

Mr. Speaker, I am so pleased to rise in support of H.R. 389, the Automatic Defibrillation in Adam's Memory Act.

As co-chair of the Congressional Heart and Stroke Coalition and Caucus, I was proud to join with the gentleman from Illinois (Mr. SHIMKUS) in introducing this bill last year and again this year. And I want to thank my colleague from Illinois for his leadership on this issue. For the last few years, Congress has passed several bills to expand the use of automatic external defibrillators, or AEDs.

We have provided protections for good Samaritans, encouraged State and local governments to place AEDs in their buildings, and provided funds for their communities to purchase these devices.

The gentleman from Florida (Mr. STEARNS) and I have recently been urging the Architect of the Capitol to acquire AEDs and place them around the grounds.

□ 1230

We hope we will see movement on this very soon, and now, with this legislation before us, we are starting to get them into schools. Some have suggested that AEDs will become as prevalent as fire extinguishers. We can only hope so. Rescue professionals know firsthand their cost effectiveness.

This bill would create a national clearinghouse of information about AEDs and public defibrillation so that schools can begin placing them throughout their facilities. We do not usually think of children at school as being a high risk group for heart attack, but it has been known to happen, and schools, let us keep in mind, often serve as community meeting places where the public can gather at various events. Think of the times when schools are used as disaster centers. Add to this the parents, teachers and staff at the schools, and it only makes sense to be assured that they have the life saving devices such as AEDs available.

I urge my colleagues to support this bill.

Mr. JOHN. Mr. Speaker, we have no further speakers, and I yield back my time.

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

I, too, want to mention the support from my colleague who just spoke, the gentlewoman from California (Mrs. CAPPS), who has really become a champion on a lot of health care-related items, and so when we get her on our team that is a good teammate to have, and I do appreciate that.

There is a health care crisis in America. There is a health care crisis in rural America. I think the point that 10 minutes, the response time being 12 minutes for the response time from most paramedics, 10 minutes is too short of a time. They cannot get there. That poses this need for this bill. That chain of survival, the E-911. We had the E-911 Caucus that helped us locate in-

dividuals, CPR, defibrillation and other life support measures.

This is an important bill and I appreciate the committee and my friends on the Democratic side for helping move this expeditiously to the floor. I ask my colleagues to support this bill.

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

The SPEAKER pro tempore (Mr. LAHOOD). The question is on the motion offered by the gentleman from Illinois (Mr. SHIMKUS) that the House suspend the rules and pass the bill, H.R. 389.

The question was taken.

The SPEAKER pro tempore. In the opinion of the Chair, two-thirds of those present have voted in the affirmative.

Mr. SHIMKUS. Mr. Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX and the Chair's prior announcement, further proceedings on this motion will be postponed.

MOSQUITO ABATEMENT FOR SAFETY AND HEALTH ACT

Mr. TAUZIN. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 342) to authorize grants through the Centers for Disease Control and Prevention for mosquito control programs to prevent mosquito-borne diseases, and for other purposes.

The Clerk read as follows:

H.R. 342

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; COORDINATION GRANTS TO STATES; ASSESSMENT AND CONTROL GRANTS TO POLITICAL SUBDIVISIONS.

"(a) COORDINATION GRANTS TO STATES; ASSESSMENT GRANTS TO POLITICAL SUBDIVISIONS.—

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

"(A) coordinating control programs in the State involved; and

"(B) assisting such State in making grants to political subdivisions of the State to conduct assessments to determine the immediate needs in such subdivisions for control programs, and to develop, on the basis of such assessments, plans for carrying out control programs in the subdivisions.

"(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 (b)(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;

"(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;

"(D) the State agrees that the State will make grants to political subdivisions as described in paragraph (1)(B), and that such a grant will not exceed \$10,000; and

"(E) the State agrees that the grant will be used to supplement, and not supplant, State and local funds available for the purpose described in paragraph (1).

"(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 (b)(5) from such subdivisions.

"(5) AMOUNT OF GRANT; NUMBER OF GRANTS.—A State may not receive more than one grant under paragraph (1).

"(b) 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 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;

"(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; and

"(D) are located in a State that has received a grant under subsection (a).

“(3) REQUIREMENT OF ASSESSMENT AND PLAN.—A grant may be made under paragraph (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.

“(C) APPLICATIONS FOR GRANTS.—A grant may be made under subsection (a) or (b) 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.

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

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

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

“(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.

“(f) 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 AND VERMIN POPULATIONS

“SEC. 463B. The Director of the Institute shall conduct or support research to identify or develop methods of controlling insect and vermin populations 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.

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.

We will be speaking about mosquitos. I think it is appropriate that we represent both sides of the aisle by gentlemen from Louisiana.

I am pleased that the House is considering today the Mosquito Abatement for Safety and Health Act. I want to congratulate and thank the gentleman from Crowley, Louisiana (Mr. JOHN) for his authorship of this very important legislation, not just for our State, by the way, but for so many States in the Nation where, in fact, the West Nile virus has threatened lives, and it has, in fact, harmed so many individuals.

In fact, today, Illinois, Michigan and Iowa lead the country, three States ahead of Louisiana, in the number of reported cases of West Nile virus, and while we are experiencing wintry weather here in the Nation's capital, we may have rather numbed our senses to the fact that warm and wet weather is just around the corner and with it will come flowers, sunshine and, yes, mosquitos.

Just yesterday, USA Today warned, “Keep the bug spray handy, there is a good chance that West Nile virus will complete its coast-to-coast march this summer”; in fact, warning us that it is

going to make it to the West Coast before the summer is over.

Last summer, the West Nile infected over 40 States. It has led to the death of 274 of our fellow citizens. It has made 4,000 others seriously ill, and what is remarkable is that many more Americans may have been infected by the West Nile virus but thankfully did not develop its serious complication.

Since 1999, when the West Nile was first detected in our country, the Centers for Disease Control and Prevention have taken the lead in assisting the States and the localities in combatting the spread of this disease.

The bill we are considering today will complement the work of the CDC and will provide authority to the Secretary of Health and Human Services to make grants to States for the purpose of coordinating such things as mosquito control programs, assessment and mosquito control planning grants to political subdivisions, and assistance in combatting the spread of mosquitos that carry West Nile. In addition, this Act authorizes CDC to award grants to political subdivisions of States for the operation of mosquito control programs themselves.

The rapid outbreak of West Nile across America, which is fast outpacing the prediction of many scientists, has made it very difficult for our communities to adequately respond. The additional Federal dollars we authorize through this legislation will assist States and localities with their immediate needs to combat it.

Notably, this legislation recognizes the importance of keeping mosquito control programs running and controlled at the local level, where they have historically operated. It simply gives additional support to the CDC so it can provide technical and training assistance to the planning, development and operation of these programs.

Finally, it directs the National Institutes of Health to support and conduct research to identify or develop methods to control insect and vermin populations that transmit diseases that have significant adverse health consequences for humans. The findings from this research hold the potential for the development of additional products to assist in mosquito control efforts.

Again, I want to thank the gentleman from Louisiana (Mr. JOHN) for his enormous leadership in this act and so many other things before the Committee on Energy and Commerce.

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

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

I would like to thank the gentleman from Louisiana as chairman of our Committee on Energy and Commerce and also the gentleman from Michigan (Mr. DINGELL), the ranking member. Without their leadership, this legislation would never be on the floor today, and to the gentleman from Louisiana

(Mr. TAUZIN), I think that it is appropriate that we two Louisianans on either side of the aisle take the lead on this piece of legislation because, as we all know, mosquitos are nonpartisan biting insects, and so it is really important that we have a nonpartisan bill here. So I thank the gentleman very, very much for doing this.

I also want to thank Cheryl Jaeger with the majority staff and John Ford with the minority staff for their help in bringing this bill to the floor today.

I also want to thank the 50-plus cosponsors of this piece of legislation that are on both sides of the aisle from all over the country, 50-plus people. I also want to add the support of the gentleman from Arkansas (Mr. ROSS) and also the gentlewoman from Connecticut (Ms. DELAURO) and a special support from the gentlewoman from Texas (Ms. JACKSON-LEE) who shared with me just this morning a story of a lady, a constituent of hers, who died in her garden this past summer from West Nile virus. So she is a strong supporter of this piece of legislation.

I first introduced this piece of legislation in May of 2002 in the 107th Congress last year, and I do not think anyone would have realized, especially Members of Congress or any other Americans would have realized or imagined the effect West Nile has had since that time when I introduced this piece of legislation.

As we can see from the visual aids, the West Nile virus in the United States from 1999 to 2001 are depicted here in the red States, all the way from the Northeast all the way down to Louisiana, basically separated somewhat by the Mississippi River, but if we look at what has happened in just 1 year alone or year-and-a-half, the visual aid on my right indicates the verified cases, as of December 11 of this past year, of the cases of West Nile virus. They have spread to almost every State in our Union.

It is important to note that the spread of this has happened only over the last year-and-a-half. Over 4,000 people have been infected, and 300 people have died of this disease. The people of Louisiana have suffered almost 330 human cases, 24 deaths, but surprisingly enough we were not the worst ones affected. The State of Illinois, 800 human cases; the State of Michigan, 550 cases; and Ohio, 450 cases.

It is important that we know a little bit about this disease because it is somewhat new to the United States, and it is also important to know that prior to 1999 it was not diagnosed or it was not a disease that was diagnosed in America. It was first discovered in New York City in 1999, only 4 years ago. Before that, this virus was very common in Africa, Eastern Europe, Asia, or Western Asia and the Middle East. It is also important to know how this disease spreads, to try to get to better understanding of how we can cope with it.

First of all, it is a disease that infects birds, birds of all prey, but it is

mostly in bluejays and crows where it is found more prevalent, and of course, this disease, mosquitos bite these birds and these birds go on and spread this virus to many hundreds and thousands of mosquitos who, in turn, bite humans, cattle, animals and infect them. So that is how the disease is spread. It is also important to note that the disease patterns are very similar to the migratory patterns of some of these birds. So we know a little bit about it, but we need to know more.

This disease has spread faster across America than anyone could ever, ever have imagined, including the Centers for Disease Control. Their projections were wrong about the spread of this disease. In 1 year the disease has spread all the way, as I mentioned, from the Mississippi River all the way to the Western coast of California and almost every other State in between, and of course, as my visuals show, this is now not just about the mosquito, the breeding States of this country, but it is a national public health threat, and I believe that the Federal Government should get involved and that is what this piece of legislation is all about.

The counties and parishes of this country have really surpassed their budgets. Mosquito control abatement programs are all done on the local level. The Federal Government, today, hopefully this bill will change that, but today is only done by parishes in Louisiana and, of course, counties, and they have surpassed their budget with this outbreak by many years in advance. They have spent their budgets last year for the foreseeable future on whatever they had budgeted for mosquito abatement programs.

Our public health systems have been strained because of this disease, and those who have been infected have put a real burden on our public health systems.

The population that is most at risk is our elderly population. The little research that we have found so far with this disease is that our seniors are most vulnerable. In fact, most of the deaths have occurred from West Nile in our senior population, and I think that that is very unfortunate and, also, young children. In fact, in the State of Louisiana there were concerns about recesses, outdoor activities, soccer fields. The soccer programs that are kicking off I know in my home State and across the country, the parents are very concerned about the spread of this disease because that is where mosquitos are.

Aside from some of the human casualties that I have mentioned before, it has become a real problem in Louisiana and other States across the country with cattle. Cattle are very susceptible to this disease, and the horsemen in Louisiana are very concerned about the spread of this. In fact, many of the cattlemen in Louisiana have been instructed to vaccinate their herds, to make sure in the coming mosquito season that they can have the proper vaccine.

Currently, there are no human vaccines to help with the spread of West Nile virus. NIH is working to develop this, but frankly, since it is such a new disease the realization is that a final product for vaccinating humans is years away. Therein lies the need for this piece of legislation.

Our only tools to fight this disease today are in mosquito abatement through education, and that is what this bill is all about.

Currently, the CDC helps to educate the public and local government on disease and prevention, but the CDC also does surveillance to the States to help monitor the progress of the virus.

□ 1245

But, Mr. Speaker, I believe, and I beg of this body, that this is not enough. This is not enough. Eradication of mosquitos is the most effective way today that we can stop the spread of mosquito-borne diseases. Abatement programs are handled on a local level, as I had said earlier, but counties are stressed. And the counties and parishes most in need are rural parishes that have a lower tax base and a lower ability to fund a very aggressive mosquito abatement program. H.R. 342 establishes a one-time matching grant program through the CDC to assist parishes and counties with either maintaining a mosquito control program or, frankly, starting one up. It is a two-to-one match not to exceed \$100,000 per parish or county.

Finally, in order to ensure that our hardest hit areas are addressed, this piece of legislation prioritizes the States and counties and areas of the United States that have more proven cases and a more focal point for the disease in different areas of the State. But I believe we must act now. The 2003 mosquito season, and, frankly, the mosquito season in Louisiana never goes away, but the real aggressive mosquito season is at our doorstep around this country so it is important for us to act.

Mr. Speaker, I want to thank again the chairman of our committee, the gentleman from Louisiana (Mr. TAUZIN), and the ranking member for putting this bill through the committee very quickly and getting it on the floor today because it is certainly the time to address the mosquito problem in this country.

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

Mr. TAUZIN. Mr. Speaker, I yield myself such time as I may consume to just advise that some of my Cajun friends have suggested that if we come up with a good mosquito gumbo recipe we might be able to solve some of these problems.

Mr. Speaker, I am pleased to yield 2 minutes to the gentleman from Arkansas (Mr. BOOZMAN), my dear friend from my neighboring State.

Mr. BOOZMAN. Mr. Speaker, I thank the gentleman for yielding me this time.

Certainly as an Arkansan I am very aware of the West Nile disease. My brother, Fay Boozman, the Director of Arkansas' Health Department, testified before a Congressional committee that it is very possible that more Arkansans will be infected with the West Nile virus this year. This estimate reflects the fact that the number of cases has steadily increased in Arkansas since the West Nile virus first appeared in 2001.

Arkansas is certainly not alone in this trend. In fact, epidemiologists expect that in the upcoming season the virus will reach all 48 contiguous States, which is why Congress needs to act now. States like Arkansas cannot afford to dip into their emergency funds to combat the spread of West Nile virus. This bill will help States and localities fight this virus by authorizing matching grants of up to \$100,000 for their mosquito abatement programs.

Mr. Speaker, I commend the gentleman from Louisiana (Mr. TAUZIN) and the gentleman from Louisiana (Mr. JOHN) for their leadership on this issue and for bringing this bill to the floor for a vote. I encourage my colleagues to pass this bill and provide much needed relief to our State and local governments who are on the front lines of this fight.

Mr. JOHN. Mr. Speaker, I proudly yield such time as he may consume to the gentleman from northeast Louisiana (Mr. ALEXANDER).

(Mr. ALEXANDER asked and was given permission to revise and extend his remarks.)

Mr. ALEXANDER. Mr. Speaker, in the summer of 2001 there was an outbreak of St. Louis encephalitis in four parishes in northeast Louisiana. There were 70 incidents resulting in 7 deaths. Seven of those incidents and two of the deaths were in parishes without mosquito control programs. In addition, in my district, Pointe Coupee Parish had the highest incidence of West Nile virus in Louisiana at more than 52 cases per 100,000 population.

When I was chairman of the Louisiana Health and Welfare Committee, we met to discuss State efforts to coordinate mosquito control. One of the issues that we often discussed was the Federal funding that was available for testing and education, but it was not readily available for mosquito control. That is why I support the MASH Act, because it provides much needed Federal funding for control and education.

I am proud to be a cosponsor of this legislation which provides needed assistance to local governments to control the outbreak of mosquito-borne illnesses. I also commend the gentleman from Louisiana (Mr. JOHN) and the gentleman from Louisiana (Mr. TAUZIN) for their hard work on this issue.

Mr. TAUZIN. Mr. Speaker, I want to thank my friend from Louisiana for his comments and endorsements, and I yield 5 minutes to the gentleman from

the great State of Indiana (Mr. SOUDER), which is, by the way, the fifth in incidents of West Nile virus in the country.

(Mr. SOUDER asked and was given permission to revise and extend his remarks.)

Mr. SOUDER. Mr. Speaker, I thank the gentleman for yielding me this time.

Mr. Speaker, last year, northeast Indiana had one of the highest rates of West Nile virus in the country, a total of 157 probable cases. Not being swampland or having the traditional problems of the South and Southeast, we were taken by surprise. A large percentage of these cases were reported in my hometown of Fort Wayne and in Allen County around it. In fact, I believe nearly two-thirds of the cases in all of the State of Indiana were in my Congressional district. Not only did we have animal deaths, not only is our bird population drastically reduced, but we have human deaths. We had multiple human deaths caused by the West Nile virus in my district.

In fact, Mr. Speaker, one of the counties outside of Chicago as well as my home county represented the bulk of the cases in the entire Midwest and should be the focus on any future studies in the Great Lakes because they were also the two highest counties with the St. Louis virus a number of years ago. The encephalitis virus seems to have replicated itself a number of years later in the same counties.

The concern that we have in my home county, because of the human deaths, is that it is impossible to communicate to the rest of the public. As we saw a number of people in the hospitals, very ill, including a reporter and a cameraman who were covering the case and were in miserable condition for a number of weeks, fear spread throughout my district. In my son's high school, they had spray booths outside the games. The football players, the band members, the cheerleaders felt under direct attack. A long-time friend of mine, a State Representative and State Senator Dick Worman, told me his daughter, Terry Lightfoot, who is on the East Allen County School Board, in all his years in the State legislature, he never had as many irate calls to his home, as his daughter did at the school board. As they would cancel a football game, football players would call in and say they would not be able to compete. If they canceled band practice, band parents would call in. If they kept it on, parents would call in and say you are putting my children at risk. It was near chaos in our area.

As a member of the Committee on Government Reform, and chairman of its subcommittee with jurisdiction over matters relating to public health, I commend the efforts of my colleagues, the gentleman from Louisiana (Mr. TAUZIN) and the gentleman from Louisiana (Mr. JOHN) for addressing this critical public health dilemma. We held an oversight hearing last fall to

try to look at some of the lessons that we learned, and one of those lessons was that we completely missed at the Federal Government what was going to happen in the Great Lakes. They projected it would be the Southeast. So it better be included in future planning by the government to try to address what happens in the Great Lakes areas so more people do not die because the government missed the plan.

Furthermore, we learned in that hearing from a gentleman from Lee County, Florida, Fort Myers, a representative of the mosquito supply people, that we may not even have adequate supplies, as a particular spray that is used is not commonly used in other areas now and they are worried about having the supply for mosquito eradication we need to look at.

We also need to make sure that we do adequate spraying. Counties like Lee County and others, where they are aggressive, managed to control this in the human populations. There was hesitancy in my hometown by some who tried to block the spraying initially. If we do not do this spraying, we put people at risk. In addition to the animals and the birds and others, we need to make sure that there is adequate research, we need to make sure there is adequate supplies on the market, and we need to make sure there is adequate political will among political officials to take the actions. Because if they do, lives, in fact, are saved, and we have heard from counties around the country where this is true.

H.R. 342 is a step in the right direction towards equipping our communities with the tools necessary to prevent and control mosquito-borne diseases. Federal agencies and regulations should empower rather than hinder the ability of States and municipalities to identify and eradicate mosquitoes and the diseases they carry and spread.

Aside from the funds to help our communities to establish or maintain an existing mosquito control program, which, by the way, we desperately need help from the Federal Government because this just overwhelmed our local budget in trying to deal with all the spraying in so many different points and school budgets as well. We need to make sure there are research dollars to further our knowledge of mosquito-borne viruses and their behavior. This is of vital interest to every parent, every person threatened.

We learned in Fort Wayne, Indiana, that everybody was vulnerable, from the youngest to the oldest. Some of the deaths and some of those most ill were 25 to 45, which the health department said was not likely, that it would be the young and elderly. We had deaths and severely illness in the midlife, well people, like I mentioned the reporter and the photographer from one of the major TV stations, in fact the number one rated.

So the consequences of not having an effective mosquito control program can lead to serious public health concerns.

During the scope of the hearing that I mentioned earlier, we included such issues as funding levels for research of the virus as well as other issues.

Once again, Mr. Speaker, I thank the chairman for his leadership and that of the gentleman from Louisiana (Mr. JOHN) as well for his leadership.

Mr. TAUZIN. Mr. Speaker, I have no further requests for time, and I yield back the balance of my time.

Mr. JOHN. Mr. Speaker, I yield myself such time as I may consume to thank the chairman once again, and I also would be remiss if I did not thank my senior legislative staff person who worked very hard on this bill, Vera LeBrun.

Ms. JACKSON-LEE of Texas. Mr. Speaker, I applaud Congressman CHRIS JOHN for this outstanding legislation!

I rise in support of H.R. 342, the Mosquito Abatement for Safety and Health Act. West Nile Virus has been marching across the nation over the past three years, and threatens to take tens of thousands of lives over the next decade. We must focus the efforts of the Centers for Disease Control and Prevention on this problem, before it gets out of hand.

West Nile Virus was relatively unknown in the United States until 1999 when it began to crop up in the New York and a few select states in the Northeast. Since then, it has progressed West and South, until in 2002, all but 4 states in the Continental U.S. were affected by the insidious parasite. In 2002, over 4000 people were infected with the West Nile Virus. Of those infected, 274 died, including one woman from my District.

West Nile Virus is transmitted through mosquito bites. Although the majority of people infected do eventually recover, there is no known cure for West Nile Virus infection. Luckily, we do know how to largely contain the epidemic through control of the mosquitoes that carry virus. I have been reasonably pleased with the efforts in my District, from the Texas Department of Health, the Harris County Health Department, as well as the City of Houston, in combating West Nile Virus. With relatively meager funding, they have kept infection rates low through programs of spraying insecticides and larvicides, education programs and public service announcements, and surveillance of infection trends.

However, even one preventable death is too many. Furthermore, it seems that infections are still on the rise, so a re-doubling of our efforts is now appropriate. We need to put the creativity, technology, and resources available to us to work on stopping West Nile Virus in its tracks.

For example, last year I realized that although all of the public service announcements and CDC websites were advocating the use of DEET-containing mosquito repellents for prevention of infection, almost 60 percent of DEET-containing products did not have the word DEET on the label. Instead they were labeled in tiny print with the chemical name N,N diethyl-m-toluamide. Considering that seniors are the most vulnerable to infection, and that seniors can often be visually impaired, this was inappropriate. Such lack of clarity and consistency in a public health product labeling can cost lives. I reached out to industry representatives and to the EPA. The EPA quickly moved to alter their labeling requirements, and

I am pleased to say that by this West Nile season, every can that has DEET in it, will have the word DEET on it.

But there is much more work to be done. The woman whose life was taken in my district, did not take the proper precautions to protect herself. That indicates to me that we need more education. We need to go door to door if necessary, helping seniors clear out old tires and debris from their yards, that might collect stagnant water where mosquitoes lay their eggs. We should give out DEET, and advice of times to stay inside or what clothes to wear, to minimize the risks of infection. We should give local health departments the resources they need to assess and address risks as needed.

The MASH Act will help in all of those endeavors. It will make it possible for Director of the Centers for Disease Control and Prevention, to make grants to States for coordinating mosquito control programs to prevent and control mosquito-borne diseases; and for assisting States in making grants to political localities to help them develop control programs. The Act will require commitment from the States as well, in the form of matching funds. But, the Secretary of the Department of Health and Human Services can waive that matching requirement for areas in dire financial straits.

But the bill is not just about sending more money. It will also encourage the CDC to use their expertise to help States develop strategies for protecting all of their citizens from West Nile Virus, and carry out research into ways to improve those strategies in the future.

This bill represents good preventive medicine. I support H.R. 342, and urge my colleagues to do the same.

Mr. LEVIN. Mr. Speaker, I rise in strong support of H.R. 342, the "Mosquito Abatement for Safety and Health Act," and urge the House to join me in voting for it.

There is a real and growing public health threat posed by the West Nile virus in my state of Michigan, as well as many other states throughout the country. Last year, Oakland County, Michigan, had 187 cases of West Nile Virus and 20 deaths. Macomb County reported 103 cases and six deaths. Many communities in my district have acted locally, but clearly the problem must be attacked broadly, across community lines.

All levels of government must be involved in responding to this clear and present health risk. Congress must do more to support State and local public health efforts to combat the spread of West Nile. The bill before the House today represents the least we should do to combat this mosquito-borne disease. It establishes two temporary grant programs to help state and local governments assess mosquito problems, and coordinate and operate mosquito control programs. The bill authorizes \$100 million in FY 2003, and such sums as necessary through FY 2007. It is critical that Congress follow up this legislation with the appropriations needed to fund these vital programs.

I urge all my colleagues to support this important legislation.

Ms. SCHAKOWSKY. Mr. Speaker, I rise in support of H.R. 342, the Mosquito Abatement for Safety and Health Act. This is a particularly important issue in my state of Illinois and for my district, both of which have been disproportionately impacted by West Nile Virus—more so than almost any other part of the country.

The latest survey shows that Illinois is suffering the highest numbers of human cases of West Nile in the country, 877 cases and 62 deaths. Over 630 cases of these cases were in Suburban Cook County and the Greater Chicago area, leading to 37 deaths. Compared with nationwide data, these numbers reveal an uncommonly high outbreak ratio in the Chicago Metro region.

H.R. 342, the Mosquito Abatement for Safety and Health Act will help Illinois and other states across the nation prevent any more outbreaks from occurring. Among other things, the act will provide grants to states to help them coordinate mosquito control programs to prevent and control mosquito-borne diseases. The bill also directs the Secretary of Health and Human Services to provide training and technical assistance to states and localities for the planning, development, and operation of assessments and plans regarding control programs. We cannot afford to lose more lives to West Nile Virus. I urge my colleagues to support H.R. 342.

Mr. GREEN of Texas. Mr. Speaker, I rise today in support of H.R. 342, the Mosquito Abatement for Safety and Health Act, introduced by my colleague from the Energy and Commerce Committee, and my good friend, CHRIS JOHN.

This legislation would provide grants to communities for the operation of mosquito control programs to prevent and control mosquito-borne diseases.

Last summer, Americans watched in fear as the West Nile virus spread rapidly across our country.

Before 1999, there was no record of a West Nile virus case in North America, but in the last few years, West Nile has become a serious public health concern.

According to the CDC, from 1999 through 2001, there were 149 cases of West Nile virus in the United States reported, including 18 deaths.

That number skyrocketed last year, with West Nile affecting almost 4,000 individuals, and killing 259.

In my home state of Texas, more than 190 people were infected, and 11 lost their lives.

I have no doubt that those numbers will continue to climb.

We must take steps to control mosquito populations now, before the summer months come and it is too late.

That is why I am a proud cosponsor of the MASH Act.

This legislation provides vital assistance to our communities to give them the tools they need to control mosquito populations and protect the public health.

It also recognizes the severity of mosquito-borne disease in certain communities and ensures that those hardest-hit areas receive a priority in receiving assistance.

I know this will be helpful to my hometown of Houston, which had 77 confirmed cases of West Nile in the past year, and recently discovered as many as 40 mosquito pools that are positive for West Nile virus.

Like I said, we must act now, before the weather warms up and the mosquitoes start to swarm. I strongly support passage and enactment of the MASH Act, and urge my colleagues to do the same.

Thank you, Mr. Speaker, and I yield back the balance of my time.

Mr. DAVIS of Illinois. Mr. Speaker, I rise today in support of H.R. 342, the Mosquito

Abatement for Safety and Health Act. With snow on the ground and recent temperatures in the single digits, it is nice to look forward to the summer months but easy to forget the uneasiness that was felt during last summer due to the fear instilled by the West Nile virus.

Illinois was greatly impacted by the West Nile virus. Not only was there fear within parents to let their children go outside to play or to take a walk in the neighborhood in the morning or after dusk, there were the startling numbers of those stricken with the virus. Illinois saw 873 cases of the virus in humans along with 60 deaths, the highest in the Nation according to the CDC.

The Associated Press recently released that the harsh winters that most of the nation has felt does not preclude that the mosquitoes, particularly the ones infected with the virus, have ceased in numbers. The mosquitoes will continue to live and reproduce in sewers and other dark, warmer places where the harsh climates have not affected them. Due to this, the AP is suggesting that this year we will see the West Nile virus spread from coast to coast. Last year, our nation witnessed more than 4,000 individuals become ill and a total of 274 die from the West Nile virus. With the expected spread of the virus and increase number of mosquitoes, we can also then expect these numbers to grow.

Mr. Speaker, to ensure the nation has a sense of safety and security as they go outside in the next few months, I ask for full support of this resolution.

Mr. LINCOLN DIAZ-BALART of Florida. Mr. Speaker, I rise today to support H.R. 342, the Mosquito Abatement for Safety and Health Act introduced by Congressman CHRISTOPHER JOHN. As an issue that deeply affects my constituents in South Florida, I fully support this worthy legislation.

H.R. 342 establishes an important County eligible grant through the Centers for Disease Control (CDC) in order to assist elimination of harmful mosquito populations. The grant would allow for \$2 of federal grant money for each \$1 contributed by the participating county.

Miami-Dade County is currently experiencing severe problems with growing mosquito populations due to the warm environment and many instances of standing water. In the Fiscal Year 2003 Consolidated Appropriations Resolution, I led the charge to acquire \$1,000,000 for the County to purchase a helicopter for mosquito control spraying. I believe that the funding, which would be provided under H.R. 342, will compliment the efforts of counties around the country to stop the spread of such deadly diseases as the West Nile virus.

Mr. Speaker, we can and must do more to protect our constituents from this environmental threat. H.R. 342 addresses this problem and establishes effective programs to help local governments best respond.

Mr. DINGELL. Mr. Speaker. I would like to thank my distinguished colleagues. Representative CHRIS JOHN and Representative TAUZIN for introducing H.R. 342, 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.

This legislation hits very close to home for me. My home state of Michigan has been hit hard by this deadly epidemic. To date, we

have had 554 confirmed cases of West Nile and 50 deaths. Currently, a staggering 4,071 people in the United States have been found to be infected with the West Nile virus. Unfortunately, we have also had 274 deaths as a result of West Nile infection.

H.R. 342 seeks to complement the work that the Centers for Disease Control and Prevention (CDC) is already doing to fight mosquito-borne diseases. This legislation will provide an additional incentive for States and localities to plan and better coordinate mosquito control programs. Unfortunately, many localities have not had the resources or capabilities to conduct assessments and prepare plans to comprehensively develop effective mosquito control programs. The additional federal dollars authorized in H.R. 342 will work to assist states and localities with their immediate needs to combat the West Nile virus.

In addition to working with the CDC, the "Mosquito Abatement for Safety and Health Act" requires the Director of the National Institute of Environmental Health Sciences to conduct and support research into methods to control the population of insects and vermin that transmit dangerous diseases to humans.

The West Nile virus has emerged in recent years as a serious threat to public, equine, and animal health. H.R. 342 seeks to combat this unexpected epidemic by providing additional dollars for research, prevention, and educational programs. I urge all of my colleagues to join me in supporting this valuable piece of legislation.

Mr. VITTER. Mr. Speaker, I rise today I strong support of H.R. 342, the Mosquito Abatement for Safety and Health Act. This legislation is an important step towards a comprehensive plan for reducing the threat of West Nile virus.

Just yesterday news stations were reporting that not only was West Nile virus likely to spread to all 48 contiguous states—making it a truly national problem—but also that other mosquito-borne illnesses are potentially likely to follow. This sort of public health threat should not go unchecked. Many localities are smaller or rural, or are dealing with this serious public health threat for the first time. This legislation can help them all.

I am pleased that the Appropriations Committee agreed to increase West Nile research funding at the CDC almost 30 percent, and that NIH research into vaccines and treatment for West Nile also nearly doubled. I thank both Chairman REGULA and the Members who supported increasing these funds for their successful efforts. However, I know that these measures are just a start to truly ending this health problem.

I commend my Louisiana colleagues for their work on this bill, commit my future support to this endeavor, and strongly urge all of my colleagues to vote for this important legislation.

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

The SPEAKER pro tempore (Mr. LAHOOD). 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. 342.

The question was taken.

The SPEAKER pro tempore. In the opinion of the Chair, two-thirds of those present have voted in the affirmative.

Mr. TAUZIN. Mr. Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX and the Chair's prior announcement, further proceedings on this motion will be postponed.

ORGAN DONATION IMPROVEMENT ACT OF 2003

Mr. TAUZIN. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 399) to amend the Public Health Service Act to promote organ donation.

The Clerk read as follows:

H.R. 399

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 "Organ Donation Improvement Act of 2003".

SEC. 2. SENSE OF CONGRESS.

(a) PUBLIC AWARENESS OF NEED FOR ORGAN DONATION.—It is the sense of the Congress that the Federal Government should carry out programs to educate the public with respect to organ donation, including the need to provide for an adequate rate of such donations.

(b) FAMILY DISCUSSIONS OF ORGAN DONATIONS.—The Congress recognizes the importance of families pledging to each other to share their lives as organ and tissue donors and acknowledges the importance of discussing organ and tissue donation as a family.

(c) LIVING DONATIONS OF ORGANS.—The Congress—

(1) recognizes the generous contribution made by each living individual who has donated an organ to save a life; and

(2) acknowledges the advances in medical technology that have enabled organ transplantation with organs donated by living individuals to become a viable treatment option for an increasing number of patients.

SEC. 3. PAYMENT OF TRAVEL AND SUBSISTENCE EXPENSES INCURRED TOWARD LIVING ORGAN DONATION.

Section 377 of the Public Health Service Act (42 U.S.C. 274f) is amended to read as follows:

"PAYMENT OF TRAVEL AND SUBSISTENCE EXPENSES INCURRED TOWARD LIVING ORGAN DONATION

"SEC. 377. (a) IN GENERAL.—The Secretary may make awards of grants or contracts to States, transplant centers, qualified organ procurement organizations under section 371, or other public or private entities for the purpose of—

"(1) providing for the payment of travel and subsistence expenses incurred by individuals toward making living donations of their organs (in this section referred to as 'donating individuals'); and

"(2) in addition, providing for the payment of such incidental nonmedical expenses that are so incurred as the Secretary determines by regulation to be appropriate.

"(b) ELIGIBILITY.—

"(1) IN GENERAL.—Payments under subsection (a) may be made for the qualifying expenses of a donating individual only if—

"(A) the State in which the donating individual resides is a different State than the State in which the intended recipient of the organ resides; and

"(B) the annual income of the intended recipient of the organ does not exceed \$35,000