

INTELLIGENCE AUTHORIZATION  
ACT FOR FISCAL YEAR 2007

SPEECH OF

**HON. BRAD SHERMAN**

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Wednesday, April 26, 2006

The House in Committee of the Whole House on the State of the Union had under consideration the bill (H.R. 5020) to authorize appropriations for fiscal year 2007 for intelligence and intelligence-related activities of the United States Government, the Community Management Account, and the Central Intelligence Agency Retirement and Disability System, and for other purposes:

Mr. SHERMAN. Mr. Chairman, I joined yesterday with the distinguished Ranking Member of the Intelligence Committee, Congresswoman JANE HARMAN, in voting against H.R. 5020, the Intelligence Authorization bill, to protest the Bush Administration's insistence on wiretapping Americans without adhering to the requirements of the Foreign Intelligence Surveillance Act and other statutory provisions on wiretapping.

DARFUR PEACE AND  
ACCOUNTABILITY ACT OF 2006

SPEECH OF

**HON. JERROLD NADLER**

OF NEW YORK

IN THE HOUSE OF REPRESENTATIVES

Wednesday, April 5, 2006

Mr. NADLER. Mr. Speaker, I rise today in support of this important legislation, H.R. 3127, strengthening sanctions on individuals and governments seen as responsible for the atrocities in the Darfur region of Sudan, and authorizing additional funds for peacekeeping and humanitarian efforts in the region.

After more than 3 years of conflict, between 300,000 and 400,000 innocent and impoverished civilians have died from government-sponsored violence, disease and starvation because of war, and more than 2 million people have fled their homes to internal camps and neighboring Chad.

Despite international condemnation of the Sudanese government, genocide and ethnic cleansing continue unabated.

What is keeping the United States and the international community from intervening meaningfully to stop this humanitarian crisis? What is keeping President Bush from acting with moral clarity and compassion?

While this Congress continues to slowly legislate on the Darfur genocide, the threat of sanctions has done little to end the atrocities. This dire crisis requires a much more robust response.

Our commitment to end the Darfur genocide must be judged by only one test: What are we doing that serves to end the killings and the suffering?

The aim should be to end the genocide, disarm the Arab militias, guarantee humanitarian assistance, protect civilians, secure the refugee camps, and provide safety to families returning to their villages.

Military experts have estimated that these tasks will require 40,000 to 50,000 well-trained and equipped troops. We also have new and

innovative technologies that could protect civilians. If we are serious about dealing with this most pressing human rights catastrophe, then we must pressure the Bush Administration and the international community to do all that is needed to stop the genocide in Darfur.

I call for less political maneuvering, and more real action.

Over three years have passed. Out of an estimated pre-conflict population of 7 million in Darfur, somewhere between 300,000 and 400,000 innocent civilians have died.

What are we waiting for? For the Sudanese government and the Arab militias to finish what they have started?

I support this bill, yet I urge my colleagues to support an international peacekeeping mission authorized to use force to protect civilians and disarm the Janjaweed—one with an adequate mandate, and well-trained and equipped soldiers.

## SLEEP APNEA TEST ADVISED

**HON. EDOLPHUS TOWNS**

OF MASSACHUSETTS

IN THE HOUSE OF REPRESENTATIVES

Thursday, April 27, 2006

Mr. TOWNS. Mr. Speaker, based on my concern regarding the severe impact of obstructive sleep apnea on young children and the need for baseline testing between ages three and four, I want to call my colleagues attention to an April 18, 2006 article in *MedPage Today* "Sleep Apnea Test Advised for Down's Children" and ask that it be printed in the CONGRESSIONAL RECORD.

(By Judith Groch)

## SLEEP APNEA TESTS ADVISED FOR DOWN'S CHILDREN

CINCINNATI, April 18—Because of high rates of obstructive sleep apnea in young children with Down's syndrome, researchers here have recommended baseline testing between ages three and four.

Overnight polysomnograms performed on 56 children, ages 3.5 to four, found that 57% of the children had abnormal results and evidence of obstructive sleep apnea syndrome, according to a study in the April issue of the *Archives of Otolaryngology-Head and Neck Surgery*.

When the researchers included an elevated arousal index, which is associated with increased difficulty breathing, the abnormal percentage rose to 80%, said Sally Shott, M.D., of the University of Cincinnati here, and colleagues.

Because of a lack of expertise in evaluating sleep disturbances, the parents are often oblivious to the problem. Sixty-nine percent of parents who filled out a questionnaire about their child's sleep patterns reported no problems, whereas 54% of the children had abnormal polysomnograms, Dr. Shott said. Parents and children came from a tertiary-care pediatric referral center.

The polysomnograms were classified as abnormal if the obstructive apnea index was greater than 1, if the carbon dioxide level was greater than 45 mm Hg for more than two-thirds of the study or greater than 50 mm Hg for more than 10% of the study. Also included was unexpected hypoxemia (oxygen saturation less than 92% during sleep or repeated intermittent desaturations less than 90%), the researchers said.

For purpose of analysis, the results were categorized in three groups, the researchers said. Group 1 (n=21) consisted of abnormal

results because of an elevated obstructive sleep apnea index. These children also had hypercarbia, hypoxemia, or any combination, with or without hypoventilation and an elevated arousal index, according to the researchers.

In this category, they said, hypercarbia and hypoxemia, in addition to an abnormal obstructive apnea index, led to a statistically high obstructive apnea index compared with the index for children who did not have these add-on's (17.15,  $\pm 4.63$  vs.  $2.9 \pm 1.86$ , respectively;  $P=.02$ ).

In group 2 (n=11), results were reported as abnormal because of hypoventilation with hypercarbia and/or hypoxemia, with or without an elevated arousal index. The apnea obstructive index was in the normal range. However, results from other studies show an increased risk of hypertension and abnormal cardiac rates as well as sleep fragmentation with prolonged hypercarbia, the researchers commented.

The third group (n= 24) included children with normal polysomnograms, but further inspection found that 13 of these children had an arousal index greater than 10 (mean index 15.6).

Commenting on the significance of the arousal response, Dr. Shott said that ordinarily an arousal is a protective reflex that helps curtail the upper airway obstruction and reestablish a patent airway.

However, there is concern that an excessive number of arousals may lead to fragmented sleep and sleep deprivation. The increased arousal rate in Down's children may affect daytime function, ability to learn, and resultant behavior, often misattributed to a child's limited intellectual abilities, she said.

The parental questionnaire cast doubt on the parents' ability to assess their child's sleep problems. In general, these parents underestimate the severity of their child's sleep disturbances, Dr. Shott said. Thirty-five parents completed a questionnaire at the study's outset asking whether their child snored, stopped breathing while sleeping, and if there were snorts and gasps for air during sleep.

Overall, 11 (31%) parents reported that their child had sleep problems, but these parents were correct about a sleep abnormality in only four cases. The other seven children, believed by parents to have abnormalities, had normal polysomnograms. Of the 24 parents who reported no sleep problems, 13 children (54%) had abnormal tests, the researchers reported.

In a further analysis, for children in Groups 1 and 2 with major sleep disorders, 13 parents (77%) said their child had no sleep problems, and in group 3, in which the children were normal, seven (39%) said their child had sleep problems.

"Our results point to the need for objective testing for obstructive sleep disorders in children as young as three or four years," Dr. Shott said. Because there is a high incidence of sleep disorders in Down's syndrome children, "baseline studies, using full overnight polysomnograms, are recommended even if parents report no sleep problems in their child," she said.

## TRIBUTE TO PETER LUTHER

**HON. MICHAEL M. HONDA**

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Thursday, April 27, 2006

Mr. HONDA. Mr. Speaker, I rise today to recognize and pay tribute to Peter Luther, one

of the 15th district's most distinguished community and business leaders. Peter has dedicated the last six years of his life to creating a world without limits for people with diabetes both in California and all over the world.

Peter joined LifeScan Inc., a Johnson & Johnson company headquartered in Milpitas, CA, in 2000 to oversee U.S. sales and marketing. Peter's responsibilities soon expanded to global sales and marketing, eventually leading to his current position as president of LifeScan. Peter's commitment to people with diabetes and their families has positioned LifeScan as the leading global diabetes management company that partners with patients and healthcare professionals around the world to offer innovation that improves the quality of life. Over 21 million people in the U.S. alone have diabetes, and tens of millions more are at risk to develop this chronic condition in the near future. Peter has worked tirelessly to provide the most advanced, accurate, and clinically-based quality diabetes management products and services available today.

Peter's professional accomplishments have consistently reflected the Johnson & Johnson credo that guides all company employees to put patients first. Peter recently developed an industry-patient advocacy partnership called the Diabetes Care Coalition that created the "Know Your A1C" campaign. The media campaign carries the message of awareness about sound diabetes management and tight glycemic control to people with diabetes through public media outlets. The American Diabetes Association named Peter "Father of the Year 2004" and inducted him into their honorary Pinnacle Society.

However, of all the professional accolades Peter has received during his impressive career, I believe he is most proud of his devotion to his family as a committed husband and father. While Peter's wife Dina and their three children remain his nonnegotiable priority, he has been able to surpass business goals and at the same time strike a workfamily balance with humility, grace, and strength.

Mr. Speaker, I wish Peter well in his personal and professional endeavors as he departs LifeScan and California for a major corporate promotion that will relocate him and his family to New Jersey, and I thank him for his exceptional service to our community.

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TRIBUTE TO THE ELIZABETH RIVER/ARTHUR KILL WATER-SHED ASSOCIATION

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**HON. DONALD M. PAYNE**

OF NEW JERSEY

IN THE HOUSE OF REPRESENTATIVES

Thursday, April 27, 2006

Mr. PAYNE. Mr. Speaker, I am proud today to recognize a valued institution within my Congressional district. For the past 8 years, the Elizabeth River/Arthur Kill (ER/AK) Watershed Association has been dedicated to the education and empowerment of its diverse, multilingual residents by proactively addressing clean water issues. Through services such as water-quality testing, research and advocacy, the ER/AK Watershed Association, which is certified through the New Jersey Department of Environmental Protection, stands apart from many environmental organizations because of its emphasis on educating under-

served communities about the environmental issues that affect their daily lives.

Responding to resident requests for community-generated graphics and maps of the watershed, the ER/AK Watershed Association worked closely with New Jersey's Rutgers University Center of Remote Sensing and Spatial Analysis and the prestigious international Green Map organization to create a dynamic Green Map that will document the natural and cultural resources of our Watershed community. It is important to share with you that two other watershed universities, New Jersey Institute of Technology and Kean University, have generously provided formative and foundational resources to the ongoing development of the ER/AK Watershed Association.

I salute the ER/AK Watershed Association and its partners as they utilize their Green Map to enhance the quality of life in and around the watershed for its natural and human residents. I am proud to have this organization in my district and I wish them continued success in their future endeavors.

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ON THE INTRODUCTION OF THE GLOBAL TRADE REQUIRES UNMITIGATED TRUTH IN HEALTH (TRUTH) ACT

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**HON. EDWARD J. MARKEY**

OF MASSACHUSETTS

IN THE HOUSE OF REPRESENTATIVES

Thursday, April 27, 2006

Mr. MARKEY. Mr. Speaker, in November 2005, President Bush announced a "National Strategy for Pandemic Influenza", which contained plans "to prepare our nation, and our world to fight this potentially devastating outbreak of infectious disease." Clearly, our government must develop and implement thorough plans to detect, respond to and recover from an avian flu pandemic in the event that an outbreak occurs in the United States. However, our country cannot effectively combat avian flu unilaterally. That is why today I am introducing the Global Trade Requires Unmitigated Truth in Health, TRUTH, Act, a bill that seeks to address global health risks in an era of unprecedented international commerce that has created enormous opportunities while also speeding the spread of communicable diseases.

As global trade increases the number of products crossing international borders at faster rates, we also see an increase in harmful and dangerous diseases flying across our borders. With mounting concerns surrounding avian flu and recent experience with Severe Acute Respiratory Syndrome, SARS, governments have not only the right but the responsibility to protect their countries from the threat of disease.

Because avian flu cases have been confirmed in Asia, Europe and the Middle East and the ease of international travel increases the chances that avian flu could emerge in our country, our health officials need the latest epidemiological data as soon as cases are confirmed abroad. The Global TRUTH Act will ensure that all countries that participate in global trade are also good citizens when it comes to protecting the global public health.

The SARS outbreak in Asia in 2002 and 2003 highlighted the inherent dangers in de-

layed reporting of public health risks for the supposed benefit of international trade. When a country is reluctant to publicize early cases of disease for fear of such an announcement's economic effects, that disease is allowed to spread. In order to maintain a system of global public health preparedness, we should enshrine fundamental public health preparedness principles in the international trading system, including the World Trade Organization, WTO.

Unfortunately, press reports have indicated that Indonesian officials covered up and then neglected the spreading bird flu in Indonesia for 2 years until it began to infect humans. According to an Indonesian microbiologist, the Indonesian government could have eradicated its emerging avian flu outbreak if it had acted sooner. Moreover, Indonesia's national director of animal health admitted that Indonesian government officials did not set aside money to vaccinate poultry against the disease this year, despite assurances that such vaccination would be a principal component of the government's avian flu containment plan. Vietnam and China also reportedly failed to take steps that could have contained the virus in Asia.

As noted by the Indonesian microbiologist who first identified the flu virus in the country's bird population, failure of the Indonesian government to take prompt action to stamp out avian flu inside the country's borders has deadly consequences far beyond them. Two years ago when it was revealed that Chinese officials had covered up the existence of SARS inside their country, I urged President Bush to link international trade benefits to international cooperation on public health issues that transcend national boundaries. China eventually responded to international pressure by permitting World Health Organization, WHO, officials to investigate in the affected provinces, but, according to then-Health and Human Services Secretary Tommy Thompson, "If Chinese authorities had reported cases in the beginning of the epidemic, the impact of SARS on the international health and economy would likely have been substantially more limited."

The avian flu outbreak spreading through Asia and Europe presents serious public health challenges for our government and nations around the world. Prevention and containment of infectious diseases are only possible if governments report outbreaks immediately, permit medical researchers to investigate cases, and take protective measures such as vaccinations and quarantines, where appropriate.

In order to both achieve vital public health goals and continue the spread of international trade, the Global TRUTH Act directs the U.S. Trade Representative to submit a proposal to the World Trade Organization, WTO, that states that the WTO take into account whether countries are undermining the international trading system through a failure to comply with the WHO's International Health Regulations. The Global TRUTH Act directs the U.S. Trade Representative to propose that the WTO should enforce strong public health considerations by imposing sanctions or other punitive measures on members who are found to violate the International Health Regulations as well as requiring all member countries to abide by rules of other international organizations with regard to public health. By requiring countries to follow the regulations of the WHO in order to be a member of the WTO, we will link