

Texas, I ask this great body to join me in sending our most heartfelt condolences to the family of Lance Corporal Juan Rodrigo Rodriguez. May God watch over his parents, Rodrigo and Juana, and sister, Fatima, in this time of need.

RECOGNIZING AND ENCOURAGING MENTORING DURING NATIONAL MENTORING MONTH OF JANUARY

The SPEAKER pro tempore (Mr. BURGESS). Under a previous order of the House, the gentleman from Nebraska (Mr. OSBORNE) is recognized for 5 minutes.

Mr. OSBORNE. Mr. Speaker, between 1962 and 1998 I was involved with young people as a member of the coaching profession; and during that period of time, that 36-year stretch, I saw some alarming trends. The out-of-wedlock birth rate went from 5 percent to 33 percent; an increase in children living without both biological parents has increased to nearly 50 percent; the United States has become the most violent Nation for young people in the civilized world; it has the highest homicide and the highest suicide rate. Back in 1960, cocaine, marijuana, and methamphetamine were practically unheard of and today, of course, we have a major epidemic.

So as far as I am concerned, Mr. Speaker, the greatest threat that we have to our Nation is what is happening to our young people.

I would like to suggest that the best available solution that I have been able to observe is mentoring. A mentor is, number one, someone who cares. Many children simply have no one in their lives, no adult who shows unconditional love and acceptance of them, and a mentor is somebody who does that.

Mentoring also provides affirmation. No one, whether you are 5 years old, 10 years old, or 60 years old, can function very well if there is not someone who occasionally says, we care about you, we approve of what you are doing, way to go. So a mentor is one who provides affirmation in a world where many young people get very little of it.

Then, thirdly, a mentor is one who provides a vision of what is possible. So many of our young children realize that when they get to be 16, they can leave school; and it is assumed that they will do that because they have never seen anyone in their family finish high school or go to college or contemplate a career. So a mentor provides vision.

Mentoring works. A mentoring program that I have been involved with in my home State of Nebraska has done some follow-up study with the Gallup organization. We found that a mentoring program, at least in this case, increased attendance by those being mentored by 80 percent, reduced disciplinary referrals by 60 percent, and increased academic performance by 40

percent. Other studies have shown that a reduction in drug and alcohol abuse has been about 50 percent, teenage pregnancy has gone down, violent crime has been reduced, graduation rates have been improved, peer relationships have been improved, including relationships with parents.

Mentoring is cost-effective. It usually costs about \$300 to \$500 per mentor-mentee match, whereas it costs \$30,000 to \$40,000 a year to incarcerate somebody. A young person on drugs may cost more than \$30,000 to \$40,000 a year.

The National Mentoring Partnership estimates that roughly 17.5 million young people badly need a mentor; and yet at the present time, we have only about 2.5 million children in mentoring relationships. So we have a gap of roughly 15 million young people.

The Congress and the President have recognized the need by providing \$50 million for Mentoring For Success grants, and another \$50 million for mentoring children of prisoners, and this was provided last year. However, much more could be done.

I urge Members of Congress to recognize and encourage mentoring during this National Mentoring Month of January. Members of the Mentoring Caucus are introducing a resolution honoring mentors. This will be done tomorrow, and we hope that we will have a broad base of support throughout the Congress.

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Ohio (Mr. BROWN) is recognized for 5 minutes.

(Mr. BROWN of Ohio addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

FINDING AND IMPLEMENTING NEW WAYS TO DECREASE HEALTH CARE COSTS AND IMPROVE PATIENT SAFETY

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Pennsylvania (Mr. MURPHY) is recognized for 5 minutes.

Mr. MURPHY. Mr. Speaker, I come to the floor today to discuss an important way to address the ongoing crisis of sky-rocketing health care costs. As the burden of paying for medical insurance continues to climb by double digits each year, it is clear that we cannot continue to do the same thing and expect different results.

Efforts to reduce health care costs have focused on health and medical savings accounts, medical liability reform, and association health plans. While these steps are vital and must not be abandoned, there are other actions we must take if we want to make quality health care more affordable and accessible.

As lawmakers, we currently have a limited focus when it comes to health care. Instead of always asking who will

pay for health care services, we should begin to focus on what we are paying for. We continue to fund an antiquated health care system in which patients too often end up paying for preventable medical errors that could be avoided with modern technology.

We need to institute fundamental changes to bring our Nation's health care delivery system into the 21st century.

We live in the Information Age; but health care, one of the most information-intensive fields, remains mired in a pen-and-paper past. We can buy plane tickets online, take cash out of an ATM anywhere in the world; and yet the health care industry remains dangerously disconnected.

Our inefficient health care information systems hold serious consequences for all of us. Patients must still carry their paper records and scribbled-down prescriptions from one provider to another, and any information that slips from their folder is lost forever. This lack of comprehensive technology results in medical errors, misdiagnosis, and needless test duplications; increases costs; and reduces the overall quality of health care.

Doctors and nurses often have only brief moments to examine voluminous paper medical records and risk missing critical patient information.

A wealth of information is available highlighting the need to modernize the American health care system sooner rather than later.

The Institute of Medicine reports that over 7,000 people die every year just from medication errors alone, with anywhere between 44,000 and 98,000 deaths attributed to medical errors in hospitals.

A study by the Rand Corporation estimates that only 55 percent of our Nation's patients are receiving the recommended care they need.

A recent study by the State of Pennsylvania found that 10 percent of hospitalizations in Pennsylvania under the age of 65 were unnecessary and avoidable had the patient been offered early intervention or high-quality outpatient care.

The absence of information technology in health care significantly contributes to inappropriate or inadequate treatment. These mistakes cost money and cost lives. According to the Pennsylvania Health Care Cost Containment Council, unnecessary hospitalizations cost \$2.8 billion in unnecessary treatment in Pennsylvania alone. And the Agency For Health Care Research and Quality reports that \$100 billion a year is linked to medical errors in this Nation.

Any other industry would not tolerate the mistakes and the costs associated with these mistakes. As far back as 1998, the Department of Health at the Mt. Sinai Medical Center reported the disparities between private business quality control and the rate of mistakes in health care.

At the time, it was found that some companies had 3.4 million defects per

million parts produced in electronics, and health care had an average of 10,000 defects per million. I do not mean that health care should be compared to the electronics industry, but 10,000 defects per million should be an unacceptable number.

We must begin to look at health care costs in a new way, focusing on overall health and not simply disease, emphasizing the need to move forward in integrated care.

The situation our constituents face every month when trying to pay for their health care insurance requires Congress to bring the information technology that touches every other aspect of our lives to the one area that may mean the most. We must promote ideas to bring the transformative power of information technology to every corner of our health care system in an effort to ensure quality, patient safety, and efficiency through bipartisan solutions.

This is just one of the many measures of quality we need to be addressing to make health care more affordable and accessible. As co-chairman of the 21st Century Health Care Caucus, I intend to come to this floor often during this session with new ways to reduce the cost of health care and offer tangible ways to decrease costs and improve patient safety, and I invite my colleagues to do the same.

REPORT ON RESOLUTION PROVIDING FOR CONSIDERATION OF H.R. 54, CONGRESSIONAL GOLD MEDAL ENHANCEMENT ACT OF 2005

Mr. SESSIONS, from the Committee on Rules, submitted a privileged report (Rept. No. 109-1) on the resolution (H. Res. 42) providing for consideration of the bill (H.R. 54) to amend title 31, United States Code, to provide reasonable standards for congressional gold medals, which was referred to the House Calendar and ordered to be printed.

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Oregon (Mr. BLUMENAUER) is recognized for 5 minutes.

(Mr. BLUMENAUER addressed the House. His remarks will appear hereafter in the Extension of Remarks.)

CELEBRATING 100 YEARS OF THE ROTARY CLUB OF CHICAGO'S SERVICE

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Illinois (Mr. DAVIS) is recognized for 5 minutes.

Mr. DAVIS of Illinois. Mr. Speaker, on February 23, 1905, Paul Harris, a Chicago attorney, invited three friends to a meeting: Sylvester Schiele, a coal dealer; Hiram Shorey, a merchant tailor; and Gustavus Loehr, a mining engineer. All four men gathered in

Loehr's business office in room 711 of the Unity Building at 127 North Dearborn Street in downtown Chicago, which is my district. They discussed Harris' idea that business needed to meet periodically to enjoy camaraderie and to enlarge the circle of business and professional acquaintances.

The club met weekly. Membership was limited to one representative from each business and profession. Though the men did not use the term "rotary" that night, that gathering is commonly regarded as the first Rotary Club meeting. The name "rotary" was suggested later on by Paul Harris as meetings were rotated from office to office in the early days of the organization.

During the early days, the Rotarians realized that fellowship and mutual self-interest were not enough to keep a club of busy professionals meeting each week. Reaching out to improve the lives of the less fortunate proved to be an even more powerful motivation. The Rotary commitment to service began when the Rotary Club of Chicago donated a horse to a preacher so that he could make the rounds of his churches and parishioners. A few weeks later, the club constructed Chicago's first public lavatory. These actions of service and improvement of communities continued in 1967 to support the pediatric program at the Rehabilitation Institute of Chicago.

Of course, through the years, these services have continued and they have continued to make valuable contributions to the most needy members of our society.

So, Mr. Speaker, I warmly congratulate the Rotary Club of Chicago for 100 years of service, making a difference in the lives of the less fortunate and showing the true commitment of business leaders to strengthen our local and global communities. I wish the club another 100 years of service and Tuesday lunches in downtown Chicago.

ABORTION CLINICS: NOT ONLY KILLING MILLS BUT TORTURE CENTERS AS WELL

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from New Jersey (Mr. SMITH) is recognized for 5 minutes.

Mr. SMITH of New Jersey. Mr. Speaker, yesterday, 100,000 human rights advocates endured the numbing cold and snow in a great witness for life here in our Nation's Capital. Their presence on behalf of those who have no voice of their own was truly inspiring. It was gratifying beyond words to see so many teenagers full of idealism and full of compassion and love for their littlest brothers and sisters and for all human life that is at risk.

Indeed, Mr. Speaker, the pro-life movement is the greatest human rights movement on Earth.

□ 1945

Mr. SMITH of New Jersey. It is a struggle based on unconditional love,

even for the proabortionists, unconditional empathy for the victims, both the child and his or her mother, and unconditional courage.

We are a movement with deep hope and expectation, that with God's all-powerful grace, and through that all-powerful grace, the culture of death will soon be vanquished by the culture of life, where all human life is cherished and respected. We pray for the day when branding an unborn child as unwanted will no longer mean a death sentence in America.

Mr. Speaker, I have always found the term "unwanted child" dehumanizing, for it relegates a child to the status of a commodity, an object, a thing, something that can be chosen or unchosen at will, not unlike any other consumer product.

Mr. Speaker, with each passing year, the horrific toll of abortion on women's lives becomes more evident, and it is time the media especially stopped censoring the truth. Women deserve better than abortion, and the compelling stories of the brave women, the postabortive women who are silent no more need to be heard. These very special women bear witness not only to the agony and the trauma of their own abortions, but to the hope of healing, reconciliation and inner peace as well.

Wounded women like Dr. Alveda King, the niece of the late Dr. Martin Luther King, who has had an abortion, Jennifer O'Neill, singer Melba Moore, civil rights activist, like I said, Dr. King, and so many others, and co-founder of this group called Silent No More Awareness Campaign, Georgette Forney, have all called on us to listen to their heart-wrenching stories and take seriously our moral duty to protect women and children from the predators who ply their lethal trade in abortion mills throughout the land.

These brave women are the new champions of life. They have refused to be silent any longer. They care too deeply about other women and their children, and they want others to be spared the anguish that they themselves have endured. And to the millions of women who have aborted, they are uniquely equipped to convey the breathtaking love and healing and reconciliation that God provides to those who ask. They do have a connection, the silentnomoreawareness.org, if those who might want to contact them just go on the Web and check them out. They are unbelievably full of compassion.

Mr. Speaker, let me also point out that with each passing year, the child body count from abortion in America grows. Since the infamous decision in 1973, more than 46 million babies have been killed by dismemberment or chemical poisoning, a number fast approaching the total worldwide deaths attributable to World War II; that is civilian and military deaths.

And as we have feared, Mr. Speaker, the much touted baby pesticide, RU-486, rushed to approval by a very biased