John A, as he is affectionately called by his friends, attended Auburn University, which was then called the Alabama Polytech Institute. He graduated with a degree in civil engineering in 1936. There, he met the love of his life, Ms. Katherine Stowers, whom he married that same year. They have two daughters, Mary John, and Kitty Walter.

□ 1630

John A. is one of those type individuals that when you meet him, you can't help but like him. He has received numerous awards and acclamations throughout his career. John A. was quite a multitasker during his career, which spanned many decades, in various lines of work, whether it was during the Second World War as he served in the Corps of Civil Engineers or as the State director of the Farmers Home Administration, where he served both during President Nixon's and President Ford's administrations.

John A. was also a gentleman farmer and served at the Alabama Farm Bureau. He also did work in construction. And at the age of 76, he founded the Alabama Rural Water Administration, which he served for 17 years. But of all the things John A. is known for, probably his great storytelling ranks among the top.

So, Mr. Speaker, on this momentous occasion of reaching a century mark, which very few people get the opportunity to celebrate, I wish this great American all the best, many more years to come, and happiness and God's blessing to him and his family.

MOTHER'S DAY 2009

The SPEAKER pro tempore. Under a previous order of the House, the gentlewoman from Wisconsin (Ms. MOORE) is recognized for 5 minutes.

Ms. MOORE of Wisconsin. Mr. Speaker, I rise today to mark the upcoming celebration of Mother's Day this weekend, Sunday, May 10. Mother's Day is a joyous occasion. And one of the reasons that Mother's Day is just such a celebration is that we all recognize the important role that mothers play not only in the lives of their biological children, but in the life of the entire community. It has been astutely observed that the hand that rocks the cradle rules the world.

However, for too many women in our world, the journey to motherhood, pregnancy and childbirth is a death sentence rather than a reason for celebration. For every woman who dies, another 20 survive but must suffer from the illnesses or injuries incurred during pregnancy or childbirth. Maternal mortality is the highest health inequity on the planet Earth, with more than 99 percent of deaths in pregnancy and childbirth occurring in the developing world. And we don't really have to look that far to find those inequities right here in our own hemisphere. Haiti has the highest maternal mortality rate in the Western Hemisphere.

Women in the world's least developed countries are 300 times more likely to die in childbirth or from pregnancy-related complications than women in the developed world. And this is a tragedy that is compounded by the fact that these maternal deaths are preventable. When a woman dies after giving birth, the mortality rate for the now motherless newborns can be as high as 90 percent in poor countries.

Fortunately, there are known interventions, proven interventions that can be implemented to reduce maternal mortality. However, we need to invest more in the programs to fund these interventions. By one estimate, the U.S. would need to increase its investment in global maternal health efforts up to $1.3 billion a year in order to help achieve the Millennium Development Goal of reducing global maternal mortality by three-quarters by 2015. And out of eight Millennium Development Goals—eight—the goal to reduce maternal deaths has had the least progress being made on it.

Additional funds would help increase access to prenatal care, neonatal care and postpartum periods. It would provide up to 4 million health professionals who are needed in developing countries. Six of the seven countries with the highest levels of maternal mortality have less than one doctor for every 10,000 people. The severe shortage of health care workers and the poor quality of care must be addressed to achieve reductions in maternal mortality.

This week, President Obama unveiled a new global health initiative that will call for increased U.S. investment in global health programs. And I am thrilled that one of the identified goals for this new initiative is to reduce the mortality of mothers and children under 5 to save millions of lives. As a mother, I know that being a mother is one of the greatest joys and blessings ever enjoyed on this planet.

Again, I wish all of you, all my colleagues and their constituents, a happy Mother's Day. And I would hope that we would spend a moment thinking about all the mothers-to-be, a half-million women a year in the world, who never, ever, ever enjoy motherhood because they die in pregnancy needlessly.

HEALTH CARE REFORM

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

Mr. KIRK. Mr. Speaker, over the last weeks, I have spent hundreds of hours helping craft a moderate, centrist bill on health care.

Our country should work on lowering the costs of health insurance. And while a nationalized government HMO could prompt tax increases, inflation and a decline in quality, we could instead enact policies that lower the costs of health insurance for Americans.

When we reform health care, we should follow key principles. First, reforms should defend your relationship with your doctor. Insurance companies already interfere with much of our care, and a government HMO would do worse. Second, reforms should reward the development of better treatments and cures. Americans support treating diseases like diabetes, but they are passionate about a cure. And finally, reforms should be sustainable because so many senior citizens depend on them. The worst thing we could do is enact a program that we cannot afford.

In considering health care reforms, Americans look to Canada and Britain as models. Canadians have a different view. While over 60 percent of Americans are actually satisfied with their health care plan, only 55 percent of Canadians are happy. Over 90 percent of Americans facing breast cancer are treated in less than 3 weeks, while only 70 percent of Canadians get such quick treatment. Meanwhile, thousands of Canadians seek treatment in U.S. hospitals. The average Briton waits even longer, 62 days. Britain has fewer oncologists than any other Western European country. It is no wonder Britain ranks 17 out of 17 industrialized countries in surviving lung cancer.

The most dramatic differences come in the field of cancer, where Britain's most respected medical journal, The Lancet, published results on a review of European and American survival rates. In short, The Lancet reported, American men have a 66 percent chance of surviving cancer, European men 47 percent, American women 63 percent, European women 56. In short, you are more likely to live if you are treated in America.

Newborns, most at risk, need the care of a neonatal specialist. In the United States, we have six neonatologists per 10,000 live births. In Canada, they have fewer than four, in Britain fewer than three. In this country, we have more than three neonatal intensive care beds per 10,000, just 2.6 in Canada, less than one in Britain. It is no wonder babies in Britain are 17 percent more likely to die compared to just 13 percent a decade ago.

The starkest difference appears when you are sickest. In Britain, government hospitals maintain nine intensive care beds per 100,000 people. In America, we have three times that number, at 31 per 100,000. In sum, Britain has less than two doctors per 1,000 people, ranking it next to Mexico, South Korea and Turkey.

Stories of poor care under government-only systems are common in Britain. Last February, the Daily Mail reported on the case of Ms. Dorothy Simpson, age 61, who had an irregular heartbeat. Officials of the National Health Service denied her care, telling her that she was ''too old.''

The Guardian reports in June that one in eight NHS hospital patients have waited more than 1 year for treatment. In Congress, we have proposals

to create a new option for Americans to sign on to a government health care plan. Proponents claim that this will offer a choice between their current health insurance and the government plan. That is what proponents say. What they do not say is that under many of the major pieces of legislation under consideration, the government health care plan is funded by ending the tax break employers receive for providing health care insurance. This tax break supports health insurance plans for most families, 165 million Americans. Do they know that the legislation being considered will trigger a tax decision by their employer to cancel health insurance for their family, leaving them actually no choice but an untested, brand new, government-only HMO attempting to care for their family?

The new legislation also depends on funding from a climate change bill that press reports indicate a number of majority Members will not support. Without funding from a climate change bill, there is little revenue except borrowing or printing more money to support new government health care.

Seniors and low-income Americans depend on the promises we make. The worst thing we can do is make commitments that are too expensive and pull the rug out from those who can least afford to cope. We should back reforms that the government can afford to keep. And we will be putting forward new legislation on that in the coming days.

There are a number of steps that Congress should take to bring down the cost of medicine.

First, we should expand the number of Americans with access to employer-provided health care. One of the best ways to do this is by allowing small businesses to band together to form larger pools of insurable employees.

Second, the Congress should expand access to care for millions of self-employed Americans without insurance. A refundable tax credit for individuals equal in value to the same tax breaks large employers get would help them to buy insurance.

Third, as jobs become more portable, so should health insurance. We should protect Americans who lose their jobs and families excluded from coverage by pre-existing conditions. Congress can remove the current 18-month time limit on COBRA continuing coverage, giving family members the option of always sticking with the insurance plan they currently have.

Fourth, we must pass common-sense measures to bring down health care costs. The VA already uses fully electronic medical records to care for 20 million patients while saving lives and cutting wasteful spending. We also need lawsuit reform. We need federal lawsuit reforms to lower malpractice insurance premiums and retain doctors in high-risk professions.

In sum, I working with Congressman CHARLES DENT, my co-chair of the Moderate Tuesday Group of 32 moderates on a health care bill. We will have a detailed plan by the May recess that makes, insurance less expensive . . . and therefore covering more Americans without burdenings our treasury with new borrowing needed from China or any other country.

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

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

GLOBAL WARMING

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

Mr. SHIMKUS. Mr. Speaker, it is great to have this opportunity to come down to the floor once again to get the floor and the country ready for the debate on global warming. And I just want to put a couple of things in perspective. What the whole global warming bill intends to do is to monetize, which means put a cost, for carbon emissions. Now everyone knows that when you add a cost, it will be passed on, so hence the debate that we have been dealing with in the committee over the last couple weeks about raising energy costs. And it has mostly been on the premise of monetizing carbon, either by putting on a carbon tax, or monetizing carbon through what is called a cap-and-trade regime where you have marketeers purchase carbon credits. That is only one aspect of the rise of energy costs, because we do know that the producers will pass that on to the end users. And who are the end users? That is us. That is individual consumers, that is manufacturing, that is the service sector and that is the government. It will be passed back on to us in higher costs for us.

There are other additional costs involved in this whole program, in this whole plan. And the other aspect of costs is the energy it will take for utilities to capture carbon dioxide. At a power plant that is being built that I just visited, 40 percent of the electricity that it was going to sell on the open market would now go internally to try to capture the carbon. So if they were going to sell 1600 megawatts of power, now they are only going to be able to sell about 950 megawatts of power because they are going to have to internally use that.

Now if they have done the investment, doing a cost-benefit analysis and return on that, not only will they have less power to sell on the market if the demand is the same, the supply is less and the cost will go up. But they will also have to have a second cost increase, which will be buying the carbon credits. Now those are two areas by which electricity costs will increase.

Well there is another area where electricity costs will increase because we are going to push an efficiency standard on utilities, which is another aspect that they are going to have to make major capital investments. So we have three times a burden on utilities, which they will pass on to the consumer.

□ 1645

Now, the concern many of us have, if we want to maintain our jobs and we want to maintain our competitive force in the world economy, we have to have low-cost power. The other thing that is really hard to understand is why would we unilaterally raise the cost to produce goods and services when the major emitters of the world today will not be forced to comply.

Here is a chart of the important transmissions and emitting countries. It would surprise a lot of people to notice here at the bottom is the United States. We have had very little growth in emissions. Where has all of the growth come: Africa, the Middle East, Latin America, Southeast Asia, India, China, Korea, Eastern Europe. This is the increase in the emissions.

So as we come to this debate if we just want to be straightforward, we are going to say if we are going to enforce all this pain on the U.S. economy at a time when this economy really can't accept the pain because of the job losses, shouldn't we have some gain? The reality is we could stop our carbon emissions today and put it to zero. And what will happen to worldwide carbon emissions? They will go up. We could go to zero. They would go up. That is no way to address a problem.

We have declining carbon emissions in our economy today, and the reason why we have it is because of the recession we are facing. So job loss, manufacturing loss creates lower emissions which is what my friends on the other side of the aisle would like to see. We are going to fight to defeat it.

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

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

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

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

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

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

The SPEAKER pro tempore. Under a previous order of the House, the gentlewoman from Ohio (Ms. KAPTUR) is recognized for 5 minutes.