

When you needed to know the facts on funding for certain programs, it was Ron who was there with the facts.

He was never the kind to be obnoxious, but the kind that you could understand. He was always clear. He was always factual. He was always committed.

We have lost a great educator. We mourn his loss.

#### HONORING THE LIFE OF ERNEST WITHERS

(Mr. COHEN asked and was given permission to address the House for 1 minute.)

Mr. COHEN. Mr. Speaker, earlier this week, Memphis, Tennessee and the Nation lost a great photographer and a great public personage in Ernest Withers. Ernest Withers died at the age of 85. He was a gentleman who was at the right time at the right place with the camera that took the picture that showed the civil rights movement, showed the history of Memphis, Tennessee and its progress from segregation to integration to a city that's one of America's great cities today.

Mr. Withers was one of the first African Americans hired as a police officer in the city of Memphis in 1949. He left that profession and went into photography. And whenever there was an event, Mr. Withers was there. He took a picture of B.B. King and Elvis together on Beale Street. The King and the King together on Beale, back in about 1956, when B.B. was thin enough that you wouldn't recognize him, and Elvis was thin too.

He had pictures of Dr. King and the civil rights movement. He covered Oxford, Mississippi; he covered Medgar Evers. He covered all of the major civil rights events that came throughout the mid-South.

He was published in *People Magazine* and the *New York Times*, and *Ebony* and *Jet*, and was honored by the Memphis College of Art with an honorary degree in 1992, and by the Missouri School of Journalism for his great work in photography.

He'll be missed in Memphis, and his collection needs to be maintained and made available to all citizens for remembrance of what went on during the civil rights era. He'll be missed by all of us. He'll be remembered in history books and museums.

#### REMOVAL OF NAME OF MEMBER AS COSPONSOR OF H. Res. 106

Mr. CUMMINGS. Mr. Speaker, I ask unanimous consent that my name be removed from House Resolution 106 as a cosponsor.

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

There was no objection.

#### MESSAGE FROM THE PRESIDENT

A message in writing from the President of the United States was commu-

nicated to the House by Mr. Sherman Williams, one of his secretaries.

#### CONTINUATION OF THE NATIONAL EMERGENCY WITH RESPECT TO SIGNIFICANT NARCOTICS TRAFFICKERS CENTERED IN COLOMBIA—MESSAGE FROM THE PRESIDENT OF THE UNITED STATES (H. DOC. NO. 110-65)

The SPEAKER pro tempore laid before the House the following message from the President of the United States; which was read and, together with the accompanying papers, without objection, referred to the Committee on Foreign Affairs and ordered to be printed:

*To the Congress of the United States:*

Section 202(d) of the National Emergencies Act, 50 U.S.C. 1622(d), provides for the automatic termination of a national emergency unless, prior to the anniversary date of its declaration, the President publishes in the *Federal Register* and transmits to the Congress a notice stating that the emergency is to continue in effect beyond the anniversary date. In accordance with this provision, I have sent the enclosed notice to the *Federal Register* for publication, stating that the emergency declared with respect to significant narcotics traffickers centered in Colombia is to continue in effect beyond October 21, 2007.

The circumstances that led to the declaration on October 21, 1995, of a national emergency have not been resolved. The actions of significant narcotics traffickers centered in Colombia continue to pose an unusual and extraordinary threat to the national security, foreign policy, and economy of the United States and to cause unparalleled violence, corruption, and harm in the United States and abroad. For these reasons, I have determined that it is necessary to maintain economic pressure on significant narcotics traffickers centered in Colombia by blocking their property and interests in property that are in the United States or within the possession or control of United States persons and by depriving them of access to the U.S. market and financial system.

GEORGE W. BUSH.  
THE WHITE HOUSE, October 18, 2007.

#### SPECIAL ORDERS

The SPEAKER pro tempore. Under the Speaker's announced policy of January 18, 2007, and under a previous order of the House, the following Members will be recognized for 5 minutes each.

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Indiana (Mr. BURTON) is recognized for 5 minutes.

(Mr. BURTON of Indiana addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

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#### PREVENTABLE INFECTIONS OCCURRING IN HEALTH CARE SETTINGS

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Pennsylvania (Mr. TIM MURPHY) is recognized for 5 minutes.

Mr. TIM MURPHY of Pennsylvania. Mr. Speaker, in the news headlines yesterday and today, we learned that more people die from an infection called MRSA than die from AIDS. The news, however, is much worse than this. And that is, if you look at the amount of preventable infections that occur in health care settings, it actually is more like 90,000 people die, will die this year from preventable infections in health care settings, and over 2 million cases will occur.

The cost to our health care system in America is over \$50 billion. As we look at the cost of health care and how families cannot afford it, it is important that this Chamber take into account what we can do to reduce costs and fix the system and not just finance the system. And this is one of those areas.

Now, recently, the Center for Medicare Services, CMS, also said that they would move towards not funding treatment of preventable infections in hospitals. Now, although that is an important move, and one that will save a great deal of money and one that we believe will help motivate health care centers to take more action, it still does not help with a couple of issues. One is that there's not a universal system across America where citizens can find out what are the infection rates within certain health care settings. And those are important because when one is selecting a hospital for care or going to a clinic, it would be good to know what those infection rates are.

You know, for example, it's mandated by law that airlines have to report their on-time rates for when they depart or arrive at the gates at an airport. However, you cannot find that information about the safety levels of the hospital which you may be going for treatment or surgery, and we need to make that available.

Nineteen different States require some level of this, but, quite frankly, it is a hodgepodge of different requirements. Some report to the Department of Health. Some report some diseases and not others. And we need to make this uniform across the Nation so that patients can tell and that it is an important aspect of helping people to understand before they go into a hospital.

Now, the thing about this is these infection rates are preventable. You have issues such as MRSA, methicillin-resistant staphylococcus aureus; pneumonias; urinary tract infections; and others that could be preventable by a couple of important procedures: washing hands; wearing gloves for procedures; sterilizing equipment; cleaning up before and after procedures, including patients' rooms and other areas;

making sure that visitors to the hospital follow these same procedures; wearing a hospital gown or other clothes so that patients do not get exposed from one doctor visiting one room to the next. Some countries even require visitors to wear masks and a gown and to scrub. I understand in the United Kingdom they require the doctor to make sure they scrub and not wear jewelry room to room and to put on a different gown as they go to each room so that diseases are not spread. These are important steps that can take place. However, we don't have any kind of universal reporting system in this country.

My bill I introduced called H.R. 1174, the Healthy Hospitals Act, would help to make this uniform. And that is it would require the Secretary of Health to come up with a system of reporting and hospitals would give their information and there would be an annual report to Congress of best practices to reduce these deadly diseases.

It is tragic that more people die from infection they pick up at a health care center each year than all of our soldiers who died in Vietnam. And if we saw this as the emergency that it is, if, for example, we had heard that a plane crashed somewhere and a couple hundred people died, we would know that all sorts of Federal agencies would be all over that investigating that. If the next day another plane crashed and a couple hundred more died, an uproar would be across America as to what is happening to airplane safety. If it happened a third day in a row, probably we would shut down the airports. But here, when someone dies every 5 minutes, new infections occur all the time, we do not take this kind of action. And we need to see this as an emergency, particularly because there has been a number of hospitals which have tackled this problem and have solved this problem and have virtually eliminated some of their infection rates. We need to do this as a nation.

In addition, my bill, H.R. 1174, would also provide, from the savings that come from reducing these infections, a grant program to hospitals that have been able to massively reduce or eliminate their infection rates.

We need to gather together as a Congress and no longer ignore this problem, which is leading to so many deaths. We need to acknowledge those hospitals and health care settings that are leading to major changes and cleaning this up and also help those hospitals that are not. We can no longer hide from this problem when we see in the news the number of deaths that are occurring there, and even now so many have this, the things that are occurring in schools as well.

We have to take vigorous action as a nation to save these lives. And I would hope that my colleagues would sign on as supporters of this bill.

#### PRESIDENT'S VETO OF CHIP REAUTHORIZATION

The SPEAKER pro tempore (Mr. CLAY). Under a previous order of the House, the gentleman from Maryland (Mr. CUMMINGS) is recognized for 5 minutes.

Mr. CUMMINGS. Mr. Speaker, I am deeply saddened that we have failed to override the President's veto of legislation to reauthorize the Children's Health Insurance Program. This action represents a misstep of historic proportions.

It also saddens me that several Members on the other side applauded when this body failed to override the President's veto. By voting against this bipartisan, bicameral legislation, some Members of Congress have turned their backs on more than 10 million poor children who need health insurance now.

Let me be clear. The legislation that was vetoed today was an excellent piece of legislation, and our children will be worse off without it. The continuing resolution that we passed will temporarily cover children who are currently enrolled in CHIP, but the uncertainty surrounding the program's future leave our children's futures uncertain. Some States are already indicating that they will make cuts to the program if they cannot rely upon a steady Federal funding stream.

Further, the continuing resolution fails to address many of the critically important measures that we included in the reauthorization. Notably, dental, mental, and vision coverage are all absent.

We need no greater reminder of the need for these provisions than the recent death of Deamonte Driver, a 12-year-old boy from my home State of Maryland who died when an untreated tooth infection spread to his brain. Yes, he died.

Those who voted against this bill have ignored the calls of more than 81 percent of the American people and members of the Democratic and Republican Parties who support the initiative. Because of their lapse in judgment, 4 million uninsured children, 65,500 of them from my home State of Maryland, will be denied the coverage that Congress intended to grant them. Further, my colleagues who voted against this bill have shut the doctor's office door on approximately 6 million children who currently rely on CHIP for health insurance.

It chills the conscience to think of all those children who will be forced out of care.

It is particularly upsetting to consider how this will affect children with chronic disease who rely upon the CHIP benefit to get the care they need to simply survive. Lives are in the balance.

Bipartisan coalitions, including the National Governors Association and the United States Conference of Mayors, recognize the unique moral obligation we have with this legislation. Ear-

lier this week, Mayor Sheila Dixon of my hometown of Baltimore held a press conference to call on Congress to override the President's veto. She also joined 20 mayors from across the country in signing a letter making the same appeal. Unfortunately, some of our colleagues in this Chamber stubbornly failed to acknowledge the reality that so many of us have clearly seen.

Mr. Speaker, I could talk about the benefits of reauthorizing CHIP as I have in the past statements before this Chamber, but today I will take a different approach by letting my Republican colleagues speak for me. Specifically, Mr. Speaker, I will associate myself with the following comments:

Republican Senator CHUCK GRASSLEY of Iowa said, "This is not a government takeover of health care. This is not socialized or nationalized medicine or anything like that."

Republican Senator ORRIN HATCH of Utah called the bill "an honest compromise which improves a program that works for America's low-income children."

Republican Congressman DON YOUNG of Alaska said, "Issues such as the health and well-being of our Nation's children are nothing to play politics with and nothing to scrimp on."

Republican Congressman VITO FOSSELLA of New York said the bill "will put millions of young people on the road to a longer and healthier life."

And, finally, Republican Congressman WAYNE GILCHREST from my home State of Maryland expressed his support for the bill, noting, "It focuses on the lowest income kids and fixes a lot of problems with the current program."

Mr. Speaker, I deeply regret that the President and some of our colleagues lack the foresight to recognize the critical importance of passing the CHIP reauthorization. We simply must regroup and pass this vital piece of legislation.

Access to quality care is not a privilege; it is a right. We cannot afford to play politics with our children's lives.

#### FISA MONTH

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from California (Mr. DANIEL E. LUNGREN) is recognized for 5 minutes.

Mr. DANIEL E. LUNGREN of California. Mr. Speaker, I found the comments of my friend from Maryland very interesting. I would just remind the Speaker and all who have looked on the vote today about the veto of SCHIP that when we passed the continuing resolution, we passed a continuation of SCHIP. So no children should be affected adversely during these weeks as we work to reach the compromise that the President has said he is working for.

Mr. Speaker, I thought this should be called the "FISA Week," Foreign Surveillance Intelligence Act Week. But now because of the actions of the majority, we were not able to vote on that