

Service and the Founder's Trophy for Extraordinary Leadership and Service to the Electrical Industry by the National Electrical Contractors Association, San Diego Chapter.

Jim is currently the Director of Training for San Diego Electrical Training and has been inducted into the California apprenticeship Hall of Fame on May 4, 2006.

James M. Westfall is very deserving of this award as he has been a driving force in the organized labor movement for the past 30 years.

CONGRATULATING MAGEE RIETER AUTOMOTIVE SYSTEMS OF BLOOMSBURG, PENNSYLVANIA ON BEING NAMED SUPPLIER OF THE YEAR TO GENERAL MOTORS FOR THE 14TH CONSECUTIVE YEAR

HON. PAUL E. KANJORSKI

OF PENNSYLVANIA

IN THE HOUSE OF REPRESENTATIVES

Thursday, September 7, 2006

Mr. KANJORSKI. Mr. Speaker, I rise today to ask you and my esteemed colleagues in the House of Representatives to pay tribute to Magee Rieter Automotive Systems of Bloomsburg, Pennsylvania, on the occasion of their being named worldwide "Supplier of the Year" to General Motors for the 14th consecutive year.

Of GM's 30,000 suppliers, Magee Rieter Automotive Systems is the only company in North America to achieve this remarkable record, a fact that should make its nearly 800 employees exceedingly proud.

Magee Rieter is the leading supplier of carpets to General Motors in America. The company has been in business in Bloomsburg since 1889 and has been supplying General Motors for more than 90 years, first with hand draped tapestries for Fisher Body carriages and, today, with fully molded carpet floors and integrated acoustical systems.

For more than a century, the company has endured and overcome numerous challenges including floods, fires and the rapidly changing business environment. After World War II, the company received the Army/Navy "E" award for excellence in recognition of its production of high quality materials for the war effort.

Magee Rieter records annual sales in excess of \$175 million and has an annual payroll of more than \$37 million that provides its employees with family sustaining incomes that average about \$39,000 annually. Overall, Magee Rieter is responsible for a \$168 million annual impact to the local economy.

The current employees of Magee Rieter are carrying on traditions of pride and success handed down by their parents, grandparents and great grandparents who worked at this remarkable company.

Mr. Speaker, please join me in congratulating Magee Rieter for demonstrating superior performance and for serving as a shining example for other businesses to emulate.

AIDS IN 2006—MOVING TOWARD ONE WORLD, ONE HOPE?

HON. JANICE D. SCHAKOWSKY

OF ILLINOIS

IN THE HOUSE OF REPRESENTATIVES

Thursday, September 7, 2006

Ms. SCHAKOWSKY. Mr. Speaker, the International AIDS Society meeting in Toronto last month focused the world's attention on ways to deal with the ongoing AIDS pandemic. Global health experts and advocates came together to discuss effective tactics and comprehensive strategies for improved prevention and therapies and, ultimately, a cure. I am particularly glad that the meeting highlighted the need for microbicides development, treatments that will allow vulnerable women to protect themselves and their families from infection.

As we consider the recommendations made in Toronto, I want to draw my colleagues' attention to a recent article, "AIDS in 2006—Moving toward One World, One Hope?," published in the August 17 edition of *The New England Journal of Medicine*. Written by Dr. Paul Farmer and Dr. Jim Yong Kim, leading medical experts with years of front-line experience through their work at Partners in Health, they offer us important lessons that will help translate the optimism expressed in Toronto into the reality of improved global health.

As they point out, an effective approach to the global AIDS epidemic (and to the global TB and malaria epidemics as well) will require strategies that address the global epidemic of poverty and the inequitable distribution of health care resources. Affordable drugs, viable public health systems, access to trained health care personnel, and the provision of nutrition and other "wrap-around" services that make the difference between life and death are all essential components for success. As Partners in Health has proven in Haiti and Rwanda, this comprehensive approach is not a pie-in-the-sky notion. It is completely achievable given a commitment to make and sustain the necessary investments.

The work of nongovernmental organizations like Partners in Health, the Bill and Melinda Gates Foundation and the Clinton Foundations HIV/AIDS Initiative has allowed us to make incredible strides, but they cannot solve these problems alone. As Dr. Farmer and Dr. Kim caution us, "Only the public sector, not nongovernmental organizations, can offer health care as a right." The U.S. government can and must take the lead in expanding our commitment to defeating the twin dangers of global pandemics and global poverty. By doing so, we will not only make the world healthier, we will make it safer.

[From the *New England Journal of Medicine*, Aug. 17, 2006]

AIDS IN 2006—MOVING TOWARD ONE WORLD, ONE HOPE?

(By Jim Yong Kim and Paul Farmer)

For the past two decades, AIDS experts—clinicians, epidemiologists, policymakers, activists, and scientists—have gathered every two years to confer about what is now the world's leading infectious cause of death among young adults. This year, the International AIDS Society is hosting the meeting in Toronto from August 13 through 18. The last time the conference was held in Canada, in 1996, its theme was "One World, One Hope." But it was evident to conferees

from the poorer reaches of the world that the price tag of the era's great hope—combination antiretroviral therapy—rendered it out of their reach. Indeed, some African participants that year made a banner reading "One World, No Hope."

Today, the global picture is quite different. The claims that have been made for the efficacy of antiretroviral therapy have proved to be well founded: in the United States, such therapy has prolonged life by an estimated 13 years—a success rate that would compare favorably with that of almost any treatment for cancer or complications of coronary artery disease. In addition, a number of lessons, with implications for policy and action, have emerged from efforts that are well under way in the developing world. During the past decade, we have gleaned these lessons from our work in setting global AIDS policies at the World Health Organization in Geneva and in implementing integrated programs for AIDS prevention and care in places such as rural Haiti and Rwanda. As vastly different as these places may be, they are part of one world, and we believe that ambitious policy goals, adequate funding, and knowledge about implementation can move us toward the elusive goal of shared hope.

The first lesson is that charging for AIDS prevention and care will pose insurmountable problems for people living in poverty, since there will always be those unable to pay even modest amounts for services or medications, whether generic or branded. Like efforts to battle airborne tuberculosis, such services should be seen as a public good for public health. Policymakers and public health officials, especially in heavily burdened regions, should adopt universal-access plans and waive fees for HIV care. Initially, this approach will require sustained donor contributions, but many African countries have recently set targets for increased national investments in health, a pledge that could render ambitious programs sustainable in the long run.

As local investments increase, the price of AIDS care is decreasing. The development of generic medications means that antiretroviral therapy can now cost less than 50 cents per day, and costs continue to decrease to affordable levels for public health officials in developing countries. All antiretroviral medications—first-line, second-line, and third-line—must be made available at such prices. Manufacturers of generic drugs in China, India, and other developing countries stand ready to provide the full range of drugs. Whether through negotiated agreements or use of the full flexibilities of the Agreement on Trade-Related Aspects of Intellectual Property Rights, full access to all available antiretroviral drugs must quickly become the standard in all countries.

Second, the effective scale-up of pilot projects will require the strengthening and even rebuilding of health care systems, including those charged with delivering primary care. In the past, the lack of a health care infrastructure has been a barrier to antiretroviral therapy; we must now marshal AIDS resources, which are at last considerable, to rebuild public health systems in sub-Saharan Africa and other HIV-burdened regions. These efforts will not weaken efforts to address other problems—malaria and other diseases of poverty, maternal mortality, and insufficient vaccination coverage—if they are planned deliberately with the public sector in mind. Only the public sector, not nongovernmental organizations, can offer health care as a right.

Third, a lack of trained health care personnel, most notably doctors, is invoked as a reason for the failure to treat AIDS in poor

countries. The lack is real, and the brain drain continues. But one reason doctors flee Africa is that they lack the tools of their trade. AIDS funding offers us a chance not only to recruit physicians and nurses to underserved regions, but also to train community health care workers to supervise care, for AIDS and many other diseases, within their home villages and neighborhoods. Such training should be undertaken even in places where physicians are abundant, since community-based, closely supervised care represents the highest standard of care for chronic disease, whether in the First World or the Third. And community health care workers must be compensated for their labor if these programs are to be sustainable.

Fourth, extreme poverty makes it difficult for many patients to comply with antiretroviral therapy. Indeed, poverty is far and away the greatest barrier to the scale-up of treatment and prevention programs. Our experience in Haiti and Rwanda has shown us that it is possible to remove many of the social and economic barriers to adherence but only with what are sometimes termed "wrap-around services": food supplements for the hungry, help with transportation to clinics, child care, and housing. In many rural regions of Africa, hunger is the major coexisting condition in patients with AIDS or tuberculosis, and these consumptive diseases cannot be treated effectively without food supplementation. Coordination among initiatives such as the President's Emergency Plan for AIDS Relief, the Global Fund to Fight AIDS, Tuberculosis, and Malaria, and the World Food Program of the United Nations can help in the short term; fair-trade agreements and support of African farmers will help in the long run.

Fifth, investments in efforts to combat the global epidemics of AIDS and tuberculosis are much more generous than they were five years ago, but funding must be increased and sustained if we are to slow these increasingly complex epidemics. One of the most ominous recent developments is the advent of highly drug-resistant strains of both causative pathogens. "Extensively drug-resistant tuberculosis" has been reported in the United States, Eastern Europe, Asia, South Africa, and elsewhere; in each of these settings, the copresence of HIV has amplified local epidemics of these almost untreatable strains. Drug-resistant malaria is now common worldwide, extensively drug-resistant HIV disease will surely follow, and massive efforts to diagnose and treat these diseases ethically and effectively will be needed. We have already learned a great deal about how best to expand access to second-line antituberculous drugs while increasing control over their use; these lessons must be applied in the struggles against AIDS, malaria, and other infectious pathogens.

Finally, there is a need for a renewed basic-science commitment to vaccine development, more reliable diagnostics (the 100-year-old tests widely used to diagnose tuberculosis are neither specific nor sensitive), and new classes of therapeutics. The research-based pharmaceutical industry has a critical role to play in drug development, even if the overall goal is a segmented market, with higher prices in developed countries and generic production with affordable prices in developing countries.

There has been a heartening increase in basic-science investments for tuberculosis and malaria; funding for HIV research at the National Institutes of Health remains robust. Yet the fruits of such research will not arrive in time for those now living with, and dying from, AIDS and tuberculosis. New tools to prevent, diagnose, and treat the diseases of poverty will be added to the stockpile of other potentially lifesaving products

that do not reach the poorest people, unless we develop an equity plan to provide them. Right now, our focus must be on improving access to the therapies that are available in high-income countries. The past few years have shown us that we can make these services available to millions, even in the poorest reaches of the world.

The unglamorous and difficult process of increasing access to prevention and care needs to be our primary focus if we are to move toward the lofty goal of equitably distributed medical services in a world riven by inequality. Without such goals, the slogan "One World, One Hope" will remain nothing more than a dream.

AMERICA'S OLDEST MAIL ORDER CATALOGUE COMPANY CELEBRATES ITS 150TH ANNIVERSARY

HON. BERNARD SANDERS

OF VERMONT

IN THE HOUSE OF REPRESENTATIVES

Thursday, September 7, 2006

Mr. SANDERS. Mr. Speaker, Charles F. Orvis founded the Orvis Company in 1856 to sell high quality fly-fishing equipment.

The Orvis Company has been doing exactly that—selling the best in fishing equipment throughout the entire world—ever since. The reel that Charles Orvis developed, a ventilated fly reel, is still the basis of most modern fly reels. In fact, the Orvis Company is the oldest fishing rod manufacturer in the world, selling rods made in Vermont all over the globe. And its catalogue business is older than that of Sears or L.L. Bean, for it has been in existence for over a 100 years. Currently its 26 annual catalogues—Orvis mails out over 50 million catalogues a year—help generate the company's remarkable sales of over \$250 million annually.

Orvis has deep, deep roots in Vermont, but it has shown the flexibility to adapt to a growing international market. It has distributors in 25 countries, and sells widely in both England and Japan. Although Orvis has its headquarters in Manchester, Vermont, where its flagship store of 23,000 square feet is also located, Orvis has 30 retail stores across the United States and in England. Its network of dealers is truly global, with dealers in not only North and South America, but Europe, Asia, Africa, and Australia.

But Orvis is not just about success in retailing. The company has a deep commitment to preserving the natural environment. Each year Orvis puts 5 percent of its pre-tax profits into conservation projects and, works to multiply its commitments—and the commitments of its customers—by matching donations from customers to its forest/wetland and biodiversity projects.

With 150 years of success behind them, we wish the owners and employees at Orvis many more years of success ahead, both in retailing and in working to conserve and preserve our precious natural heritage.

TRIBUTE TO JOHN BASILONE

HON. RODNEY P. FRELINGHUYSEN

OF NEW JERSEY

IN THE HOUSE OF REPRESENTATIVES

Thursday, September 7, 2006

Mr. FRELINGHUYSEN. Mr. Speaker, I rise today to ask my colleagues to join with me in

paying tribute to a man who dedicated his life to the United States Armed Forces. John Basilone, born in 1916, served in the United States Army from 1934 until 1937 and in the United States Marines from 1942 until his death in 1945. Each year, since 1981, the good citizens of the Borough of Raritan, Somerset County, a vibrant community I am proud to represent, sponsor a parade in memory of John Basilone. The 25th Annual John Basilone Parade will take place on Sunday, September 25, 2006.

John Basilone, native of Raritan, New Jersey, served an honorable career in defense of our country. For heroics performed on the invasion of Guadalcanal in August of 1942, Mr. Basilone was awarded The Congressional Medal of Honor. Without fear for his life, he unashamedly commanded his fellow troops and sought to bring the United States to victory.

After returning from duty in Guadalcanal, John went home to Raritan to be honored by his friends and family for his courage and bravery. However, it was not long before Basilone sought another mission on behalf of his country. The Marines granted his wish to be sent back overseas in December of 1943.

On February 19th of 1945 the Marines, including John, landed on the island of Iwo Jima. After giving the Marines a chance to wade ashore, the Japanese opened fire on defenseless United States soldiers. Brave men with leadership ability were needed to rally the troops. John Basilone rose to the occasion. Many survivors of the battle recall that in the midst of fighting there was one Marine out in the open, directing and rallying the men. It was John Basilone.

Mr. Basilone was hit with a mortar shell and died of his wounds shortly thereafter on the island of Iwo Jima. For his actions that day, John Basilone was awarded The Navy Cross. According to his official biography, John Basilone remains the only soldier, non-officer, in United States history to be awarded both The Congressional Medal of Honor and The Navy Cross.

Mr. Speaker, I urge you and my colleagues to join me in congratulating the citizens of Raritan and the John Basilone Parade participants for celebrating the life of a fine man and true American hero.

RECOGNIZES CHRISTOPHER MARTELL OF LAKEWOOD, COLORADO

HON. GINNY BROWN-WAITE

OF FLORIDA

IN THE HOUSE OF REPRESENTATIVES

Thursday, September 7, 2006

Ms. GINNY BROWN-WAITE of Florida. Mr. Speaker, I rise today to honor Christopher Martell of Lakewood, Colorado, an Army 2nd Lieutenant currently serving in Iraq.

Lieutenant Martell served in the ROTC while at Gonzaga University, stating that his ROTC service was the most rewarding part of his entire college experience. Following his graduation with a bachelors degree in Communications, Lieutenant Martell reported to the Army's 82nd Airborne Division where he was assigned to military intelligence.

Lieutenant Martell has remarked that he has found a strong sense of patriotism and brotherhood in the Army. The history and camaraderie among his fellow soldiers is truly a sight