in the pattern of color in individual flowers. Some flowers also changed color as the season changed.