

identity was 'de-recognized'. The Sikhs were constitutionally 'exterminated'. Because of this blatant injustice, the Sikhs, elected representatives—Sardar Hukam Singh, MP; Sardar Bhupinder Singh Maan, MP; and Sardar Kapur Singh, ICS, MP, MLA and National Professor of Sikhism—"Rejected" the Indian Constitution of 1950 and its Article 25, in its draft and final forms, every time it was put to vote in the Indian parliament—in 1948, on 26th November, 1949, in 1950 and on 6th September, 1966.

Honourable President, the question is why we, the Sikh citizens of the United States and Canada, of Europe, Far East, and other continents should need a 'Visa' or the permission of the predominantly Hindu-Brahmin administration. Especially after the June, 1984 assault on Darbar Sahib Complex—which is the Sikh Vatican—and an 'undeclared' war on the Sikhs ever since. This undeclared war has taken a heavy toll. The "Operation Bluestar" of June, 1984 was blessed by the government of a so-called 'democratic' state. The desecration of their holy places and wanton massacre of the Sikhs was carried out for no reason other than their demanding the right of self-determination honouring the pledges made to the Sikhs by Mahatma Gandhi and Prime Minister Jawahar Lal Nehru. More than 250,000 innocent Sikh (majority of whom were infants, children, youth, females and the elderly) have been killed by Indian security forces. This is the hallmark of a fascist oligarchy, not a democracy.

In recent months, the arrests of Simranjit Singh Mann, Chief of Akali Dal Amritsar, Mann's vice president, Daljit Singh Dittu and the arrest warrants of an Editor and academic, Dr Sukhpreet Singh Udhoke, provide further evidence that repression of the Sikhs continues even in the Sikh majority state of the Punjab, the administration of which is headed by a Sikh, Prakash Badal. The former two are being tried, along with 30 other Sikhs, on charges of 'treason'. Treason against who? How does the Indian Constitution apply to the Sikhs when the Sikhs' elected representatives 'rejected' it repeatedly?

Mr. President, there is great anxiety among the Sikhs in Diaspora over the denial of their religious and political rights and repression of dissent. If India is not restrained by the international community and its leader—the USA—peace and security in the whole region would be undermined. In retrospect and historically, India was never a country; it was an empire (the British Empire). In its belly there are many peoples with legitimate right to self-determination—in Kashmir (mainly Muslim) in the Punjab (mainly Sikhs) in the states of Assam (mainly Christian) who are not a part of the Indian nation. The issues relating to the native majority—the children of lesser gods—encompass a huge section of humanity, as many as 700 million people. All this cannot be swept under the carpet or buried under slogans like 'India Shining'. The Sikhs want their own sovereign state—as they had been (1799 to 14th March, 1849, under a Sikh monarch Ranjit Singh) before the British take over, as an "annexed" state, of the Punjab in 1849. Until then, we want unrestricted access to our holy places. No Sikh should need a visa to go to the Punjab. And peaceful dissent should not just be tolerated; it should be respected and honoured. Is dissent not the hall mark of democracy?

I shall look forward to hearing from you.

With regards,

Respectfully submitted,

AWATAR SINGH SEKHON.

TRIBUTE TO THE 100TH ANNIVERSARY OF GILLESPIE AVENUE BAPTIST CHURCH

HON. JOHN J. DUNCAN, JR.

OF TENNESSEE

IN THE HOUSE OF REPRESENTATIVES

Thursday, September 27, 2007

Mr. DUNCAN. Madam Speaker, I rise today to commemorate the 100th Anniversary of Gillespie Avenue Baptist Church in Knoxville, Tennessee.

Gillespie Avenue Baptist Church was established on August 4, 1907. The church's first meeting was held in a tent at the site where the church is today. Reverend F.M. Doewell was the first pastor called in September, 1907. He was one of only 15 pastors called to serve over this first 100 years.

On July 1, 1910, the membership began worship services in the basement of the new meeting house with Dr. M.D. Jeffries, President of Carson Newman College, preaching the first sermon in the new building.

On May 7, 1916, the church auditorium was completed and dedicated and a piano was approved and purchased later that same year for the church.

On January 7, 1917, the church voted to borrow money to pay the pastor's salary. The finance report at that time showed a balance of \$.16. Eight years later, the enrollment was 426 with an average attendance of 263 and the average Sunday offering was \$65.89.

On October 12, 1938, Mr. and Mrs. Frank Rose donated a pipe organ to the church in honor of their parents.

The original church building was destroyed by fire on January 22, 1961. Services were held in the new sanctuary on September 2, 1962, where they remain today.

I am proud to have such an outstanding Christian institution in my district.

Madam Speaker, I would like to recognize Gillespie Avenue Baptist Church on its 100th anniversary and may God bless this congregation in the years to come.

OHIO WILLOW WOOD CELEBRATES 100 YEARS OF HELPING THE ORTHOTIC AND PROSTHETIC INDUSTRY

HON. DAVID L. HOBSON

OF OHIO

IN THE HOUSE OF REPRESENTATIVES

Thursday, September 27, 2007

Mr. HOBSON. Madam Speaker, I rise today to commemorate the 100th anniversary of the founding of Ohio Willow Wood, a leader in the prosthetic and orthotic industry. Over the years, the family-owned company based in Mt. Sterling, Ohio, has provided products to help amputees live full and active lifestyles.

In 1907, Ohio Willow Wood was founded by William E. Arbogast, who personally experienced the challenges of living as an amputee from injuries he suffered in a railroad accident. His experience with poorly-fitting, uncomfortable and unreliable prosthetic products inspired him to establish Ohio Willow Wood.

Over the next century, the company that started out making it easier for prosthetists to obtain quality materials for their patients, became a global leader in designing and manu-

facturing lower limb prosthetic components. Through innovative research and development, the company has been responsible for several breakthroughs in the prosthetic industry. These include the first American-made "solid ankle, cushion heel" (SACH) foot, and the Alpha Liner, which is the first fabric-covered, gel interface system that improves the comfort and protection for prosthetic users. Ohio Willow Wood is also involved in research and development of new products and technology for the U.S. Army to use in its treatment of victims of lower extremity loss.

In addition to designing and manufacturing prosthetic products, Ohio Willow Wood develops Computer Aided Design (CAD) software and equipment for the orthotic and prosthetic community. The company also has global distribution partners and direct offices in Germany, Sweden, and the Netherlands.

While many aspects of Ohio Willow Wood have evolved and changed over the past 100 years, the company's commitment to the orthotic and prosthetic industry remains constant. Today, third and fourth generations of the Arbogast family are active in the daily operations of Ohio Willow Wood, standing by its promise to free the bodies and spirits of amputees.

Madam Speaker, I commend all of the employees at Ohio Willow Wood for reaching this milestone, and I wish them continued success in the years to come.

H.R. 2900, THE FOOD AND DRUG ADMINISTRATION AMENDMENTS ACT OF 2007

HON. MIKE FERGUSON

OF NEW JERSEY

IN THE HOUSE OF REPRESENTATIVES

Thursday, September 27, 2007

Mr. FERGUSON. Madam Speaker, I rise today to express my strong support for the passage of the Food and Drug Administration Amendments Act of 2007 (FDAAA). This critical piece of legislation reauthorizes the Prescription Drug User Fee Act (PDUFA) and provides the Food and Drug Administration (FDA) with additional resources to further promote and protect the public health. The FDAAA reinforces and expands FDA's comprehensive authority in all aspects of drug regulation—including with respect to drug safety and labeling—and takes the nation's drug safety system, which is already the most rigorous, and makes it even stronger. I commend my colleagues and their dedicated staff on both sides of the aisle who worked tirelessly to ensure that this bill was completed in a bipartisan manner before the September 30, 2007 expiration of the existing PDUFA program.

The funds from PDUFA are used to allow FDA to hire additional staff to perform its critical drug review functions while maintaining the same exacting standards for safety and efficacy. Additional funding provided as part of FDAAA will allow the FDA to expand drug safety monitoring, hire additional staff for post-market surveillance, and modernize its information technology systems. Expanded resources will also enable FDA to hire additional employees to review broadcast drug advertisements prior to public dissemination, helping to ensure that benefits and risks of prescription drug products are clearly and accurately communicated to the public. The legislation creates strong incentives for companies to submit

such advertisements to the FDA before they are aired.

In passing the FDATA, Congress also reauthorizes the Best Pharmaceuticals for Children Act (BPCA) and the Pediatric Research Equity Act (PREA), both of which were set to expire on September 30. Since its original passage, the BPCA has done more than any other initiative to generate vital information about the use of medicines in pediatric populations and to promote research on the use of pharmaceutical products in children. The BPCA and PREA were designed to work in tandem to promote and support pediatric research. Therefore, it is critical that these two programs remain linked, as they are in the FDATA.

Since its original enactment in 1992, PDUFA has been a resounding success. It has enabled the timely review of new medicines while at the same time preserving FDA's strict and objective review process. As a result, more than 1,000 new medicines have been made available to patients over the past 15 years. These medicines have helped millions of people lead healthier, more productive lives, and contributed to a longer life expectancy than ever before. By reauthorizing PDUFA and passing the drug safety enhancements contained in the FDATA, Congress has helped to ensure FDA's continued role as the authority on drug safety and drug regulation.

COMMENDING HERNDON INGE, OF MOBILE, ALABAMA, FOR HIS SERVICE DURING WORLD WAR II

HON. JO BONNER

OF ALABAMA

IN THE HOUSE OF REPRESENTATIVES

Thursday, September 27, 2007

Mr. BONNER. Madam Speaker, it is my pleasure to rise today to recognize Judge Herndon Inge of Mobile, Alabama, for his courageous service during World War II. His heroic story, along with other Mobilians, is told in the Ken Burns' documentary series "The War."

Judge Inge attended the University of Alabama and then the Army's officer candidate school. He was commissioned January 7, 1944, and became a 2nd lieutenant in company D, 301st Regiment, 94th Infantry Division, in a heavy weapons unit.

Arriving in France in September of 1944, he and his division contained 60,000 German troops along the French coast at St. Lazaire and Loriet. Following the sinking of the USS *Leopoldville* when hundreds of American soldiers were killed, Lt. Inge was sent into the Battle of the Bulge. He was captured by German troops on January 21, 1945.

He was held at numerous POW camps, and he finally ended up in Oflag XIII B near Hammelburg. He was liberated April 21, 1945. After the war, 1st Lt. Inge returned to Mobile. He attended law school and began his law practice in 1948. He was appointed Juvenile Court Judge and then appointed Circuit Judge of the Domestic Relations Division by then Alabama Governor Jim Folsom. At the time, he was the only judge in Mobile County to serve in both capacities at the same time.

Madam Speaker, the recognition of Judge Herndon Inge in "The War" documentary is an appropriate time for us to pause and thank him—and all of the soldiers who fought in

World War II. They personify the very best America has to offer. I urge my colleagues to take a moment to pay tribute to Judge Inge and his selfless devotion to our country and the freedom we enjoy.

STRATEGIES TO ADDRESS ANTI-MICROBIAL RESISTANCE (STAAR) ACT

HON. JIM MATHESON

OF UTAH

IN THE HOUSE OF REPRESENTATIVES

Thursday, September 27, 2007

Mr. MATHESON. Madam Speaker, I rise to introduce the "Strategies to Address Antimicrobial Resistance (STAAR) Act," which I believe has the potential to save many thousands of lives by strengthening the United States' response to infectious pathogens that are becoming increasingly resistant to existing antibiotics. I am proud to introduce this legislation with my colleague, Rep. MIKE FERGUSON, as a concrete step towards addressing antibiotic resistance.

Media reports about the threat of resistant infections now occur on almost a daily basis. Earlier this year, media attention regarding extensively-drug resistant tuberculosis (XDR-TB) made this topic common conversation in our homes and offices. Suddenly we were forced to think about how quickly an infection can spread, especially in the age of international air travel, and the disastrous result if the cause was a strain of bacteria that failed to respond to our current antibiotics.

Another resistant infection drastically on the rise is community-acquired methicillin-resistant *Staphylococcus aureus* (CA-MRSA). Historically, this infection was acquired during a hospital stay, but now is affecting young, healthy people and spreading in our communities. We've heard stories of high school, college and professional athletes losing their lives or careers as a result of these infections. Sadly, this infection has become far too common, difficult to treat and has few options to fight it. It can leave individuals disfigured, if they survive. In my own state of Utah, the number of children with MRSA infections at the Primary Children's Medical Center in Salt Lake City has increased by almost 20 fold since 1989.

There are still more infections to worry about. We have numerous reports of our soldiers coming home from Iraq with *Acinetobacter*—a resistant infection that is especially difficult to treat and the only option is a very toxic antibiotic.

Other examples of concern include vancomycin-resistant *Staphylococcus aureus* (VRSA), an alarming development because vancomycin is the drug of last resort for treating several serious infections, and *Escherichia coli* (E. coli), which has caused outbreaks due to contamination of spinach, peanut butter, and other foods we regularly consume.

We have taken antibiotic development for granted. Few of us remember medicine before the discovery of antibiotics. Antibiotics have allowed many medical advances, including routine invasive surgeries, organ transplants, and other procedures that otherwise would be impossible due to resulting infections. But we are falling behind in our ability to protect ourselves against infections, and we have a lot of catching up to do.

In addition, there are problems of significant and inappropriate use of antibiotics; a lack of adequate research to address the many facets of resistance, including basic, clinical, interventional, and epidemiologic research as well as research to support the development of new diagnostics, biologics, devices and, of course, antibiotics; a fractured and underfunded resistance surveillance system; and insufficient coordination of the federal response, which is critically needed as the solutions to addressing antibiotic resistance involve multiple agencies and departments.

I am not the first person in the United States Congress to take on this issue. I feel certain, however, that the STAAR Act is the most comprehensive legislation introduced to date to address this serious and life-threatening patient safety and public health problem. There is no doubt that we must act now to begin to reverse the alarming trend, and infectious disease experts tell me that the multi-pronged approach contained in the STAAR Act provides our best chance to address the multiple problems that face us.

I commend my many colleagues who have demonstrated leadership on this issue over the years, especially Chairman DINGELL. He recognized this issue nearly 15 years ago and asked the Congressional Office of Technology Assessment (OTA) to examine the problem of antimicrobial resistance. In 1995, OTA reported to Congress that "The impacts of antibiotic-resistant bacteria can be reduced by preserving the effectiveness of current antibiotics through infection control, vaccination and prudent use of antibiotics, and by developing new antibiotics specifically to treat infections caused by antibiotic resistant bacteria."

Also, I would like to recognize the leadership of my colleague from Michigan, Mr. STUPAK. In the 106th Congress, he and our former colleague, Mr. BURR, introduced the "Public Health Threats and Emergencies Act." Parts of this bill became law and provide the basis of the legislation I introduce today. Specifically, that bill, which is expressed in Section 319E, "Combating Antimicrobial Resistance" of the Public Health Service Act, directed the Secretary to establish an Antimicrobial Resistance Task Force to coordinate Federal programs relating to antimicrobial resistance. Also, the bill required research and development of new antimicrobial drugs and diagnostics; educational programs for medical and health personnel in the use of antibiotics; and grants to establish demonstration programs promoting the judicious use of antimicrobial drugs and the detection and control of the spread of antimicrobial-resistant pathogens. Authorization for these programs expired September 30, 2006. The STAAR Act reauthorizes these programs and builds on the Federal efforts that have been highlighted in the Public Health Service Action Plan to Combat Antimicrobial Resistance, published in 2001 by the Task Force.

The Action Plan identified thirteen key elements (out of 84 elements) as top priority action items that are critically necessary to address the growing resistance crisis. Only months after the release of the Action Plan, our former colleague Mr. BROWN and many of my colleagues on the Energy and Commerce Committee, including Chairmen DINGELL and PALLONE, and Mr. WAXMAN, Mr. TOWNS, Mr. GREEN, and Ms. DEGETTE, introduced the "Antibiotic Resistance Prevention Act of 2001."