

10) on the introduction of the National Integrated Public Health Surveillance Systems and Reportable Conditions Act which addresses a critical aspect of our public health system in the United States: our science infrastructure at all levels of government.

That infrastructure, primarily applied epidemiology, laboratory science, and public health informatics, has greatly improved since the mid-1990s, but has not kept pace with the challenges we face today, such as increased foodborne disease outbreaks, emerging infections such as West Nile Virus, growing antimicrobial resistance, pandemic flu, and environmental health threats, particularly to clean air and water.

Many parts of the local-State-Federal disease surveillance system remain fragmented and paper-based, and have not fully benefited from new technologies that could improve the thoroughness and timeliness of reporting. Only two State public health laboratories have bidirectional data flow and can both send and receive laboratory messages, the gold standard for disease reporting. The potential for new pathogen discovery, rapid electronic exchange of public health information, national bacterial and viral databases for DNA "fingerprinting" of infectious disease organisms has not been fully realized.

Madam Speaker, we need a robust, universal, 21st century public health infrastructure that is strengthened at all levels of government to meet these challenges.

The bill we are introducing today will achieve that goal. It will require a very modest expansion of resources, renewed focus and mission, and new areas of special emphasis for several existing programs within the Centers for Disease Control and Prevention, which have never before been authorized. These programs will give public health institutions the capacity to identify and monitor the occurrence of infectious diseases and other conditions of public health importance. It will also improve the detection of new and emerging infectious disease threats, including laboratory capacity to detect antimicrobial resistant infections, identify and respond to disease outbreaks, and hire and train necessary professional staff.

The bill also focuses on improving electronic disease surveillance and reporting by requiring the Secretary, acting through the Director of the Centers for Disease Control to adopt, within 180 days of enactment, guidelines for public health entities to ensure that all State and local health departments and public health laboratories have access to receive, monitor, and report infectious diseases and other urgent conditions of public health importance. These guidelines will be coordinated with the office of the National Coordinator for Health Information Technology and the American Health Information Community.

Grant mechanisms for achieving complete, and updated electronic disease reporting by State and local health departments, and public health laboratories are also delineated and modestly enhanced to ensure the Nation has a seamless, rapid information flow of disease detection and reporting.

We are facing workforce shortages in many areas of our health and public health system. Three recent surveys conducted by the Council of State and Territorial Epidemiologists have established that the number and level of training of epidemiologists is perceived as se-

riously deficient in most States. The need to increase, well-trained, core public health science professionals is addressed in this bill. Fellowship training for key elements of the public health workforce, applied epidemiologists, laboratory scientists and public health informaticians, is authorized and modest funding targets provided.

The bill also authorizes, for the first time, a process for determining a list of nationally notifiable diseases and conditions. The provisions are modeled on the existing process of collaboration between the States and the Centers for Disease Control and Prevention, but provide clarity and structure that enables Congress to monitor and support improvements as events and technology require.

Madam Speaker, the "National Integrated Public Health Surveillance Systems and Reportable Conditions Act" will enhance the Nation's public health capacity by strengthening its core science infrastructure and ensuring a seamless, rapid flow of information. It will help us meet the serious public health challenges of today and tomorrow. I urge my colleagues to consider the benefits of this bill and join as a cosponsor and support its enactment.

PERSONAL EXPLANATION

HON. SANDER M. LEVIN

OF MICHIGAN

IN THE HOUSE OF REPRESENTATIVES

Monday, September 15, 2008

Mr. LEVIN. Madam Speaker, I was unavoidably absent on September 8, 9, 10 and 11 during rollcall votes 567 through 588. Had I been present, I would have voted "yea" on rollcall vote 567, "yea" on rollcall vote 568, "yea" on rollcall vote 569, "yea" on rollcall vote 570, "yea" on rollcall vote 571, "yea" on rollcall vote 572, "yea" on rollcall vote 573, "yea" on rollcall vote 574, "yea" on rollcall vote 575, "yea" on rollcall vote 576, "yea" on rollcall vote 577, "yea" on rollcall vote 578, "yea" on rollcall vote 579, "yea" on rollcall vote 580, "yea" on rollcall vote 581, "yea" on rollcall vote 582, "yea" on rollcall vote 583, "yea" on rollcall vote 584, "yea" on rollcall vote 585, "yea" on rollcall vote 586, "yea" on rollcall vote 587, and "yea" on rollcall vote 588.

HONORING THE ART INSTITUTE OF FORT LAUDERDALE

HON. RON KLEIN

OF FLORIDA

IN THE HOUSE OF REPRESENTATIVES

Monday, September 15, 2008

Mr. KLEIN of Florida. Madam Speaker, today, I rise to recognize the achievements of the Art Institute of Fort Lauderdale on its 40th anniversary. Since opening its doors in 1968, the Art Institute has helped countless students grow artistically and develop skills vital to the many industries that graduates of the Art Institute choose.

Just some of the notable Art Institute alumni include: three-time Pulitzer-prize winning photojournalist Carol Guzy, American fantasy artist Tony DiTerlizzi, and fashion designer and tennis world champion Venus Williams.

Currently, the Art Institute of Fort Lauderdale is composed of 15 art departments, two

applied-art schools, and the International Culinary School. The Art Institute of Fort Lauderdale continues to raise the bar in South Florida higher education.

The Art Institute works with Broward, Palm Beach, and Miami-Dade county high schools to help a broader range of students achieve their professional goals through art education. I would like to congratulate the Art Institute of Fort Lauderdale on its first 40 years of expansion and success and wish it all the best in the future.

HONORING THE WESTCARE FOUNDATION'S 35TH ANNIVERSARY

HON. SHELLEY BERKLEY

OF NEVADA

IN THE HOUSE OF REPRESENTATIVES

Monday, September 15, 2008

Ms. BERKLEY. Madam Speaker, I rise today to congratulate the WestCare Foundation, headquartered in Las Vegas, which is celebrating its 35th Anniversary this year.

The WestCare story begins in 1973, the same year that saw the launch of the Drug Enforcement Administration (DEA). In that year, a residential treatment program called Fitzsimmons House, or "Fitz House," was begun in Las Vegas. Adopting the therapeutic community treatment modality, Fitz House focused on long-term care for hard-core adult male heroin addicts. Within a few years, WestCare responded to the community's need for expanded substance abuse and mental health treatment and made available services to women and individuals abusing drugs other than heroin.

By 1981, the Fitz House program had expanded to include adult outpatient and day treatment services, as well as substance abuse education. Within 3 years, they acquired what is now known as the Youth Residential Program for Adolescents, and one year later they added a day treatment component for probationers and parolees. Collaboration with Juvenile Court Services and the Nevada Association of Counties led to the establishment of the Regional Family Resource Center in 1986 to provide crisis intervention, substance abuse assessments and referral/place-ment services for youth and families. In the following year the agency that began as Fitzsimmons House officially adopted the name of WestCare.

By 1992, WestCare had extended its focus on special populations to include school-based substance abuse education and prevention for Hispanic youth. Soon neighboring states were beginning to take notice. After meeting with a group of citizens from the tri-state region of Laughlin, Nevada/Needles, California/Bullhead City, Arizona, the Colorado River Region Youth Service Project (CRRYS) was established in Mohave County, Arizona to address gaps in services for youth corrections and child welfare referrals. Ironically, the program was based in a facility originally constructed to conceal a 10,000-square foot marijuana-growing operation shut down by the DEA.

That group of citizens from the tri-state region would become the first in a series of local boards which oversee WestCare's community-based agencies. That pattern was soon repeated in Fresno, California when WestCare assumed the fiscal and clinical management