

EXTENSIONS OF REMARKS

IN HONOR OF ASTRONAUT JOE
FRANK EDWARDS, JR.

HON. BOB RILEY

OF ALABAMA

IN THE HOUSE OF REPRESENTATIVES

Tuesday, January 27, 1998

Mr. RILEY. Mr. Speaker, I rise today to congratulate the extraordinary accomplishments of one of Alabama's finest, Astronaut Joe Frank Edwards, Jr., of Lineville, Alabama, who is piloting the space shuttle *Endeavor*, which took off on January 22, 1998.

Graduating from Clay County's Lineville High School in 1976, Joe went on to receive a B.S. degree in Aerospace Engineering from the U.S. Naval Academy in 1980 and an M.S. in Aviation Systems from the University of Tennessee in 1994. As a Naval Aviator, Joe has been honored with many medals, including the Distinguished Flying Cross, Air Medal, Defense Meritorious Service Medal, Navy Commendation Medal, Navy Achievement Medal. Joe has also received the Daedalian Superior Airmanship Award in 1992, the Fighter Squadron 143 Fighter Pilot of the Year in 1984 and 1985, the Fighter Squadron 142 Fighter Pilot of the Year in 1990, 1991, and 1992, and the Carrier Airwing Seven Pilot of the Year in 1985, 1990, and 1991.

In December 1994, Joe was selected as an astronaut candidate by NASA. After completing a year of training and evaluation, he has qualified for assignment as a shuttle pilot.

During the STS-89 mission, Joe will be responsible for undocking from the eighth shuttle rendezvous with Russia's Mir Space Station and piloting the flight around the space station. The nine day shuttle mission objectives include replacing astronaut Dr. David Wolf with Andy Thomas who will be the next U.S. crew member on the Mir Space Station. More than 7,000 pounds of experiments, supplies, and hardware are scheduled to be transferred between the two spacecraft.

Clay County, as well as all of Alabama, is very proud of Joe's exceptional hard work and commitment to space flight. I congratulate Joe on this extraordinary honor and am proud to have him represent us on this important mission.

FULFILLING THE PROMISE OF
MANAGED CARE

HON. FORTNEY PETE STARK

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Tuesday, January 27, 1998

Mr. STARK. Mr. Speaker, my bill H.R. 337 establishes consumer protections in managed care plans—just like many other bills currently pending before the Congress.

One unique feature in H.R. 337, however, is the requirement that when a managed care plan enrolls a person, they must soon do a health profile or work-up on that person. Medi-

care and private insurance plans pay an HMO hundreds of dollars a month to "maintenance" an enrollee's health. But how can the HMO provide maintenance or preventative care (such as immunizations, mammograms, etc.), unless it sees the enrollee and establishes a health benchmark on the person?

My legislation is designed to ensure that HMOs really do maintain people's health. By scheduling an appointment and the collection of basic health data, the HMO can truly begin to provide managed care health. It can determine whether the person is a smoker, overweight has high cholesterol, is diabetic, is facing glaucoma, etc. Once these benchmarks have been established, the HMO can begin the counseling or the other services needed to "maintain" or improve health—thus fulfilling the promise of managed care.

The November 5, 1997 issue of the *Journal of American Medical Association (JAMA)* contains an article, "The Relationship Between Patient Income and Physical Health Behaviors," which states, "Although unhealthy behaviors were common among all income groups, physician discussion of health risk behaviors fell far short of the universal risk assessment and discussion recommended by the US Preventive Services Task Force. We conclude that the prevalence of physician discussion of health risk behaviors needs to be improved."

If physicians would do more to counsel their patients especially the lower income, these individuals could receive adequate and informative health care advice. As the *JAMA* article said, "Physicians also need to be more vigilant in properly identifying and counseling low-income patients at risk. Increasing the prevalence of physician discussion of health risk behaviors could greatly affect productivity, quality of life, mortality, and health costs in the United States. If the nation is truly interested in health improvement, a multifaceted approach is required to diminish the social gradients in health related to education, income, housing and opportunity, including a more effective national system for preventive services (Papainicolaou tests, breast examinations, immunizations) as well as improved discussion of health risk behaviors."

For instance in the case of smoking the *JAMA* article states: "Our data indicate that 49% of all patients with whom behavioral discussions occur attempt to cut down or quit smoking based on their physicians' advice and 49% of those who report attempting to change behavior no longer smoke. . . increasing the prevalence of physician discussion of smoking by 50% would result in a 6% decrease in the prevalence of smoking. Based on mortality and cost estimates of smoking, this reduction in smoking could potentially result in 24,000 annual deaths delayed and a \$3 billion annual cost savings to our society."

The December 3, 1997 issue of *JAMA*, contains an article, "Cost-effectiveness of the Clinical Practice Recommendations in the AHCPR Guideline for Smoking Cessation," which states that "Tobacco use has been

cited as the chief avoidable cause of death in the United States, responsible for more than 420,000 deaths annually. Despite this, physicians and other practitioners fail to assess and counsel smokers consistently and effectively." Again, an HMO would be the ideal setting to help a person stop smoking, but they can't do it if they don't see the patient—and that's why we need H.R. 337.

As we start to pay HMOs thousands of dollars a year for maintaining health, let's make sure that they at least see the individual and do something to earn these payments. If the premise of managed care is correct, then H.R. 337's early profiling and subsequent counseling will save the HMOs money in the long run by avoiding future expensive acute care services.

IN RECOGNITION OF THE ORANGE
COUNTY SCHOOL OF THE CULINARY
ARTS

HON. LORETTA SANCHEZ

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Tuesday, January 27, 1998

Ms. SANCHEZ. Mr. Speaker, I would like to take this opportunity to recognize a remarkable culinary school that was recently established in Orange County, CA, the Orange County School of Culinary Arts.

The school is sponsored by the Regional Occupation Program (ROP) of North Orange County. ROP is responsible for rehabilitating and re-training underprivileged and unemployed citizens and high school students to compete and succeed in a competitive work environment.

The Orange County School of Culinary Arts offers a wide variety of culinary classes that is as good, if not better, than that of the larger culinary institutes in America. While the cost of tuition at one of the big three Culinary Arts schools often exceeds \$27,000 per year, a course at the Orange County School of the Culinary Arts costs \$40 per class, a \$65 uniform fee and the cost of the food that is prepared and consumed.

There is currently a shortage of professionally trained chefs in the United States by 2 million. By the turn of the century, this number is expected to increase dramatically with the expansion of the cruise industry and the resort business throughout the United States. In Orange County alone, there are 8 positions available for every qualified applicant, and existing programs have not been filling the void.

The community has already flocked to the program. Almost 500 students have already enrolled when the student body was only projected to be 120 students. The courses range from beginner and advanced levels of preparation for a variety of foods, to restaurant management, nutrition, and sanitation. All courses are instructed by chefs with an extensive training in internationally-renown culinary academies and working backgrounds from the finest resorts and cruise ships around the world.

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