

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.

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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 gentleman 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