

when he came back from his meeting with Hitler and proclaimed peace. We cannot negotiate, we cannot reason, we cannot expect them to keep their word.

Saddam Hussein has already broken every promise he has made. He broke his promise to allow inspections by the United Nations. He broke his promise to return hundreds of Kuwaiti civilian prisoners. He broke his promise not to use oil revenue to buy weapons, and just about every day he breaks his promise not to shoot our planes in the no-fly zones.

Saddam Hussein is a proven liar, but somebody who orders chemical weapons used on his own people is not about to be bothered by a few lies. Some on the other side of the aisle, some nations in Europe are suggesting that we take him at his word. Somehow we are supposed to believe that this time he is telling the truth.

If the U.N. and the civilized nations of the world have learned anything in the past few years, it should be that we cannot believe Saddam Hussein. If the U.N. wants to have any credibility at all, it should enforce its resolutions that Saddam Hussein has consistently violated and authorize decisive action before it is too late.

COMMEMORATING THE 136TH ANNIVERSARY OF BETHEL AFRICAN METHODIST EPISCOPAL CHURCH

(Mr. WILSON of South Carolina asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. WILSON of South Carolina. Mr. Speaker, on Sunday our family was honored to be special guests for the 136th anniversary service of Bethel African Methodist Episcopal Church in Columbia, South Carolina.

Bethel has a rich history that is interwoven into the history of the city of Columbia, as well as the State of South Carolina. The church was organized 1 year after the close of the Civil War. It has built several historic sanctuaries, and during construction in 1921, the Bethel congregation worshipped in my family's home church, First Presbyterian of Columbia, ARP.

Reverend Ronnie E. Brailsford, Sr., with his first lady Carolyn, has been pastor of Bethel AME Church since 1992, inspiring a renaissance and revival. The membership has quadrupled to over 1,100 members, and the campus of sanctuary and support buildings make it one of the largest African Methodist Episcopal-owned campuses in the world.

The anniversary address was presented by Bethel native son Bishop John Hurst Adams, senior bishop of the 11th Episcopal District of Florida.

God has truly blessed this dear congregation, but a beloved hymn during the service was prophetic, "The Best Is Yet To Come."

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX, the Chair will postpone further proceedings today on motions to suspend the rules on which a recorded vote or the yeas and nays are ordered or on which the vote is objected to under clause 6 of rule XX.

Record votes on motions to suspend the rules ordered prior to 6:30 p.m. may be taken today.

Record votes on remaining motions to suspend the rules will be taken tomorrow.

MOSQUITO ABATEMENT FOR SAFETY AND HEALTH ACT

Mr. TAUZIN. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 4793) to authorize grants through the Centers for Disease Control and Prevention for mosquito control programs to prevent mosquito-borne diseases, as amended.

The Clerk read as follows:

H.R. 4793

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the "Mosquito Abatement for Safety and Health Act".

SEC. 2. GRANTS REGARDING PREVENTION OF MOSQUITO-BORNE DISEASES.

Part B of title III of the Public Health Service Act (42 U.S.C. 243 et seq.), as amended by section 4 of Public Law 107-84 and section 312 of Public Law 107-188, is amended—

(1) by transferring section 317R from the current placement of the section and inserting the section after section 317Q; and

(2) by inserting after section 317R (as so transferred) the following section:

"SEC. 317S. MOSQUITO-BORNE DISEASES; ASSESSMENT AND CONTROL GRANTS TO POLITICAL SUBDIVISIONS; COORDINATION GRANTS TO STATES.

"(a) PREVENTION AND CONTROL GRANTS TO POLITICAL SUBDIVISIONS.—

"(1) IN GENERAL.—The Secretary, acting through the Director of the Centers for Disease Control and Prevention, may make grants to political subdivisions of States for the operation of mosquito control programs to prevent and control mosquito-borne diseases (referred to in this section as 'control programs').

"(2) PREFERENCE IN MAKING GRANTS.—In making grants under paragraph (1), the Secretary shall give preference to political subdivisions that—

"(A) have an incidence or prevalence of mosquito-borne disease, or a population of infected mosquitoes, that is substantial relative to other political subdivisions;

"(B) demonstrate to the Secretary that the political subdivisions will, if appropriate to the mosquito circumstances involved, effectively coordinate the activities of the control programs with contiguous political subdivisions; and

"(C) demonstrate to the Secretary (directly or through State officials) that the State in which the political subdivision is located has identified or will identify geographic areas in the State that have a significant need for control programs and will effectively coordinate such programs in such areas.

"(3) REQUIREMENT OF ASSESSMENT AND PLAN.—A grant may be made under para-

graph (1) only if the political subdivision involved—

"(A) has conducted an assessment to determine the immediate needs in such subdivision for a control program, including an entomological survey of potential mosquito breeding areas; and

"(B) has, on the basis of such assessment, developed a plan for carrying out such a program.

"(4) REQUIREMENT OF MATCHING FUNDS.—

"(A) IN GENERAL.—With respect to the costs of a control program to be carried out under paragraph (1) by a political subdivision, a grant under such paragraph may be made only if the subdivision agrees to make available (directly or through donations from public or private entities) non-Federal contributions toward such costs in an amount that is not less than 1/3 of such costs (\$1 for each \$2 of Federal funds provided in the grant).

"(B) DETERMINATION OF AMOUNT CONTRIBUTED.—Non-Federal contributions required in subparagraph (A) may be in cash or in kind, fairly evaluated, including plant, equipment, or services. Amounts provided by the Federal Government, or services assisted or subsidized to any significant extent by the Federal Government, may not be included in determining the amount of such non-Federal contributions.

"(C) WAIVER.—The Secretary may waive the requirement established in subparagraph (A) if the Secretary determines that extraordinary economic conditions in the political subdivision involved justify the waiver.

"(5) REPORTS TO SECRETARY.—A grant may be made under paragraph (1) only if the political subdivision involved agrees that, promptly after the end of the fiscal year for which the grant is made, the subdivision will submit to the Secretary, and to the State within which the subdivision is located, a report that describes the control program and contains an evaluation of whether the program was effective.

"(6) AMOUNT OF GRANT; NUMBER OF GRANTS.—A grant under paragraph (1) for a fiscal year may not exceed \$100,000. A political subdivision may not receive more than one grant under such paragraph.

"(b) ASSESSMENT GRANTS TO POLITICAL SUBDIVISIONS.—

"(1) IN GENERAL.—The Secretary, acting through the Director of the Centers for Disease Control and Prevention, may make grants to political subdivisions of States to conduct the assessments and to develop the plans that are required in paragraph (3) of subsection (a) as a condition of receiving a grant under paragraph (1) of such subsection.

"(2) AMOUNT OF GRANT; NUMBER OF GRANTS.—A grant under paragraph (1) for a fiscal year may not exceed \$10,000. A political subdivision may not receive more than one grant under such paragraph.

"(c) COORDINATION GRANTS TO STATES.—

"(1) IN GENERAL.—The Secretary, acting through the Director of the Centers for Disease Control and Prevention, may make grants to States for the purpose of coordinating control programs in the State.

"(2) PREFERENCE IN MAKING GRANTS.—In making grants under paragraph (1), the Secretary shall give preference to States that have one or more political subdivisions with an incidence or prevalence of mosquito-borne disease, or a population of infected mosquitoes, that is substantial relative to political subdivisions in other States.

"(3) CERTAIN REQUIREMENTS.—A grant may be made under paragraph (1) only if—

"(A) the State involved has developed, or agrees to develop, a plan for coordinating control programs in the State, and the plan takes into account any assessments or plans described in subsection (a)(3) that have been

conducted or developed, respectively, by political subdivisions in the State;

“(B) in developing such plan, the State consulted or will consult (as the case may be under subparagraph (A)) with political subdivisions in the State that are carrying out or planning to carry out control programs; and

“(C) the State agrees to monitor control programs in the State in order to ensure that the programs are carried out in accordance with such plan, with priority given to coordination of control programs in political subdivisions described in paragraph (2) that are contiguous.

“(4) REPORTS TO SECRETARY.—A grant may be made under paragraph (1) only if the State involved agrees that, promptly after the end of the fiscal year for which the grant is made, the State will submit to the Secretary a report that—

“(A) describes the activities of the State under the grant; and

“(B) contains an evaluation of whether the control programs of political subdivisions in the State were effectively coordinated with each other, which evaluation takes into account any reports that the State received under subsection (a)(5) from such subdivisions.

“(5) AMOUNT OF GRANT; NUMBER OF GRANTS.—A grant under paragraph (1) for a fiscal year may not exceed \$10,000. A State may not receive more than one grant under such paragraph.

“(d) APPLICATIONS FOR GRANTS.—A grant may be made under subsection (a), (b), or (c) only if an application for the grant is submitted to the Secretary and the application is in such form, is made in such manner, and contains such agreements, assurances, and information as the Secretary determines to be necessary to carry out this section.

“(e) TECHNICAL ASSISTANCE.—The Secretary may provide training and technical assistance with respect to the planning, development, and operation of control programs under subsection (a) and assessments and plans under subsection (b). The Secretary may provide such technical assistance directly or through awards of grants or contracts to public and private entities.

“(f) DEFINITIONS.—For purposes of this section:

“(1) The term ‘control program’ has the meaning indicated for such term in subsection (a)(1).

“(2) The term ‘political subdivision’ means the local political jurisdiction immediately below the level of State government, including counties, parishes, and boroughs. If State law recognizes an entity of general government that functions in lieu of, and is not within, a county, parish, or borough, the Secretary may recognize an area under the jurisdiction of such other entities of general government as a political subdivision for purposes of this Act.

“(g) AUTHORIZATION OF APPROPRIATIONS.—For the purpose of carrying out this section, there are authorized to be appropriated \$100,000,000 for fiscal year 2003, and such sums as may be necessary for each of the fiscal years 2004 through 2007. In the case of control programs carried out in response to a mosquito-borne disease that constitutes a public health emergency, the authorization of appropriations under the preceding sentence is in addition to applicable authorizations of appropriations under the Public Health Security and Bioterrorism Preparedness and Response Act of 2002.”.

SEC. 3. RESEARCH PROGRAM OF NATIONAL INSTITUTE OF ENVIRONMENTAL HEALTH SCIENCES.

Subpart 12 of part C of title IV of the Public Health Service Act (42 U.S.C. 285 et seq.) is amended by adding at the end the following section:

“METHODS OF CONTROLLING CERTAIN INSECT POPULATIONS

“SEC. 463B. The Director of the Institute shall conduct or support research to identify or develop methods of controlling the population of insects that transmit to humans diseases that have significant adverse health consequences.”.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Louisiana (Mr. TAUZIN) and the gentleman from Louisiana (Mr. JOHN) each will control 20 minutes.

The Chair recognizes the gentleman from Louisiana (Mr. TAUZIN).

GENERAL LEAVE

Mr. TAUZIN. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days within which to revise and extend their remarks and include extraneous material on the bill under consideration.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Louisiana?

There was no objection.

Mr. TAUZIN. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I am pleased that today the House is considering legislation to address the West Nile virus outbreak. The gentleman from Louisiana (Mr. JOHN) is the author of this legislation, and I am pleased that he joins me on the floor today to help secure House passage.

There is a reason the Chair may have said the gentleman from Virginia, because obviously there are lots of folks in Louisiana right now moving north with a new storm approaching in the Gulf of Mexico, and the gentleman from Louisiana (Mr. JOHN) was one of those who was here working in the Nation's Capital while we watched our citizens and our friends in Louisiana being threatened once again.

Last week when Isidore came through and dumped as much as 24 inches of water on my State, it created another impending threat to the problems of mosquito growth and the spread of this virus in our home State, and we are about to see another hurricane on its way this week.

Since the Committee on Energy and Commerce reported this legislation 1 month ago, the number of human cases reported to the Centers for Disease Control and Prevention has increased 160 percent. Over 2,300 human cases are known, and almost every State in the Nation now, 43 in total, are reporting laboratory-positive West Nile virus infections in mosquitoes, animals or humans.

Three years ago, West Nile virus was detected in New York City. It was the first time the disease had been reported in this hemisphere, let alone in the United States. My home State of Louisiana, as my colleagues know, has been particularly hard hit, with 200 of the human cases reported from my home State in Louisiana.

The Bush administration has responded quickly to the West Nile virus outbreak, transferring over the past 2

months an additional \$17 million in emergency funds to assist State's efforts to control the spread of the disease, and I want to thank Secretary Tommy Thompson, who took money out of his personal budget to send it to States hard hit like our own, for responding so rapidly.

□ 1215

But the rapid outbreak of this disease this summer demands that we more effectively control the mosquito population to help reduce the risk of West Nile virus in its transmission.

Today we are considering legislation that complements the work of the Centers for Disease Control and Prevention that they are already doing in so many mosquito-borne illnesses including, by the way, the discovery here recently of malaria.

The Mosquito Abatement for Safety and Health Act provides authority for the Secretary of Health and Human Services to make grants to political subdivisions to develop comprehensive mosquito control plans and programs. And historically, mosquito control programs have been operated at the local level, and we do not want to change that. Nothing in this bill will change that. It is clear, however, that currently many of the local communities are facing hardships. The rapid outbreak across this country is fast outpacing the predictions of many scientists, and it is very difficult for communities to respond.

In Louisiana only 18 of our 64 parishes have mosquito control programs in operation. The additional Federal dollars will make the difference in saving lives not only in Louisiana but across the country. And although mosquito control programs are indeed operated locally, infected mosquitoes do not voluntarily stay confined to one area. They move around, as we know, and create havoc. So this act will give some assistance from the Federal Government to make sure that these local authorities have the tools to work with.

But I want to commend the Centers for Disease Control; they have done a great job. We thank them. This bill will give them a lot more help. And the MASH Act will also direct the National Institutes of Health to conduct or support research and develop methods to control these insect populations and hopefully one day to find preventative vaccines or cures for some of these diseases. This legislation is only one way we can help Americans to “fight the bite,” if you will. And I want to thank my colleague, the gentleman from Louisiana (Mr. JOHN) who saw this problem coming before anyone else in this body, who filed this legislation months ago before it became such a severe national threat. This was great insight, and I think all of us in the Nation are indebted to him for the work he has done on this bill.

Mr. Speaker, I reserve the balance of my time.

Mr. JOHN. Mr. Speaker, I yield myself such time as I may consume.

I thank the gentleman for allowing me a few minutes to talk about H.R. 4793, the Mosquito Abatement for Health and Safety Act.

I want to thank the gentleman from Louisiana (Mr. TAUZIN), the chairman, and the gentleman from Michigan (Mr. DINGELL), the ranking member, for having the vision and having the seriousness and understanding the seriousness of this issue and expediting it through the Committee on Commerce. I really appreciate working with the staffs, both the majority and the minority staffs, working very hard to try to address this threat because without their leadership, we could not have been here today; and I really appreciate their help.

I introduced this bill back in May to address an emerging threat of mosquito-borne illness. Today it is West Nile. Tomorrow it could be any number of different diseases. We could be discussing malaria or any of the other diseases today. And since May, since I introduced the bill, the gentleman from Louisiana (Mr. TAUZIN) said there were over 2,300 cases. In fact, talking to the CDC today, there are reported cases every day. There are now confirmed when I left my office a few minutes ago 2,405 cases across the Nation and 117 deaths as of this morning.

As we can see from this map behind me, 42 States today have experienced some cases of human or animal infections. The red States are where the human cases have been found, and the blue States where they have found infected animals. As we can see from this visual, this is a national threat. This is not just about an insect that we like to call the State insect in Louisiana, but this is about a national threat to public health, especially for our most vulnerable citizens, our senior citizens, who are most vulnerable to this disease as depicted in research from the Centers for Disease Control and Prevention.

The threat today will soon force some of our State health departments into a financial crisis trying to deal with the spread of this disease, trying to deal with the health expenditures that are being caused not just in a certain section of the United States but all over including the State of California, which is now experiencing this.

In Louisiana alone we have experienced 287 cases and 14 deaths. One would think that that would top the charts, but it did not. In the State of Illinois, 551 cases, 29 deaths. In the State of Michigan, 314 cases and 16 deaths. So this is truly a national threat. Parishes and counties have stretched their budgets in trying to combat and to cover the cost of mosquito abatement, and they have just been stretched to the limits.

What H.R. 4793 would do would establish a one-time two-for-one grant program through the Centers for Disease Control and Prevention. Local govern-

ments today have tax bases, and historically that is what they have used to fund these programs. But if we can pass 4793, this will enable the local governments to fund for the purchasing of equipment, for improving laboratories, or more importantly to establish a mosquito abatement program.

In my parish of Acadia Parish, we have tried many times to establish it, but it is a very rural parish. It is mosquito prone, it is rice fields, it is bayous, lots of mosquitos; and we are trying very hard to establish a mosquito program, and this will go a long way to help that become a reality because the most effective way to combat this disease that is widespread is through education and most importantly abatement.

Today the Centers for Disease Control and Prevention provides funding for education, but no Federal agency across the gamut of all of our Federal agencies addresses the need of expenses for abatement programs whether on the State level or on the parish or county level. I know that Tommy Thompson, the Department of Health and Human Services, along with the President and the Governor of our great State, have worked together to provide some emergency money for some emergency spending. We appreciate that, but we need a solid ongoing program to help. Unfortunately, not many parishes and/or counties can afford this. So that is the real need for this program. Not only is it an epidemic, but I also think the Federal Government should play a role in this.

Again, I want to thank the gentleman from Louisiana (Mr. TAUZIN) and the gentleman from Michigan (Mr. DINGELL) for working together with me and the other co-sponsors of this bill. When I first filed this bill, never did I envision that I would have this many co-sponsors but certainly never envisioned that it would be as widespread as it is just a few months after introduction of the bill.

Mr. Speaker, I reserve the balance of my time.

Mr. TAUZIN. Mr. Speaker, I yield 3 minutes to the gentleman from Indiana (Mr. SOUDER), whose hometown, by the way, has suffered 49 cases of West Nile virus.

Mr. SOUDER. Mr. Speaker, I thank the gentleman from Louisiana (Mr. TAUZIN), the distinguished chairman, and the other gentleman from Louisiana (Mr. JOHN). Our mosquitos may not be as big as Louisiana. I know that one time I tried to camp in a bayou outside New Orleans, and we quickly moved into the car. It did not fully digest the car, but we decided not to camp. But we have our own mosquito problems in the Midwest as evident from the Illinois and Michigan cases, and in northeast Indiana we have one of the highest rates of West Nile virus in the country, 157 probable cases as of 2 days ago, but another batch was due in yesterday. Forty-nine of those in my home area in Allen County in Fort

Wayne, Indiana including three deaths. That is 10 times our population base in the country.

I strongly support this. Our Committee on Government Reform subcommittee that I chair has jurisdictions over matters of public health, and I join with the gentleman from Louisiana (Mr. TAUZIN) and the gentleman from Louisiana (Mr. JOHN) in supporting this bill, H.R. 4793, to help equip our communities to have the tools necessary to control the mosquito-borne diseases. We need to help rather than hinder the ability of States and municipalities to do the proper spraying.

We have had a major debate in the city of Fort Wayne that has been a controversial point about whether to spray, and we waited, bluntly put, too long to spray, and part of that was financial, part of it were other debates; but we need this type of legislation that requires that the political subdivisions do the assessments and then they are eligible for the grants.

On Thursday afternoon of this week, I will be chairing a hearing on the West Nile virus where we are going to have the Illinois Health Commissioner, Florida Health Commissioner, and the Allen County Health Commissioner, as well as the Centers for Disease Control and Prevention and NIH to look at some of these questions about research-funding levels, efficacy of mosquito spraying, the viruses communicability through blood transfusions and organ transplants and how difficult it is and what we have not learned and some of the difficulties that they have faced in being able to come up with quicker ways to get feedback to individuals for vaccines. One of the most troubling aspects in my hometown is that one cannot find out for sure whether one has West Nile. A number of people have taken 3 weeks, are down to 10 days, and if they have a severe case, the cases where they have identified it, they have died shortly thereafter because they cannot find out soon enough.

I wanted to just read a couple of comments from one couple that went public about his struggles after he received the West Nile virus and how his body started to deteriorate, how initially one of the things that is panicking everybody on the news is they say if one starts to have a headache, if one gets a neck ache and so on, they may have West Nile. So they go in for a test and this particular gentleman went in for the test, but then it was just the start. His fever climbed to 103. His body shook with chills. He became dizzy, began losing his balance, reached the point where he could not walk. After a blood test revealed that his white blood cell count was extremely high, indicating an infection of some kind, his doctor drew blood for the West Nile test. Now he has to wait multiple weeks until they can figure out what is happening. And the symptoms vary, ranging from the mild flu to this more

severe case. In his case the tests came back positive. He became dehydrated. Furthermore, he got sicker. He lost 15 pounds, dry heaves, and then eventually started to get mentally confused and is still battling this even though he did not die, which is the good news.

I thank the gentlemen again for their leadership.

Mr. JOHN. Mr. Speaker, I continue to reserve the balance of my time.

Mr. TAUZIN. Mr. Speaker, I yield 2 minutes to the gentleman from Michigan (Mr. UPTON) whose State, by the way, now is second only to Illinois in the number of reported cases.

Mr. UPTON. Mr. Speaker, I thank the chairman for his leadership and also the gentleman from Florida (Mr. BILIRAKIS) and the gentleman from Louisiana (Mr. JOHN) and others, the gentleman from Michigan (Mr. DINGELL), for moving this legislation so quickly.

Michigan is known as a Great Lakes State. I look at the other Great Lakes States. I look at Minnesota, the State of 10,000 lakes. Michigan has more than 11,000 inland lakes. But we have had 343 cases of West Nile this year, and the gentleman from Louisiana (Mr. JOHN) remarked that there were 16 reported deaths because of West Nile in Michigan. Actually, since those statistics, within the last couple of weeks, we have actually gone up to 21 deaths. So we are second only to the State of Illinois, which took a pounding by the Wolverines this past weekend, 45 to 28.

But in all serious, Mr. Speaker, this is a grave problem that not only Michigan but Louisiana, all States across the Nation are facing. It is important that this legislation pass today, and then the next step is to make sure that we have adequate funding so that the CDC through the Labor-HHS appropriation bill in fact have right resources to make sure that not only can we help eradicate mosquitos wherever they may be across this country but we also find a cure for those who are impacted.

I again thank the gentlemen for their leadership on this issue.

Mr. JOHN. Mr. Speaker, I yield 1 minute to the gentleman from Illinois (Mr. DAVIS).

Mr. DAVIS of Illinois. Mr. Speaker, I thank the gentleman for yielding me this time, and I also want to commend and thank the sponsors for the introduction of this legislation.

As has already been mentioned, Illinois has been seriously hit, hardpressed. As a matter of fact, people are afraid to go out in late evenings and early mornings for fear, and I think that this legislation will go a long way towards providing abatement resources so that people can function in safety and security; and so I thank them, commend them, and urge swift passage of this bill.

Mr. TAUZIN. Mr. Speaker, I yield 2 minutes to the gentleman from Illinois (Mr. SHIMKUS), who also, again, represents a State with the highest incidence of this disease.

Mr. SHIMKUS. Mr. Speaker, I thank the chairman for yielding me this time. I am pleased to follow the gentleman from Illinois (Mr. DAVIS), as we have struggled with this West Nile, and we have throughout the country.

As a young child, fogging was pretty common. I remember being at the local community pool and the truck would go buy, and we would all dunk underneath the water; and as it would go out, then we would get up and swim. And then we had a long reprieve from the aspects of really going after and attacking the mosquito populations, and we can no longer afford to do that, especially with the West Nile virus, and it is being carried.

□ 1230

Yes, Illinois has been hit hard. Illinois has had its fair share of deaths; and yes, we at the Federal level need to partner and assist our local responders. We need to move through this authorization, and, more importantly, work with the appropriators to help bring the resources needed to partner with the local communities.

This is a very important bill. It directly affects our constituents. This is the Federal Government responding in a timely manner to be involved in this outbreak and this attack on our citizens. I applaud the gentleman from Louisiana (Mr. TAUZIN) and the gentleman from Louisiana (Mr. JOHN) and the chairmen of the subcommittees for moving this expeditiously to the floor.

Mr. JOHN. Mr. Speaker, I reserve the balance of my time.

Mr. TAUZIN. Mr. Speaker, I yield 1 minute to the gentleman from Florida (Mr. BILIRAKIS).

Mr. BILIRAKIS. Mr. Speaker, I support the bill. I am up here mostly to express my gratitude and acknowledgment to the gentleman from Louisiana (Mr. TAUZIN) and the gentleman from Louisiana (Mr. JOHN) for their efforts in bringing this important public health legislation to the floor.

It is significant that we keep pounding away on the fact that of the 239 cases of infection that we know about, three-quarters of those infections caused either meningitis or encephalitis, which are severe, life-threatening brain infections. So authorizing these centers to award grants to work with local authorities is certainly the way to do, and it is imperative that we do so. I urge Members to join us all in supporting this very important bill.

Mr. JOHN. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I thank all Members who have cosponsored the bill, and all Members who have worked so hard on this issue. I thank all Members for helping put this bill together and making this bill a reality.

Mr. DINGELL. Mr. Speaker, I would first like to thank my distinguished colleagues Representative CHRIS JOHN and Representative TAUZIN for introducing H.R. 4793, the "Mosquito Abatement for Safety and Health Act," and for working so diligently on behalf of the

people and States who have been ravaged by the West Nile virus.

Less than one month ago, on September 5th, the Committee on Energy and Commerce unanimously reported this bill out of committee. Since then, we have seen the number of confirmed human cases of West Nile virus in the United States jump dramatically from 638 to 2,206 today. In just these few weeks, we have seen the number of West Nile deaths climb from 31 to 108. Since our committee markup, 275 more people in my home State of Michigan have contracted this deadly virus and 13 more people in Michigan have died.

H.R. 4793 authorizes the secretary, acting with the Director of the Centers for Disease Control and Prevention (CDC), to make grants available, on a matching-funds basis, to political subdivisions of States for the operation of mosquito control programs to prevent and control mosquito-borne diseases. Among other necessary expenses, these grants will help pay for the costs of purchasing or updating equipment and laboratory facilities to cope with this fairly recent, evolving, and unpredictable epidemic.

In addition, the "Mosquito Abatement for Safety and Health Act" would require that the Director of the National Institutes of Health (NIH) conduct or support research to identify and develop methods of controlling the population of insects that transmit to humans diseases that have significant adverse health consequences.

In order to fight the West Nile virus, and to prevent future illness and death, we must equip States with the necessary tools to fight this deadly disease and we must aid our medical community in gathering and analyzing information.

I urge all of my colleagues to join me in support of H.R. 4793, the "Mosquito Abatement for Safety and Health Act." This bill is an important, and potentially life-saving, piece of legislation.

Mr. BENTSEN. Mr. Speaker, I rise in strong support of H.R. 4793, the Mosquito Abatement for Safety and Health Act. I would like to commend the efforts of my colleagues, Energy and Commerce Chairman BILLY TAUZIN and Congressman CHRIS JOHN, in bringing this much-needed legislation to the House floor for consideration. I am cosponsoring H.R. 4793 because I believe it provides the crucial federal assistance needed by our local and state governments in stemming the spread of the West Nile Virus and other mosquito-borne diseases.

My own state and district have already witnessed the rapid spread of the West Nile Virus, with the number of confirmed cases in Harris County rising from 4 to 19 in under 2 months, with already 2 fatalities. Probable cases now number at least 58. And across our country West Nile Virus is present in at least 41 states, with 2,404 people already infected and 117 having already died from the West Nile Virus. The grant programs and provisions of H.R. 4793 is an encouraging indication that federal, state, and local authorities can work together to combat and reverse this alarming trend of new cases. I believe the efforts of the federal government to assist state and local health authorities could have come no sooner, as many of these entities are already straining to protect our most vulnerable citizens on limited budgets.

By focusing on those areas that have suffered a high incidence of mosquito-borne diseases, H.R. 4793 will provide the targeted financial assistance needed by local communities to expand their mosquito spraying programs, purchase new equipment, or update their laboratories. The CDC has recommended mosquito control measures as one of the most effective methods of West Nile prevention. H.R. 4793 provides the federal assistance to help local communities maintain and expand those spraying programs. Mosquito control programs also have the added benefit of protecting local communities from a host of other diseases besides West Nile Virus, including St. Louis encephalitis, La Crosse encephalitis, and dengue fever.

For all of these reasons, I support the passage of H.R. 4793 and urge my colleagues to support this measure as well. And I will continue to work with my colleagues to ensure that adequate funding for these programs is secured to safeguard our local communities from this national public health threat.

Ms. JACKSON-LEE of Texas. Mr. Speaker, I am a cosponsor and firm supporter of H.R. 4793, the Mosquito Abatement for Safety and Health—or MASH—Act. We have a public health emergency on our hands. What was once an obscure African disease buried in the back of medical school pathology books, has the potential for turning into a full-blown epidemic if we do not make smart policy and well-directed investments in prevention and education.

So far this year 2,405 people have tested positive for West Nile Virus in the United States. The infection that starts with flu-like symptoms can end in swelling of the brain, and eventually death. There is no known cure for, or vaccine against, West Nile Virus. Out of the 2,405 infected this year, the virus has killed 117 people. And the season is not near over.

The 18th Congressional District of Texas that I represent has not been spared this insidious disease. Two months ago tragedy struck Houston when one of my constituents became the first Texan to die of complications of West Nile infection. Two weeks later, I walked the streets of her community, to check on her neighbors, and to get information and advice to those in need. I was accompanied by West Nile experts from health departments of every level—Texas, Harris County, and the City of Houston.

Although I was pleased with the expertise and dedication of those officials, I was struck by two problems. One, was that there are too many gaps in the funding and efforts to tackle this problem at the state and local levels. For example, although Harris County was playing a huge and important role in monitoring disease spread and spraying insecticides to control the mosquitoes that carry the virus—the county could not directly receive any money directly from the Centers for Disease Control and Prevention. They were forced to apply through the city of Houston or through the State Health Department, and then wait as funds trickled down to them, hoping it would get there in time to stem the tide of the encroaching epidemic.

This was unacceptable. I made calls and wrote letters to extract funds from the CDC, and ensured efficient flow of the funds down to the local levels where they could actually be put to work. But, this is not the way the sys-

tem should have to work. The MASH Act addresses this problem, by providing for Mosquito Control Program Grants issued directly to counties. The grants would provide \$2 of Federal funding for every \$1 of local funding. The Secretary could even waive the matching portion in cases of extraordinary economic conditions. This is how to get things done.

To ensure that funds are used effectively, the MASH Act requires the counties conduct assessments and surveys of the needs of the county submit plan of attack, and, afterward, a report that describes the effectiveness of the program. West Nile Virus is probably here to stay. These reports will enable us to hone our national strategy for controlling the associated disease.

The MASH Act also funds a one-time grant of up to \$10,000 to States to develop a plan to coordinate programs within the State. This will ensure good coordination and flow of information throughout each affected state.

The other problem I notice during my walk through the neighborhood in my district struck by West Nile Virus, is that too many people are still scared and confused. Some seemed to feel like hostages in their homes. It is the elderly who are most vulnerable to West Nile Virus, and these seniors are being told to go out in their yards and remove all standing water, such as cement birdbaths and old tires. They are told by public service announcements and the news not to go without DEET-containing mosquito repellent, but of course they have to go outside to get to the drugstore to buy some. And if they do find a way to get to the drugstore to protect themselves, they find that 56 percent of mosquito repellents that contain DEET—do not have the word DEET written anywhere on the label. I am continuing my work with the EPA and industry leaders to make sure that all DEET-containing product are clearly labeled by next season, to cut down on confusion and save lives. But, we need some quick fixes to these other pressing problems as well.

The MASH Act will provide funds directly to the people who know the needs of the community. The funds will enable them to establish appropriate budgets to control mosquitoes—I hope, by going straight out into the communities, clearing out tires and stagnant water, and delivering DEET with clear labels. Most importantly, they need to get the word out that West Nile Virus is a serious problem, but with smart precautions, and a well-funded and well-coordinated effort—it does not need to become a national disaster.

I support the MASH Act and encourage my colleagues to do the same.

Mr. JOHN. Mr. Speaker, I yield back the balance of my time.

Mr. TAUZIN. Mr. Speaker, I yield back the balance of my time.

The SPEAKER pro tempore (Mr. BOOZMAN). The question is on the motion offered by the gentleman from Louisiana (Mr. TAUZIN) that the House suspend the rules and pass the bill, H.R. 4793, as amended.

The question was taken; and (two-thirds having voted in favor thereof) the rules were suspended and the bill, as amended, was passed.

A motion to reconsider was laid on the table.

HEALTH CARE SAFETY NET IMPROVEMENT ACT

Mr. BILIRAKIS. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 3450) to amend the Public Health Service Act to reauthorize and strengthen the health centers program and the National Health Service Corps, and for other purposes.

The Clerk read as follows:

H.R. 3450

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE; TABLE OF CONTENTS.
(a) SHORT TITLE.—This Act may be cited as the “Health Care Safety Net Improvement Act”.

(b) TABLE OF CONTENTS.—The table of contents for this Act is as follows:

Sec. 1. Short title; table of contents.

TITLE I—CONSOLIDATED HEALTH CENTER PROGRAM AMENDMENTS

Sec. 101. Health centers.

Sec. 102. Migratory and seasonal agricultural workers.

TITLE II—RURAL HEALTH

Subtitle A—Rural Health Care Services Outreach, Rural Health Network Development, and Small Health Care Provider Quality Improvement Grant Programs

Sec. 201. Grant programs.

Subtitle B—Telehealth Grant Consolidation

Sec. 211. Short title.

Sec. 212. Consolidation and reauthorization of provisions.

Subtitle C—Mental Health Services Telehealth Program and Rural Emergency Medical Service Training and Equipment Assistance Program

Sec. 221. Programs.

TITLE III—NATIONAL HEALTH SERVICE CORPS PROGRAM

Sec. 301. National Health Service Corps.

Sec. 302. Designation of health professional shortage areas.

Sec. 303. Assignment of Corps personnel.

Sec. 304. Priorities in assignment of Corps personnel.

Sec. 305. Cost-sharing.

Sec. 306. Eligibility for Federal funds.

Sec. 307. Facilitation of effective provision of Corps services.

Sec. 308. Authorization of appropriations.

Sec. 309. National Health Service Corps Scholarship Program.

Sec. 310. National Health Service Corps Loan Repayment Program.

Sec. 311. Obligated service.

Sec. 312. Private practice.

Sec. 313. Breach of scholarship contract or loan repayment contract.

Sec. 314. Authorization of appropriations.

Sec. 315. Grants to States for loan repayment programs.

Sec. 316. Demonstration grants to States for community scholarship programs.

TITLE IV—ADDITIONAL PROVISIONS

Sec. 401. Community access demonstration program.

Sec. 402. Expanding availability of dental services.

Sec. 403. Study regarding barriers to participation of farmworkers in health programs.

Sec. 404. Eligibility of certain entities for grants.

Sec. 405. Conforming amendments.

TITLE I—CONSOLIDATED HEALTH CENTER PROGRAM AMENDMENTS

SEC. 101. HEALTH CENTERS.

(a) INCREASE OF AUTHORIZATION OF APPROPRIATIONS FROM \$802,124,000 FOR FISCAL YEAR