

pumped to vital organs. The heart's electrical system malfunctions. And in fact, for those who can be identified to be at risk for SCA, an implantable cardioverter-defibrillator is very effective at preventing a deadly arrest.

This resolution will support continued efforts to raise awareness about the risk of sudden cardiac arrest, to improve the public's ability to identify warning signs and encourage individuals to seek medical attention in a timely manner.

I certainly would like to thank the Heart Rhythm Society and the 29 organizations that comprise the Sudden Cardiac Arrest Coalition for their support. I would also like to point out their ongoing efforts promoting public awareness and education campaigns that will be held each year during the month of October.

Certainly I also want to thank the sponsor of the resolution, Mr. CHIP PICKERING of Mississippi, for raising awareness about sudden cardiac arrest and improving national cardiovascular health.

I encourage all of my colleagues to vote in favor of this resolution.

I will yield back the balance of my time.

Mr. PALLONE. Mr. Speaker, I would yield 2 minutes to the sponsor of the legislation, the gentlewoman from California (Mrs. CAPPs).

Mrs. CAPPs. Mr. Speaker, I rise in strong support of House Concurrent Resolution 393 which would recognize October as Sudden Cardiac Arrest Awareness Month, and I want to thank my colleague from New Jersey, our chairman of our Health Subcommittee, for recognizing me. I also want to thank the resolution's sponsor, CHIP PICKERING, and thank him for his leadership on this topic.

I have proudly served with Mr. PICKERING as cochair of the Heart and Stroke Coalition for the past 2 years. I have enjoyed working with him as well on the Stop Stroke Act, which we are so close to passing into law, and for his advocacy on behalf of these issues. He will sorely be missed when he retires this year from Congress.

Sudden cardiac arrest claims the life of over 300,000 people per year. It's known as SCA, and it can strike at any age in people who appear to be otherwise healthy. We all know the famous stories of young athletes mysteriously dying on the basketball court or the football field. But perhaps none of us know enough about how to prevent it from happening in the future in our families with our loved ones and in the future.

There are certain warning signs for sudden cardiac arrest which can be identified through screenings, and we hope that establishing a Sudden Cardiac Awareness Month will help more Americans learn what those warning signs are and to encourage more medical professionals to conduct proper screenings.

I'd also like to take this time to promote awareness about the greatest

chance for survival after a sudden cardiac arrest: the automated external defibrillators, or AEDs. Throughout my tenure in Congress, I have been proud of the efforts to increase the presence of AEDs on school campuses and other public buildings. Many of you are probably familiar with the placement of AEDs on every floor through the Capitol and our office buildings. They are so simple to use and are crucial to improving survival.

I urge my colleagues to vote in favor of House Concurrent Resolution 393 and help improve awareness about sudden cardiac events and AEDs.

Mr. PALLONE. Mr. Speaker, I have no additional speakers. I would urge passage of this resolution with regard to sudden cardiac arrest.

I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from New Jersey (Mr. PALLONE) that the House suspend the rules and agree to the concurrent resolution, H. Con. Res. 393.

The question was taken.

The SPEAKER pro tempore. In the opinion of the Chair, two-thirds being in the affirmative, the ayes have it.

Mr. BURGESS. Mr. Speaker, I object to the vote on the ground that a quorum is not present and make the point of order that a quorum is not present.

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.

The point of no quorum is considered withdrawn.

MRSA AWARENESS MONTH

Mr. PALLONE. Mr. Speaker, I move to suspend the rules and agree to the resolution (H. Res. 988) designating the month of March 2008 as "MRSA Awareness Month," as amended.

The Clerk read the title of the resolution.

The text of the resolution is as follows:

H. RES. 988

Whereas Methicillin-resistant Staphylococcus aureus (MRSA) is a type of infection that is resistant to treatment with the usual antibiotics and is one of the most common pathogens that cause Healthcare-Associated Infections (HAIs) in the United States and in many parts of the world;

Whereas a study led by the Centers for Disease Control and Prevention estimates that in 2005 more than 94,000 invasive MRSA infections occurred in the United States and more than 18,500 of these infections resulted in death;

Whereas the percentage of Staphylococcus aureus infections in the United States that are attributable to MRSA has grown from 2 percent in 1974 to 63 percent in 2004;

Whereas the annual number of hospitalizations associated with MRSA infections, including both HAIs and community-based infections, more than tripled between 1999 and 2005, from 108,600 to 368,600;

Whereas approximately 85 percent of all invasive MRSA infections were associated with healthcare;

Whereas serious MRSA infections occur most frequently among individuals in hospitals and healthcare facilities, particularly the elderly, those undergoing dialysis, and those with surgical wounds;

Whereas individuals infected with MRSA are most likely to have longer and more expensive hospital stays, with an average cost of \$35,000;

Whereas there has been an increase in reported community-acquired staph infection outbreaks, including antibiotic-resistant strains, in States such as Illinois, New York, Kentucky, Virginia, Maryland, Ohio, North Carolina, Florida, the District of Columbia, and Alaska;

Whereas clusters of community-acquired MRSA infections have been reported since the late 1990s among competitive sports teams, correctional facilities, schools, workplaces, military facilities, and other community settings;

Whereas a person who is not infected with MRSA can be a vehicle for the transmission of infections through skin-to-skin contact; and

Whereas many instances of MRSA transmission can be prevented through the use of appropriate hygienic practices, such as hand washing and appropriate first aid for open wounds and active skin infections, are followed: Now, therefore, be it

Resolved, That the United States House of Representatives—

(1) recognizes the importance of reducing the transmission of infections in hospitals and ensuring appropriate use and utilization of antibiotics to meet patient and public health needs;

(2) recognizes the importance of operational research for finding the best ways of preventing hospital- and community-acquired Methicillin-resistant Staphylococcus aureus (MRSA) and developing new antibiotics for improving care for MRSA patients;

(3) recognizes the importance of raising awareness of MRSA and methods of preventing MRSA infections; and

(4) supports the work of advocates, healthcare practitioners, and science-based experts in educating, supporting, and providing hope for individuals and their families affected by community and healthcare associated infections.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from New Jersey (Mr. PALLONE) and the gentleman from Texas (Mr. BURGESS) each will control 20 minutes.

The Chair recognizes the gentleman from New Jersey.

GENERAL LEAVE

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

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

There was no objection.

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

Mr. Speaker, I rise this evening in support of H. Res. 988 designating the month of March 2008 as MRSA Awareness Month.

MRSA is a type of infection that is resistant to treatment with regular antibiotics. While healthy individuals can acquire MRSA as well, it is most likely to occur among parts of our population least equipped to deal with its

effects such as those individuals in hospitals and health care facilities who have weakened immune systems.

The latest information regarding MRSA is disconcerting. Infections are on the rise as hospitalizations associated with MRSA more than tripled from 1999 to 2005. We must do more to raise awareness and stem the tide of this infection.

The resolution before us recognizes the need to continue research to find the best ways of preventing hospital and community-acquired MRSA. As a community, we must be careful to prevent overuse of antibiotics and to create hygienic and sanitary conditions in our hospitals and other health care facilities.

This resolution also lends support to advocates, health care practitioners, and others on the front line in the battle against MRSA. Through a unified effort, we can provide hope for those who are personally affected by this infection.

I want to thank my colleague, Congressman MATHESON of Utah, for his hard work in bringing this resolution to the floor.

I urge my colleagues on both sides of the aisle to join me in support of its adoption.

I reserve the balance of my time.

Mr. BURGESS. Mr. Speaker, I also rise in favor of House Resolution 988 and support designating the month of March as the Methicillin-Resistant Staphylococcus Aureus Awareness Month. I also want to thank the sponsor of this resolution, Representative JIM MATHESON of Utah, for his work on this issue.

Staphylococcus aureus, commonly known as "staph," is a potentially dangerous bacterium that can cause skin infections that look like pimples or boils. Staph infections also can cause redness, swelling, pain, and drainage at the site of infection. They can be warm to the touch and cause a fever.

Some staph infections are resistant to certain antibiotics and this makes it harder to treat. These infections are known as methicillin-resistant Staphylococcus aureus, or MRSA. They result from direct contact with people who have the infection.

Now anyone can get a staph infection, anyone can get a resistant staph infection. It is becoming more and more common. The national Centers for Disease Control and Prevention says that Americans visit their physicians approximately 12 million times a year to get checked for potential staph infections. In some areas of the country, more than half of the skin infections are caused by resistant strains of staph, according to the CDC.

While most serious methicillin-resistant staph infections occur among individuals in hospitals and health care facilities, there are community-acquired infections among competitive sports teams, correctional facilities, schools, workplaces, military facilities, homeless shelters, and other commu-

nity settings. These infections usually occur through skin-to-skin contact, and even individuals who are not infected with resistant staph can be a vehicle for its transmission.

This resolution recognizes the importance of raising the awareness of methicillin-resistant staph aureus and methods of preventing infections through appropriate hygienic practices, such as hand washing, appropriate first aid to open wounds. In addition, the Centers for Disease Control conducts MRSA surveillance, prevention, education campaigns to raise awareness, and laboratory research to identify genetic patterns or relationships among the different types of resistant staph that could be used for prevention and control strategies.

I urge my colleagues to join us in recognizing March as the Methicillin-Resistant Staphylococcus Aureus Awareness Month, and I urge Members to support the resolution.

I reserve the balance of my time.

Mr. PALLONE. Mr. Speaker, I have no further requests for time. I urge adoption of this MRSA Awareness Month Resolution.

Mr. MATHESON. Mr. Speaker, I rise today in support of H. Res. 988, a resolution honoring MRSA awareness. I introduced this resolution with my colleague, Congresswoman BARBARA CUBIN. First, I would like to thank Representative CUBIN for working with me on this resolution, as well as the staff of the Energy and Commerce Committee, several stakeholder organizations who advocated in support of this resolution, and most importantly over 80 of my colleagues who joined me on this resolution.

Since the 1940s, the widespread availability of antibiotics, such as penicillin, and the subsequent discovery of additional antibiotics have led to a dramatic reduction in illness and death from infectious diseases. Today, antibiotics continue to save lives and also have led to many other advances. However, bacteria and other infectious disease-causing organisms through mutation and other mechanisms are able to develop resistance to antimicrobial drugs. The more antimicrobials are used, whether appropriately or inappropriately, the quicker resistance develops. Worrisome recent examples of drug resistance which have been highlighted in the news include community-associated MRSA.

An October 2007 article published in the Journal of the American Medical Association (JAMA) concluded that more than 94,000 invasive methicillin-resistant Staph aureus, MRSA, infections occurred in the United States in 2005. More than 18,500 of these infections ended in death. The CDC estimates that Americans visit doctors more than 12 million times per year for skin infections typical of those caused by staph bacteria. In some areas of the country, more than half of the skin infections are MRSA. In my home State of Utah, reported cases of MRSA are steadily rising. According to the Bureau of Epidemiology for the Utah Department of Health, there were 4,904 cases in 2006.

MRSA and other drug-resistant microbes that were once confined to ill hospital patients are now striking down otherwise healthy individuals, including schoolchildren, athletes and

members of the Armed Forces. The resulting "super infections" are painful, difficult to treat, and cost billions of dollars to the U.S. health care system annually. Patient stories about this silent, yet sinister, pandemic are tragic and heart-wrenching. They should not go unnoticed and unanswered by Congress.

By bringing much needed attention to MRSA, this resolution will highlight the need for Congress and Federal health agencies to identify and coordinate efforts to address this growing problem.

Thank you and I urge my colleagues to support adoption of the resolution.

Mr. PALLONE. I yield back the balance of my time.

Mr. BURGESS. I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from New Jersey (Mr. PALLONE) that the House suspend the rules and agree to the resolution, H. Res. 988, as amended.

The question was taken.

The SPEAKER pro tempore. In the opinion of the Chair, two-thirds being in the affirmative, the ayes have it.

Mr. BURGESS. Mr. Speaker, I object to the vote on the ground that a quorum is not present and make the point of order that a quorum is not present.

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.

The point of no quorum is considered withdrawn.

SENSE OF HOUSE REGARDING PREVENTION AND PUBLIC HEALTH

Mr. PALLONE. Mr. Speaker, I move to suspend the rules and agree to the resolution (H. Res. 1381) expressing the sense of the House that there should be an increased Federal commitment prioritizing prevention and public health for all people in the United States, as amended.

The Clerk read the title of the resolution.

The text of the resolution is as follows:

H. RES. 1381

Whereas the United States has the highest rate of preventable deaths among 19 industrialized U.N. nations and lags behind 28 other U.N. nations in life expectancy;

Whereas various research studies estimate that nearly 60 percent of premature deaths in the United States could be addressed through prevention activities;

Whereas of the more than \$2,200,000,000,000 spent nationally on health care in the United States every year (more than any other nation in the world), approximately \$88,000,000,000 (or about 4 percent) is estimated to be spent on prevention and public health;

Whereas chronic diseases are the leading causes of preventable death and disability in the United States, accounting for 7 out of every 10 deaths and killing more than 1,700,000 people in the United States every year;

Whereas these often preventable chronic diseases account for 75 percent of health care