of the disease accordingly is to ensure that everybody in a vulnerable community is tested as soon as possible—certainly long before the disease begins to break down the immune system and the external manifestation of its dreadful effects set in.

It is therefore absolutely essential that we employ the best and the most efficient and practical ultra rapid test kits available today to undertake a mass Shielded Testing and Counseling Program. Most of the currently available tests for HIV are laboratory based and unsuitable for mass testing in the field where the required infrastructure may not be available. However, most of the available rapid tests are not suitable partly because of an unacceptably high percentage of false positives and negatives, and also because of the need for unwieldy logistical support services such as refrigeration.

First and foremost the assay must be for blood, serum or plasma and must be stable at temperatures ranging from −20°C to +45°C. This is particularly important because the high HIV prone areas are in pan tropical regions of the world and in countries where the rural communities do not have refrigeration facilities for tests that require it. The test has to be fool proof in its performance with built-in controls to avoid misinterpretations. It must be designed not to produce false-positive and false-negative results. The sensitivity and specificity must be 100 per cent. It must be suitable for mass testing (e.g. up to 1000 people per day with a team of four persons administering the test and serving as counselors). It must be a test that is suitable for clinics, doctors' offices and rural areas where medical infrastructure does not exist. The cost must be lower than the costs for laboratory tests. Finally, it must enable the use of simple pictorial instructions so that uninstructed persons can perform it.

For HIV-positive individuals, the heightened awareness of the possible onset of opportunistic diseases enables the latter to be quickly addressed. It further enables the individual to assume a new lifestyle (including good nutritional habits and sufficient exercise) and to take medication that reduces the viral load in the blood. The knowledge of being diagnosed HIV positive will enable the individual to avoid transmitting the virus to others. It will also help the person to develop long-term plans for his or her future and dependents.

The problem of arresting the rapid spread of HIV/AIDS is by no means confined to the developing countries. There are, however, highly vulnerable communities (sometimes enclaves) in the developed countries, where the HIV/AIDS transmission is largely heterosexual, and the communities in question are relatively speaking, socially deprived or disadvantaged.

It is therefore necessary that the current spread of the disease be viewed as a universal problem, which knows no boundary and requires the collective effort of us all to contain it.

INSTALLATION OF THOMAS AHART AS PRESIDENT OF THE INDEPENDENT INSURANCE AGENTS OF AMERICA

HON. MARGE ROUKEMA

OF NEW JERSEY

IN THE HOUSE OF REPRESENTATIVES

Tuesday, October 2, 2001

Mrs. ROUKEMA. Mr. Speaker, I rise today to congratulate Thomas B. Ahar of Phillipsburg, New Jersey, on his installation as President of our nation's largest insurance association—the Independent Insurance Agents of America (IIAA)—next month in Honolulu. As president of Ahart, Frinzi & Smith in Phillipsburg, Tom was elected to IIAA's Executive Committee in October of 1996 and honored by his peers last year when he was named President-Elect. His career as an independent insurance agent has been marked with outstanding service and dedication to his clients, community, IIAA, the Independent Insurance Agents of New Jersey, and his colleagues across the country.

Tom began his volunteer service within the insurance industry with the Independent Insurance Agents of New Jersey where he served as president and chairman of the board. He also represented the state as its representative to IIAA's National Board of State Directors. He was chairman of IIAA's Education Committee for four years before being elected to the Association's executive leadership panel. As a member of IIAA's Executive Committee, he has worked to strengthen the competitive standing of independent agents by helping to provide the tools they need to run more successful businesses. Outside IIAA, Tom has served as a member of the board of the New Jersey Joint Underwriting Authority and was president of the Eastern Agents Association. He has served as an advisor to the American Institute for Chartered Property Casualty Underwriters and the Insurance Institute of America.

During his dedicated time with the insurance industry, Tom has been honored with several state and local awards. They include the 1982 New Jersey Young Agent of the Year, the 1986 and 1987 New Jersey Executive Committee Chairman of the Year Award, the 1993 New Jersey Insurance Person of the Year Award, and the 1994 IIA of Hunterdon/Warren County Agent of the Year Award.

Tom also has distinguished himself as an active and concerned member of his community. He has served as a member of his local school board, a trustee at his church, and a little league coach for 25 years, involved with boy's wrestling, boy's baseball, girl's basketball and girl's softball.

During these productive and active years, Tom has accomplished much. I bid him a successful year as president of the Independent Insurance Agents of America. As his past accomplishments show, Tom will serve his fellow agents with distinction and strong leadership. I wish him all the best as IIAA President.

RECOGNIZING THE FIRST SUCCESSFUL TRANSPLANT OF A TOTALLY IMPLANTABLE ARTIFICIAL HEART

HON. ANNE M. NORTHUP

OF KENTUCKY

IN THE HOUSE OF REPRESENTATIVES

Tuesday, October 2, 2001

Mrs. NORTHUP. Mr. Speaker, I would like to take this opportunity to praise a pioneering medical event that took place in my district, Louisville, KY, on July 2, 2001. The horizons of medical possibilities were expanded when, at Jewish Hospital, a team of doctors led by Drs. Laman A. Gray, Jr., M.D. and Robert D. Dowling, M.D. successfully performed the world's first totally implantable artificial heart surgery. The doctors, supported by a team of fourteen nurses and staff, completed the procedure in seven hours. I am pleased to report that the recipient of the first ABIOMED heart, Robert Tools, is resting comfortably and improving steadily in his daily physical rehabilitation. Mr. Tools fit a precise profile that was required for the first recipient, and the opportunity to receive the heart was virtually his only chance of survival after years of struggling with heart disease. Three months after the surgery, we are joined by his doctors in being encouraged by his improving strength and mobility.

Not only has this surgery changed the life of one man who was facing near certain death, but it has stretched the boundaries of medical possibilities for people around the world. This outstanding achievement would not have been possible without the teamwork and unyielding efforts of the doctors, researchers and medical professionals who have worked for over twenty years toward the goal of creating a totally implantable heart. In an alliance of the public and private sectors: Jewish Hospital, The University of Louisville and ABIOMED, Inc., came together to ensure that their goal was met. In doing so, they have created an opportunity for over 100,000 people in the United States alone to have access to a life-saving procedure that did not exist prior to this breakthrough.

With the current shortage in the supply of organ donors, the creation of a totally implantable artificial heart is unmatched in its medical significance. I am so impressed with the bravery shown by everyone involved in this event—from the medical professionals to the patient and the patient's family. I would like to commend the team of doctors and researchers at Jewish Hospital, The University of Louisville, and ABIOMED, Inc, who worked tirelessly for so many years toward this goal. Furthermore, it is overwhelming to imagine the courage it must have taken for Mr. Tools and his family to become part of the team, and I thank them for their irreplaceable contribution.

I am proud to report that just two weeks ago at Jewish Hospital, the second totally transplantable heart surgery was performed by Drs. Gray and Dowling. The doctors report that the patient, Tom Christerson, is tackling his recovery head-on. I am hopeful that success stories such as these will begin to be told at hospitals around the country. Through continued teamwork and support for medical research, I am confident that they will.

As we move ever-forward in the field of heart medicine, I will always be grateful to the wonderful team in Louisville on whose shoulders the initial responsibility of stepping forward rested. Their efforts have created an unprecedented opportunity for hundreds of thousands of patients facing fatal heart disorders. For that I am truly thankful. I hope that the efforts of Drs. Dowling and Gray, Jewish Hospital, The University of Louisville, ABIOMED and their patients will inspire us to continue striving for such medical excellence.