

only brought a friendly and welcoming smile to patrons, but a legacy for hotels around the United States, Europe, and the Caribbean.

While being the only Mississippian to serve as President and Chairman of the Board of the American Hotel and Motel Association, Doug implemented his world renowned program "Quest for Quality." This has not been Doug's only contribution to society. He has held many positions of leadership, including residing over such community service organizations as the Jackson County Heart Fund, Rotary Club, United Way of Jackson County, and many others.

Doug has dedicated himself to economically develop his Gulf Coast community by working to establish the Mobile-Pascagoula Airport, Naval Station Pascagoula, the Sunplex Industrial Center, and again many others. He also chaired the committee to "Save the Homeport" from base closures for many years. Currently, Doug is serving on the Board of Directors of the Hancock Band, a position he has held for more than 27 years, and serves as a lifetime Director of the American Hotel and Motel Association.

On October 23, 1998, the Mississippi Hotel and Motel Association will establish a Hotel and Restaurant Scholarship in his name. This great honor could not be bestowed upon a finer person. An opportunity for future members of the industry, this serves as a deserving tribute to Doug, his wife Lou, and their children and grandchildren. I am proud to congratulate this great Mississippian.

COMMEMORATING THE 100TH ANNIVERSARY OF THE NATIONAL COMMUNITY PHARMACISTS ASSOCIATION

Mr. DASCHLE. Mr. President, today I want to congratulate the National Community Pharmacists Association (NCPA) as its 100th anniversary approaches. One of the Nation's leading membership organizations—representing some 30,000 independent pharmacies across the United States—NCPA will celebrate its 100th anniversary on October 17th. It is an honor to celebrate this landmark with NCPA and recognize professionals who truly exemplify high quality, patient-focused health care.

Throughout its 100 years of service, NCPA has been a respected voice in the public policy arena—not only as a highly effective advocate for community pharmacists, but as the link to individual pharmacists with the demonstrated expertise and front-line experience required to help evaluate policy options.

I'd like to take a few moments to recognize the enormous contributions of the men and women NCPA represents: local, community pharmacists. They play a critical role in our nation's health care delivery system through careful drug monitoring serv-

ices, personalized service, coordination with other health providers and services, and community-oriented care.

Each year, millions of Americans purchase prescription and non-prescription medications at their local pharmacy, where an on-site pharmacist can help them select the medication that is most appropriate and prevent harmful drug interactions. Pharmacists have the experience and expertise to help consumers face an intimidating array of medication options. They prevent the wasteful spending and pain and suffering associated with drug complications.

Community pharmacists provide personalized care, and offer a friendly, neighborhood presence for individuals facing illness and disease. An NCPA membership survey shows that 98 percent of independent pharmacists counsel patients face-to-face on prescription medications and make recommendations on over-the-counter drugs and general health care issues, and 97 percent maintain patient profiles. As more drugs are offered through the mail and without the opportunity to meet personally with a pharmacist, community pharmacists provide reassurance and inspire the confidence of those they serve.

Community pharmacists play a crucial role in local health care delivery systems, by coordinating with other health professionals, promoting public health, and educating consumers on pharmaceutical and health issues. Many independent pharmacists report meeting regularly with local physicians on drug therapy and pharmacy services. In addition, they educate and assist their customers with the management of ongoing and chronic conditions such as diabetes and hypertension.

Independent community pharmacies are primarily family businesses, and they have roots in America's communities. They are owned by civic leaders who are actively involved in a variety of community-oriented public health, civic, and volunteer projects. Many hold local elected or appointed offices. Public service and commitment to community are hallmarks of independent pharmacy.

For all of these reasons, it is my pleasure to pay tribute to independent, community pharmacists and the organization that represents them. Through integrity, expertise and tenacity in the face of dramatic changes in our health care system, community pharmacists have inspired the confidence and trust of millions of Americans. Our Nation is truly well served by them.

THE APPROPRIATIONS PROCESS

Mr. SPECTER. Mr. President, I would like to make a brief comment, on the appropriations process, and to express some concerns which I have about the procedures where some of the legislative proposals have not been

considered in regular order and in due course—specifically, the legislation on the appropriations bill for Labor, Health and Human Services, and Education.

In articulating these concerns, I understand the tremendous pressures which have been presented to leadership to conclude our session with the target date of October 9.

The Constitution gives to the Congress the authority and responsibility of the appropriations process. And that customarily proceeds with action in the appropriations subcommittee, then the appropriations full committee, then the full body of the Senate, where Senators have an opportunity to comment on the legislation and to offer amendments, and then, when acted upon, goes to a conference in the House of Representatives, which has followed the same pattern—consideration of the subcommittee, full committee, and by the House, and then the conference committee.

That process has been short-circuited this year without having the legislation, the appropriations bill on Labor, Health and Human Services, and Education, come to the Senate floor. We have sought a conference with our distinguished House Members—Congressman PORTER, who chairs the House equivalent of the subcommittee, and Congressman OBEY, the ranking minority leader—along with Senator TOM HARKIN, my distinguished ranking member of the subcommittee.

It would be my hope that as we proceed with the business of the Senate in future years, we would be able to proceed in regular order so that the Senate has an opportunity to consider the measure, Senators offer amendments, and go through the regular procedure on the House-Senate conference.

CHRISTOPHER HAYES HONORED BY NATIONAL CRIME PREVENTION COUNCIL

Mr. KENNEDY. Mr. President, next week, on October 14th, the National Crime Prevention Council will honor Christopher F. Hayes of Boston as one of the seven recipients of this year's Ameritech Award of Excellence in Crime Prevention. The award recognizes individuals who demonstrate outstanding leadership, courage, and dedication to crime prevention in their neighborhoods, states, or nationally.

This honor is a well-deserved tribute to Christopher Hayes and his 13-year career as Founder and Director of the Neighborhood Crime Watch Unit of the Boston Police Department.

Mr. Hayes founded the Neighborhood Crime Watch Unit in 1985 as a one-person organization based on the philosophy that the key to crime prevention is to rely on connections from neighbor to neighbor. He urged people to work together and with the police to create innovative solutions for reducing local crimes. The initial model for his crime watch group was simple phone tree and

whistle alert system that allowed neighbors to keep in touch with each other.

Today, the Neighborhood Crime Watch Unit offers support and training for such neighborhood groups, which now total 962 in Boston and account for a third of all streets in the city. The successes have been impressive. Entrenched drug dealers have been exposed and forced out. Muggings have been averted. Suspects have been arrested. Drugs have been seized. Vacant lots have been reclaimed. Neighborhoods have been reborn. Neighborhood watch units have been a vital part of the effort to reduce the crime rate in Boston to the record lows the city is now enjoying.

I commend Christopher Hayes for his innovative leadership and his extraordinary contribution to our city.

CONGRATULATIONS TO DR. SHUKRI KHURI OF MASSACHUSETTS WINNER OF THE BERRY PRIZE IN FEDERAL MEDICINE

Mr. KENNEDY. Mr. President. It is an honor to call to the attention of my colleagues that Dr. Shukri F. Khuri of the Brockton/West Roxbury, Massachusetts Veterans Affairs Medical Center, has been awarded the 1998 Frank Brown Berry Prize in Federal Medicine. This high honor is bestowed each year in memory of Dr. Frank Brown Berry, a thoracic surgeon and brigadier general who served in both World War I and World War II, and who served for seven years as the top medical officer in the Department of Defense. The award is presented jointly by U.S. Medicine newspaper and the Science Applications International Cooperation.

Dr. Khuri was chosen for this high honor from a large pool of nominees by a committee of representatives from the National Institutes of Health, the Department of Defense, the Veterans Health Administration, and the staff of U.S. Medicine.

Dr. Khuri received his medical education at the American University of Beirut before coming to the United States in 1972. Many of us know AUB well as one of the premier institutions of higher education in the Middle East, and as one of the strongest bulwarks of American ideals and values in that part of the world. Dr. Khuri's recognition as one of the leading medical practitioner-scientists in the United States reminds us of another important fact about AUB. Many of its graduates—5,000 distinguished alumni—live here in the United States and make major contributions to life and society in America. In fact, Dr. Khuri serves as President of AUB's Alumni Association of North America.

Dr. Khuri is now Chief of Surgical Services and Chief of Cardiothoracic Surgery at Brockton/West Roxbury VA Medical Center, the largest open-heart surgery program in the VA health care system. He also serves as the Vice-Chairman of the Department of Sur-

gery at Brigham and Women's Hospital and is a Professor of Surgery at the Harvard Medical School.

Dr. Khuri was honored with the Berry Prize for his accomplishments in three important areas of medical research and innovation. First, he developed a device that monitors on-line myocardial protection during open heart surgery, a device which enables surgeons to monitor the effect of open heart surgery on the patient and to reduce the chance that the surgery will cause irreversible damage. Dr. Khuri's device is a major innovation, and it seems likely to become a standard piece of equipment in all cardiac surgeries.

Second, in cooperation with the Navy, Dr. Khuri devised strategies to increase the conservation of blood during open-heart surgery. Third, he directed the creation of a model system to assess the quality of care that patients receive by using risk adjustment outcomes. These innovations have significantly affected the practice of medicine in the United States.

I congratulate Dr. Khuri on the Berry Award and for his important contributions to American medicine. I ask unanimous consent to insert at this point in the RECORD an article from the August 1998 issue of U.S. Medicine, which describes Dr. Khuri's accomplishments in greater detail.

There being no objection, the article was ordered to be printed in the RECORD, as follows:

[FROM THE U.S. MEDICINE, AUGUST 1998]
THE FRANK BROWN BERRY PRIZE FOR 1998;
CARDIAC SURGERY, QUALITY ASSESSMENT
Name: Shukri F. Khuri, M.D.

Title: Chief of Surgical Services and Chief of Cardiothoracic Surgery, Brockton-West Roxbury VA Medical Center; Vice Chairman, Department of Surgery, Brigham and Women's Hospital; Professor of Surgery, Harvard Medical School.

Summary Of Accomplishment: Three disparate areas of achievement:

Directing the creation of a model system to assess quality of care using risk adjustment outcomes.

Developing a device that monitors online myocardial protection during open heart surgery.

Through a collaboration with the Navy, devising strategies to better conserve blood during cardiac surgery.

Path To Accomplishment.

Research-Clinical Link: Dr. Khuri chairs the largest open heart surgery program in the health care system, and his medical contributions promise to have a far-reaching impact on medicine.

A native of Palestine, Dr. Khuri received his medical degree with distinction from the American University of Beirut in Lebanon. Following his residency there, he received further training in the 1970s at Johns Hopkins University and at the Mayo Clinic.

Today, his curriculum vitae reads like a book.

When he first arrived in the U.S. in 1972, he relates, his intention was to return to Lebanon eventually, but unfortunately it was 1976 and the strife there was at its height. He could not think of returning.

Harvard University recruited Dr. Khuri to come to West Roxbury VAMC. Again, he planned to stay only a few years, but instead has remained for 22 years.

The West Roxbury VAMC has the oldest and the largest open heart surgery program in the VA system and have been designated by the agency as a Center of Excellence in cardiac surgery, West Roxbury VAMC proudly states.

"I've been chief of cardiac surgery [at West Roxbury] since 1977," he relates, emphasizing that one of the facility's major strengths is offering the ability to combine investigative research with clinical practice.

"I feel we can only improve the way we deliver care by simultaneously conducting practical research that will answer the frustrations that we meet in our daily work. VA is an ideal environment that allowed me to combine both research as well as clinical care."

For example, shortly after arriving he was allowed to pursue his interest in medical informatics. The result was the first automated ICU in the VA system. Subsequently, he chaired the surgery SIUG (Special Interest User Group), and was instrumental in developing software that is in current use in all VA surgical services.

pH In Heart Surgery: Almost all his achievements, Dr. Khuri explains, "have been borne out of some frustration with certain limitations of our current clinical efforts."

During open heart procedures, cardiac surgeons must cross-clamp the aorta and totally interrupt the blood supply to the heart in order to arrest it. However, to avoid irreversible tissue damage to the heart, they also must employ myocardial protection techniques, comprised of administering solutions to the heart. Without such fluids, he explains, surgeon would be able to safely cut off the blood flow to the heart only for 15 to 20 minutes.

This is not enough time; cardiac surgery takes a lot longer, he emphasizes.

"What was frustrating to me was that when we arrested the heart, we had no way of assessing how well we were protecting the heart during this period. There is no way today of knowing while you are operating on the heart how well you are protecting it from irreversible damage."

"This is why we felt it was important in our research to try to come up with a methodology or a technology that would allow us, in an online manner, to monitor the adequacy of the protection of the heart," he explains.

Based on animal experiments, which he had conducted to the John's Hopkins Hospital and West Roxbury. Dr. Khuri proposed in 1983 a novel approach monitoring myocardial tissue and acid-balance as a valuable way to evaluate how successfully the surgeons were protecting the heart during surgery. In a large series of basic animal experiments, which he subsequently conducted both at the West Roxbury VAMC and the NMR Magnel Laboratory at MIT, Dr. Khuri demonstrated that the rise in myocardial tissue hydrogen ion concentration (or fall in myocardial tissue pH, measured with a glass electrode which he had developed in conjunction with Vascular Technology, Inc., based in Chelmsford, Mass., provided an accurate metabolic measure of the magnitude of regional myocardial ischemia (i.e., the damage caused by the lack of adequate nutritive supply).

The electrode which he developed for this purpose is made of special 1 mm in diameter pH-sensitive glass containing silver-silver chloride. Although the full 10 mm length of the electrode is inserted perpendicularly into the heart muscles, its sensing surface is limited to its distal 4 mm tip, allowing assessment of the acid-base balance of the deeper and more vulnerable tissues of the heart.

The most recent prototype of the electrode also allows for the simultaneous measurement of the temperature of the tissues at the