

a malignant brain tumor. Though we have never met, I know that there is a direct connection between my daughter's health today and the life of greatness lived by William C. Black. I personally thank him for his work and know his legacy will forever live in the gratitude of untold numbers of other cancer survivors, their families and friends.

Madam Speaker, I ask that this chamber pause to remember William C. Black, and to thank his wonderful wife Barbara, his accomplished sons, William Jr., Michael Paul, and Christopher for their love and dedication to one another, Jersey Shore Medical Center, and our blessed country.

COMMEMORATING CARTER
BLOODCARE

HON. KENNY MARCHANT

OF TEXAS

IN THE HOUSE OF REPRESENTATIVES

Wednesday, February 6, 2008

Mr. MARCHANT. Madam Speaker, I rise today to commemorate Carter BloodCare on pioneering the processes of the blood care/capture industry operations.

Carter BloodCare (CBC) worked closely with the Texas Manufacturing Assistance Center and successfully implemented a methodology that has significantly achieved process improvements, increased productivity and doubled capacity while reducing floor space. These new changes were the result of CBC collaborating with Texas Manufacturing Assistance Center (an initiative of the U.S. Department of Commerce NIST Manufacturing Extension Partnership program) by participating in their training course: Fundamentals of Lean Enterprise. The Lean program was an "outside the box" way of thinking in the blood collection industry but it has proven to be an overwhelming success for CBC. This system allowed CBC to identify and correct problem areas, reduce needless work and create a more productive work flow. Their adoption of the Lean Philosophy approach will serve them well for years to come.

I commend Carter BloodCare for transforming the processes of the blood care/capture industry and providing lifesaving units of blood to the people of Texas efficiently and expeditiously. It is an honor to represent Carter BloodCare in the 24th District of Texas.

HAROLD MILLER RECEIVES
COMMANDER'S CHOICE AWARD

HON. HARRY E. MITCHELL

OF ARIZONA

IN THE HOUSE OF REPRESENTATIVES

Wednesday, February 6, 2008

Mr. MITCHELL. Madam Speaker, I rise today to congratulate Mr. Harold Miller, who has been selected to receive the Defense Logistics Agency's (DLA) Business Alliance Award for the Commander's Choice Category. This award program recognizes businesses and individuals who have made outstanding efforts in partnering with DLA to provide supplies and services to America's war-fighters.

The Commander's Choice Award is given to a person whose dedication and commitment to the DLA mission affects the quality of life for

U.S. women and men in uniform. Mr. Miller is the Aerospace Global Pricing Compliance Leader for Honeywell Aerospace, located in my hometown of Tempe, Arizona. He has consistently led Honeywell from the inside to integrate DLA's mission requirements into corporate culture and daily work processes. Through his tireless work, Mr. Miller has allowed DLA to provide superior customer support on Honeywell parts. He has an unsurpassed willingness to take risks and a strong commitment to making things work. Both of these characteristics have enabled DLA to navigate around potential crisis situations.

Mr. Miller should be proud of his accomplishments. Again, I say congratulations on the award and thank you for a job well done.

THE GLOBAL PEDIATRIC HIV/AIDS
PREVENTION AND TREATMENT
ACT OF 2008

HON. JIM McDERMOTT

OF WASHINGTON

IN THE HOUSE OF REPRESENTATIVES

Wednesday, February 6, 2008

Mr. McDERMOTT. Madam Speaker, I come to the floor today to introduce the Global Pediatric HIV/AIDS Prevention and Treatment Act. I am pleased to be joined by Congresswoman KAY GRANGER. This legislation will strengthen our commitment to preventing the new transmission of HIV infections in children. The legislation builds on the successful PEPFAR programs aimed at reducing mother to child transmission of HIV and AIDS.

The legislation provides a comprehensive, five year strategy to prevent new HIV infections in children and ensure that the treatment of children infected with HIV keeps pace with their infection rate. We can achieve the birth of an HIV-free generation.

Reducing mother to child transmission and providing treatment to HIV positive children was one of the goals of the original PEPFAR legislation. The PMTCT or the Prevention of Mother to Child Transmission services were a critically important prevention effort included in the PEPFAR legislation. As we begin the process to reauthorize these programs we must use this opportunity to strengthen the original goals and mission of PEPFAR.

Every day more than 1,000 children around the world are infected with HIV; approximately 90 percent of those infections occur in Africa. With no medical intervention, HIV positive mothers have a 25 percent to 30 percent chance of passing the virus on to their babies during pregnancy and childbirth. Yet just one dose of an ARV drug given to the mother at the onset of labor and once to the baby during the first three hours of life reduces transmission of HIV by almost 50 percent. We know what works and we now how to reduce HIV babies. We just need to provide the commitment and resources to achieving this goal.

Children account for almost 16 percent of all new HIV infections but represent only 9 percent of those receiving treatment under PEPFAR. Without proper care and treatment, half of all newly infected children will die before their 2nd birthday and 75 percent will not see their 5th birthday.

The bill establishes a target requiring that by 2013 15 percent of those receiving treatment under PEPFAR be children. This target simply keeps pace with the rate of infection.

In addition, it establishes a 5 year target for Preventing Mother to Child Transmission efforts. By 2013, 80 percent of pregnant women receive HIV counseling and testing, with all of HIV positive mothers receiving ARV medication.

The legislation also requires integration of prevention, care and treatment with PMTCT services in order to improve outcomes for HIV affected women and families and to improve the continuity of care.

Prevention is our greatest tool in fighting this pandemic. We have no vaccine or cure. But we can work to achieve an HIV free generation.

I want to thank the work of the Elizabeth Glaser Foundation who have worked to further the cause of preventing mother to child transmission. The Foundation is also a leader in the global effort to provide care and treatment to millions of HIV positive children. The Foundation's recommendations for strengthening PEPFAR are the basis for this legislation. I also want to thank Senators DODD and SMITH who have introduced the Senate version of this legislation. Finally, I want to thank Congresswoman GRANGER for her willingness to work with me on this legislation and for her continued commitment to addressing the global pediatric HIV/AIDS crisis.

I know that my colleagues on the Foreign Relations Committee are working to develop a strong PEPFAR reauthorization and I look forward to working with them to ensure that the final bill includes strong PMTCT provisions.

HONORING THE 180TH ANNIVERSARY
OF THE FOUNDING OF
MCKENDREE UNIVERSITY

HON. JERRY F. COSTELLO

OF ILLINOIS

IN THE HOUSE OF REPRESENTATIVES

Wednesday, February 6, 2008

Mr. COSTELLO. Madam Speaker, I rise today to ask my colleagues to join me in honoring the 180th Anniversary of the founding of McKendree University, the oldest college in Illinois.

McKendree University was founded in 1828, by Methodist pioneers in Lebanon, Illinois. First named, "Lebanon Seminary," the name was changed in 1830 in honor of William McKendree, the first American-born bishop of the Methodist Church. McKendree University is not only the oldest college in Illinois, but it is also the oldest college in the United States with continuous ties to the United Methodist Church.

While McKendree University is justifiably proud of its rich history and tradition, it continues to grow and modernize in order to attract the quality of students and faculty needed to maintain its excellent academic standing. This continuous evolution was made evident with the recent name change from McKendree College to McKendree University in 2007. This name change reflects the broad range of academic opportunities available at McKendree, including the introduction, beginning in 2004, of several graduate programs. These graduate programs—including education, professional counseling, business administration and nursing—have become so popular that their enrollment now accounts for one quarter of the entire student body.