home, and enteral nutrition is primarily provided to nursing home residents. The rates determined for the second round are to take effect on Oct. 1, 2001, and will remain in effect until Sept. 30, 2002.

GUEST CHAPLAIN, DR. CALVIN TURPIN

HON. SAM FARR

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Wednesday, March 14, 2001

Mr. FARR of California. Mr. Speaker, I am pleased to submit background material on Dr. Calvin Turpin. Dr. Turpin, from my district, offered the prayer to open the House today.

Dr. Calvin C. Turpin of Hallister, CA, is a native of Illinois. He is a retired professor of religion and an administrator from Hardin Simmons University, Abilene, TX.

Dr. Turpin earned a B.A., and M.A. from Baylor University, Waco, TX; An M.A. from Vanderbilt University, Nashville, TN; Bachelor of Divinity; M.R.E. (Master of Religious Education) and a Master of Divinity from Southern Baptist Theological Seminary, Louisville, KY, and a Doctor of Science in Theology from Golden Gate Baptist Theological Seminary, Mill Valley, CA.

Dr. Turpin served as Deputy Chief of Chaplains for the Civil Air Patrol. He and his wife Eudell are the parents of a son and daughter.

Dr. Turpin served in the Army during World War II and has served as a minister in Southern Baptist Churches in Texas, Kentucky, Tennessee, and California.

Presently he serves as National Chaplain of the American Legion (2000–2001).

REVIVING STEEL

HON. DENNIS J. KUCINICH

OF OHIO

IN THE HOUSE OF REPRESENTATIVES

Wednesday, March 14, 2001

Mr. KUCINICH. Mr. Speaker, I submit into the RECORD the following editorial from the March 11th edition of the Cleveland Plain Dealer. I believe this piece speaks to the urgent need for action to aid the American steel industry, and I encourage my colleagues to read it.

[From the Plain Dealer, Mar. 11, 2001]

REVIVING STEEL

Why is America's steel industry in such a sorry state?

Poor management, inefficient work rules, runaway imports, outrageous energy costs, low prices, expensive obligations to retirees, skeptical landers and rapidly changing technology have all played a role. But the collective impact is undeniable: In little more than three years, 16 firms, including Cleveland LTV Corp., have sought bankruptcy protection. Since last spring, profits at even the best-run firms have largely melted into pools of red ink; LTV lost $351 million in the last quarter alone. The mini-mills that once seemed to be steel's new wave now look almost as vulnerable as the dinosaurs in this historically cyclical industry.

Since steel is an economic and military necessity, America needs a healthy industry. And in our system, that's largely the responsibility of individual steelmakers. They have to be intelligently managed, flexible, able to see technological change before it overwhelms them. Companies that can't or won't change will fail. And yet, it's not unreasonable for government to help such a vital enterprise negotiate a market shaped by forces that bear little resemblance to economic theory.

The Bush administration is said to be studying how best to assist steel. And a bipartisan group in the House of Representatives has offered a set of proposals, many of them rooted in ideas put forward by industry leaders and the United Steel Workers of America. While specifics of the legislation, whose co-sponsors include Cleveland-area Democrats Dennis J. Kucinich, Stephanie Tubbs Jones and Sherrod Brown, may be a bit dubious, they do pinpoint areas that need attention: foreign competition, ''legacy costs,'' consolidation and capital.

Ask most steelmakers and their allies to identify the industry's No. 1 problem and chances are they'll finger the glut of low-priced foreign steel that flooded this country last year. But the import crush is not some foreign plot. A strong U.S. dollar, while good for the overall economy, makes imports relatively cheaper and more desirable to cost-conscious steel users. Even in the best of times, American steel makers cannot meet domestic demand. Industry officials concede that about a quarter of the steel used in this country will always come from abroad, much of it slab that's then finished by American steel firms.

Still, American steel firms need some respite from bargain-basement competition. The question is how to give it to them, especially since the world Trade Organization has rejected America's anti-dumping laws. Perhaps the administration at least could give American producers the ''anti-surge'' warnings that NAFTA partners Mexico and Canada provide their steelmakers by constantly monitoring imports.

U.S. steelmakers proudly point to billions invested in modernization since the late 1970s. America today makes as much steel with a third as many workers. But shrinking the work force meant early retirement for thousands of empoloyees; LTV's integrated steel operations, for example, support 12,000 active workers and 72,000 retirees. Many established steel firms thus face enormous ''legacy costs,'' mostly for retiree health care, that add an estimated $15 to $20 to the price of each ton. It's a burden not shared by domestic upstarts or by foreign competitors whose governments pay for health care.

The House bill proposes a surcharge on every ton of steel sold in the United States to help cover retiree health costs. A similar program operates in the coal industry. Spreading the burden of legacy costs might speed the consolidation that many think the steel industry desperately needs. Treasury Secretary Paul O'Neill, who led a troubled aluminum industry back to profitability while at Alcoa, has signaled that any long-range fix for steel probably will require some global reduction in capacity that pushes up prices. Retrenchment may cost some American firms, but their workers and retirees should not be punished in the process.

Finally, steel may be on the verge of technological quantum leaps. But they won't be cheap, and already many banks are understandably leery of investing in such a dicey industry. Even a federal program that currently guarantees 85 percent of a loan has attracted so few takers that the Bush budget suggests cancelling it. Some suggest that governments or pension funds could step in as financiers. But before heading down that risky road, let's see whether help on import competition and legacy costs encourages private lenders to take another look at steel.

DR. THOMAS STARZL

HON. WILLIAM J. COYNE

OF PENNSYLVANIA

IN THE HOUSE OF REPRESENTATIVES

Wednesday, March 14, 2001

Mr. COYNE. Mr. Speaker, I rise today to call my colleagues' attention to an important anniversary—the 20th anniversary of Dr. Thomas Starzl's first liver transplant in Pittsburgh, Pennsylvania.

Dr. Starzl has been a pioneer in the field of organ transplants for the last 40 years. Dr. Starzl performed the world's first liver transplant in 1963 and the world's first successful liver transplant in 1967. His successful use of azathioprine and corticosteroids in kidney transplants in 1962 and 1963 produced a surge of transplant research around the world. Dr. Starzl's successful experiments with anti-lymphocyte globulin and cyclosprine in 1980 enabled transplantation to move from the experimental stage to an accepted medical procedure. And in 1989, Dr. Starzl's experimentation with another anti-rejection agent, FK506, led to additional advances in transplantation.

These are only a few of the highlights of Dr. Starzl's long and productive career. One measure of his contribution to modern medicine is the sheer volume of research that he has produced. He has authored or co-authored more than 2,000 articles, as well as four books and 292 chapters. I would point out that Dr. Starzl has been identified by the Institute for Scientific Information as the most cited scientist in the field of clinical medicine. Truly, he is a remarkable man.

Dr. Starzl was born in 1926 in Iowa. He graduated with a bachelor's degree in biology from Westminster College in Missouri. He studied medicine at the Northwestern University Medical School in Chicago, and he did graduate work at Johns Hopkins Hospital in Baltimore. He subsequently worked and studied at Johns Hopkins, the University of Miami, and the Veterans Administration Research Hospital in Chicago. Dr. Starzl served on the faculty of Northwestern University from 1958 until 1961 and held several positions, including chairman of the department of surgery, at the University of Colorado School of Medicine from 1962 until 1980.

Since 1981, Dr. Starzl has been associated with the University of Pittsburgh School of Medicine. Under his leadership, Pittsburgh became one of the largest and most successful centers for transplant surgery in the world. More than 5,700 liver transplants, 3,500 kidney transplants, 1,000 heart transplants, and 500 lung transplants have been performed at the University of Pittsburgh Medical center. In 1991. Dr. Starzl became director of the University of Pittsburgh Transplantation Institute, and in 1996, the Institute was renamed in his honor. Dr. Starzl now holds the title of director emeritus, and continues to conduct cutting-edge research on transplantation. Dr. Starzl has also been active as a leader—and often as a founding member—of a number of professional and scientific organizations, and he received nearly 200 awards and honors for his work.

I salute Dr. Starzl for his many contributions to the field of medicine on the occasion of the 20th anniversary of his first liver transplant in Pittsburgh.