

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

There was no objection.

Mr. OBERSTAR. Mr. Speaker, I yield myself such time as I may consume.

This bill authorizes conditional conveyance of any interest retained by the United States in St. Joseph Memorial Hall in St. Joseph, Michigan, to the city of St. Joseph, Michigan. In the 109th Congress, an identical bill was introduced, moved through committee, and passed the House as H.R. 4700. Unfortunately, no action was taken on that bill by the other body.

The bill would complete a land transfer between the Federal Government and the city of St. Joseph, Michigan, that is very long standing. It goes back to 1935. The city in that year received a nonhistoric building and property with a restriction limiting use of the property to a public park. In 1954, the public use restriction was lifted on the parcel just north of the building through Public Act 348.

H.R. 494, the bill presently before us and its predecessor in the last Congress, conveys to the city of St. Joseph any interest in St. Joseph Hall that is retained by the United States. This legislation has the effect of removing the restriction requiring use of the property for a park.

City officials have asked for this transfer in order to permit the city to complete a redevelopment plan for the downtown that would utilize this parcel of land and the building. The city is further prepared to pay \$10,000 to the General Services Administration for the transfer.

This legislation has been advocated by the gentleman from Michigan (Mr. UPTON) who has been very persevering in pursuit of this legislation. I have come to know the gentleman from Michigan very well personally through our work on Great Lakes issues and on the U.S.-Canada Interparliamentary Group in which we have both participated. He is very earnest about this project, and has been a very effective advocate for it. I am hopeful that with our action again in this body that we will be able to persuade the other body to move forthwith on the legislation and get it enacted.

Mr. Speaker, I reserve the balance of my time.

Mr. PETRI. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, the bill before us, introduced by the gentleman from Michigan (Mr. UPTON) on January 16, 2007, conveys the final interest retained by the United States in St. Joseph Memorial Hall in St. Joseph, Michigan.

St. Joseph, Michigan, is in the process of redeveloping an area of town that will link downtown with the beautiful lakefront district. Removing the deed restriction will allow St. Joseph to create a recreational, educational, and cultural district that benefits the entire community.

This redevelopment will make the city a more attractive place to work,

live and play while improving the local economy.

H.R. 494 will allow St. Joseph Memorial Hall to be incorporated into these redevelopment plans. Under the current restriction, redevelopment of the area may be impeded by a deed restriction placed on the property by the Federal Government more than 70 years ago. The deed restriction on Memorial Hall has remained despite the fact that similar deed restrictions in the city have been lifted. If not lifted, limitations on this tiny parcel of land located in the center of the redevelopment will significantly jeopardize the city's plan.

The bill before us is a commonsense solution that will allow the city of St. Joseph to proceed with redevelopment. In the 109th Congress, the House recognized this as a sensible, simple solution and passed the same language in H.R. 4700. I support this measure, and I urge my colleagues to do the same.

Mr. Speaker, I yield back the balance of my time.

Mr. OBERSTAR. Mr. Speaker, I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Minnesota (Mr. OBERSTAR) that the House suspend the rules and pass the bill, H.R. 494, as amended.

The question was taken; and (two-thirds being in the affirmative) the rules were suspended and the bill, as amended, was passed.

A motion to reconsider was laid on the table.

SUPPORTING THE GOALS AND IDEALS OF AMERICAN HEART MONTH

Mr. PALLONE. Mr. Speaker, I move to suspend the rules and agree to the concurrent resolution (H. Con. Res. 52) supporting the goals and ideals of American Heart Month.

The Clerk read as follows:

H. CON. RES. 52

Whereas heart disease affects adult men and women of every age and race in the United States;

Whereas heart disease continues to be the leading cause of death in the United States;

Whereas an estimated 79 million adult Americans, nearly one in every 3, have 1 or more types of heart disease, including high blood pressure, coronary heart disease, congestive heart failure, stroke, and congenital heart defects;

Whereas extensive clinical and statistical studies have identified major and contributing factors that increase the risk of heart disease;

Whereas these studies have identified the following as major risk factors that cannot be changed: age (the risk of developing heart disease gradually increases as people age; advanced age significantly increases the risk); gender (men have greater risk of developing heart disease than women); and heredity (children of parents with heart disease are more likely to develop it themselves; African Americans have more severe high blood pressure than Caucasians and therefore are at higher risk; the risk is also higher among Latina Americans, some Asian Americans, and Native Americans and other indigenous populations);

Whereas these studies have identified the following as major risk factors that Americans can modify, treat or control by changing their lifestyle or seeking appropriate medical treatment: high blood pressure, high blood cholesterol, smoking tobacco products and exposure to tobacco smoke, physical inactivity, obesity, and diabetes mellitus;

Whereas these studies have identified the following as contributing risk factors that Americans can also take action to modify, treat or control by changing their lifestyle or seeking appropriate medical treatment: individual response to stress, excessive consumption of alcoholic beverages, use of certain illegal drugs, and hormone replacement therapy;

Whereas more than 72 million adult Americans have high blood pressure;

Whereas more than 36.6 million Americans have cholesterol levels of 240 mg/dL or higher, the level at which it becomes a major risk factor;

Whereas an estimated 46 million Americans put themselves at risk for heart disease every day by smoking cigarettes;

Whereas data released by the Centers for Disease Control and Prevention shows that more than 60 percent of American adults do not get enough physical activity, and more than 25 percent are not physically active at all;

Whereas 66 percent of adult Americans are overweight or obese;

Whereas 20 million adult Americans have diabetes and 65 percent of those so afflicted will die of some form of heart disease;

Whereas the American Heart Association projects that in 2007 1.2 million Americans will have a first or recurrent heart attack and 452,000 of these people will die as a result;

Whereas in 2007 approximately 700,000 Americans will suffer a new or recurrent stroke and 150,000 of these people will die as a result;

Whereas advances in medical research have significantly improved our capacity to fight heart disease by providing greater knowledge about its causes, innovative diagnostic tools to detect the disease, and new and improved treatments that help people survive and recover from this disease;

Whereas the Congress by Joint Resolution approved on December 30, 1963, (77 Stat. 843; 36 U.S.C. 101) has requested that the President issue an annual proclamation designating February as "American Heart Month"; and

Whereas every year since 1964 the President has issued a proclamation designating the month February as "American Heart Month"; Now, therefore, be it

Resolved by the House of Representatives (the Senate concurring), That the Congress—

(1) supports the goals and ideals of American Heart Month;

(2) invites the chief executive officers of the States, territories, and possessions of the United States to issue proclamations designating American Heart Month and recognizing the goals and ideals of American Heart Month;

(3) commends the efforts of States, territories and possessions of the United States, localities, non-profit organizations, businesses, and other entities, and the people of the United States who support the goals and ideals of American Heart Month;

(4) recognizes and reaffirms our Nation's commitment to fighting heart disease by promoting awareness about its causes, risks, and prevention and by promoting new education programs, supporting research, and expanding access to medical treatment;

(5) recognizes all Americans battling heart disease, expresses gratitude to their family members and friends who are a source of love

and encouragement to them as they combat this disease, and salutes the health care professionals and medical researchers who provide assistance to those so afflicted and continue to work to find cures and improve treatments; and

(6) encourages each and every American to take to heart the four simple healthy life, healthy heart goals identified by the HealthierUS Initiative of the U.S. Department of Health and Human Services: exercise regularly and maintain a healthy weight; develop good eating habits; avoid tobacco products, drugs and excessive alcohol; and have regular medical checkups to take advantage of screenings that can detect heart-disease related problems early.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from New Jersey (Mr. PALLONE) and the gentleman from Oklahoma (Mr. SULLIVAN) each will control 20 minutes.

The Chair recognizes the gentleman from New Jersey.

GENERAL LEAVE

Mr. PALLONE. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days to revise and extend their remarks and include extraneous material on the bill under consideration.

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

There was no objection.

Mr. PALLONE. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I rise in support of H. Con. Res. 52 supporting the goals and ideals of American Heart Month. February is American Heart Month, and each year since 1963 Congress has charged the President to claim February American Heart Month.

The goal of American Heart Month is to raise funds, conduct research, and promote education about heart disease and stroke.

According to the Centers for Disease Control and Prevention, heart disease is the leading cause of death in the United States and the major cause of disability. The most common heart disease in the U.S. is coronary heart disease, which often first appears as a heart attack. Almost 1.2 million people in the U.S. will have a heart attack and about 700,000 people die of heart disease annually.

Each of us should continue to take steps to prevent and control factors that put us at greater risk. Prevention measures certainly help to reduce the risks for heart disease and its effects. Additionally, knowing the signs and symptoms of heart attack are crucial to the most positive outcomes after having a heart attack. Recognizing and responding quickly to symptoms and receiving appropriate care can limit heart damage. People who have survived a heart attack can also work to reduce their risk of another heart attack or a stroke in the future. Research has shown a healthy diet and life style are the best weapons you have to fight heart disease.

I would like to thank the gentleman from California (Ms.

MILLENDER-MCDONALD) for her work on this issue. I certainly urge my colleagues to support H. Con. Res. 52.

Mr. Speaker, I reserve the balance of my time.

Mr. SULLIVAN. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I rise today in support of H. Con. Res. 52, a resolution supporting the goals and ideals of American Heart Month. I commend Ms. MILLENDER-MCDONALD for her efforts in bringing this resolution to the floor.

Beginning in 1964, the President has issued a proclamation every year designating the month of February as American Heart Month. It is important to recognize the need for greater heart health. Heart disease is the leading cause of death in America. This year alone, over 1.2 million Americans are expected to experience a heart attack. American Heart Month renews the need to recognize and respond to symptoms of heart damage.

Great work is being done by the American Heart Association to reach out into communities and help provide instructional programs on heart disease. It is important to have policies in place that ensure access to screening, referral, and counseling services for stroke and heart disease risk factors.

I believe Congress should continue to support the goals of American Heart Month. This resolution is important in that it continues to encourage Americans to take a healthy approach to living and protecting their hearts.

Mr. Speaker, I yield back the balance of my time.

Mr. PALLONE. Mr. Speaker, I yield 5 minutes to the gentlewoman from Illinois (Ms. SCHAKOWSKY).

Ms. SCHAKOWSKY. Mr. Speaker, I thank the gentleman for yielding to me on this important issue.

On December 30, 1963, Congress requested that the President issue an annual proclamation designating February as American Heart Month. House Concurrent Resolution 52, supporting the goals and ideals of American Heart Month, reaffirms the Federal Government's commitment to fighting heart disease, recognizes Americans struggling with this illness, and encourages Americans to take preventive measures to protect themselves from heart disease.

□ 1700

I want to recognize the sponsor of this resolution, Representative JUANITA MILLENDER-MCDONALD, and thank her for her leadership on this and other critical health issues.

Over 79 million, or one in three, American adults have cardiovascular disease, including high blood pressure, coronary heart disease, heart failure, stroke and congenital cardiovascular defects.

The lifetime risk for cardiovascular disease for an individual aged 40 is two in three of men, and over one in two for women.

Cardiovascular disease was the underlying cause of death for well over a

third of all the 2.4 million deaths in the United States in 2004. Cardiovascular disease accounts for more deaths than any other single cause of death in the United States. Nearly 2,400 Americans die of cardiovascular disease each day, an average of one death each 36 seconds.

The estimated direct and indirect costs of cardiovascular disease in 2007 are \$431.8 billion. Heart disease is a significant factor in driving up medical costs in the United States. About two-thirds of unexpected cardiac deaths occur without prior recognition of cardiac disease.

This is an important point to underscore, and it highlights the need for American Heart Month. Public education can help raise awareness, encourage preventive measures, discourage unhealthy behaviors and persuade more Americans to get regular medical exams. By doing so, we will be able to reduce the incidences of heart disease.

We can lower those numbers that I have just mentioned, but we can also improve and extend the lives of real people, our family members, friends and neighbors. That is what American Heart Month is all about.

We know the risk factors that lead to heart disease: high blood pressure, high blood cholesterol, tobacco use, physical inactivity, unhealthy diet, obesity and diabetes.

Cigarette smoking results in a two- to threefold increased risk of dying from coronary heart disease.

We also know the way to manage risk and prevent heart disease: regular exercise and maintaining a healthy weight; healthy eating habits; avoidance of tobacco, drugs and excessive alcohol; getting regular checkups to be screened for signs of heart disease risk.

American Heart Month is particularly important in getting the word out to those who are disproportionately affected by heart disease and who too often fail to receive the treatment they need. Women and minorities may have atypical symptoms when suffering a heart attack or angina, and if they are sent home undiagnosed, they are about twice as likely to die from these symptoms as those who are admitted.

Heart disease is the number one killer of women in this country, claiming over 349,000 American women each year. Raising awareness and improving treatment and screening can save many lives.

Forty-two percent of women who have heart attacks die within 1 year, compared with 24 percent of men. This may be because, on average, women are older than men when they have a heart attack. It also may be because heart disease is not typically diagnosed as or treated as aggressively as that in men.

Cardiovascular disease, including heart disease, hypertension, and stroke, is the number one killer of women in the United States. Experts estimate that one in two will die of heart disease or stroke, compared with one in 25 of women who will die of breast cancer.

Existing heart disease is undiagnosed in half of women who have a first heart attack.

Management of chest pains differ by sex and race. Men are more likely than women to receive definitive diagnoses of angina as opposed to vague chest pain. Women and blacks typically receive fewer cardiovascular medications than men and whites.

Lack of studies on women limits usefulness of research on coronary heart disease. Although CHD causes more than 250,000 deaths in women each year, much of the research on CHD in the last 20 years has either excluded women or included very few women. As a result, many of the tests and therapies used to treat women for CHD are based on studies conducted predominantly in men and may not be as effective in women.

Again, I want to thank Representative MILLENDER-MCDONALD for her leadership, and I urge all of my colleagues to support H. Con. Res. 52.

Mr. PALLONE. Mr. Speaker, I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from New Jersey (Mr. PALLONE) that the House suspend the rules and agree to the concurrent resolution, H. Con. Res. 52.

The question was taken.

The SPEAKER pro tempore. In the opinion of the Chair, two-thirds being in the affirmative, the ayes have it.

Mr. PALLONE. Mr. Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX and the Chair's prior announcement, further proceedings on this question will be postponed.

EXPRESSING SENSE OF CONGRESS REGARDING NEED FOR ADDITIONAL RESEARCH INTO HYDROCEPHALUS

Mr. PALLONE. Mr. Speaker, I move to suspend the rules and agree to the concurrent resolution (H. Con. Res. 74) expressing the sense of the Congress regarding the need for additional research into the chronic neurological condition hydrocephalus, and for other purposes.

The Clerk read as follows:

H. CON. RES. 74

Whereas hydrocephalus is a serious neurological condition, characterized by the abnormal buildup of cerebrospinal fluids in the ventricles of the brain;

Whereas there is no known cure for hydrocephalus;

Whereas hydrocephalus affects an estimated one million Americans;

Whereas 1 or 2 in every 1000 babies are born with hydrocephalus;

Whereas over 375,000 older Americans have hydrocephalus, which often goes undetected or is misdiagnosed as dementia, Alzheimer's disease, or Parkinson's disease;

Whereas with appropriate diagnosis and treatment, people with hydrocephalus are able to live full and productive lives;

Whereas the standard treatment for hydrocephalus was developed in 1952, and carries multiple risks including shunt failure, infection, and overdrainage;

Whereas there are fewer than 10 centers in the United States specializing in the treatment of adults with normal pressure hydrocephalus;

Whereas each year, the people of the United States spend in excess of \$1 billion to treat hydrocephalus;

Whereas a September 2005 conference sponsored by 7 institutes of the National Institutes of Health—"Hydrocephalus: Myths, New Facts, Clear Directions"—resulted in efforts to initiate new, collaborative research and treatment efforts; and

Whereas the Hydrocephalus Association is one of the Nation's oldest and largest patient and research advocacy and support networks for individuals suffering from hydrocephalus: Now, therefore, be it

Resolved by the House of Representatives (the Senate concurring), That—

(1) the Congress commends the Director of the National Institutes of Health for working with leading scientists and researchers to organize the first-ever National Institutes of Health conference on hydrocephalus; and

(2) it is the sense of the Congress that—

(A) the Director of the National Institutes of Health should continue the current collaboration with respect to hydrocephalus among the National Eye Institute; 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; the National Institute on Aging; and the Office of Rare Diseases;

(B) further research into the epidemiology, pathophysiology, disease burden, and improved treatment of hydrocephalus should be conducted or supported; and

(C) public awareness and professional education regarding hydrocephalus should increase through partnerships between the Federal Government and patient advocacy organizations, such as the Hydrocephalus Association.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from New Jersey (Mr. PALLONE) and the gentleman from Oklahoma (Mr. SULLIVAN) each will control 20 minutes.

The Chair recognizes the gentleman from New Jersey.

GENERAL LEAVE

Mr. PALLONE. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days to revise and extend their remarks and include extraneous material on the bill that we are considering.

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

There was no objection.

Mr. PALLONE. Mr. Speaker, I yield myself such time as I may consume.

I rise in support of H. Con. Res. 74, expressing the sense of the Congress regarding the need for additional research into the chronic neurological condition hydrocephalus.

Hydrocephalus simply means water on the brain. The term "hydrocephalus" defines a condition characterized by an excessive accumulation of fluid in the brain. This buildup of fluid inside the skull causes the brain to swell, infections of the nervous sys-

tem, lesions or tumors of the brain or spinal cord, and decreased mental function among other symptoms.

The causes of hydrocephalus are not all well understood. It may result from genetic inheritance or developmental disorders. Other possible causes include complications of premature birth, diseases or infections caught before birth, and injury before, during or after childbirth.

Hydrocephalus is believed to affect approximately one in every 500 children. At present, most of these cases are diagnosed prenatally, at the time of delivery, or in early childhood. Advances in diagnostic imaging technology allow more accurate diagnoses in individuals with atypical presentations, including adults with conditions such as normal pressure hydrocephalus.

The National Institute of Neurological Disorders and Stroke, a part of the National Institutes of Health, is the leading support of research on hydrocephalus within the Federal Government. NINDS works collaboratively with other institutes at NIH to further research on the influence of hydrocephalus on development and on the more general issue of the effect of early brain injury. The knowledge gained from this research will foster hope for new methods to treat and prevent developmental brain disorders such as hydrocephalus.

I would like to thank Congressman MIKE THOMPSON of California for his work to bring this resolution before us today, and I would urge my colleagues to support H. Con. Res. 74.

Mr. Speaker, at this time I reserve the balance of my time.

Mr. SULLIVAN. Mr. Speaker, I yield myself as much time as I may consume.

I stand here today in support of this resolution, House Concurrent Resolution 74, addressing the need for additional research into the chronic neurological condition hydrocephalus.

This disease, for which there is no cure, affects an estimated 1 million Americans. Often the symptoms of hydrocephalus are confused with those of dementia, Alzheimer's disease or Parkinson's disease. When the disease is properly identified, people with hydrocephalus are able to live full and productive lives.

The National Institutes of Health has responded to the needs of the hydrocephalus community by working with scientists and researchers to organize a conference in September of 2005 called "Hydrocephalus: Myths, New Facts, Clear Directions."

Demonstrating the need for collaborative research at the National Institutes of Health, seven institutes were able to work together and initiate new research and treatment efforts for hydrocephalus.

I thank Representative MIKE THOMPSON for his work in bringing awareness to this issue.

Mr. Speaker, I yield back the balance of my time.