

the Bureau of Prisons to her role as Warden of both Federal Correctional Institutions Safford, Arizona, and Fort Dix, New Jersey, is indicative of her commitment to the correctional system and the management of those in her care.

A Public Information Officer, Bureau of Prisons Auditor, Public Speaking Instructor and member of the Business and Professional Women's Club, Warden Bailey's involvement in the community plays an important role in her life. In her free time, she enjoys antiquing, gardening, reading and volunteering in the community.

Nancy and her husband, Jacob, plan to relocate to Glocester, Rhode Island, where she will teach Criminal Justice at a local college, sharing her decades of experience in the field with those just beginning a lifetime of service in the field of law and justice.

I congratulate her on her many years of commitment to public safety, and wish her a retirement filled with health, happiness and dreams come true.

HONORING COMMISSIONER
DARRYL D. PERRYMAN FROM
CAMDEN, ALABAMA

HON. BOB RILEY

OF ALABAMA

IN THE HOUSE OF REPRESENTATIVES

Tuesday, May 7, 2002

Mr. RILEY. Mr. Speaker, I rise today to join The National Organization of Black County Officials, Inc (NOBCO) in honoring an outstanding leader in Alabama's Third Congressional District. On April 26th, Commissioner Darryl D. Perryman from Camden, AL, received the award for Outstanding County Official 2002 by NOBCO.

NOBCO Chairman Webster Guillory presented the award to Perryman during its Eighteenth Annual Economic Development Conference held in Biloxi, MS. When asked about his reward, Mr. Perryman humbly replied that he was in the business of helping people and doing the duties of an elected official.

I feel that it is necessary to recognize the success of our public officials in order to encourage future leaders of Alabama and the United States; therefore, I stand up before the United States Congress and America today to congratulate Mr. Perryman on his success as a public servant of Alabama and to thank him for all he has done for the great state of Alabama and its Third Congressional District.

MEDICATION ERROR PREVENTION
ACT OF 2002

HON. CONSTANCE A. MORELLA

OF MARYLAND

IN THE HOUSE OF REPRESENTATIVES

Tuesday, May 7, 2002

Mrs. MORELLA. Mr. Speaker, in late 1999, the Institute of Medicine (IOM) issued a major report on medical mistakes entitled "To Err Is Human: Building a Safer Health Care System." This eye-opening study found that errors by health care professionals may result in the deaths of between 44,000 and 98,000 people in the United States every year, and injure countless others. Shockingly, more people die

from avoidable medical errors each year than from highway accidents, breast cancer, or AIDS.

Congress reacted swiftly to the IOM report. Some members of the House and Senate, including myself, introduced bills to implement the report's recommendations, and hearings on medical errors were held in various committees. But Congress sometimes has a short attention span. Despite the flurry of activity at the beginning of 2000, by the close of the session other health care debates had crowded out the medical error issue and no further action was taken on medical errors.

We cannot let another year go by without doing something about medical errors; therefore, I am reintroducing a medical errors bill and this time I plan to see it through to enactment. If the IOM estimate of the fatalities that result from medical errors is remotely close to accurate, Congress cannot wait another year to act.

According to the IOM, most medical errors do not result from individual recklessness, but from basic flaws in the way hospitals and other health care systems are organized. For example, deadly mistakes have resulted from stocking the patient-care units in hospitals with certain full-strength drugs that are toxic unless diluted. Confusion over similarly-named drugs is another major cause of medical mistakes: studies have shown, for instance, that confusion over the similarly-named drugs "Cefuroxime" and "Cefotaxime" accounted for numerous errors in the administration of these drugs.

Other errors result from the increased complexity and specialization of health care treatment. When a patient is treated by different doctors for different ailments, a particular practitioner may not have complete information about all treatments the patient is receiving, and may prescribe medication that is incompatible with other medications the patient is taking.

In recommending ways to reduce errors, the IOM focused on the need to encourage efficient and comprehensive reporting systems so that health care professionals can benefit from the experiences and "best practices" of their colleagues. Other sectors of the American economy have established coordinated safety programs that collect and analyze accident trends—such programs are commonplace, for example, in the transportation field. Yet there are few centralized systems for gathering and disseminating information on medical errors. For this reason, in my legislation, I specifically advocate for the use of MedMARx—a national, Internet-accessible reporting system designed to reduce medication errors in hospitals. This system allows hospitals to anonymously and voluntarily report, track, and monitor their medication errors, to identify trends, and to pinpoint problem areas. In order for systems like MedMARx to become successful though, participating hospitals and health care professionals must know that they can report problems encountered in clinical practice without endangering their careers. But according to the IOM, a major obstacle to the full implementation of medical error reporting programs is the threat that the reports themselves will be disclosed in civil litigation.

Naturally, hospitals are reluctant to generate documents that will be used against them in adversarial proceedings, so IOM called for enactment of an evidentiary privilege in federal

law against the disclosure of information provided to medical error reporting systems. In the legislation, I would protect the confidentiality of data on medical mistakes where the information is collected and analyzed solely for the purpose of improving safety and quality. Without this protection, hospitals and health care professionals fear that information reported might ultimately be subpoenaed and used in lawsuits against them, thereby discouraging their participation.

The time to act is now. Patients are literally killed by medical errors every day, yet Congress has not done anything to ensure that the IOM recommendations that could significantly reduce these tragic mistakes are signed into law. Working together, we can reduce medical errors and improve the quality of patient care in the United States.

HONORING WORK DONE BY PARTICIPANTS IN STUDENT CONGRESSIONAL TOWN MEETING AT UNIVERSITY OF VERMONT

HON. BERNARD SANDERS

OF VERMONT

IN THE HOUSE OF REPRESENTATIVES

Tuesday, May 7, 2002

Mr. SANDERS. Mr. Speaker, today, I recognize the outstanding work done by participants in my Student Congressional Town Meeting held this spring at the University of Vermont. These participants were part of a group of high school students from around Vermont who testified about the concerns they have as teenagers, and about what they would like to see government do regarding these concerns.

UNDERAGE DRINKING

APRIL 8, 2002

MATT ALDEN. Good morning. Thank you, Congressman Sanders, for this opportunity. As I stand before you today, first I'd like to share a few facts about underage drinking.

According to the 2001 Vermont Youth Risk Behavior Survey, 69 percent of Vermont students have consumed alcohol. 58 percent of Vermont seniors have had at least one alcoholic beverage in the past month. More importantly, one-third of our Vermont eighth-graders have consumed alcohol in the past 30 days. One out of four Vermont seniors binge-drink monthly, meaning they have consumed more than five drinks within a two-hour timeframe. 32 percent of Vermont seniors ride with a driver who has been drinking. 50 percent of young adult crashes in Vermont were alcohol-related, and half of those who died had been drinking. According to the 1999 Vermont Youth Risk Behavior Survey, half the Vermont seniors are sexually active. This may not seem relevant, but one-third had consumed alcohol before engaging in such activities. Underaged drinking costs society \$216 per man, woman and child in America, so therefore, we are not only losing human lives, we are also incurring more and more debt because of this problem. And lastly, according to the Mother's Against Drunk Driving national survey, approximately 100,000 American deaths were alcohol-related. This is two times more than the population of Vermont.

As you can see, Vermont really has a problem with underage drinking. Today I propose three solutions that will help Vermont's problem. My first two solutions come from the Vermont Youth Summit to Prevent Underaged Drinking. This was the first statewide summit held in America. Myself