

duty location or terminal point where they can go home or obtain food and lodging at an away from home terminal. During limbo time, crewmembers are required to stay awake, alert, and able to respond to any situation. Limbo time can and has kept railroad operating crews effectively on-duty for well over 12 hours, and in the case of the Union Pacific engineer involved in the 2004 Macdona, Texas accident, 22 hours (12 hours on-duty and 10 hours in limbo); require railroads to submit fatigue management plans to the Secretary for review and approval, and; provide the Secretary with the regulatory authority to reduce the maximum number of hours an employee can remain or go on duty and increase the minimum number of hours of rest.

This Act also addresses a number of long-standing open NTSB recommendations that will help prevent accidents caused by human factors, such as fatigue. Specifically, the Act requires all Class I railroads to develop and submit to the Secretary for review and approval a plan for implementing a positive train control system by December 31, 2014. Implementation of positive train control has been on the NTSB's list of most wanted safety improvements since its inception in 1990. Since that time, the Board has issued numerous recommendations to the FRA to implement positive train control after several high-profile accidents, including a 2004 accident in Macdona, Texas, and a 2005 accident in Graniteville, South Carolina accident; yet the FRA has thus far failed to do so.

The Act also requires railroads to install automatically activated devices, independent of the switch banner, along main lines in non-signalized territory to enable train crews to determine the position of a switch far enough in advance to stop a train if they discover that it is in the wrong position. In the absence of such switch position indicators, the Act requires railroads to operate trains in nonsignalized territory at speeds that will allow them to be safely stopped in advance of misaligned switches. According to the FRA, misaligned switches are the number one cause of human factors accidents.

In 2006, track-related accidents surpassed human factors-related accidents as the leading category of rail accidents. Recent accidents in Oneida, New York, Pico Rivera, California, Home Valley, Washington, Minot, North Dakota, and Nodaway, Iowa, raise serious concerns about the condition and safety of track on our Nation's railways. On April 18, as a result of the accident in Oneida, the FRA conducted an audit of CSX tracks in upstate New York and found 78 track defects and 1 serious violation. To help address these concerns and additional concerns raised by the NTSB, this Act provides funding for the Secretary to purchase 6 Gage Restraint Measurement System vehicles and 5 track geometry vehicles. This will enable to the Secretary to deploy one Gage Restraint Measurement System vehicle and 1 track geometry vehicle to each of the 8 FRA regions. The Act also directs the Secretary to issue regulations within 1 year after enactment that requires railroads to manage their tracks to minimize accidents due to internal rail flaws. At a minimum, the regulations must require the railroads to conduct ultrasonic or other appropriate inspections to ensure that rail used to replace defective segments of existing rail is free from internal defects, as recommended by the NTSB; require

railroads to perform integrity inspections to manage a service failure rate of less than 0.1 per track mile; and encourage railroad use of advanced rail defect inspection equipment and similar technologies as part of a comprehensive rail inspection program. New safety regulations are also required for all classes of track for concrete ties, as recommended by the NTSB.

In addition, the Act strengthens safety on our Nation's grade crossings by requiring railroads to establish, maintain, and post a toll-free number at all grade crossings to receive calls reporting malfunctions of signals, crossing gates, and other devices, or disabled vehicles blocking such crossings, and to clear vegetation that may obstruct the ability of pedestrians or motor vehicle operators to see oncoming trains at grade crossings. The Act also requires regular reporting of current information on grade crossings to the FRA to enable States to determine where to best dedicate their resources for grade crossing improvements.

The Act also addresses some concerns highlighted in a recent audit of the Department of Transportation's Inspector General, which I requested after a series of New York Times articles alleged problems with railroad accident reporting and investigations at grade crossings. The Inspector General found that railroads failed to report 21 percent of reportable crossing collisions to the National Response Center, NRC. Railroads are required to report crossing collisions involving fatalities and/or multiple injuries to passengers or train crewmembers, and fatalities to motorists or pedestrian involved in grade crossing collisions to the NRC within 2 hours of the accident, according to FRA and NTSB regulations. Immediate reporting allows the Federal Government to decide whether or not to conduct an investigation shortly after a crossing collision has occurred. The DOT Inspector General's analysis showed that 115, or 21 percent, of 543 reportable grade crossing collisions that occurred between May 1, 2003 and December 31, 2004 were not reported to the NRC. Although the 115 unreported crossing collisions, which resulted in 116 fatalities, were reported to the FRA within 30 to 60 days after the collision, as required, that was too late to allow Federal authorities to promptly decide whether or not to conduct an investigation. This Act requires the FRA to conduct an audit of all Class I railroads at least once every 2 years and all non-Class I railroads at least once every 5 years to ensure that all grade crossing accidents and incidents are reported to the national accident database.

The Inspector General's audit also found that the Federal Government investigates only a small number of grade crossing collisions. From 2000 through 2004, FRA investigated 47 of 376, or 13 percent, of the most serious crossing collisions that occurred—those resulting in 3 or more fatalities and/or severe injuries. No Federal investigations were conducted for the remaining 329 crossing collisions. The GAO seems to agree with the Inspector General's findings. According to the GAO, the FRA is able to inspect only 2/10 of 1 percent of all railroad operations each year. Compare this to the Federal Aviation Administration (FAA): In 2004, the FAA conducted on-site investigations of 1,392, or 93 percent, of the 1,484 general aviation accidents that the FAA had responsibility for investigating in

2004. Unlike the FRA, however, the FAA has an Office of Accident Investigations staffed with 8 full-time investigators whose mission is to detect unsafe conditions and trends and to coordinate the process for corrective actions. In addition, the FAA uses personnel from other disciplines to conduct investigations, including 2,989 inspectors from its Office of Aviation Safety.

Currently, the FRA relies on just 421 Federal safety inspectors and 160 State safety inspectors to monitor the railroad's compliance with federally mandated safety standards. This Act will increase the number of Federal safety inspectors to at least 800 by fiscal year 2011. The Act makes additional improvements to the FRA, modeled after similar legislation passed by the Committee on Transportation and Infrastructure and subsequently enacted into law that created the Federal Motor Carrier Safety Administration and the Pipeline and Hazardous Materials Safety Administration.

Specifically, the Act: reorganizes the FRA as the Federal Railroad Safety Administration; requires it to consider the assignment and maintenance of safety as the highest priority; creates a new position (or a Chief Safety Officer); requires the Secretary to develop a long-term strategy for improving railroad safety, which must include annual plans and schedules for reducing the number and rates of accidents, injuries, and fatalities involving railroads; improving the consistency and effectiveness of enforcement and compliance programs; identifying and targeting enforcement at, and safety improvements to, high-risk grade crossings; and improving research efforts to enhance and promote railroad safety and performance; requires regular reporting of statutory mandates that have not been implemented and open safety recommendations made by the NTSB or the Inspector General regarding railroad safety; and strengthens transparency in the FRA's enforcement process.

I invite my colleagues to join me and Congresswoman BROWN, Chair of the Subcommittee on Railroads, Pipelines, and Hazardous Materials, in our efforts to improve rail safety by cosponsor this important legislation and working together to ensure its swift passage.

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LEGISLATION ON THE DISPOSITION OF THE OAK HILL JUVENILE DETENTION CENTER

**HON. JOHN P. SARBANES**

OF MARYLAND

IN THE HOUSE OF REPRESENTATIVES

*Tuesday, May 1, 2007*

Mr. SARBANES. Madam Speaker, I rise today to introduce legislation addressing the disposition of the Oak Hill Juvenile Detention Center in Anne Arundel County, Maryland. Senators CARDIN and MIKULSKI have introduced identical legislation in the Senate.

There is consensus that the current Oak Hill facilities must be shut down. They are aging and dilapidated and not properly configured to provide rehabilitative services to the youth residing there. The legislation I introduce today would ensure that this facility is closed and a new, more modern facility is built in the District of Columbia so that residents can be loser to their families.