

RECOGNIZING THE 30TH ANNIVERSARY OF THE BIRMINGHAM AREA SENIORS COORDINATING COUNCIL

**HON. JOE KNOLLENBERG**

OF MICHIGAN

IN THE HOUSE OF REPRESENTATIVES

*Wednesday, November 14, 2007*

Mr. KNOLLENBERG. Madam Speaker, I want to recognize the Birmingham Area Seniors Coordinating Council as they celebrate their 30th Anniversary today.

The Birmingham Area Seniors Coordinating Council was formed in 1978 to improve the coordination of senior citizen programs and services, and to provide a central source of information and referral in the Birmingham Public Schools community.

Today, the Council has nearly 1,700 members who value independence, lifelong learning, and community involvement. Not only do Council members enjoy the benefits of an active senior center program, but they are also volunteers who deliver services to their aging neighbors. These services are vital to enabling seniors to remain in their own homes, and to live with independence and dignity. Each year, more than 500 senior volunteers provide outreach service to other older adults in the community, evidencing their motto of "Seniors Serving Seniors."

The Council offers a variety of educational classes, recreational programs, social activities, and travel opportunities to help older adults stay healthy and happy. In addition, the Council's many outreach services to the elderly are accomplished with a small staff and hundreds of senior volunteers in partnership with many local and state agencies and organizations.

The generosity of the Birmingham Public Schools, the City of Birmingham, the Villages of Beverly Hills, Bingham Farms, and Franklin, local service clubs, agencies, foundations, churches, businesses and hundreds of caring individuals to fund this unique delivery of services that have been the staple of the Council for the past 30 years.

Madam Speaker, today I commend the Birmingham Area Seniors Coordinating Council. I am proud to recognize the achievements and service of the Council over the past 30 years, and wish them even more success over the next 30 years.

**EXPRESSING SENSE OF THE HOUSE THAT THE PRESIDENT SHOULD DECLARE LUNG CANCER A PUBLIC HEALTH PRIORITY**

SPEECH OF

**HON. FRANK A. LoBIONDO**

OF NEW JERSEY

IN THE HOUSE OF REPRESENTATIVES

*Tuesday, November 13, 2007*

Mr. LoBIONDO. Mr. Speaker, I rise today to urge my colleagues to support H. Res. 335, which expresses the sense of the House of Representatives with respect to lung cancer as a public health priority and the recommendations of the Lung Cancer Progress Review Group of the National Cancer Institute. I would also like to take this opportunity to thank Rep. LOIS CAPPS for introducing this im-

portant resolution and for her continued efforts on behalf of those affected by lung cancer.

As many of us know all too well, lung cancer remains the leading cause of cancer death for both men and women in the United States. While overall advancements in cancer research, treatment, and detection in recent years provide great hope, there is still much to do, especially in the field of lung cancer. The 5-year survival rates have risen significantly for breast, prostate, and colon cancer, but unfortunately, the gains for lung cancer remain modest at best.

For my family and me, these statistics are all too real. In April 2006, my father-in-law, Joseph L. Ercole, was diagnosed with non-small cell adenoma carcinoma stage III-b and 9 months later, on February 11, 2007, he died from lung cancer. While his story is not unique, it brought to my attention the need to shine a spotlight on this disease. Clearly, a coordinated and comprehensive research effort, like those used to tackle other cancers, is needed to achieve significant increases in lung cancer survivability rates and prevent other families from suffering the same loss.

H. Res. 335, like S. Res. 87 passed by the Senate in August, clearly states our goals—to have lung cancer declared a public health priority and to reduce the lung cancer mortality rate by 50 percent by 2015—and a pathway to achieve it. Working together these goals can become reality.

I urge my colleagues in the House to join us in this fight and pass H. Res. 335

**PROVIDING FOR CONSIDERATION OF H.R. 3996, TEMPORARY TAX RELIEF ACT OF 2007**

SPEECH OF

**HON. MELVIN L. WATT**

OF NORTH CAROLINA

IN THE HOUSE OF REPRESENTATIVES

*Friday, November 9, 2007*

Mr. WATT. Mr. Speaker, I rise in strong support of H.R. 3996, which will address one of the most unfair provisions in the tax code that imposes an alternative minimum tax on so many of my constituents to whom it was never intended to apply. To some of my constituents, including the retired couple that lives across the street from me, this is among the most critical issues they face.

There is one specific tax provision being extended in this bill that I want to address specifically, the extension of the New Markets Tax Credit, NMTC, program. This tax program is critical to the revitalization of struggling communities and census tracts in our country that are in critical need of help.

There is one critical problem with the NMTC program that needs to be addressed. The Financial Services Committee's Oversight and Investigations Subcommittee, which I chair, held a hearing on October 30 entitled "Preserving and Expanding Minority Banks," to review unique challenges facing minority- and women-owned financial institutions. A real concern revealed at this hearing was that minority-owned financial institutions have not been receiving allocations of credits under the NMTC program. Over the life of the program, only six minority banks have received allocations under the NMTC program and in the last round of allocations, of 61 recipients, only one

minority bank was awarded new markets tax credits. This represented just \$120 million of a total of \$3.9 billion in tax credits awarded.

I believe that facilitating greater access to the NMTC program for minority and women-owned financial institutions will improve the program and help ensure the revitalization of low-income urban and rural areas. I appreciate the agreement of Chairman RANGEL and Subcommittee Chairman NEAL to work with me, and perhaps to have a joint hearing with our Financial Services Subcommittee, to explore effective ways to increase participation in the NMTC program for minority- and women-owned financial institutions.

**SUPPORTING THE GOALS AND IDEALS OF WORLD DIABETES DAY**

SPEECH OF

**HON. DONALD A. MANZULLO**

OF ILLINOIS

IN THE HOUSE OF REPRESENTATIVES

*Tuesday, November 13, 2007*

Mr. MANZULLO. Mr. Speaker, today I rise in support of H. Con. Res. 211, commemorating World Diabetes Day on November 14, 2007.

The search for a cure for diabetes is a cause close to my heart. Both my parents were afflicted with the disease, which now strikes 246 million people worldwide. Without early screening, prevention and awareness, this number is expected to rise to 380 million by 2025. In the United States, diabetes is the sixth leading cause of death. Across the world, diabetes is the fourth leading cause of death, with 80 percent of diabetes cases now being found in the developing world. The case for diabetes awareness is so compelling that President Bush recently declared November 2007 to be National Diabetes Month. I would like to add his recent remarks on the subject to the RECORD.

It is clear that action must be taken to slow the pace of what can only be described as an epidemic of diabetes. This year, the theme of the World Diabetes Day Campaign focuses on raising awareness of diabetes in children and adolescents. More than 200 children get diabetes every day, making it one of those most chronic diseases of childhood. Additionally, this demographic faces unique challenges when diagnosed with diabetes, as the disease can interfere with the normal developmental tasks of childhood and adolescence, which include succeeding in school and transitioning to adulthood. Through raising awareness, the World Diabetes Day Campaign focuses on improving early screening to catch early incidences of diabetes in children and promoting healthy lifestyles to prevent the onset of Type 2 diabetes.

I am proud to lend my support to H. Con. Res. 211. Together we can limit the incidence of this debilitating disease by spreading the message of awareness, treatment and prevention. I urge my colleagues to support this important resolution.

**NATIONAL DIABETES MONTH, 2007—A PROCLAMATION BY THE PRESIDENT OF THE UNITED STATES OF AMERICA**

Diabetes is a debilitating disease that affects millions of Americans of all ages and all walks of life. National Diabetes Month is an opportunity to raise awareness about risk factors, prevention, and treatment of this serious disease.

Diabetes is a chronic illness that leaves the body unable to produce or properly use insulin to maintain healthy blood glucose levels. The two most common forms of the disease that affect our citizens are Type 1 and Type 2 diabetes. Type 1 diabetes, once known as juvenile diabetes, is usually diagnosed in children and young adults who are unable to produce insulin and require daily medication. Type 2 diabetes, the most common form of the disease, is often attributed to lifestyle risk factors and can be controlled by a modified diet, regular physical activity, and medication. Americans can take steps to control the disease and lower the risk of complications such as heart disease, stroke, and kidney disease by maintaining healthy eating and exercise habits, and consulting with a doctor about diabetes testing.

My Administration is committed to providing better care for people living with diabetes and furthering efforts to find a cure. We have supported research initiatives and education programs that encourage healthy living, and we have also modified Medicare coverage to include diabetes screenings. This year, the National Institutes of Health estimates that more than \$1 billion will be spent on diabetes research. By working together, we can help identify problems early, manage them before they grow worse, and help ensure more Americans live longer, healthier lives.

Throughout National Diabetes Month, we recognize the medical professionals, scientists, researchers, and all those whose efforts have made a positive difference in the fight against diabetes. By raising public awareness, we can help combat the effects of diabetes in our society and bring hope to children and families living with this disease.

Now, therefore, I, George W. Bush, President of the United States of America, by virtue of the authority vested in me by the Constitution and laws of the United States, do hereby proclaim November 2007 as National Diabetes Month. I call upon all Americans to learn more about the risk factors and symptoms associated with diabetes and to observe this month with appropriate programs and activities.

In witness whereof, I have hereunto set my hand this thirty-first day of October, in the year of our Lord two thousand seven, and of the Independence of the United States of America the two hundred and thirty-second.

**SUPPORTING THE GOALS AND IDEALS OF CHILDREN'S HEALTH MONTH**

SPEECH OF

**HON. DAVID G. REICHERT**

OF WASHINGTON

IN THE HOUSE OF REPRESENTATIVES

Tuesday, November 13, 2007

Mr. REICHERT. Mr. Speaker, I rise in strong support of House Resolution 760, which recognizes October as Children's Health Month and supports the goals and ideals of this annual designation.

I was proud to introduce this resolution with Representative KATHY CASTOR. As cochairmen of the Congressional Children's Health Care Caucus, we are committed to building bipartisan support for efforts to facilitate access to care for the uninsured, seek cures for debilitating diseases and chronic conditions, and promote preventive health and wellness measures for America's children.

This resolution recognizes the importance of raising awareness of children's health needs

and commends the health care professionals who provide for them. It also reaffirms our Nation's commitment to improving children's health and encourages State officials, non-profit organizations and businesses to join the House in supporting these objectives.

I am grateful for the enthusiastic backing this resolution enjoys from more than 100 Members spanning both sides of the aisle, and I urge all of my colleagues to support its passage.

**PERSONAL EXPLANATION**

**HON. FRANK R. WOLF**

OF VIRGINIA

IN THE HOUSE OF REPRESENTATIVES

Wednesday, November 14, 2007

Mr. WOLF. Madam Speaker, yesterday I was on an official leave of absence for a medical appointment. Had I been present and voting, I would have voted "yea" on rollcall No. 1082, H.R. 3315, which I cosponsored, to provide that the great hall of the Capitol Visitor Center be known as Emancipation Hall; "yea" on rollcall No. 1083, H.R. 1593, which I cosponsored, the Second Chance Act; "yea" on rollcall No. 1084, H.R. 3403, the 911 Modernization and Public Safety Act, and "yea" on rollcall No. 1085, H.R. 3461, Safeguarding America's Families by Enhancing and Reorganizing New and Efficient Technologies Act.

**PERSONAL EXPLANATION**

**HON. NITA M. LOWEY**

OF NEW YORK

IN THE HOUSE OF REPRESENTATIVES

Wednesday, November 14, 2007

Mrs. LOWEY. Madam Speaker, I regrettably missed Rollcall vote No. 1085 (H.R. 3461) and Rollcall vote No. 1084 (H.R. 3403). Had I been present, I would have voted in the following manner: Rollcall No. 1085: "yes," Rollcall No. 1084: "yes."

**DANDY-WALKER SYNDROME AND HYDROCEPHALUS**

**HON. CHRIS VAN HOLLEN**

OF MARYLAND

IN THE HOUSE OF REPRESENTATIVES

Wednesday, November 14, 2007

Mr. VAN HOLLEN. Madam Speaker, I rise in support of H. Con. Res. 163, expressing the sense of the Congress in support of further research and activities to increase public awareness, professional education, diagnosis, and treatment of Dandy-Walker Syndrome and hydrocephalus.

In 2005 while awaiting the birth of their first child Ryan, Andrea and Eric Cole of Kensington, Maryland learned that he would be born with a rare birth defect called Dandy-Walker Syndrome and a condition called hydrocephalus. Ryan was born on May 3, 2005, 3 months premature and weighing 1 pound 15 ounces, at George Washington University Hospital in Washington, D.C. He would spend a total of 156 days in the hospital during his first year of life.

Today, the Cole family leads the fight against Dandy-Walker Syndrome and is the in-

spiration behind my efforts against this terrible birth defect. On learning that no national organization existed to advocate on behalf of individuals with Dandy-Walker Syndrome, Eric and Andrea took the necessary steps to found the only national non-profit organization for Dandy-Walker Syndrome, and located it in Maryland's Eighth Congressional District, which I represent. Today, the Dandy-Walker Alliance remains the only non-profit organization committed to educational and informational activities, programs and publications and supporting non-partisan research and events to increase public awareness of Dandy-Walker Syndrome. The Dandy-Walker Alliance supports all efforts to determine the cause(s) of, to find the cure for and to ameliorate the effects of Dandy-Walker Syndrome.

Dandy-Walker Syndrome is a congenital malformation of the cerebellum that can cause developmental delay, is frequently associated with hydrocephalus that can lead to an enlarged head circumference, and can cause neurological damage possibly leading to death. The Centers for Disease Control and Prevention reports that Dandy-Walker Syndrome may affect as many as 1 in 5,000 live born infants of which approximately 70 to 90 percent will develop hydrocephalus. Treatment for individuals with Dandy-Walker generally consists of treating the associated problems rather than the syndrome itself. Hydrocephalus is treated today the same way that it was in 1952, by inserting a shunt into the brain to drain off excess fluid.

In addition to what the Coles are doing with the Dandy-Walker Alliance, a filmmaker from Colorado with a nephew affected by Dandy-Walker is completing the first-ever documentary on Dandy-Walker Syndrome called "Dandy Kids," which will premiere in January 2008. A couple in Florida was also inspired to film a commercial with their three-year-old son affected by Dandy-Walker and hydrocephalus to help promote the need for blood donations since the brain surgeries to treat his hydrocephalus often require transfusions.

Dandy-Walker Syndrome involves many complex issues. That is why the Director of the National Institutes of Health should continue the current collaboration, with respect to Dandy-Walker Syndrome, among the National Human Genome Research Institute, the National Institute of Biomedical Imaging and Bioengineering, the National Institute of Child Health and Human Development, the National Institute of Neurological Disorders and Stroke and the Office of Rare Diseases.

Further research into the epidemiology, diagnosis, pathophysiology, disease burden, and improved treatment of Dandy-Walker Syndrome should be conducted and supported. The National Institutes of Health should take the lead in sponsoring an annual workshop to increase awareness and set national research priorities for Dandy-Walker Syndrome and hydrocephalus.

The Centers for Disease Control and Prevention should also form a coordinating committee for Dandy-Walker Syndrome and hydrocephalus research, which would annually report to the public its findings on the progress in the epidemiology, pathophysiology, disease burden, treatment improvements, diagnoses, and awareness for Dandy-Walker Syndrome and hydrocephalus.

Finally, public awareness and professional education regarding Dandy-Walker research