

The qualities he embodies—loyalty, trustworthiness, reliability—are getting harder and harder to find nowadays. May God bless this admirable man and his family as he begins this next chapter.

DESIGNATING THE NEGRO LEAGUES BASEBALL MUSEUM IN KANSAS CITY, MISSOURI, AS AMERICA'S NATIONAL NEGRO LEAGUES BASEBALL MUSEUM

SPEECH OF

**HON. SAM GRAVES**

OF MISSOURI

IN THE HOUSE OF REPRESENTATIVES

*Monday, July 24, 2006*

Mr. GRAVES. Mr. Speaker, I rise today to speak about Senate Concurrent Resolution 60, a resolution sponsored by my friend Senator TALENT, and agreed to by this body yesterday, that designates the Negro Leagues Baseball Museum in Kansas City as America's National Negro Leagues Baseball Museum. It was my pleasure to work with Chairman POMBO and the Resources Committee to bring this important resolution to the floor, and I thank the Chairman for his help and friendship.

Those of us familiar with the Negro Leagues Baseball Museum already think of it as America's museum, but the passage of this resolution makes that distinction official.

The Negro Leagues Baseball Museum was founded in 1990, and for its first four years of existence operated out of a one room office in the historic 18th and Vine District of Kansas City. Today it is a 10,000 square foot Museum, filled with historic memorabilia, sculptures, photographs, and other exhibits that pay tribute to some of baseball's greatest pioneers.

It is fitting that the Negro Leagues Baseball Museum is in Kansas City, Missouri, Mr. Speaker, because the Negro Leagues were officially organized in Kansas City during a meeting in 1920. Kansas City was also the home of the Negro Leagues' longest-running franchise—the Kansas City Monarchs—which sent more Negro Leagues players to Major League Baseball than any other Negro Leagues franchise.

From 1920 until the closure of the last teams in the early 1960s, countless greats excelled at America's pastime in the Negro Leagues, including Satchel Paige, Josh Gibson, James "Cool Papa" Bell, Ernie Banks, Hank Aaron, Jackie Robinson, and of course Mr. Speaker, John Jordan "Buck" O'Neil.

Mr. O'Neil is the current Chairman of the Board of the Negro Leagues Baseball Museum, and continues to work tirelessly at age 94. He has enjoyed an unparalleled career as a player, scout, manager, coach, and ambassador for baseball since 1937, and Buck O'Neil also selflessly interrupted his stellar professional baseball career to serve our country during World War II in the United States Navy.

It is ironic that this resolution came before the House for consideration a few days before Hall of Fame weekend in Cooperstown, New York. Several Negro Leagues players will be inducted into the Hall of Fame this weekend, but Buck O'Neil is tragically not among them. Mr. Speaker, I can think of no one more quali-

fied for induction into the Hall of Fame than Buck O'Neil, but sadly that will not happen this weekend.

So, we must console ourselves in the knowledge that Buck O'Neil's passion—the Negro Leagues Baseball Museum—is granted official recognition by our nation with yesterday's passage of this concurrent resolution. I thank my colleagues for supporting this important measure, and I urge them to come to Kansas City and visit America's National Negro Leagues Baseball Museum.

STEM CELL RESEARCH ENHANCEMENT ACT

**HON. DENNIS MOORE**

OF KANSAS

IN THE HOUSE OF REPRESENTATIVES

*Tuesday, July 25, 2006*

Mr. MOORE of Kansas. Mr. Speaker, I rise to offer a personal explanation as to why I voted in favor of overriding the Presidential veto of H.R. 810, the Stem Cell Research Enhancement Act.

On August 9, 2001, President Bush announced that he would only allow federal funding for experiments involving stem cells already derived from embryos but not for research that would cause the destruction of further embryos. I am pleased that the President did not issue a full ban on federal funding of stem cell research, but I am very concerned that this restriction does not offer researchers the quality and diversity they will need to conduct full and complete research on these diseases. In fact, the National Institutes of Health recently reported that under current federal policy only about 19 stem cell lines are available to researchers, some of which are contaminated or otherwise unusable.

On May 24, 2005, the House passed H.R. 810, the Stem Cell Research Enhancement Act of 2005, which expands the current federal policy on embryonic stem cell research by allowing federal funding on stem cell lines derived after August 9, 2001. In addition, the House also passed H.R. 2520, legislation to establish a National Cord Blood Stem Cell Inventory and authorize \$15 million annually to collect 150,000 high quality cord blood stem cell units for research or transplantation. I voted in favor of both measures. Therefore, I voted today to override the President's veto of H.R. 810 because I believe the potential to improve lives with stem cell research is too great to dismiss. The bipartisan support for this measure is also indicative of the importance of stem cell research.

Recent scientific research has suggested that embryonic stem cells hold immense potential to successfully treat many serious medical conditions including diabetes, Parkinson's Disease and cancer. Scientists believe the knowledge obtained from additional human embryonic stem cell studies could lead to the development of techniques to generate cells that would replace damaged tissues for a variety of conditions. H.R. 810 required that these cells would be acquired, using stringent guidelines established by the National Institutes of Health, NIH, from fertility clinic embryos, already in existence, that would otherwise be discarded. Why waste such biological material when the potential human health and scientific benefits of stem cell research are staggering in their promise?

Federal support of stem cell research will allow American scientists to harness this groundbreaking technology to potentially save many lives and improve the quality of others. In addition, the oversight which will come with broad federal support will result in better and more ethically controlled research in the field than if funding was from private sources alone.

"GOING TO HAVE TO SELL MY HOUSE . . . OR DIE": DISASTROUS CONSEQUENCES OF MEDICARE PART D

**HON. BOB FILNER**

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

*Tuesday, July 25, 2006*

Mr. FILNER. Mr. Speaker, Medicare Part D continues to bring problems for our Nation's seniors. As more and more reach the "doughnut hole," seniors are confronted with dramatic, no-win choices. I offer my colleagues a recent article in the San Diego Union-Tribune—"Going to Have to Sell My House . . . or Die." It's past time to start over with the prescription drug benefit!

[From the San Diego Union-Tribune, July 16, 2006]

GOING TO HAVE TO SELL MY HOUSE ... OR DIE  
(By Keith Darcé)

Frank Harrison says he's facing a choice between his health and his house.

When the Spring Valley retiree hit a coverage cap in his federal prescription drug plan in early June, his monthly medicine costs skyrocketed from about \$250 to about \$1,800, largely because of two expensive immune suppression drugs that he has taken since a kidney transplant six years ago.

The 62-year-old former computer company operations manager, whose main income comes from Social Security disability benefits, stopped taking one of the drugs, which cost about \$575 a month, so that he could keep paying his \$750 mortgage payment.

"What it boils down to pretty soon is that I'm going to have to sell my house. It's either that or die," he said.

Harrison is among the 3.4 million seniors and disabled Americans who have begun to fall into a gap in Medicare Part D coverage. They must pay the full price for drugs after they've spent \$2,250 in co-payments and until their out-of-pocket costs reach \$5,100 for the year.

Those in the so-called "doughnut hole" are likely to cut back on medicines to save money even if doing so jeopardizes their health, according to some research.

"Some are being caught totally unaware," said Jennifer Duncan, who manages the San Diego Health Insurance Counseling and Advocacy Program.

HICAP, which assists Medicare beneficiaries, has fielded calls in recent weeks from about 20 Part D enrollees who've either hit the coverage gap or are nearing it. Medicare is the government's health insurance program for those 65 and older and the disabled.

The gap is the latest headache to confront those who thought that signing up for a Part D plan would lower their costs for expensive medications. Early glitches blocked some from getting prescriptions because their names didn't appear in the computer systems of the private companies selected to operate the plans. Others tried to buy drugs only to learn at the pharmacy counter that the medicines weren't covered by their plans.

Still, several surveys have indicated that most participants are satisfied with the Part D program and have saved money during its first six months.

Congress created the Part D gap when lawmakers created the drug insurance program in 2003. The measure was added to reduce the program's overall cost. Lawmakers reasoned that only a tiny portion of Part D participants would reach the gap and most would be without coverage only for a short period.

Many of the 22.7 million people in the program will avoid the coverage gap, according to a recent report by accounting and consulting firm PriceWaterhouseCoopers. They have private supplemental insurance, are enrolled in a higher-priced Part D plan that doesn't cap benefits, have incomes low enough to qualify for exemptions or simply won't purchase enough drugs to reach the cap before calculations start over on Jan. 1.

Those falling into the gap are largely middle-class seniors who aren't poor enough to qualify for Medicaid—the federal health insurance for the poor known as Medicaid outside California—or they are wealthy enough to afford higher-priced Part D plans that have no coverage caps.

People who fall into the doughnut hole don't pay the full retail price for drugs, said Peter Ashkenaz, spokesman for the Centers for Medicare and Medicaid Services in Washington, D.C. They pay the discounted price paid by their Part D plan operator—about 20 percent below retail prices, he said. "I think people tend to forget that piece of it."

But halfway through the first year of the prescription drug program, the San Diego HICAP is fielding calls from frightened seniors whose benefits are about to run out, Duncan said.

"'Doughnut hole' is a lousy term. It's more like an abyss," she said. "It's a soft, funny way for saying you may not be able to pay your rent or eat this month because you're going to have to pay for all of your medicines."

One recent call was from a paraplegic who takes high doses of the pain-killer morphine that cost \$1,500 a month. Another caller takes \$10,000 worth of medicine each month to prevent his body from rejecting a transplanted lung.

Even beneficiaries facing less dire circumstances could have trouble dealing with the gap.

An overwhelming majority of Medicare recipients suffer from chronic diseases, such as hypertension and diabetes, said Kenneth Thorpe, chairman of the Health Policy and Management Department at Emory University in Atlanta.

More often than not, they also are being treated and medicated for multiple conditions, he said. "These are very expensive patients."

When their drug coverage runs out, even temporarily, they are likely to stop taking some or all of their medications, Thorpe said.

That's what Kaiser Permanente researcher John Hsu found when he studied about 200,000 Medicare beneficiaries in 2003 who participated in a more limited government prescription drug program that predated Part D. The results, published in the June 1 edition of *The New England Journal of Medicine*, found that people whose drug benefits were capped at \$1,000 a year had higher rates of emergency room visits, hospitalization and death than those with unlimited coverage.

Hsu attributed the increases to people ending drug treatments once the insurance cap was reached. The cost for additional medical care offset the lower drug cost savings created by the cap, he reported.

When Harrison's coverage ended in early June, the maker of one of his immune sup-

pression drugs put him on a program that delivered the medication for free. But he wasn't offered the same deal from the maker of the other medication, and his \$1,300 monthly income is too high for him to qualify for the doughnut hole exemption available through Medi-Cal. He's hoping his doctors will provide an answer—perhaps an alternative drug available at a discount or for free from a manufacturer—when he goes in for a check-up in a few weeks.

Wendell Ott, 74, of San Diego, doesn't expect to hit the cap until September, but already he's considering cutting back on his eight medications.

"It's going to cost me a tremendous amount of money for the last part of the year," said Ott, who takes medicines for high blood pressure, an enlarged prostate and chronic bronchitis. "Let's face it, I'm not wealthy."

While many people were aware they might face a gap in coverage when they signed up for a Part D plan, it's clear some haven't prepared for it, said Michael Negrete, vice president of clinical programs for the California Pharmacists Association.

"Most people haven't saved money to deal with the doughnut hole," he said.

Once in the gap, people create a new problem for themselves if they try to save money by purchasing cheaper drugs outside their Part D program, Negrete said.

"When they get drugs outside of Part D, that doesn't go to the credit they need to get out of the (gap)," he said. "If they are getting their medicines from Canada or from a discount drug service, they will never get out of the doughnut hole."

#### PERSONAL EXPLANATION

### HON. MARK UDALL

OF COLORADO

IN THE HOUSE OF REPRESENTATIVES

*Tuesday, July 25, 2006*

Mr. UDALL of Colorado. Mr. Speaker, I was unavoidably detained in Colorado and not present for three recorded votes on Monday, July 24, 2006.

Had I been present, I would have voted as follows:

Rollcall 394, on the motion to suspend the rules and pass S. 1496, to direct the Secretary of the Interior to conduct a pilot program under which up to 15 States may issue electronic Federal migratory bird hunting stamps—I would have voted "yes."

Rollcall 395, on the motion to suspend the rules and pass S. 203, the Soda Ash Royalty Reduction Act—I would have voted "yes."

Rollcall 396, on the motion to suspend the rules and pass H.R. 5534, to establish a grant program whereby moneys collected from violations of the corporate average fuel economy program are used to expand infrastructure necessary to increase the availability of alternative fuels—I would have voted "yes."

#### TRIBUTE TO JOHN B. DEAN

### HON. THADDEUS G. McCOTTER

OF MICHIGAN

IN THE HOUSE OF REPRESENTATIVES

*Tuesday, July 25, 2006*

Mr. McCOTTER. Mr. Speaker, today I rise to honor and acknowledge John B. Dean, Chief of Police of the Waterford Police Depart-

ment, upon his retirement from a distinguished career in public service.

From a young age, Chief Dean dedicated his life to protecting the citizens of Michigan. At age 15, he enrolled as a cadet in the Waterford Police Department before enlisting in the United States Marine Corps. Following his military service, Chief Dean first joined the Detroit Police Department before returning to Waterford in 1975, where he continued his career in law enforcement. Over the next three decades, Chief Dean advanced through the ranks of the Waterford Police Department, eventually serving as a Patrol Officer, Undercover Officer, Patrol Sergeant, Detective Sergeant, Youth Liaison Officer, Patrol Lieutenant, and Detective Bureau Commander. In January of 2000, he was promoted to Chief of Police.

A Central Michigan University alumnus and graduate of the F.B.I. National Academy, Chief Dean also served on the Police and Fire Pension Board of Waterford Township, Board of Directors of the Boy Scouts of America, Board of Directors of the Oakland County Chiefs of Police, the State Police Advisory Board, and as Treasurer of the Michigan Association of Public Employee Retirement Systems. For his tireless service to the community, Chief Dean has been recognized with the Officer of the Year Award; the Medal for Bravery; the Meritorious Service Award; and was named Waterford Employee of the Year.

Mr. Speaker, for 31 years, Chief John B. Dean has unwaveringly upheld his oath to protect and defend the citizens of Michigan. As he enters the next phase of his life, he leaves behind a legacy of dedication, honor, and courage. Today, I ask my colleagues to join me in congratulating Chief Dean upon his retirement and recognizing his years of loyal service to our community and our country.

#### HONORING CORONER HUEY MACK, SR.

### HON. JO BONNER

OF ALABAMA

IN THE HOUSE OF REPRESENTATIVES

*Tuesday, July 25, 2006*

Mr. BONNER. Mr. Speaker, today I rise to pay tribute to Huey Mack, Sr. for his accomplishments and dedication to Baldwin County, Alabama, where he served for many years as Baldwin County Coroner.

Huey Mack was born on December 20, 1937, in McCalla, Alabama, and is a native of Escambia County. He attended the University of Alabama and received a degree in mortuary science at the Gupton Jones Institute in Dallas, Texas. In 1982, he was appointed by Alabama Governor George Wallace to fill an unexpired term as Baldwin County Coroner. Huey Mack will retire in January 2007, from the position he has held for the past 28 years.

Among his many contributions, Huey Mack has played a crucial role in passing legislation that creates educational requirements for the office of coroner. He also served as Vice President of the Funeral Director Association, made significant contributions with his involvement with the Central Baldwin Chamber of Commerce, served as President of the Alabama Coroner's Association for 7 years, and is a member of the Rotary Club. Huey Mack and his wife, Jean, have two children, Linda and Huey, Jr. Huey Mack, Jr. was recently elected Sheriff of Baldwin County.