

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."

This legislation sought to provide additional funding specifically for the top priority action items in the Action Plan. My colleagues recognized the urgency of this situation and explained that “The Institute of Medicine, the American Society for Microbiology, the World Health Organization, the Congressional Office of Technology Assessment, and the General Accounting Office each have found that the Nation should improve surveillance for mounting antimicrobial resistance problems; prolong the useful life of antimicrobial drugs; develop new drugs; and utilize other measures, such as improved vaccines, diagnostics, and infection control measures to prevent and control antimicrobial resistance.”

Although Congress has taken steps in the past to address the problem, antimicrobial resistance continues to grow. In 2004, the Infectious Diseases Society of America (IDSA) published, “Bad Bugs, No Drugs: As Antibiotic Discovery Stagnates a Public Health Crisis Brews” to highlight the lack of research and development for new antibiotics. Antibiotics are not profitable compared to those that treat chronic (long-term) conditions and lifestyle issues. In addition, when a new antibiotic comes on the market, it is discouraged from use to avoid the development of resistance. Also, antibiotics are taken for short periods of time—unlike those for chronic disease which may be taken daily.

Earlier this year, Mr. BAIRD, Ms. CUBIN and I introduced legislation to provide tax credits and other incentives for antibiotic research and development, as well as to encourage that antibiotics, vaccines, and diagnostics become more commonly manufactured in the United States.

Last week, Congress sent the FDA Amendments Act to the President for signature. This legislation included antibiotic provisions I supported and offered as an amendment during committee consideration. Specifically, the FDA Amendments Act promotes education regarding what incentives may be available through the Orphan Drug program for antibiotics and improves information laboratories and clinicians have about antibiotic resistance.

The “Strategies to Address Antimicrobial Resistance (STAAR) Act” compliments these past legislative efforts. The STAAR Act is comprehensive legislation that advances the thirteen key elements identified in the Action Plan and authorizes adequate funding for these strategies.

My bill strengthens existing efforts by establishing an Office of Antimicrobial Resistance (OAR) within the HHS Office of the Assistant Secretary of Health. The Director of OAR would serve as the director of the existing interagency task force. Also, to encourage input from experts outside the federal government, my bill would establish a Public Health Antimicrobial Advisory Board (PHAAB) to provide much needed advice about antimicrobial resistance and strategies to address it. The STAAR Act will strengthen existing surveillance, data collection, and research activities as a means to reduce the inappropriate use of antimicrobials, develop and test new interventions to limit the spread of resistant organisms, and create new tools to detect, prevent and treat these “bad bugs” for which there are no drugs. Infectious diseases experts, including the IDSA, have said it strongly supports this multi-faceted, strategic approach.

I appreciate the interest and leadership many of my colleagues have demonstrated on

this issue in the past. This legislation has been a long time coming. I appreciate the effort of my colleague, Mr. FERGUSON, who joins me to introduce this bipartisan legislation. Finally, I urge my colleagues to work with me to give our federal agencies the tools they need to ensure that combating antimicrobial resistance becomes a priority.

NATIONAL OVARIAN CANCER
AWARENESS MONTH

HON. DAN BURTON

OF INDIANA

IN THE HOUSE OF REPRESENTATIVES

Thursday, September 27, 2007

Mr. BURTON of Indiana. Madam Speaker, as many of my colleagues hopefully know, September was National Ovarian Cancer Awareness Month. All across the Nation men and women came together for events to both raise awareness of this terrible scourge and to show their support for the women and families struggling with this horrible disease—the deadliest of the gynecologic cancers. For example, September 7, 2007, was “Teal Time”—a day on which millions of Americans nationwide wore the official color of ovarian cancer—teal—to raise awareness about ovarian cancer.

While National Ovarian Cancer Awareness Month may be over for 2007, the fight against ovarian cancer goes on. When it is detected early, ovarian cancer is very treatable; unfortunately, ovarian cancer is one of the most difficult cancers to diagnose because symptoms are sometimes subtle and may be easily confused with those of other diseases. As a result, only 29 percent of ovarian cancer cases in the U.S. are diagnosed in the early stages. When the disease is detected before it has spread beyond the ovaries, more than 95 percent of women will survive longer than five years. But, in cases where the disease is not detected until it reaches the advanced stage, the five-year survival rate plummets to a devastating 25 percent.

As there is still no reliable and easy-to-administer screening test for ovarian cancer, like the Pap smear for cervical cancer or the mammogram for breast cancer, early recognition of symptoms is clearly the best way to save a woman’s life. Increased education and awareness about ovarian cancer and recognition of women who are at higher risk for developing ovarian cancer, is the only way that women and their doctors will be able to stop ignoring or misinterpreting the subtle symptoms of the disease. Recently, the American Cancer Society and the Ovarian Cancer National Alliance came to a consensus on the identifiable symptoms of ovarian cancer, even in the early stages. The experts believe if a woman experiences any of the following symptoms for at least three weeks—bloating, pelvic or abdominal pain, difficulty eating or feeling full quickly, frequent or urgent need to urinate—she should immediately see her gynecologist.

I urge all of my colleagues to remember those symptoms and I ask each and every one of you to please make a special point of discussing them with your mothers, your wives and your daughters; and encourage them to talk about these symptoms with other women. The simple fact is that ignorance kills. The more women who know what to look for, the

more lives we can save. If we love our mothers, our wives and our daughters, and I am sure that we do, then we owe it to them to make the effort to talk with them about ovarian cancer.

POPCORN WORKERS LUNG
DISEASE PREVENTION ACT

SPEECH OF

HON. JOE BACA

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Wednesday, September 26, 2007

The House in Committee of the Whole House on the State of the Union had under consideration the bill (H.R. 2693) to direct the Occupational Safety and Health Administration to issue a standard regulating worker exposure to diacetyl:

Mr. BACA. Mr. Chairman, this bill requires the Occupational Safety and Health Administration (OSHA) to issue an interim standard to protect workers in the popcorn manufacturing and flavoring industries and gives time to work on a permanent standard.

I urge support of H.R. 2693, the “Popcorn Workers Lung Disease Act.”

Every time we microwave a bag of popcorn, we are contributing to lung disease.

Every time we purchase popcorn at the local grocery store, we are contributing to lung disease.

Let’s be responsible and start contributing to a solution.

Let’s make sure that we support workplace safety legislation.

There is no excuse for workers to need lung transplants or to die just because they are making popcorn for our pleasure.

There is no reason why children should lose a parent from dying of “Popcorn Lung.”

Yes, this disease is rare, but it is also irreversible and deadly.

OSHA must issue control measures and education measures to prevent this from happening and to minimize worker exposure.

There is no excuse!

Tens of thousands of food processing workers report to work each day and are exposed to this dangerous chemical without any controls.

This bill will give OSHA two (2) years to decide on a final standard for permissible exposure limits.

That time limit is fair and just.

Let’s contribute to a solution and put an end to popcorn lung disease!

Americans have a right to be safe at work, to breathe easily and to raise their families knowing that their government will protect them from dangerous chemicals.

I urge my colleagues to support H.R. 2693.

COMMENDING RAY PITTMAN, 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 Mr. Ray