

Shore which has great historic significance as a summer home of seven Presidents and an inspiration for, and birthplace of, many great writers, poets, artists, and musical talents.

One contemporary local poet is Frank Valentino and his fine poetry about the Jersey Shore has inspired me to tell my colleagues a little about him and about my seashore district.

For many years, my hometown of Long Branch was the choice of Presidents and Vice Presidents as a retreat for relaxation and contemplation, and occasionally, I must admit, for a little gambling.

Starting in 1869 with Ulysses S. Grant and for the next 40 years it was the summer capital for Presidents. Rutherford B. Hayes, Benjamin Harrison, and William McKinley were frequent visitors. After being critically-wounded, President James Garfield demanded to be taken to Long Branch, where he died in 1881. In spite of his short term in office, Chester Arthur found the time for visits to Long Branch. And Woodrow Wilson made a West Long Branch estate, which is now Monmouth University, a gathering place for leaders and intellectuals of his time.

Nearby Asbury Park, which is this week celebrating its 100th birthday, has its own illustrious history. This seashore town boasts author Stephen Crane as a son and has the more recent distinction as the source of inspiration for musician Bruce Springsteen. Many other entertainment greats frequented Asbury Park in the old days, including Frank Sinatra and Count Basie who performed for the thousands of summer visitors who flocked there.

While the Jersey Shore has changed over the years, it is still inspiring talents who are, in turn, rekindling pride and a great sense of history in the area.

Poet Frank Valentino grew up in Long Branch and still lives in Monmouth County. He is the author of three books of poetry and is the founder of Food for Thought Benefit Poetry Reading, an annual event which results in huge donations of food to local food banks. He also conducts many voluntary readings and poetry workshops in schools, clubs, and libraries to impart a love of poetry and local lore to our young people.

It is to applaud his good work, and to share a little of luster of the Jersey Shore, that I include two of his poems for my colleagues and others to appreciate:

THE SANDS OF LONG BRANCH

Time drifts like a sea gull in the breeze
 Years fall like waves upon the beach,
 The old stone statue of one of the seven
 Looks out to the east.
 Walking along the coast at dawn I gaze
 Out upon the horizon,
 Feet in the sand of Long Branch and the
 voices
 Of Seven Presidents echoes in the warm
 Summer wind.
 Seven Presidents have walked along the sand
 of this
 Old city by the sea,
 They stood along the shore and gazed at the
 incoming tides
 And sifted sand from the beach through their
 hands.
 Long Branch at dawn and the sun rises be-
 hind the clouds
 Thoughts of then and now hang in the pink
 blue mist,
 Sand castles are swept away and the old
 stone statue of
 One of the seven looks out to the east.

ASBURY PARK 1971

Neon lights flash like lightning

The smell of the ocean hangs heavy,
 The sand coated streets shine in the mist
 Of a hot Jersey Shore summer night.

The dancers sweat in the dark as they carve
 Their dreams on the wood of the boardwalk
 Tonight,

The guitar player's name is Springsteen
 And the music and words sound like thunder.

Another cold beer and the poets mark their
 Lines in the sand as the Gypsy lady pulls
 The curtain closed.

HEART DISEASE

HON. MARCY KAPTUR

OF OHIO

IN THE HOUSE OF REPRESENTATIVES

Tuesday, March 18, 1997

Ms. KAPTUR. Mr. Speaker, several months ago I was pleased to cosponsor a congressional briefing addressing the important health issue of heart disease. Those who attended this event had the privilege to listen to four distinguished specialists in the area of heart disease discuss the important benefits of psychological intervention in the care of patients with heart disease.

The speakers were: Dorothy W. Cantor, Psy.D., president, the American Psychological Association; Ernest H. Johnson, Ph.D., director, behavioral medicine research, Morehouse School of Medicine; Wayne M. Sotile, Ph.D., director, psychological services, cardiac rehabilitation program, Wake Forest University; and Redford B. Williams, M.D., director, Behavioral Medicine Research Center, Duke University.

Each day in America, 4,000 people suffer a heart attack—one in five before age 60. Five million Americans have coronary heart disease [CHD], and approximately 400,000 of these individuals each year suffer heart failure. Some 70 percent of the victims of an initial heart attack and 50 percent of individuals who suffer a recurrent heart attack survive. As medical treatment for heart patients improves, a growing number of heart attack survivors are younger than age 65. Nearly 2.5 million Americans have some degree of vocational disability or limitation caused by heart illness. CHD is the leading problem for which patients receive premature disability benefits.

Between 50 and 60 percent of all cardiac patients who enter the hospital experience elevated levels of depression, anxiety, and fear. Depression is one of the factors which predicts mortality from heart illness and recurrence of a heart attack. Over 50 percent of spouses and children of cardiac patients experience elevated stress, anxiety, and somatic preoccupation for up to 10 years following a loved one's heart illness. Family tensions and social isolation have been shown to be significant risk factors for recovering heart patients.

Research shows that psychological intervention leads to shorter hospital stays, reduced rehospitalization, and reduced rates of recurring heart attacks and death. In fact, as little as 30 minutes of psychological counseling per day for 5–6 days has been shown to lead to discharge from the hospital 2.5 days sooner and from the intensive care unit 1 day sooner, as well as lessening morbidity.

The Clinical Practice Guideline for Cardiac Rehabilitation recently published by the U.S. Department of Health and Human Services emphasized that education alone is not effec-

tive in helping heart patients cope. Effective intervention combines education, counseling—providing advice, support and consultation—and behavioral interventions—systematic instruction in techniques to modify health related behavior.

Unfortunately only 12 percent of formal cardiac care programs utilize consultation from a psychologist.

Summary information on the briefing follows:

INFORMATION SHEET

Each day in America, 4,000 people suffer a heart attack—one in five before age 60. Five million Americans have coronary heart disease (CHD). Of these, approximately 400,000 suffer heart failure each year in the United States. Seventy percent of victims of an initial heart attack and 50 percent of individuals who suffer a recurrent heart attack survive. As medical treatment for heart patients improves, a growing number of heart attack survivors are younger than age 65. But nearly 2.5 million Americans have some degree of vocational disability or limitation caused by heart illness and in the United States, CHD is the leading problem for which patients receive premature disability benefits.

WHY IS PSYCHOLOGICAL CARE IMPORTANT FOR HEART PATIENTS?

Immediately following heart surgery there is a window of opportunity in which to educate recovering heart patients about adaptive coping skills. The information patients are given in this time period shapes their thinking about life after heart surgery for up to five years. For instance, if patients believe they cannot have sexual relations, or cannot exercise, and are not told differently, they may hamper their recovery.

Incorporating psychological intervention into the care of recovering heart patients is important because:

Between 50 and 60 percent of all cardiac patients who enter the hospital experience elevated levels of depression, anxiety or fear.

Over 50 percent of spouses and children of cardiac patients elevate on measures of stress, anxiety and somatic preoccupation for up to ten years following a loved one's heart illness.

A significant percentage of recovering cardiopulmonary patients and their families experience frustration about feeling ill-prepared for the long-range course of rehabilitation.

Family tensions and social isolation have been shown to be significant risk factors for recovering heart patients.

Depression, social isolation and hostility predict mortality from heart illness and recurrence of a heart attack.

PSYCHOLOGICAL INTERVENTIONS MAKE A PROVEN DIFFERENCE

Research shows that:

As little as 30 minutes of psychological counseling per day for 5–6 days has been shown to lead to discharge from the hospital 2.5 days sooner and from the Intensive Care Unit one day sooner, as well as lessening morbidity.

Group therapy with recovering heart attack patients has consistently been found to improve measures of psychological well-being and lessen indicators of morbidity throughout the first three years of recovery.

Two hours of psychological counseling per week for seven weeks has been shown to reduce incidence of re-hospitalization for recovering heart attack patients by 60 percent.

Treatment of depression has been shown to reduce rates of re-occurring heart attacks and death over three years of follow-up.

A single supportive interview delivered on the evening before surgery has shown to lessen post-operative psychosis.

Brief psychological counseling prior to medical or surgical intervention has been found to produce shorter stays in the Critical Care Unit, less emotional distress, fewer arrhythmias and shorter hospital stays when compared to routine CCU care.

Three sessions of psychological counseling in two days prior to catheterization can significantly improve patient management of the stress of the procedure.

Relaxation training diminishes post-surgical incidence of delirium, medical complications and lengths of hospital stay.

EDUCATION IS NOT ENOUGH!

The Clinical Practice Guideline for Cardiac Rehabilitation recently published by the U.S. Department of Health and Human Services emphasizes that education alone is not effective in helping heart patients cope. Effective intervention combines education, counseling (providing advice, support and consultation), and behavioral interventions (systematic instruction in techniques to modify health related behaviors). Such combination treatments have been shown to: Reduce symptoms of angina in recovering CHD populations; promote stress management and overall psychological well-being in recovering cardiac populations; increase the rate of smoking cessation in recovering cardiac patients by approximately 18 percent compared to rates of spontaneous smoking cessation; significantly enhance modification of diet to lower lipids and lower body weight; lower blood pressure, when added to a comprehensive rehabilitation program.

Research has shown that education, counseling and behavioral intervention designed to encourage heart patients to adhere to therapies have been associated with: Reduction in recurrent coronary event rates; regression of atherosclerosis; reduction in cardiac and overall mortality rates.

WHAT DO PSYCHOLOGISTS DO TO HELP HEART PATIENTS?

Enhance self-management skills and self-efficacy.

Reduce psychophysiological arousal with relaxation training and biofeedback.

Alter specific behavior patterns through stress management.

Enhance social support.

Identify patients who are at high risk.

Diminish resistance to healthy lifestyles.

Develop effective conflict resolution strategies.

WHAT IS CURRENTLY BEING DONE TO HELP HEART PATIENTS COPE?

Unfortunately only 12 percent of formal cardiac care programs utilize consultation from a psychologist.

TRIBUTE TO DR. TEE S. GREER, JR.—EDUCATOR AND COMMUNITY HERO

HON. CARRIE P. MEEK

OF FLORIDA

IN THE HOUSE OF REPRESENTATIVES

Tuesday, March 18, 1997

Mrs. MEEK of Florida. Mr. Speaker, it is a distinct honor and privilege to pay tribute to one of Miami's truly great heroes, Dr. Tee S. Greer, Jr. His untimely demise from cancer last Thursday, March 13, 1997, leaves a deep void in our community.

Dr. Greer, 60, represented the best and the noblest of our community. Coming from a deeply rooted and respected family of educators, his forbears helped build the railroad that came to Miami in the late 1890's. He was

married to schoolteacher Billie Greer, the great-niece of William Brewer who succeeded the renowned Carter G. Woodson, editor of the Journal of Negro History. Graduating from Miami-Overtown's historic Booker T. Washington High School in 1954, he served as its irreplaceable student-body president. His classmates looked up to him as a natural-born leader, a gentleman, and a motivator par excellence.

A prominent member of Dade County's United Way, he also belonged to Omega Psi Phi and Sigma Pi Phi, the oldest black fraternity in the Nation. He also exercised a steady hand over Miami's King of Clubs, the Nation's premiere black civic organization, by helping the youth achieve through academic excellence and scholarships. This role has indeed turned him into a role model for generations of our Dade County youth.

A meticulous father and a firm believer in the centrality of God in his family, he mandated strict attendance at Sunday dinners for his four children, now adults—Anita Greer-Dixon, Tee Greer III, Florence, and Frederick Greer. He was wont to tell his boyhood story of how he constructed a go-cart for the annual Boy Scout race, out of the bike he used on his daily paper route. He won the race against the more expensive store-bought go-carts. The day after the race he dismantled his "chariot" and merrily went on his paper route.

His daughter Florence, who earned two master's degrees, remembered that "... our dad taught us that we may have limited resources, but we should use what God gave us to get the job done." He was a math major from Atlanta's Morehouse College and entertained dreams of becoming a mechanical engineer. He turned to teaching, however, when he found out that upon graduation from college the only job he could find in the South in the 1950's was that of a truck driver.

All in Dade County can vividly recall that in the early 1980's, he spearheaded a team from the Dade County public schools to go to Washington, DC to secure funding to help the county government deal with the influx of thousands of refugees who came to Miami from Cuba's port of Mariel.

Dr. Greer, Junior, fully lived up to his stewardship as a genuine educator. His standards for learning and achievement, both low-key and laid-back but at the same time stern and consistent, won him the accolades of the academic community, particularly the National Alliance of Black School Educators. The Alliance saw fit to create a scholarship in his name for local high-achieving students who plan to be math and science majors.

His countless successes in educating many a wayward inner city youth have become legendary. He gained the confidence of countless parents who saw in him as the no-nonsense educator, entrusting him with the future of their children and confident that they too would learn from him the tenets of scholarship and the pursuit of academic excellence under a rigorous discipline. His approach to educating the inner city youth emphasized utmost personal responsibility. In times of crises crowding the school system's agenda, his forthright guidance and counsel was one that verged on his faith in God and faith in one's ability to survive the vicissitudes of life.

Our community was deeply touched and comforted by his undaunted leadership, kindly compassion, and personal warmth. As a dea-

con at historic Mt. Zion Baptist Church in Miami's Overtown community, he preached and lived by the adage that, with God's help, the quest for personal integrity, academic excellence, and professional achievement is not beyond the reach of those who are willing to dare the impossible.

Having earned a doctorate in education, he ascended up the ranks and was appointed a two-time interim superintendent. He was passed over a couple of times in being named permanently to the helm of the Dade County public schools, the Nation's fourth largest school system. Still in all, Dr. Greer maintained his equanimity and dignity throughout this ordeal, rededicating himself to the educational well-being of the thousands of young boys and girls in the school system. In so doing he rightfully earned the deepest respect and admiration of his colleagues and the leadership of Dade County.

This is the great legacy Dr. Tee S. Greer, Jr., has bequeathed to our community. I am greatly privileged to have earned his friendship and to have been given the opportunity to live by his noble credo.

H.R. 1025, CAMPAIGN FINANCE REFORM

HON. PATSY T. MINK

OF HAWAII

IN THE HOUSE OF REPRESENTATIVES

Tuesday, March 18, 1997

Mrs. MINK of Hawaii. Mr. Speaker, I have introduced H.R. 1025 which places the same limits on the contributions made to the Democratic National Committee and the Republican National Committee as is currently in effect for contributions made to all candidates for Federal office.

The out-of-control taking and soliciting of contributions by the political parties is an abuse that can be easily corrected.

The public confidence in Congress is shattered because we have allowed the mockery of political auction to buy into our favor.

We absolutely cannot sit this one out. There are no excuses left. Congress will be spending upwards of \$10 million to investigate past actions and to quibble that it wasn't illegal.

The point is we all know what the problem is * * * unlimited giving—\$100,000, \$200,000, \$600,000 or \$1 million, going, gone to the highest bidder.

That is not what politics should be like. Philanthropy is one thing, but buying access is quite another. It must stop.

Until we put in place limits as we have learned to live by in our own campaigns, we can expect the situation to get worse.

Now is the time to say, enough is enough. Let's everybody live by the same rules.

In other countries we would call it bribes. What's the difference—we call it soft money.

PERSONAL EXPLANATION

HON. JOHN COOKSEY

OF LOUISIANA

IN THE HOUSE OF REPRESENTATIVES

Tuesday, March 18, 1997

Mr. COOKSEY. Mr. Speaker, on rollcall No. 29, I was necessarily absent. Had I been present, I would have voted "aye."