the 5th district of Connecticut which I represent.

The 11th day of the 11th month originally was known as Armistice Day, commemorating the signing of the Armistice ending World War I. The 1958 law changed one word, Armistice to Veterans' day, and created a day for our Nation to honor all it's veterans. Also on Veterans' Day in 1958, two unidentified soldiers, one killed in Korea and one killed in World War II were brought to Arlington Cemetery and interred at the Tomb of the Unknown Soldier.

Although the name of this day has changed, the central purpose has remained consistent, the 11th day of the 11th month remains a day to honor those who have served their country on the battle fields of Europe, Korea, South East Asia, in the Persian Gulf, and in many other locations around the world. But this is not only a day to remember those who did not return. This is also a day to reaffirm our commitment to the men and women who served and returned, and to the sons and daughters, wives and husbands of those who were left behind, whether for a while or forever.

We must commit ourselves to provide our veterans with full access to the best medical care available; we must ensure that the survivors of American veterans always have adequate provision for their needs; and we must commit ourselves to bringing home those soldiers who have not yet returned from the battlefield.

Mr. Speaker, we can never forget the sacrifices our veterans have made so that we may live in peace today. And this, Mr. Speaker, is what President Eisenhower was referring to when he called for Americans everywhere to rededicate themselves to the cause of peace on this, the 11th day of the 11th month. We need to rededicate ourselves to the peace which these brave Americans have fought to secure and defend.

Mr. Speaker, on behalf of the 5th congressional district, the State of Connecticut, and Americans everywhere, I thank the veterans for their service, dedication and loyalty to our country.

PRESERVING PATIENT ACCESS TO METERED DOSE INHALERS

HON. CHRISTOPHER H. SMITH

OF NEW JERSEY

IN THE HOUSE OF REPRESENTATIVES

Saturday, November 8, 1997

Mr. SMITH of New Jersey. Mr. Speaker, when most of us think about the Food and Drug Administration [FDA], we envision an agency that works diligently to expand the universe of safe and effective medications. So when I discovered that the FDA was actually proposing to reduce the number of proven medicines available to treat asthma and cystic fibrosis patients, I knew Congress had to act on behalf of patients. As a legislator representing thousands of asthma patients, and as a father of two daughters with asthma, I am appalled that FDA might ban proven medicines patients need to survive.

As a result of these efforts by the FDA, today I am introducing legislation that will preserve access to metered dose inhalers [MDIs] for those patients suffering from respiratory conditions—particularly children suffering from asthma and cystic fibrosis. This bill will ensure that those who rely upon MDI's to breathe, will not be denied access to their lifeline by an overzealous FDA. Joining me in this effort is my good friend Florida, Representative CLIFF STEARNS. Together, Mr. STEARNS—who is the author of H.R. 2221—and I have worked together in an effort to change the FDA's misguided policy.

On March 6, 1997, the FDA initiated the first stage of a plan to phase-out the use of chlorofluorocarbons [CFC's] metered-dose inhalers [MDI's], which are used by asthma and cystic fibrosis patients to breathe. This action was taken ostensibly to protect the ozone layer, despite the fact that less than 1 percent of all ozone-depleting substances in the atmosphere are caused by metered-dose inhalers.

In fact, the amount of CFC's that the EPA allows to be released from automobile air conditioners over 1 year is about the same as 14 years of metered-dose inhaler emissions. If you combined all sources of CFC's allowed by the EPA in 1 year, it would equal 64 years of MDI emissions. And yet the only CFC products targeted for elimination this year are inhalers.

It is also interesting to note that while the FDA and EPA are rushing to eliminate CFC inhalers, they continue to allow the use of a variety of CFC products, including bear-repellent pepper sprays, document preservation sprays, and certain fire extinguishers. This is clearly a case of misplaced priorities—how can historical document sprays be considered more essential than products that protect our children's lives? And while American children and senior citizens will have their treatment regimens disrupted by the FDA's plan, nations like China and Indonesia will be pumping tons of CFC's into the atmosphere from hair sprays and air conditioners until the year 2010.

Not surprisingly, the FDA's plan has generated a firestorm of opposition from patients, respiratory therapists, and physicians: nearly 10,000 letters in opposition have been received to date by the FDA. A coalition of stakeholder organizations reviewed the FDA proposal in May and concluded that the FDA's approach banning therapeutic classes was flawed and must be re-evaluated. The patient and provider organizations also stated that the FDA plan ''has the potential to disrupt therapeutic regimens * * * and limit physician treatment options.''

It is important to institute a transition strategy that will eventually eliminate the use of CFC's. However, the FDA's proposal is deeply flawed and should be scrapped in favor of a plan that puts patients—not international bureaucrats—first.

To ensure that the interests of patients are upheld throughout the formation of our country's MDI transition strategy, this legislation will temporarily suspend the FDA's proposed framework until a new proposal can be crafted. In addition, this bill would require the FDA to consult with patients, physicians, manufacturers of MDI's and other stakeholders prior to issuing any subsequent proposal. In addition, my legislation requires the Secretary of Health and Human Services to certify to Congress that any alternatives to existing MDI's will be available to all populations of users of such inhalers, are comparable in terms of safety and effectiveness, therapeutic indications, dosage strength, cost, and retail availability.

Mr. Speaker, this past week we held a press conference in an effort to educate the public and media about the dangers of the FDA's proposal. Participating in this press conference was Tommy Farese, who is 9 years old, and lives in Spring Lake, NJ, and has had asthma since the age of 2. One of the asthma inhalers Tommy uses to breathe—Proventil—would be eliminated under the FDA plan in favor of a non-CFC version that has not been approved by the FDA for use by children. Unless the FDA's proposal is changed, Tommy could lose access to the medicine he needs to breathe and live. Why should Tommy, and 5 million children like him have to face this dilemma?

In my view, any plan to remove safe and effective medications from the marketplace needs to place the interests of children like Tommy Farese first and foremost. Sadly, the FDA plan fails in this regard. Indeed, the FDA plan presumes that CFC-free inhalers serve all patient subpopulations—such as children and the elderly—equally well, despite the fact that children have special needs and many drug therapies are not interchangeable.

Therefore, I call upon the FDA to stop their proposed ban of asthma inhalers. If the FDA insists on moving forward with their antipatient plan, I call upon my colleagues to support and pass the Smith-Stearns bill to allow asthma patients like Tommy Farese retain access to their medicine.

HONORING PIETRO PARRAVANO, ''HIGHLINER OF THE YEAR''

HON. ANNA G. ESHOO

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Saturday, November 8, 1997

Ms. ESHOO. Mr. Speaker, I rise today to pay tribute to Pietro Parravano, who has recently been named the ''Highliner of the Year,'' the Nation's most respected fishing award. Pietro Parravano has devoted his career to the creation of sustainable fisheries and to the betterment of the lives of fisher men and women. He is a dedicated public servant, currently serving on the San Mateo County Harbor Commission, as a member of the Local Fisheries Impact Program, on the California Seafood Council, and as president of the Pacific Coast Federation of Fisherman's Associations. Pietro Parravano has been a goodwill ambassador for the fishing fleet, and will soon travel to New Delhi, India to represent the United States at the World Forum of Fish Harvesters and Fishworkers.

Pietro Parravano is an exceptional man, and I ask that we honor him in the House of Representatives on the eve of this most auspicious occasion.

COMMUNITY RECREATION AND CONSERVATION ENDOWMENT ACT

HON. JOHN J. DUNCAN, JR.

OF TENNESSEE

IN THE HOUSE OF REPRESENTATIVES

Saturday, November 8, 1997

Mr. DUNCAN. Mr. Speaker, the land and water conservation fund [LWCF] was established in 1964 to increase recreational opportunities. It does this by using money, collected