

testimony and an executive summary thereof, in such form as the chairman may direct, unless the chairman waived such a requirement for good cause.

#### TITLE II—QUORUMS

1. Pursuant to paragraph 7(a)(1) of rule XXVI of the Standing Rules, 4 members of the committee shall constitute a quorum.

2. Pursuant to paragraph 7(a)(2) of rule XXVI of the Standing Rules, 2 members of the committee shall constitute a quorum for the purpose of taking testimony; provided, however, once a quorum is established, any-one member can continue to take such testimony.

3. Under no circumstance may proxies be considered for the establishment of a quorum.

#### TITLE III—VOTING

1. Voting in the committee on any issue will normally be by voice vote.

2. If a third of the members present so demand, a recorded vote will be taken on any question by rollcall.

3. The results of the rollcall votes taken in any meeting upon a measure, or any amendment thereto, shall be stated in the committee report on that measure unless previously announced by the committee, and such report or announcement shall include a tabulation of the votes cast in favor and the votes cast in opposition to each measure and amendment by each member of the committee. (Paragraph 7(b) and (c) of rule XXVI of the Standing Rules.)

4. Proxy voting shall be allowed on all measures and matters before the committee. However, the vote of the committee to report a measure or matters shall require the concurrence of a majority of the members of the committee who are physically present at the time of the vote. Proxies will be allowed in such cases solely for the purpose of recording a member's position on the question and then only in those instances when the absentee committee member has been informed of the question and has affirmatively requested that he be recorded. (Paragraph 7(a)(3) of rule XXVI of the Standing Rules.)

#### TITLE IV—DELEGATION AND AUTHORITY TO THE CHAIRMAN AND VICE CHAIRMAN

1. The chairman and vice chairman are authorized to sign all necessary vouchers and routine papers for which the committee's approval is required and to decide in the committee's behalf on all routine business.

2. The chairman is authorized to engage commercial reporters for the preparation of transcripts of committee meetings and hearings.

3. The chairman is authorized to issue, on behalf of the committee, regulations normally promulgated by the committee at the beginning of each session.

#### COMMEMORATING WORLD HEALTH DAY

Mr. AKAKA. Mr. President, I wish to make a few remarks regarding commemoration of World Health Day by the World Health Organization, WHO. On Saturday, April 7, 2007, WHO again commemorated its 1948 founding with the annual World Health Day. This year's theme is international health security.

In the words of WHO, "Threats to health know no borders."

Globalization, characterized by increased mobility of populations and the emergence of new, highly contagious diseases, make us increasingly vulnerable to pandemics and other health cri-

ses. Diseases such as highly pathogenic avian influenza, or "bird flu," severe acute respiratory syndrome, or "SARS," have entered our public health and security vocabulary. They are worthy of serious study, focus, and action. The spread of these and other virulent diseases and the potentially cataclysmic impact of a pandemic on countries around the world and here in the United States reminds us all of the critical need for adequate preparedness and continued awareness of threats to the health and well-being of Americans and people around the world.

We need a strategy to handle a pandemic flu outbreak, one that includes a multilayered and multinational approach to detecting and isolating viruses before they can spread. At my request, the Government Accountability Office has undertaken several investigations into how best to prepare for a possible pandemic flu outbreak. The first line of protection should be to deploy overseas public health specialists and veterinarians to detect a virus in its early stages. We need to provide more international assistance to countries least able to defend themselves. At the same time, DHS should develop sophisticated response plans to maintain critical services, such as water, power, transportation, and medical and financial services, in the event a pandemic forces the Nation to adopt a quarantine strategy.

The U.S. Centers for Disease Control, CDC, has established a global disease protection program, and DHS has created a new Office of Health Affairs that will bring together medical readiness and biological defense activities, including BioWatch. However, I remain concerned about the level of coordination between these and other domestic actors regarding pandemic planning. As chairman of the Subcommittee on Government Management, the Federal Workforce and the District of Columbia under the Committee on Homeland Security and Government Affairs, I hope to address this and other issues related to pandemic planning and response so that the United States is prepared for any natural or manmade attack, including a pandemic flu.

The mutation of avian influenza, a zoonotic disease that originated in birds but has since been transmitted to humans, is a high-profile reminder that we cannot cease our efforts to prepare for and respond to health crises. Since the H5N1 strain of bird flu was first detected in 1997, the threat has not abated. Of the 291 confirmed cases of bird flu reported to the WHO since that time, more than half, 171, have resulted in death. While these numbers may not seem large or significant, they are a warning signal that avian flu has mutated and continues to spread. As it does, it adapts and can become even more deadly. In our interdependent and highly mobile world, we are never immune and, as such, we cannot be complacent.

For example, my home State of Hawaii lies at the crossroads between

Asia and the continental United States. Nearly 2 million people visit Hawaii every year from Asia. Given the large number of confirmed cases of avian influenza in Asia, it is easy to understand why Hawaii continues to take bird flu and pandemic planning very seriously. Unfortunately, this disease shows no signs of abating. According to the World Health Organization, just this month, the Cambodian Ministry of Health confirmed the country's seventh case of human infection with the H5N1 avian influenza virus. It is the first case to be confirmed in humans in Cambodia in 2007. On April 7, avian flu claimed the life of a 74th victim in Indonesia, while on April 11, Egypt confirmed the death of a 15-year-old girl in Cairo, its 14th victim from avian flu.

But we must also remember that pandemic flu is not the only risk to human health. To coincide with World Health Day 2007, the WHO released a report entitled "Invest in Health. Build a Safer Future." In it, the WHO lists eight key issues linked to international health security. Highly contagious diseases is certainly one of those issues, but also included are the threat of chemical, radioactive, and biological terror threats, the threat of public health dangers on economic stability, and building health security, to include a framework for collaboration laid out by the International Health Regulations, IHRs, and a number of surveillance networks that can provide an early-warning and response system.

I commend the WHO for its ongoing efforts to raise awareness of the need to work toward international health security and to continue to address the threat of highly contagious disease, chemical, biological, and radiological terrorism, and the economic impact of pandemic disease. Global health is no longer just a matter of ensuring the vitality, economic stability, and environments of the United States and countries around the world. It is about security. It is about homeland security. In commemorating World Health Day 2007, WHO Director General Margaret Chan put a fine point on this notion by stating that, "A foreign agent that invades a sovereign territory, evades detection, kills civilians and disrupts the economy is a security threat by most definitions . . . . The best defense against emerging and epidemic-prone diseases is not passive barriers at borders, airports and seaports. It is proactive risk management that seeks to detect an outbreak early and stop it at its source." Through a continuing focus on an all-hazards approach, a more comprehensive approach to defending our homeland, we can help mitigate the universal vulnerability the United States and other countries face against large-scale health catastrophes.