

Unfortunately, according to the Mental Health Association the unemployment rate for individuals with disabilities is approximately 75 percent, and for those with psychiatric disabilities it is at almost 80 percent. Some of these statistics can be attributed to those individuals with such severe disabilities that they are unable to work, however much of that percentage is made up of individuals with disabilities who have never had the training or help they need to find the jobs they can do.

The need for a company like Bayaud Industries is clear. Bayaud provides an invaluable link between individuals with disabilities and employment. By being that link they are changing lives on a daily basis. They make a difference every day by opening doors for members of America's disabled community that many of them never knew existed before.

CITIZENS OF LIBERIA

HON. BOBBY L. RUSH

OF ILLINOIS

IN THE HOUSE OF REPRESENTATIVES

Tuesday, July 8, 2003

Mr. RUSH. Mr. Speaker, tonight, while the President of the United States is visiting Senegal and other countries in Africa, I rise to address the House to express my concern for the citizens of Liberia. Liberia is an African nation that was founded in 1820 by freed Black slave men and women from the United States. The nation, considered to be the only U.S. colony in Africa, was founded with a grant of \$100,000. Its capital, Monrovia, is named after the United States fifth president, James Monroe. By 1847, thousands of freed slaves had immigrated to Liberia from the United States. They declared independence and the commonwealth of Liberia became the Republic of Liberia.

Liberia's recently-deposed president, Charles Taylor, seized power in 1997 after leading a seven year insurrection, which claimed the lives of thousands of Liberian Africans against his predecessor, Samuel Doe. Taylor, an accused embezzler and protégée of Libyan dictator, Col. Mu'ammal al-Qadhafi, spread terror throughout Sierra Leone, Ivory Coast and Guinea. Taylor's human rights abuses include the use of child soldiers and funding terrorist organizations with money from blood diamond mines.

On June 4, 2003, the United Nations supported an indictment of President Taylor by a Special Court in Sierra Leone, at the same time a group of West African Presidents were meeting with Taylor and others in Ghana to discuss efforts to negotiate a peace agreement.

During the negotiations, President Taylor [said he would step aside if it would bring peace to his war torn country]. On Sunday, July 6, 2003, President Olusegun Obasanjo of Nigeria announced that Taylor agreed to leave Liberia under certain conditions and with certain guarantees. President Obasanjo stated that what was happening in Liberia could happen anywhere in Africa. Liberia, he said, needed relief from dictatorship so that the entire region wouldn't be affected by the errant regime in that nation.

Mr. Speaker, thus far, there has not been a successor named to govern Liberia. The leaders from the 16 Liberian opposition political

parties in the nation, as well as leaders from religious and women's organizations, have been meeting in Ghana to draw up a peace plan and establish a transitional government expected to run the country for 18 to 24 months before new elections can be held.

The Economic Community of West African States (ECOWAS) Britain and France have asked the United States to lead, at least initially—a peace-keeping operation designed to separate and disarm the warring factions and establish an environment where a transitional government can take control of the country. ECOWAS has pledged 3,000 troops for an intervention force and is asking the United States to pledge 2,000 troops in this effort.

Mr. Speaker, I urge you, and my colleagues support the Liberian people's struggle to return their country to sane and just rule. Liberia has been a friend and a supporter of the United States. It was an ally during the Cold War and a facilitator of covert operations against Col. Mu'ammal al-Qadhafi during the 1980s. It would be a betrayal of that long-held trust to turn our backs on the people of Liberia who have supported us in the past.

Liberia's natural resources are plentiful. The country has iron ore, rubber, timber, diamonds, gold and tin. In addition, in recent years that it has discovered sizable deposits of crude oil along its Atlantic Coast, and it continues to make strides in the agriculture sector. We need to work with the local communities and provide assistance in the areas of development, policing, healthcare.

Mr. Speaker, Liberia has the potential of re-establishing a strong democratic model of liberation and justice for the continent. We must do whatever we can to assist the Liberians—these proud people of liberty—rebuild their beautiful country.

DISEASE PREVENTION IN MEDICARE

HON. JIM RAMSTAD

OF MINNESOTA

IN THE HOUSE OF REPRESENTATIVES

Tuesday, July 8, 2003

Mr. RAMSTAD. Mr. Speaker, I rise today to submit into the Record a letter I have received from seven former Secretaries of the Department of Health and Human Services and its predecessor, the Department of Health, Education and Welfare. The letter, sent to many Members of Congress, and especially to the leadership of both bodies, requests that during our work on Medicare modernization we not forget about the benefits of disease prevention.

The letter specifically references a report by Partnership For Prevention, "A Better Medicare for Healthier Seniors: Recommendations to Modernize Medicare's Prevention Policies," which states that Medicare should increase its emphasis on keeping seniors healthy, not just treating them when they become sick, as a roadmap for a modernizing Medicare's prevention practices.

The Partnership For Prevention (PFP) is a highly respected non-profit partnership of public and private sector organizations committed to finding solutions to health issues in a non-partisan and rigorously scientific manner. The report and other recommendations can be viewed and downloaded at the PFP Web site, <http://www.prevent.org>.

I encourage my colleagues to read the attached letter, look at the Partnership For Prevention report and consider their recommendations in our further efforts to modernize Medicare.

THE FORMER SECRETARIES OF
HEALTH AND HUMAN SERVICES AND
HEALTH EDUCATION AND WELFARE
JUNE 25, 2003.

Hon. JIM RAMSTAD,
*U.S. Representative, House of Representatives,
Washington, DC 20515.*

DEAR MR. RAMSTAD, as former Secretaries of Health and Human Services (or Health, Education and Welfare), we write to encourage you to include disease prevention in discussions about Medicare modernization.

Congress created Medicare in 1965 based on the knowledge of health and medicine at that time. Thus, Medicare came into being as a national insurance system to cover hospitalization and visits to clinicians' offices for diagnoses and treatment.

In the nearly four decades since Medicare's creation, considerable research and practice have yielded proven ways to not just diagnose and treat disease, but to prevent it and promote longer, healthier life. Today we know that postponing disability, maintaining social function, and sustaining independence are achievable for seniors through evidence-based health promotion and disease prevention services. It is nearly always preferable, both for the individual and for society, to prevent disease instead of waiting to treat it.

Congress has added selected preventive services to Medicare but has not included other services that are proven effective, nor has it encouraged Medicare to take a comprehensive approach to disease prevention and health promotion for America's seniors.

A recent Harris Poll found that nine in ten American adults want Medicare to be modernized and to put as much emphasis on disease prevention as it does on disease treatment.

The roadmap for this Medicare modernization is laid out in a new Partnership for Prevention (Partnership) report, A Better Medicare for Healthier Seniors: Recommendations to Modernize Medicare's Prevention Policies, which you already have received. These recommendations would move the U.S. toward realization of our nation's two overarching national health goals: Increasing life expectancy and improving quality of life, and reducing disparities in health among different segments of the population.

Respectfully yours,

JOSEPH A. CALAFANO, JR.
RICHARD S. SCHWEIKER.
MARGARET M. HECKLER.
DAVID MATHEWS, MD.
LOUIS W. SULLIVAN, MD.
DONNA E. SHALALA, PHD.
OTIS R. BOWEN, MD.

TRIBUTE TO RODNEY C. LESTER, PhD, CNRA

HON. JOHN ABNEY CULBERSON

OF TEXAS

IN THE HOUSE OF REPRESENTATIVES

Tuesday, July 8, 2003

Mr. CULBERSON. Mr. Speaker, I pay tribute today to an outstanding representative from the State of Texas, Rodney C. Lester, PhD, CRNA. Dr. Lester will soon complete his year as national president of the American Association of Nurse Anesthetists (AANA). I am very pleased that one of Texas's own was tapped as the 2002–2003 president of this prestigious national organization.