

Bobby were also instrumental in the planning and constructing of the Governor Lawton Childs Veterans Memorial Park right in Delray Beach.

Under the leadership of this outstanding couple, their community flourished and the membership of Post 266 grew to be the largest post in the country. Undoubtedly, these two have worked immensely to further the program of the Jewish War Veterans both locally and nationally. Today, Ray and Bobby are still involved in the Post; after turning over the commander's role in January 2010, Ray now holds the position of quartermaster, and Bobby continues to assist the current commander of the Women's Auxiliary. Raymond and Roberta White deserve special plaudits for their commitment and dedication to their work, and our very best wishes for their continued service and happiness in good health together.

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HONORING ETHEL KENNEDY

**HON. PATRICK J. KENNEDY**

OF RHODE ISLAND

IN THE HOUSE OF REPRESENTATIVES

*Thursday, December 2, 2010*

Mr. KENNEDY. Madam Speaker, I rise today to recognize Ethel Kennedy, my aunt, upon the occasion of the 2010 Robert F. Kennedy Human Rights Award ceremony. This ceremony highlighted the abuses in Mexico and honored local hero Abel Barrera Hernandez, founder and director of the Tlachinollan Center, for his courageous defense of the rights of rural and indigenous people living in Guerrero State in southern Mexico. Aunt Ethel's work with the Human Rights Award is truly remarkable.

Aunt Ethel has been instrumental in advancing human rights. I wish her all the best as she continues this important work. She will continue to carry my own admiration, and that of all who have had the privilege to work with her.

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INTRODUCTION OF RESOLUTION  
HONORING THE OFFICE OF RESEARCH ON WOMEN'S HEALTH

**HON. LOUISE McINTOSH SLAUGHTER**

OF NEW YORK

IN THE HOUSE OF REPRESENTATIVES

*Thursday, December 2, 2010*

Ms. SLAUGHTER. Madam Speaker, I rise today to honor the 20th anniversary of the Office of Research on Women's Health. As the leading agency for women's health research in the United States, the Office has transformed biomedical research and improved the lives of women nationally and internationally.

The Office of Research on Women's Health was founded in response to congressional and scientific concerns over the systematic exclusion of women from clinical research trials funded by the National Institutes of Health (NIH). One clinical trial, the Physicians' Health Study, included 22,071 men—and no women. This clinical trial generated over 300 basic findings that are used today to guide all facets of medicine. Indeed, the common advice to take aspirin to prevent heart attacks is based largely on this clinical trial with no female par-

ticipants. By excluding women from clinical trials, biomedical research failed women.

Scientists and government officials alike recognized the troubling implications of providing medical care based on research that excluded more than half of the world's population. The Society for Women's Health Research was founded to galvanize support and improve scientific research.

My colleagues and I in the Congressional Caucus for Women's Issues challenged the exclusion of women from federally funded research.

In 1990 we introduced H.R. 5397, an omnibus Women's Health Equity Act, an unprecedented package of 22 separate bills designed to improve the status of women's health in the areas of research, services, and prevention. Among the provisions of this mammoth legislation were: the establishment and permanent authorization of the Office of Research on Women's Health; the statutory requirement that women and minorities must be included in NIH clinical studies, where appropriate; the establishment of research centers on osteoporosis, contraception, and infertility; and necessary funding increases for research into the diseases that claim unacceptable numbers of female lives, like breast, ovarian, and cervical cancers.

Our interest prompted federal action. The National Institutes of Health announced the creation of the Office of Research on Women's Health in 1990.

Many of the provisions of the Women's Health Equity Act were included in the National Institutes of Health Revitalization Act of 1993. Thankfully, President Clinton made the NIH bill, and especially its critical improvements of women's health research, one of his first legislative priorities. It was signed into law on June 10, 1993, in a White House ceremony befitting such historic legislation—establishing the Office of Research on Women's Health in statute.

Since its creation 20 years ago, the Office of Research on Women's Health has increased our understanding of sex differences, from single cells to biological systems. This new focus on sex differences has transformed epigenetics, endocrinology, immunology, and many other fields.

In 1999, the Office initiated the "Building Interdisciplinary Research Careers in Women's Health initiative" which supported the career development of approximately 400 early-stage research scientists. By helping these scientists to become independent researchers and obtain academic positions, the Office of Research on Women's Health built a sophisticated, active field of women's health research.

In 2002, the Office established the "Specialized Centers of Research on Sex and Gender Factors Affecting Women's Health" program to support interdisciplinary research in basic and clinical research. In 2009 alone, this program helped scientists to publish 116 journal articles, 176 abstracts, and 63 other publications.

Alongside of the ambitious research agenda of the Office of Research on Women's Health, the Office also educates physicians, providers, and patients about gender-based differences in health care. This education program helps to translate the research accomplishments into tangible improvements in care for women and girls nationwide.

The Office of Research on Women's Health continues to press for improvements for women's health care.

This fall, the Office launched its "Vision for 2020 in Women's Health Research", a far-sighted research strategy for the next 10 years. Their vision—which I share—calls upon our Nation to increase its commitment to evaluate sex differences in both basic science and clinical research.

We also must ensure that sex differences are acknowledged in the design and application of new technologies and medications. Furthermore, we need to build a talented, diverse, and active women's health research workforce.

We cannot abandon our commitment to women's health research.

Indeed, recent withdrawals of medications by the Food and Drug Administration remind us of the importance of evaluating medicines by sex. In 2001, the then U.S. General Accounting Office published an evaluation showing that eight of the ten medications recently withdrawn "posed greater health risks for women than for men".

The importance of the mission and accomplishments of the Office of Research on Women's Health cannot be overstated. Women and girls deserve health care that has been tailored to their needs, and that requires high-quality research sensitive to gender-based differences.

I thank the Office of Research on Women's Health for their achievements over the past 20 years. I know that the Office will use the next 20 years to support excellent science that will benefit women and men alike.

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REMARKS ON ALAN GROSS

**HON. ELIOT L. ENGEL**

OF NEW YORK

IN THE HOUSE OF REPRESENTATIVES

*Thursday, December 2, 2010*

Mr. ENGEL. Madam Speaker, tomorrow marks the one-year anniversary of the imprisonment of Alan Gross in Cuba. Today, I come to the House floor not in my role as Chairman of the Western Hemisphere Subcommittee nor as a Congressman interested in U.S. policy toward Cuba.

Instead, I come here as a father and a husband to urge the Cuban government to release Alan Gross on humanitarian grounds.

Alan's health continues to deteriorate. He has lost 90 pounds and has developed disc problems that have caused partial paralysis in his leg. This could become permanent if he does not have surgery. He also has developed severe pain in his hips.

Perhaps even more devastating than his own health is Alan's not being able to be with his daughter who was recently diagnosed with breast cancer. His daughter has had several surgeries and is now undergoing chemotherapy. As a father to a daughter around the same age, it absolutely breaks my heart that Alan cannot be by his daughter's side to give her the emotional support that she needs.

The United States and Cuba have had a difficult relationship for a long time. But, Alan Gross is not a politician. His work brought him to Cuba because of his passion for the country's Jewish community.

Earlier this year, I met with Judy Gross in the Capitol. She told me that Alan jumped at the chance to work in Cuba, because he loves the Cuban people and wanted them to be able

to communicate better with the rest of the world. She explained that he never would do anything to harm them.

Judy Gross tells me that Alan is a family man. He is a very devoted son who called his mother every morning. She is 88 years old and fears she may never see him again. She is emotionally distraught about Alan's situation, and this is translating into a decline in her physical health.

There are times that we come to the House floor to engage in impassioned policy debates. There are times when we argue amongst ourselves about the right direction for U.S.-Cuba relations. Now is not one of those times.

Madam Speaker, today, on the eve of the one-year anniversary of Alan Gross' imprisonment, I stand in this chamber to plea for Alan's release. Not just for Alan's sake, but for the sake of his wife, his mother and his two daughters, I urge the Cuban government to immediately release Alan Gross.

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THE INTRODUCTION OF THE NATIVE HAWAIIAN MEDICAID COVERAGE ACT OF 2010

**HON. MAZIE K. HIRONO**

OF HAWAII

IN THE HOUSE OF REPRESENTATIVES

*Thursday, December 2, 2010*

Ms. HIRONO. Madam Speaker, I rise today to introduce the Native Hawaiian Medicaid Coverage Act of 2010. This legislation is a companion to S. 52, which was introduced earlier this year by Senator DANIEL K. INOUE.

This legislation would allow for 100 percent coverage under the Federal Medicaid Assistance Percent (FMAP) formula for Native Hawaiians who are Medicaid eligible and access care from Federally Qualified Health Centers or through the Native Hawaiian Health Care System.

Native Hawaiians, like American Indians and Alaska Natives, are an indigenous, native people. Currently, states receive a 100 percent FMAP reimbursement for health care services provided through Indian Health Services facilities. The bill I am introducing today would bring parity in the treatment of our country's Native peoples.

Congress has previously recognized the unique and historical relationship between the United States and the indigenous people of Hawaii. I ask for my colleagues' continued support for the health and wellbeing of Native Hawaiians.

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HONORING RORY KENNEDY

**HON. PATRICK J. KENNEDY**

OF RHODE ISLAND

IN THE HOUSE OF REPRESENTATIVES

*Thursday, December 2, 2010*

Mr. KENNEDY. Madam Speaker, I rise today to recognize Rory Kennedy, my cousin, for delivering the keynote address at the opening of the Robert F. Kennedy Community Schools Complex in Los Angeles, California on September 13, 2010. Named after U.S. Senator Robert F. Kennedy, Rory's father and

my uncle, the schools are devoted to social justice. Rory's work on behalf of the young people of Los Angeles is simply remarkable.

On September 13, the six pilot schools that make up the Robert F. Kennedy Community Schools Complex began instructing students in grades kindergarten through 12 on its campus located in the Pico-Union/Korea Town neighborhood of Los Angeles. The schools are located on the site of the former Ambassador Hotel and because of the historic nature of the site, there were legal challenges to converting the site to a school. Community members and organizations, including RFK-12, came together to advocate for a local school. In 2005, the Los Angeles Unified School District School Board and Superintendent Roy Romer appointed the Robert F. Kennedy Commission to provide recommendations on how to memorialize Senator Kennedy's life. The commission was chaired by former California Supreme Court Justice Cruz Reynoso, and included a number of civic leaders.

The Commission's major recommendation called for a social justice theme to permeate the curriculum, extending from kindergarten through high school that would reflect Senator Kennedy's commitment throughout his public life.

The schools activities include: the creation of a foundation guided by an Advisory Committee that will help to fund social-justice related activities and act as a resource for the schools on establishing relationships with community service groups outside the school locally and in the larger world, a speakers program, a fellows program that will bring emerging and established leaders to the school, and the creation of a public park recalling the inspirational speeches by the Senator and others.

The pilot schools are innovative small schools that have charter-like autonomy over their budget, curriculum and assessment, governance, schedule and staffing, but are part of the public school system.

Rory has been instrumental in the improvement of public education in Los Angeles. I wish her all the best as she continues her important work on behalf of young people. She will continue to carry my own admiration, and that of all who have had the privilege to work with her.

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RECOGNIZING FOUND CARE HEALTH CENTER AS THE FIRST FEDERALLY QUALIFIED HEALTH CENTER LOOK-ALIKE IN THE STATE OF FLORIDA

**HON. ALCEE L. HASTINGS**

OF FLORIDA

IN THE HOUSE OF REPRESENTATIVES

*Thursday, December 2, 2010*

Mr. HASTINGS of Florida. Madam Speaker, I rise today to recognize FoundCare Health Center (FoundCare) in West Palm Beach, Florida, which recently received Federally Qualified Health Center (FQHC) Look-Alike status. As you know, the FQHC Program is administered by the Health Resources and Services Administration (HRSA) of the Department of Health and Human Services and des-

ignates health centers that provide essential primary and preventive health care services to low-income, medically underserved, and vulnerable populations that traditionally have limited access to affordable services and face the greatest barriers to care. FoundCare's mission to provide health care services to all people, regardless of their ability to pay, is to be lauded.

The designation of FoundCare Health Center as the first FQHC Look-Alike in the State of Florida is a true testament to health care reform and expanding access to affordable, quality health care for all. At a time when millions of Americans are unemployed and uninsured, FoundCare provides an invaluable service to the community and is a vital component in our nation's health care network. The sad reality is that more than a quarter million children and adults in Palm Beach County are uninsured. To make matters worse, 60 percent of the uninsured are eligible for some type of insurance program but are not enrolled. It is unconscionable that so many families and individuals continue to suffer when help is available to them.

FoundCare provides essential primary and preventive health care services to those who might otherwise forgo medical care for themselves and their children. To best meet the needs of its patients, it operates with expanded hours to accommodate families, provides multilingual services in English, Spanish, French and Creole, employs efficient electronic medical records systems of care, and will soon also provide dental and pharmacy services. Furthermore, FoundCare helps individuals navigate the application process for Medicare, Medicaid, Florida KidCare, and other programs, and, together with Project Access partners, makes sure that patients can also access the specialty care they need. When fully funded, FoundCare has the capacity for more than 10,000 unduplicated patients per year. This is truly remarkable.

I have had the privilege of being involved with this visionary project from the start and am continually amazed by the extraordinary dedication and compassion of the men and women who work at FoundCare. Since it opened its doors in January 2009, FoundCare has provided access to quality health care for over 2,400 new uninsured and underinsured Palm Beach County residents. Currently, 77 percent of FoundCare's patients, who range in age from infancy to 84 and are nearly two-thirds female, do not have health insurance. In addition, more than 70 percent of patients have incomes below the federal poverty level. They visited FoundCare an average of nearly three times per year for various health concerns, including hypertension, diabetes, infectious disease, asthma, obesity, and women's health.

Madam Speaker, FoundCare's commitment to improving community health is an inspiration to us all. There is no doubt in my mind that, at this rate, it will soon become a Federally Qualified Health Center. As we recognize FoundCare's tremendous success, I would like to take this opportunity to thank each and every member of the FoundCare team for all the hard work that they continue to do on behalf of their community and the health of our nation as a whole.