

Foundation, and the Thomson Compassionate Scholar award from the Brigham and Women's Hospital.

Dr. Peter Black and Katharine his wife of 38 years, have five children: Winifred, Peter Thomas, Elizabeth, Katharine, and Christopher, who live and work around the world.

MR. RAHMIN KODSI

Born in Cairo, Egypt in 1929, Rahmin Kodosi was only 16 years old when his father passed away. As the only son who suddenly needed to support his mother and two sisters, Rahmin was forced to drop out of school to assume his late father's textile business.

In 1960, Rahmin married Ginette, and they are now the proud parents of three daughters: Louna Levana, Lili Leah and Joyce Simcha.

During the Six Day War, the Egyptian government imprisoned and confiscated the property of successful Jews, accusing them of involvement with the Israeli government. As a prominent Egyptian Jew, Rahmin suffered that fate as well, though he was fortunate (relatively) enough to only spend 3 weeks in prison. He was subsequently relocated to Naples, and his family followed three months later. The Kodosi family lived briefly in Paris and then came to Boston in 1968.

In Boston, Rahmin opened his first textile business—Clement Textile—in 1971. He has contributed significantly to the Boston Jewish landscape as well as to the business world. He sits on the board of directors of the Sephardic Community of Greater Boston, and he participates in many other philanthropic projects.

Today, Rahmin and Ginette live in Chestnut Hill, Massachusetts, where they share many simchas with their daughters,

PROVIDING FOR CONSIDERATION
OF H.R. 250, THE MANUFACTURING
TECHNOLOGY COMPETITIVENESS
ACT OF 2005

SPEECH OF

HON. RUSS CARNAHAN

OF MISSOURI

IN THE HOUSE OF REPRESENTATIVES

Wednesday, September 21, 2005

Mr. CARNAHAN. Mr. Speaker, I rise to oppose the rule to provide for consideration of H.R. 250, the Manufacturing Technology Competitiveness Act. The rule did not make in order an amendment that I submitted which would have elevated the advisory committee, present now and codified by H.R. 250, to a Presidential Council on Manufacturing. The amendment would have broadened the diversity of the Council and provided much needed accountability to their strategic role.

If our manufacturing industry and our manufacturing jobs are truly as important as much rhetoric suggests, we owe it to Americans in the industry to create a council that has the ear of our President.

As many of us know, the Council on Manufacturing has been in existence since last year and is now solely comprised of industry representatives. My amendment would broaden the diversity of those that sit on the panel to include labor, research, and academia, bringing a much needed voice to individuals adversely affected by and who have expertise in the current state of manufacturing.

Furthermore, under my amendment, the President's Manufacturing Council would be

directed to develop a National Manufacturing Strategy with clear issues to consider and specific reports to be submitted to Congress.

As it stands currently, the Advisory Council is not carrying out its responsibilities as envisioned by H.R. 250, which assigns responsibilities to the Council to review federal manufacturing R&D and to review the actions of the Interagency Working Group on Manufacturing R&D. The Council has accomplished neither of these stated goals.

Perhaps most astonishing, according to the Commerce Department staff, the Council does not have an agenda for the coming year, nor were they certain that such an agenda would even be developed.

The National Council for Advanced Manufacturing reported on the Bush Manufacturing Initiative suggesting that the Council have a more expansive role, that they have a strong Congressional mandate, and that the committee be chaired by the Secretary of Commerce.

My colleagues, I believe it is clear that the Council as it stands now does not meet these recommendations.

We have seen drastic changes in manufacturing jobs in this country, transfer of entire operations overseas, and communities deeply affected by these changes.

While there is much disagreement in this body about how to tackle the problems affiliated with the changing climate of our workforce, I seldom hear disagreement that there is an ongoing change in the U.S. manufacturing sector.

Unfortunately, this rule will not allow us to consider the design of the Council. I urge a 'no' vote on the rule so that we may have the opportunity to proactively address the problems of the manufacturing industry and to fulfill a promise to working Americans in the sector that we value their industry and their contribution to our nation.

We will not sit idly by while our neighbors lose their jobs and their way of life.

Vote no so that we may task this Council with a strong mandate and a clear role.

IN RECOGNITION OF ANDRE LOUIS
AND THE "RIDE FOR THE AGES"

HON. GARY L. ACKERMAN

OF NEW YORK

IN THE HOUSE OF REPRESENTATIVES

Thursday, September 22, 2005

Mr. ACKERMAN. Mr. Speaker, I rise today in recognition of Andre Louis, a selfless and inspirational individual who completed his "Ride for the Ages" on September 11, 2005.

On August 10, Mr. Louis began a 3,300 mile journey by bicycle across the United States in an effort to raise awareness of the importance of maintaining physical health for senior citizens. Andre, the Psychiatric Services Coordinator at the Margaret Tietz Nursing and Rehabilitation Center in Jamaica, New York, was inspired by his experiences working with aging individuals suffering from serious health problems.

On his way from San Francisco to Jamaica, Andre, who himself is nearing retirement age, stopped at various American Association of Homes and Services for the Aging facilities to meet with and inspire staff members and patients alike. Accompanied by family members

along the way, Andre has dedicated the "Ride for the Ages" to his daughter, Michele, who survived leukemia as a result of a bone marrow transplant from her brother Jean-Daniel.

Mr. Speaker, it is with great pride that I commend Andre Louis for his altruism and dedication to the health of our seniors. He is truly a determined individual and an inspiration to us all. I ask my colleagues in the House of Representatives to please join me in honoring Andre Louis for his extraordinary undertaking and wishing him many more years of success.

TRIBUTE TO ROBERT L. GOLDICH

HON. IKE SKELTON

OF MISSOURI

IN THE HOUSE OF REPRESENTATIVES

Thursday, September 22, 2005

Mr. SKELTON. Mr. Speaker, I wish to recognize the outstanding service of Robert L. Goldich, a Specialist in National Defense with the Foreign Affairs, Defense, and Trade Division of the Congressional Research Service. Mr. Goldich is retiring after 33 years at CRS. During this time, he has provided Members of Congress with perspective and analysis on a broad range of topics in military manpower and personnel policy, military history, Department of Defense organization, prisoner of war (POW) and missing in action (MIA) issues, and major aspects of overall U.S. defense policy.

During his career, Mr. Goldich excelled at working with Members of Congress and congressional staff on many issues. He is an expert on such issues as military retirement, military compensation and benefits, officer personnel management, military education and training; as well as the draft and all-volunteer force, military reserve components and the National Guard, and U.S. defense organization and management including the Goldwater-Nichols Act and the Reserve Officer Personnel Management Act. He received a CRS commendation for his service to Congress in 1987, and in 1991 he received a CRS meritorious award for his service to Congress during the Persian Gulf War. He is the second youngest person ever to graduate from the National War College.

Mr. Goldich also served twice as head of CRS's Military Manpower, Budget and Policy Management Section and was responsible for providing to Congress analytical capability on a variety of defense issues associated with the Department of Defense's budget and policy priorities. He received many accolades as a supervisor and lead with dedication, analytical skill, clear thinking, and fair-minded approach in working with members of the Section. In addition to his work for Congress, Mr. Goldich's outside professional activities are impressive. He was invited to participate in high level conferences, writing book reviews for the Army Center of Military History, and having longtime participatory memberships to the Inter-Agency Seminar Group and the Inter-University Seminar on Armed Forces and Society.

Mr. Speaker, please join me in thanking Mr. Goldich for his many years of service and his many contributions to congressional deliberations on defense related issues. I wish him and his family all the best in the days ahead.

CBC ANNUAL LEADERSHIP CONFERENCE 2005, HEALTHCARE FORUM

HON. DENNIS J. KUCINICH

OF OHIO

IN THE HOUSE OF REPRESENTATIVES

Thursday, September 22, 2005

Mr. KUCINICH. Mr. Speaker, the following is a copy of a speech given by me for insertion into the CONGRESSIONAL RECORD.

Thank you for inviting me to the CBC Annual Meeting. I am honored to be here.

I want to impress on you today that addressing our national health crisis is well within our reach. In fact, there is only one truly sustainable solution and that's universal, single payer, not for profit health care.

We have all heard the statistics. Almost 46 million are uninsured. Only 5 percent of them are unemployed. 8.4 million children were uninsured in 2003. Over a third of the poor and more than a quarter of the near-poor lack coverage.

What does that mean for them? They are less healthy. They don't get adequate preventative care. For example, uninsured children are 70 percent more likely than insured children not to receive medical care for common conditions like ear infections. And an uninsured person has a 25 percent higher risk of dying than an insured person. This translates to 18,000 deaths per year in the U.S. that are attributable to lack of insurance coverage.

Being uninsured or even underinsured also takes a huge financial toll. Medical bills are the number one cause of personal bankruptcies. That will affect the ability to buy a home or make other large purchases that help define the American dream.

It's not hard to see why the U.S., when compared to other developed countries, has the lowest indicators of health. We have the lowest life expectancy and the worst continuity of care. We have the highest infant mortality rate and maternal mortality rate.

And yet our per capita health care spending is almost twice the average of developed countries that have universal coverage. That is largely because of gross inefficiency. Private health insurance overhead ranges from 12-30 percent while Medicare's is consistently about 2-3 percent.

In a nutshell, we're already paying for high quality, universal health care—we're just not getting it.

Now we already have a system that is a model for where we need to go. It's called Medicare. H.R. 676, which I am proud to have developed with my friend and colleague, Mr. CONYERS, would simply expand and improve Medicare. Under this plan, Medicare for All, every person in the country will receive comprehensive health care and every person will pay less. It doesn't cost any more than our nation currently spends on health care. It simply reallocates the money to better uses.

Here's how it works. It would give everyone living in America, including immigrants, a health care card. That card would guarantee coverage at any hospital, any clinic, and any doctor that a patient wants to use. Coverage would also be guaranteed for the entire range of patient's medical needs, from preventative care screening to prescription drugs to dental care to long-term care.

The wasted and excessive funds in our current health care system are so great that under Medicare for All, no patient would ever pay a premium, a deductible, a co-payment, or even see a bill for needed medical care. Cost would no longer be a worry for families or a reason for bankruptcy.

Medicare for All would also address the quality of health care. There are often no standards, or there are different standards for different people. If you're black, or if you're Hispanic, you know that the health care you receive is, too often, not the same as other people receive.

There should be a single standard of care, determined by a group of qualified medical professionals. Under Medicare for All, a new National Board of Universal Quality and Access would be established. The Board would include health care professionals, nurses, representatives of institutional providers of health care, health care advocacy groups, labor unions and citizen patient advocates. This Board is critical because it puts control of health care in the hands of providers and health experts instead of insurance companies and software writers.

The first priority of the Board would be to create a universal, best quality standard of care. This standard would determine appropriate staffing levels and appropriate medical technology. This standard would also cover design and scope of work in the health workplace. So, no matter what a patient looks like or where in the country the patient is treated, the health care standards are the same. Even if you already have health insurance now, the medical care you would receive under Medicare for All would be better.

Finally, Medicare for All would hold health care facilities accountable to the universal, best quality standard of care. Hospitals, clinics and other facilities would no longer be able to keep internal data secret, such as staffing ratios, medication errors, misdiagnoses or infection rates. As it stands, patients cannot compare health care quality data from hospital to hospital. Making that data public would ensure accountability. It would help facilities learn what problems need to be addressed. It would encourage them to do even better to deliver the best patient care possible.

Who supports such a health care system? About two thirds of Americans agree that the federal government should guarantee medical care for Americans. 58 percent of medical students and faculty favor a Medicare for All type of system. Multiple Deans of Medical Schools, the former Editor of the New England Journal of Medicine, about 40 percent of small business owners have all expressed support. The three major auto manufacturers (Ford, GM, and Daimler-Chrysler) in Canada have all publicly endorsed Canada's health system specifically because it lowers their costs so much that it gives them a significant competitive advantage over their U.S. counterparts in Detroit. This is an important point that resonates with lawmakers.

I am excited to report that H.R. 676 now has over 50 cosponsors and the list is growing. It includes rank and file as well as several ranking members with seniority; 15 members of the CBC as well as the Hispanic Caucus, the Progressive Caucus, the New Democrats; members that have cosponsored the bill since it was first introduced in 2003 and members who have heard about the growing movements in their states and have signed on for the first time.

I want to close by saying that I think you'll find that when you talk to people who follow health care policy closely and ask them what they think about H.R. 676 you're highly likely to get the same answer I usually get—Yes, it's the best system out there and would solve many of our health care problems, but it's just not politically feasible. That is not a good enough reason to avoid one of the biggest issues of our time. I usually just smile and tell them this: with health care costs rising faster than inflation

with no end in sight and with the abject failure of managed care to contain those costs; and with the number of uninsured growing steadily; and with American companies losing their competitive edge because they are paying so much more for health care than other developed countries, the opposition cannot prevail much longer. Universal, not for profit single payer health care is not only feasible—it's inevitable.

MARY M. CROSS: A POINT-OF-LIGHT**HON. MAJOR R. OWENS**

OF NEW YORK

IN THE HOUSE OF REPRESENTATIVES

Thursday, September 22, 2005

Mr. OWENS. Mr. Speaker, as a result of recent events related to the E-Rate the education community pauses to honor Dr. Mary Cross for her unwavering commitment to the development and implementation of the E-Rate program, which is making the most advanced communications technologies available to children and adults across the nation, regardless of their race, ethnicity, social or economic status. Before the E-Rate program was implemented in 1997, very few American classrooms had the necessary wiring to connect many children and educators to the world of information outside textbooks and small school library collections. As a result community libraries lacked much of this needed infrastructure to serve the needs of but a few patrons at a time.

The role played by Dr. Cross in the early fights to establish the E-Rate was a critical one which established Dr. Mary M. Cross as a Point-of-Light for all Americans.

After Congress passed the Telecommunications Act of 1996, the E-Rate program started to help schools and libraries install and pay for advanced telecommunications resources, giving greatest priority for funding to economically disadvantaged schools. As a result of persistent advocacy and commitment over its 8-year life, the program has provided over \$2 billion annually to districts. This has meant accelerating the pace at which technological innovations have entered America's classrooms, a pace that was unimaginable before the E-Rate program.

Unfortunately, some corporate giants tried to kill the E-Rate program by trying to cut services. In addition, many education groups were not in total agreement about key issues, which resulted in the E-Rate wars. We appreciate Dr. Cross's work at the American Federation of Teachers, as she fought vigorously in establishing and implementing this vital program by working tirelessly with her education group colleagues, the administration, the Congress, and friendly business interests.

We are equally thankful for her responsiveness by giving updates at several Education Braintrust meetings over the years. Her work assured that African American leadership and the community at-large were aware of and engaged in the advocacy needed to launch this program.

Mary Cross was born and raised in my hometown of Memphis, TN during the overt and brutal era of legal segregation in America. By tackling racial and gender barriers, she was part of the third class of women ever admitted to Lincoln University (PA) and later