

of amendment No. 2110 intended to be proposed to H.R. 1585, to authorize appropriations for fiscal year 2008 for military activities of the Department of Defense, for military construction, and for defense activities of the Department of Energy, to prescribe military personnel strengths for such fiscal year, and for other purposes.

AMENDMENT NO. 2121

At the request of Mrs. MCCASKILL, the name of the Senator from Oklahoma (Mr. COBURN) was added as a cosponsor of amendment No. 2121 intended to be proposed to H.R. 1585, to authorize appropriations for fiscal year 2008 for military activities of the Department of Defense, for military construction, and for defense activities of the Department of Energy, to prescribe military personnel strengths for such fiscal year, and for other purposes.

AMENDMENT NO. 2122

At the request of Mrs. MCCASKILL, the name of the Senator from Oklahoma (Mr. COBURN) was added as a cosponsor of amendment No. 2122 intended to be proposed to H.R. 1585, to authorize appropriations for fiscal year 2008 for military activities of the Department of Defense, for military construction, and for defense activities of the Department of Energy, to prescribe military personnel strengths for such fiscal year, and for other purposes.

AMENDMENT NO. 2163

At the request of Mrs. CLINTON, the name of the Senator from Arkansas (Mrs. LINCOLN) was added as a cosponsor of amendment No. 2163 intended to be proposed to H.R. 1585, to authorize appropriations for fiscal year 2008 for military activities of the Department of Defense, for military construction, and for defense activities of the Department of Energy, to prescribe military personnel strengths for such fiscal year, and for other purposes.

AMENDMENT NO. 2209

At the request of Mr. CONRAD, the names of the Senator from New Hampshire (Mr. SUNUNU) and the Senator from Washington (Ms. CANTWELL) were added as cosponsors of amendment No. 2209 intended to be proposed to H.R. 1585, to authorize appropriations for fiscal year 2008 for military activities of the Department of Defense, for military construction, and for defense activities of the Department of Energy, to prescribe military personnel strengths for such fiscal year, and for other purposes.

AMENDMENT NO. 2234

At the request of Mr. SALAZAR, the names of the Senator from New York (Mrs. CLINTON) and the Senator from California (Mrs. FEINSTEIN) were added as cosponsors of amendment No. 2234 intended to be proposed to H.R. 1585, to authorize appropriations for fiscal year 2008 for military activities of the Department of Defense, for military construction, and for defense activities of the Department of Energy, to prescribe military personnel strengths for such fiscal year, and for other purposes.

STATEMENTS ON INTRODUCED BILLS AND JOINT RESOLUTIONS

By Mrs. CLINTON (for herself, Mr. OBAMA, and Mr. BROWN):

S. 1793. A bill to amend the Internal Revenue Code of 1986 to provide a tax credit for property owners who remove lead-based paint hazards; to the Committee on Finance.

Mrs. CLINTON. Mr. President, lead poisoning is a serious, persistent, and entirely preventable threat to a child's health. Childhood lead poisoning has been linked to impaired growth and function of vital organs and problems with intellectual and behavioral development. At very high levels, lead poisoning can cause seizures, comas, and even death; robbing a child of his or her future.

Lead poisoning is the number one environmental health threat to children of color and low-income children in the U.S. African-American and Mexican-American children are 5 and 2 times more likely, respectively, to have toxic blood lead levels than white children, while low-income children are 8 times more likely to develop lead poisoning than more affluent children. Compounding the problem is the fact that 77 percent of children eligible for lead screening under Medicaid are not screened for exposure to lead.

An estimated 500,000 American children under the age of 6 have enough lead in their blood to adversely affect their development. The most common source of lead exposure for children today is lead paint in older housing, particularly when it contaminates dust and soil in and around residences. Furthermore, despite a ban on lead paint in 1978, there are still over 24 million housing units in the U.S. that have lead paint hazards, with about 1.2 million units in New York State alone.

The good news is childhood lead poisoning can be dramatically reduced by the abatement or reduction of lead-based hazards found in homes. Today, I am please to reintroduce legislation to provide a tax credit for safely removing lead-based paint hazards from homes and rental units. The Home Lead Safety Tax Credit Act of 2007 offers much needed incentives for property owners to ensure homes are free of environmental dangers that can harm our children and will put America closer to its goal of eliminating lead poisoning in children by the year 2010.

This bill provides home owners and landlords with a 50 percent tax credit for lead abatement cost for up to \$3,000 and up to \$1,000 interim control measures. These interim control measures, including replacement of windows, specialized maintenance, and safe repainting, are a cost-effective means of protecting the largest number of children from harmful lead exposure in the near term.

This legislation targets a tax credit to homes with children younger than 6 years of age, women of childbearing age, low-income residents, and buildings constructed before 1960, as these

include more than 96 percent of all units where lead-based paint is prevalent. Targeting these tax credits has proven to be a successful way of eliminating childhood lead poisoning. For example, a similar tax credit offered by the State of Massachusetts helped reduce the number of new cases of childhood lead poisoning within the State by almost two-thirds in a decade.

I am glad the U.S. Department of Health and Human Services considers eliminating lead poisoning to be a priority, and has established a national goal of ending childhood lead poisoning by 2010: However, current Federal lead abatement programs only have resources sufficient to make approximately 8,800 homes lead-safe each year. At this pace, we will not be able to end childhood lead poisoning by 3010, let alone 2010. The Home Lead Safety Tax Credit Act of 2007 would help homeowners make over 80,000 homes safe from lead each year, nearly 10 times the capacity of current Federal programs.

Every child deserves to grow up in a clean, healthy home environment. I am hopeful my colleagues will join me in supporting this legislation to safeguard homes against environmental hazards that detrimentally affect the health and safety of our children.

Mr. KENNEDY (for himself, Mr. ISAKSON, and Ms. COLLINS):

S. 1795. A bill to improve access to workers' compensation programs for injured Federal employees; to the Committee on Homeland Security and Governmental Affairs.

Mr. KENNEDY. Mr. President, when Congress passed the Federal Employees Compensation Act 41 years ago, we made a basic promise to Federal workers that if they get hurt on the job, they will be taken care of. Today, more than 2.5 million Federal workers rely on the act as a safety net in case of injury. These men and women are our Government at work in all its aspects, and they deserve a system that will care for them when they are injured. The legislation which Senator ISAKSON and I are introducing will ensure that this promise is fulfilled for all Federal workers.

Today, many injured Federal workers find the treatment they need and the compensation they deserve are out of reach. According to a Congressional Research Service report last year, one in five Americans lives in areas with a shortage of health care professionals. Citizens in such areas must often travel more than a hundred miles to see a doctor. Seeing a primary care doctor is often impossible or exorbitantly expensive. To get immediate treatment, they often rely on the expertise of nurse practitioners and physician assistants, who are more likely than doctors to practice in such areas.

These health care professionals fill a vital need, as the primary source of medical care for many patients. Their practice is regulated in all 50 States

and the District of Columbia. They are licensed by State laws to write prescriptions and provide many of the services provided by primary care physicians.

But Federal workers who turn to nurse practitioners and physician assistants for care are often denied compensation for their job injuries under current law. This gap in the compensation system for Federal workers is unacceptable. No one with a serious injury should have to make the impossible choice between driving a hundred miles to see a doctor who can sign the paperwork for a Federal compensation claim, or getting convenient and competent care from a local nurse practitioner or physician assistant, knowing he won't qualify for reimbursement for medical bills.

This bill will solve the dilemma for our Federal workers across the Nation who seek care from nurse practitioners or physician assistants. It makes a simple change to our Federal compensation program by allowing such cases to qualify for compensation. I urge my colleagues to support this bill, so we can keep our promise of care for all injured Federal workers.

By Mr. BINGAMAN (for himself, Mrs. HUTCHISON, Mr. CORNYN, and Mrs. BOXER):

S. 1798. A bill to establish grant programs to improve the health of border area residents and for all hazards preparedness in the border area including bioterrorism in the border area including bioterrorism and infectious disease, and for other purposes; to the Committee on Health, Education, Labor, and Pensions.

Mr. BINGAMAN. Mr. President today I am introducing a bill with Senators HUTCHISON, CORNYN, and BOXER entitled "the Border Health Security Act of 2007." This bill addresses the tremendous health problems confronting our Nation's southwestern border.

The U.S.-Mexico border region is defined in the U.S.-Mexico Border Health Commission authorizing legislation as the area of land 100 kilometers, or 62.5 miles, north and south of the international boundary. It stretches 2,000 miles from California, through Arizona and New Mexico to the southern tip of Texas and is estimated to have a population of 12 million residents.

The border region comprises 2 sovereign nations, 25 native American tribes, and 4 States in the U.S. and 6 States in Mexico.

Why should we provide some focus to this geographic region? In the past, we have recognized problems with other regions, through the Denali, Delta, and Appalachian commissions, and have provided targeted funding to those areas. Yet, the situation along the border is among the most dire in the country.

In the border region, 3 of the 10 poorest counties in the U.S. are located in the border area, 21 of the counties have been designated as economically dis-

tressed, approximately 430,000 people live in 1,200 colonias in Texas and New Mexico, which are unincorporated communities that are characterized by substandard housing, unsafe public drinking water, and wastewater systems, very high unemployment, and the lowest per capita income as a region in the Nation.

In a recent report by the U.S.-Mexico Border Counties Coalition, the Coalition found that, if the border were a State, it would rank second with respect to the uninsured, last with respect to access to health professionals, including doctors, nurses and allied health professionals per capita; second with respect to tuberculosis, third with respect to hepatitis; and fifth with respect to diabetes.

The result is a health system that confronts tremendous health problems with few resources.

According to U.S. Census Bureau data reported in September 2005, for the 3-year average of 2002 to 2004, the States of Texas and New Mexico rank first and second as the States with the highest uninsured rates in the country with rates of 25.0 percent and 21.0 percent, respectively. California and Arizona are not much better and had uninsured rates of 18.7 percent and 17.1 percent, respectively.

However, the figures along the border are even worse, as the rates of uninsured are higher still than that in the four States overall. Uninsured rates in many border counties are estimated to be above 30 percent and as high as 50 percent in certain communities. According to the U.S. Census Bureau's small area health insurance estimates, SAHIE, the three New Mexico border counties had an uninsured rate of 29.4 percent compared to the statewide average of 23.7 percent and more than twice the U.S. rate of 14.2 percent.

As the U.S.-Mexico Border Commission notes:

The border is characterized by weaknesses in the border health systems and infrastructure, lack of public financial resources, poor distribution of physicians and other health professionals and hospitals. Moreover, the low rates of health insurance coverage and low incomes puts access to health services out of reach for many border residents and thus keeps the border communities at risk.

The U.S.-Mexico Border Commission has identified and approved of an agenda through its health border 2010 initiative, which seeks to, among other things: reduce by 25 percent the population lacking access to a primary provider; reduce the female breast cancer death rate by 20 percent; reduce the cervical cancer death rate by 30 percent; reduce deaths due to diabetes by 10 percent; reduce hospitalizations due to diabetes by 25 percent; reduce the incidence of HIV cases by 50 percent; reduce the incidence tuberculosis cases by 50 percent; reduce the incidence of hepatitis A and B cases by 50 percent; reduce the infant mortality rate by 15 percent; and, increase initiation of prenatal care in the first trimester by 85 percent.

However, the U.S.-Mexico Border Commission lacks the resources that are needed to address those important goals. The bipartisan legislation I am introducing today with Senators HUTCHISON, CORNYN, and BOXER, would address that problem by reauthorizing the U.S.-Mexico Border Health Commission at \$10 million and authorizing additional funding to improve the infrastructure, access, and the delivery of health care services along the entire U.S.-Mexico border.

These grants would be flexible and allow the individual communities to establish their own priorities about how to spend these funds for the following range of purposes: maternal and child health, primary care and preventive health, public health and public health infrastructure, health promotion, oral health, behavioral and mental health, substance abuse, health conditions that have a high prevalence in the border region, medical and health services research, community health workers or promotoras, health care infrastructure, including planning and construction grants, health disparities, environmental health; health education, and outreach and enrollment services with respect to Medicaid and the State Children's Health Insurance Program, SCHIP.

We would certainly expect that those grants will be used for the purpose of striving to achieve the measurable goals established by the health border 2010 initiative.

In addition, the bill contains authorization for \$25 million for funding to border communities to improve the infrastructure, preparedness, and education of health professionals along the U.S.-Mexico border with respect to bioterrorism. This includes the establishment of a health alert network to identify and communicate information quickly to health providers about emerging health care threats.

On October 15, 2001, just 1 month after the September 11, 2001, attack on our Nation, Secretary Thompson spoke to the U.S.-Mexico Border Health Commission and urged them to put together an application for \$25 million for bioterrorism and preparedness. The commission has done so but has not seen targeted funding despite the vulnerability that border communities have with respect to a bioterrorism attack. Our legislation addresses the vulnerability of communities along the border and targets funding to those communities specifically to improve infrastructure, training, and preparedness.

Our relationship with Mexico, like that with Canada, is a special one. Those countries are our closest neighbors, and yet, we often and wrongly neglect our neighbor to the south and the much needed economic development needed in the region. Mexico is the United States' second largest trading partner and the border is recognized as one of the busiest ports of entry in the world. And yet the region is often neglected.

As the U.S.-Mexico Border Health Commission points out:

Without increases and sustained federal, state and local governmental and private funding or health programs, infrastructure and education, the border populations will continue to lag behind the United States in these areas.

I would like to thank Senator HUTCHISON, who was an original cosponsor of the U.S.-Mexico Border Health Commission legislation, Public Law 103-400, that we passed in 1994 and is the lead cosponsor of this legislation today. She has also been the lead senator in getting funding for the U.S.-Mexico Border Health Commission since its inception.

I would also thank Senators CORNYN and BOXER for working with us on this important legislation and for their constant support over the years for the work of the Commission.

I urge the adoption of this bipartisan legislation by this Congress. I ask unanimous consent that the text of the bill to be printed in the RECORD.

There being no objection, the text of the bill was ordered to be printed in the RECORD, as follows:

S. 1798

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the "Border Health Security Act of 2007".

SEC. 2. DEFINITIONS.

In this Act:

(1) **BORDER AREA.**—The term "border area" has the meaning given the term "United States-Mexico Border Area" in section 8 of the United States-Mexico Border Health Commission Act (22 U.S.C. 290n-6).

(2) **SECRETARY.**—The term "Secretary" means the Secretary of Health and Human Services.

SEC. 3. BORDER HEALTH GRANTS.

(a) **ELIGIBLE ENTITY DEFINED.**—In this section, the term "eligible entity" means a State, public institution of higher education, local government, tribal government, nonprofit health organization, trauma center, or community health center receiving assistance under section 330 of the Public Health Service Act (42 U.S.C. 254b), that is located in the border area.

(b) **AUTHORIZATION.**—From funds appropriated under subsection (f), the Secretary, acting through the United States members of the United States-Mexico Border Health Commission, shall award grants to eligible entities to address priorities and recommendations to improve the health of border area residents that are established by—

(1) the United States members of the United States-Mexico Border Health Commission;

(2) the State border health offices; and

(3) the Secretary.

(c) **APPLICATION.**—An eligible entity that desires a grant under subsection (b) shall submit an application to the Secretary at such time, in such manner, and containing such information as the Secretary may require.

(d) **USE OF FUNDS.**—An eligible entity that receives a grant under subsection (b) shall use the grant funds for—

(1) programs relating to—

(A) maternal and child health;

(B) primary care and preventative health;

(C) public health and public health infrastructure;

(D) health promotion;

(E) oral health;

(F) behavioral and mental health;

(G) substance abuse;

(H) health conditions that have a high prevalence in the border area;

(I) medical and health services research;

(J) workforce training and development;

(K) community health workers or promotoras;

(L) health care infrastructure problems in the border area (including planning and construction grants);

(M) health disparities in the border area;

(N) environmental health;

(O) health education;

(P) outreach and enrollment services with respect to Federal programs (including programs authorized under titles XIX and XXI of the Social Security Act (42 U.S.C. 1396 and 1397aa));

(Q) trauma care;

(R) infectious disease testing and monitoring;

(S) health research with an emphasis on infectious disease; and

(T) cross-border health surveillance; and

(2) other programs determined appropriate by the Secretary.

(e) **SUPPLEMENT, NOT SUPPLANT.**—Amounts provided to an eligible entity awarded a grant under subsection (b) shall be used to supplement and not supplant other funds available to the eligible entity to carry out the activities described in subsection (d).

(f) **AUTHORIZATION OF APPROPRIATIONS.**—There is authorized to be appropriated to carry out this section such sums as may be necessary for fiscal year 2008 and each succeeding fiscal year.

SEC. 4. GRANTS FOR ALL HAZARDS PREPAREDNESS IN THE BORDER AREA INCLUDING BIOTERRORISM AND INFECTIOUS DISEASE.

(a) **ELIGIBLE ENTITY DEFINED.**—In this section, the term "eligible entity" means a State, local government, tribal government, trauma centers, regional trauma center coordinating entity, or public health entity.

(b) **AUTHORIZATION.**—From funds appropriated under subsection (e), the Secretary shall award grants to eligible entities for all hazards preparedness in the border area including bioterrorism and infectious disease.

(c) **APPLICATION.**—An eligible entity that desires a grant under this section shall submit an application to the Secretary at such time, in such manner, and containing such information as the Secretary may require.

(d) **USES OF FUNDS.**—An eligible entity that receives a grant under subsection (b) shall use the grant funds to, in coordination with State and local all hazards programs—

(1) develop and implement all hazards preparedness plans and readiness assessments and purchase items necessary for such plans;

(2) coordinate all hazard and emergency preparedness planning in the region;

(3) improve infrastructure, including surge capacity syndromic surveillance, laboratory capacity, and isolation/decontamination capacity;

(4) create a health alert network, including risk communication and information dissemination;

(5) educate and train clinicians, epidemiologists, laboratories, and emergency personnel;

(6) implement electronic data systems to coordinate the triage, transportation, and treatment of multi-casualty incident victims;

(7) provide infectious disease testing in the border area; and

(8) carry out such other activities identified by the Secretary, the United States-Mexico Border Health Commission, State and local public health offices, and border health offices.

(e) **AUTHORIZATION OF APPROPRIATIONS.**—There is authorized to be appropriated to carry out this section \$25,000,000 for fiscal year 2008 and such sums as may be necessary for each succeeding fiscal year.

SEC. 5. UNITED STATES-MEXICO BORDER HEALTH COMMISSION ACT AMENDMENTS.

The United States-Mexico Border Health Commission Act (22 U.S.C. 290n et seq.) is amended by adding at the end the following: "**SEC. 9. AUTHORIZATION OF APPROPRIATIONS.**"

"There is authorized to be appropriated to carry out this Act \$10,000,000 for fiscal year 2008 and such sums as may be necessary for each succeeding fiscal year."

SEC. 6. COORDINATION OF HEALTH SERVICES AND SURVEILLANCE.

The Secretary may coordinate with the Secretary of Homeland Security in establishing a health alert system that—

(1) alerts clinicians and public health officials of emerging disease clusters and syndromes along the border area; and

(2) is alerted to signs of health threats, disasters of mass scale, or bioterrorism along the border area.

SEC. 7. BINATIONAL HEALTH INFRASTRUCTURE AND HEALTH INSURANCE.

(a) **IN GENERAL.**—The Secretary of Health and Human Services shall enter into a contract with the Institute of Medicine for the conduct of a study concerning binational health infrastructure (including trauma and emergency care) and health insurance efforts. In conducting such study, the Institute shall solicit input from border health experts and health insurance issuers.

(b) **REPORT.**—Not later than 1 year after the date on which the Secretary of Health and Human Services enters into the contract under subsection (a), the Institute of Medicine shall submit to the Secretary and the appropriate committees of Congress a report concerning the study conducted under such contract. Such report shall include the recommendations of the Institute on ways to expand or improve binational health infrastructure and health insurance efforts.

SEC. 8. PROVISION OF RECOMMENDATIONS AND ADVICE TO CONGRESS.

Section 5 of the United States-Mexico Border Health Commission Act (22 U.S.C. 290n-3) is amended by adding at the end the following:

"(d) **PROVIDING ADVICE AND RECOMMENDATIONS TO CONGRESS.**—A member of the Commission, or an individual who is on the staff of the Commission, may at any time provide advice or recommendations to Congress concerning issues that are considered by the Commission. Such advice or recommendations may be provided whether or not a request for such is made by a member of Congress and regardless of whether the member or individual is authorized to provide such advice or recommendations by the Commission or any other Federal official."

By Mrs. LINCOLN:

S. 1799. A bill to amend the Internal Revenue Code of 1986 to apply rate parity to the excise tax on small cigars and small cigarettes, and for other purposes; to the Committee on Finance.

Mrs. LINCOLN. Mr. President, I rise today to discuss an issue of enormous importance the health and safety of our children. Although we have made great strides in recent years to combat youth cigarette smoking, a few in the tobacco industry have found a loophole which allows them to classify certain cigarettes as "small cigars" thereby avoiding higher cigarette taxes that

have been implemented, at least in part, to deter children from smoking.

The trend of small cigar use is growing at an alarming rate. Small cigar sales for 2006 were at the highest level ever reported and have increased by more than 100 percent since 1998. This increase has occurred at the exact same time that cigarette usage has decreased. More specifically, use of cigars among youth is rising. Multiple studies over the last few years have shown that more and more high school students are smoking cigar products while the percentage of high school cigarette smokers is down.

What is the reason for this shift in tobacco consumption? It is my belief and I am not alone that the emerging small cigar market has played a significant role in this problem. Tobacco products are self-classified by the manufacturer and labeled as small cigars. As cigarette taxes have gone up in recent years, the flight to cigar classification has become all the more tempting. As a result, there are an increasing number of manufacturers with products that look like cigarettes—the same size and shape as cigarettes—and smoke like cigarettes—many of them are filtered—being marketed and sold as cheaper alternatives to cigarettes simply because they are encased in brown wrapping. Members of the tobacco industry even acknowledge that small cigars are “a smoking alternative to cigarettes.”

Under current law, small cigars are taxed at significantly lower rates than cigarettes. This tax differential allows small cigars to price themselves at about half of the usual cigarette shelf price. This mischaracterization is costing the Federal Treasury in revenues and, more importantly, having the effect of enabling our children greater access to tobacco products. In addition, these small cigar products are often sold in packs of five or eight, or sometimes even individually, making them even cheaper and more accessible to our children.

Research shows that increased tobacco product pricing reduces smoking among children. It is imperative that we implement policy to correct the pricing disparity among similar tobacco products. We must ensure that our laws intended to protect public health are not being circumvented. The legislation I am introducing today would increase the Federal excise tax on small cigars to the same rates as cigarettes. This will level the playing field to ensure that all tobacco products that look like cigarettes and smoke like cigarettes are taxed like cigarettes. I ask my colleagues to join me in working to ensure this loophole is closed.

By Mrs. CLINTON (for herself, Mr. BAYH, Mr. SCHUMER, Mrs. BOXER, Mr. HARKIN, Mr. LAUTENBERG, and Mr. LIEBERMAN):

S. 1800. A bill to amend title 10, United States Code, to require emer-

gency contraception to be available at all military health care treatment facilities; to the Committee on Armed Services.

Mrs. CLINTON. Mr. President, last year, the FDA made emergency contraception, EC, available over the counter for women 18 years of age and older. Research shows that emergency contraception is safe and effective for preventing pregnancy. More than 70 major medical organizations, including the America Academy of Pediatrics, recommended that Plan B be made available over the counter.

Senator MURRAY and I spent a great deal of time and effort tracking the FDA’s “non-decision” of whether emergency contraception should be made available over the counter. We have come a long way in the fight for access to EC.

Women deserve access to this medically approved drug and our service-women are no different. By providing access to emergency contraception, up to 95 percent of those unintended pregnancies could be prevented if emergency contraception is administered within the first 24 to 72 hours. For survivors of rape and incest, emergency contraception offers hope for healing.

Current Department of Defense policy allows emergency contraception to be available at military health care facilities. Currently, it is available at some facilities, but not others. The Compassionate Care for Servicewomen Act would simply ensure broader access by including EC on the basic core formulary, BCF, a list of medications stocked at all military health care facilities.

Introduced as a bipartisan bill in the House of Representatives by Congressmen MIKE MICHAUD and CHRIS SHAYS, the Compassionate Care for Servicewomen Act was written to implement exactly what the DOD’s own committee charged with determining which drugs should be added to the basic core formulary recommended in 2002.

Unfortunately, about a month later, DOD political appointees overruled their own experts’ advice without any justification and removed EC from the BCF. This bill restores what the DOD wanted to do before it was blocked by politics.

There is a real need for this legislation. According to the Pentagon, the number of reported sexual assaults in the military increased approximately 24 percent in 2006 to nearly 3,000. We have reports from women and health providers in the military who have sought EC on an emergency basis and have been unable to obtain it quickly enough.

Ensuring that EC is more broadly available at military health care facilities is a fair, commonsense step that everyone should be able to agree on.

It is my sincere hope that my colleagues join me in supporting this important legislation and I would like to express my thanks to my colleagues who have already signed on.

By Mr. BURR (for himself and Ms. COLLINS):

S. 1804. A bill to enhance the ability of the United States to prevent, prepare for, detect, and respond to agriculture and food emergencies; to the Committee on Homeland Security and Governmental Affairs.

Mr. BURR. Mr. President, I rise today in support of the National Agriculture and Food Defense Act of 2007, which I introduced today along with the Senator from Maine, Senator COLLINS. This bill will help the Nation better prepare for, detect, respond to, and recover from an agro-terror attack or deliberate food contamination. I thank my distinguished colleague from Maine for her leadership on homeland security issues and for her support of this important legislation.

Our agriculture and food system is an important part of our Nation’s economy and our national security. As we increase our dependence on agriculture not only to provide our food supply but to also produce energy, we must ensure we can identify security vulnerabilities, fix those vulnerabilities, respond to and recover from a deliberate attack or catastrophic accidental or natural contamination.

The Nation’s agriculture and food system remains vulnerable. The system is open, complex, interconnected, and diverse, which makes it a target. Many farms are geographically isolated with few biosecurity measures in place. And livestock is frequently concentrated in confined spaces. For example, 80 to 90 percent of U.S. cattle production is concentrated in less than 5 percent of the nation’s feedlots. An attack on just one part of the production process could set off a devastating domino effect felt through our entire food system, causing economic loss and effects on human health.

Biological weapons and poisons in food and animals have been used in attacks in the past. During World War I, German operatives allegedly infected horses with anthrax before they were shipped to Europe. In 1984, a cult in Oregon spread salmonella in salad bars at restaurants to influence a local election. More recently, documents found in al Qaeda hideouts in Afghanistan described how to make animal and plant poisons, evidence that agriculture and food continue to be prospective targets for terrorist organizations.

We have two main concerns when contemplating a deliberate attack on our agriculture and food system, the potentially devastating economic impacts, and the possible human health effects.

For example, studies show a single agro-terrorist attack on our livestock industry could cost the U.S. economy \$10 to \$33 billion. The United Kingdom’s Foot and Mouth Disease outbreak in 2001 caused approximately \$5 billion in losses to the agriculture and food sector, and U.S. beef exports plunged when 119 countries instituted bans on American beef after “mad

cow" disease was found in a U.S. herd in 2003. The U.S. Department of Agriculture estimates the annual cost to the country from premature deaths caused by just one common food-borne illness, salmonella, is over \$2 billion.

Many infectious diseases affect both humans and animals, and a significant number of those diseases cross over between the two different populations. In fact, 75 percent of emerging diseases affect both animals and humans, and 5 out of 6 agents of greatest concern for bioterrorism are "zoonotic". We are all aware of the global threat of H5N1 bird flu, a zoonotic disease that to date has infected 317 people, and killed 191. In order to protect the human and animal health of the United States, we must develop a unified human and veterinary approach against infectious disease that anticipates disease evolution and acts quickly.

In addition to transmissible diseases carried by animals, the health of U.S. citizens is vulnerable to an attack because food systems can become delivery mechanisms for diseases and poisonous agents, and a highly contagious animal disease could seriously disrupt the food supply. According to the Centers for Disease Control and Prevention, 76 million Americans get sick each year, more than 300,000 are hospitalized, and 5,000 die from naturally occurring foodborne illnesses. A deliberate attack could be catastrophic.

In the National Agriculture and Food Defense Act of 2007, we take five key actions to better prepare the nation for an attack on our agriculture and food system.

First, the bill puts someone in charge. Consistent with Homeland Security Presidential Directive 9, the Defense of the United States Agriculture and Food, issued by President Bush in January 2004, the bill identifies the Secretary of Homeland Security as the lead coordinator of Federal Government efforts to protect critical infrastructure and key resources, including the agriculture and food system in case of a national emergency. The Secretary of Agriculture remains responsible for agriculture, as well as meat, poultry, and egg food products; and the Secretary of Health and Human Services is responsible for food products other than meat, poultry, and egg products. The bill also establishes an Under Secretary for Protection, Preparedness, and Response position at the U.S. Department of Agriculture to lead and coordinate USDA activities relating to agriculture and food defense.

Second, the bill requires a coordinated national strategy for protecting our agriculture and food system. The Department of Homeland Security, the Department of Agriculture, and the Department of Health and Human Services are required to work together to develop a coordinated national strategy for agriculture and food emergency preparedness, detection, response and recovery. This will ensure the Federal Government identifies specific achiev-

able goals and constantly strives to improve our preparedness.

Third, this legislation provides guidance, assistance, and financial support from the Federal Government to States by improving regional agriculture and food defense continuity of business planning; by training State personnel on food defense; and by improving communication and coordination between States and the Federal Government by hiring State agriculture and food defense liaison officers.

Being from a large agriculture State, I know my State and many others are potential targets for a deliberate attack on our agriculture and food system. At \$68 billion in revenues each year, agriculture is North Carolina's largest industry. North Carolina is the second highest producer of hogs and turkeys in the nation, and number five in broilers. States, such as North Carolina, will benefit greatly from additional resources, coordination and planning.

Federal, State, local governments and the private sector together have a responsibility to defend and protect the agriculture and food system through a layered defense established at each level of government. States are the first responders in the event of a suspected food contamination, animal disease or plant pest outbreak, and the Federal Government must help States build the capabilities to prevent, detect, respond to, and recover from a catastrophic animal disease outbreak or food contamination. It is important to note that this legislation maintains the authority of States to oversee food and agriculture within their jurisdiction and to implement food safety standards. The bill does not affect USDA or the Food and Drug Administration's ability or authority to establish and enforce food safety standards.

Fourth, the bill enhances public-private partnerships. The majority of our agriculture and food system is privately owned and operated. This legislation authorizes Government and private sector coordinating councils to improve information sharing between Government and private sector partners.

Finally, the National Agriculture and Food Defense Act implements early detection of, and rapid response to animal disease outbreaks and food-related emergencies. The bill authorizes and integrates Nation-wide animal, plant, and food diagnostic laboratory networks, and develops onsite rapid diagnostic tools, to speed up the detection of animal and food-related emergencies. To rapidly respond to infectious diseases, the bill authorizes a stockpile of animal vaccines and drugs that can be deployed to an outbreak within 24 hours.

In closing, I thank Senator COLLINS for sponsoring the National Agriculture and Food Defense Act with me. We are taking a decisive step forward today towards improving and protecting the Nation's agriculture and

food system. I would also like to thank all the experts from across the country who worked with my staff to develop this legislation, particularly the individuals in North Carolina who have dedicated their lives to this mission. I urge my colleagues to support this legislation and I look forward to working with them on this important national security issue.

Ms. COLLINS. Mr. President, I rise to speak in support of the National Agriculture and Food Defense Act of 2007 that my distinguished colleague, Senator BURR, and I are introducing today.

A decade ago, the General Accounting Office report illustrated the danger of lapses in food safety, a single-year toll of millions of cases of food-borne illnesses and 9,100 food-related deaths. I conducted a series of investigative hearings in 1998 that confirmed America faced significant risks from tainted food imports.

In 2003, I also chaired a Senate Homeland Security Committee hearing that pointed out new threats. I noted that al-Qaida had announced that the U.S. economy was a target, that hundreds of U.S. agricultural documents had been found translated into Arabic, and that some of the 9/11 terrorists had investigated using crop-dusting planes as weapons of agroterrorism.

Today, food security problems persist, and their potential for death and disruption has been greatly magnified by the terrorist threats against the United States. Ensuring the safety of our food must include considerations of homeland security.

We have all heard the recent news stories of contamination involving food and toothpaste imported from China. But the concerns extend far beyond anyone trading partner. Food and Drug Administration data for 2006 show that hundreds of shipments from India, Mexico, Denmark, the Dominican Republic, and other countries were impounded for defects or safety concerns. Considering that the vast majority of incoming food shipments are not inspected, these facts are troubling. Even more troubling, we must consider how much worse the potential impacts could be if large-scale deliberate contamination were attempted, whether by attacks on domestically produced food or imports or the distribution, production, and processing systems.

Congress has recognized the threats to our seaports, chemical facilities, transportation, and critical infrastructure. We have acted to protect these vital systems that sustain our economy. We must also extend our homeland security vigilance to the food that sustains our very lives.

The National Agriculture and Food Defense Act would integrate and strengthen the federal government's ability to promote food security. With the Department of Homeland Security in a directing role, and with sector-specific leadership roles for the Departments of Agriculture and Health and Human Services, the bill would provide

a coherent National Agriculture and Food Defense Strategy consistent with our national emergency management plans.

As Congress has already provided in other areas, the national food security strategy would address preparedness, mitigation, response, and recovery. Its provisions for stockpiling veterinary supplies and establishing a plant-disease recovery program would add vital new Federal capabilities. Coordination of Federal food security budget activity and outreach State, local, and private sector stakeholders are also important features of the bill.

In light of the gravity of the threat to our food security and this measure's thoughtful and promising response to that threat, I encourage my colleagues to support expeditious action on this bill.

By Mr. LEAHY (for himself, Mr. CRAIG, Mr. BINGAMAN, and Mr. ROBERTS):

S. 1806. A bill to restore to the judiciary the power to decide all trademark and trade name cases arising under the laws and treaties of the United States by repealing the prohibition on recognition by United States courts of certain rights relating to certain marks, trade names, and commercial names and impediments to registration of such marks, and for other purposes; to the Committee on the Judiciary.

Mr. LEAHY. Mr. President, I am pleased to introduce a bill to correct a most unfortunate piece of legislation that was slipped into an appropriations bill several years ago, which will restore the Federal courts to their proper position in considering certain trademark issues. I joined Senator CRAIG, Senator BINGAMAN, and Senator ROBERTS on a version of this bill in the 109th Congress. That bill did not reach final passage, but its importance demands our renewed attention. Together, we are reintroducing the Judicial Powers Restoration Act of 2007.

We will repeal Section 211 of the Omnibus Appropriations Bill of 1999. Section 211 was slipped into that appropriations bill at the eleventh hour, under the radar of most members of the Senate. It was done in a way specifically intended to bypass the normal legislative process. Its intent was to affect the outcome of a dispute over the "Havana Club" trademark for rum. Section 211 prohibits the registration or renewal of registration of a trademark of a business that was expropriated by the Cuban Government. It also disallows "any assertion of rights" by Cuban entities, or a foreign successor in interest to a Cuban entity, with respect to trademarks of expropriated businesses. Finally, the provision states that no U.S. Court may recognize the attempt by a Cuban entity or its successor in interest, from asserting treaty rights with respect to an expropriated mark unless the owner expressly consents.

I am not here to help out a liquor company. Rather, I am here to ensure

that intellectual property protections recognized by our laws are honored in our courts. I am here to ensure that U.S. courts may consider trademark cases arising under U.S. laws. Most importantly, I am here because the legislative process needs to take place in the open and in front of the people, not under cover of darkness and behind closed doors.

I have been working with Senator CRAIG, Senator BINGAMAN, and Senator ROBERTS for more than three years on this issue, and I hope we can move quickly to pass this bipartisan legislation.

I ask unanimous consent that the text of the bill be printed in the RECORD.

There being no objection, the text of the bill was ordered to be printed in the RECORD, as follows:

S. 1806

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the "Judicial Powers Restoration Act of 2007".

SEC. 2. PURPOSE.

The purpose of this Act is to restore to the judiciary the power to decide all trademark and trade name cases arising under the laws and treaties of the United States by repealing the prohibition on recognition by United States courts of certain rights relating to certain marks, trade names, and commercial names and impediments to registration of such marks.

SEC. 3. REPEAL.

(a) IN GENERAL.—Section 211 of the Department of Commerce and Related Agencies Appropriations Act, 1999 (as contained in section 101(b) of division A of Public Law 105-277; 112 Stat. 2681-88) is repealed.

(b) REGULATIONS.—Not later than 30 days after the date of enactment of this Act, the Secretary of the Treasury shall issue such regulations as are necessary to carry out the repeal made by subsection (a), including removing or revoking any prohibition on transactions or payments to which subsection (a)(1) of section 211 of the Department of Commerce and Related Agencies Appropriations Act, 1999 applied.

AMENDMENTS SUBMITTED AND PROPOSED

SA 2270. Mr. SESSIONS submitted an amendment intended to be proposed by him to the bill H.R. 1585, to authorize appropriations for fiscal year 2008 for military activities of the Department of Defense, for military construction, and for defense activities of the Department of Energy, to prescribe military personnel strengths for such fiscal year, and for other purposes; which was ordered to lie on the table.

SA 2271. Mr. INHOFE submitted an amendment intended to be proposed by him to the bill H.R. 1585, supra; which was ordered to lie on the table.

SA 2272. Mr. WEBB (for himself and Mr. WARNER) submitted an amendment intended to be proposed by him to the bill H.R. 1585, supra; which was ordered to lie on the table.

SA 2273. Mr. LIEBERMAN submitted an amendment intended to be proposed by him to the bill H.R. 1585, supra; which was ordered to lie on the table.

SA 2274. Mr. DODD (for Mr. LEVIN (for himself, Mr. REED, Mr. SMITH, Mr. HAGEL, Mr.

KERRY, Ms. SNOWE, Mr. BIDEN, Mr. OBAMA, and Mrs. CLINTON) proposed an amendment to the bill H.R. 1585, supra.

SA 2275. Mr. LEVIN (for himself, Mr. REED, Mr. SMITH, Mr. HAGEL, Mr. KERRY, Ms. SNOWE, Mr. BIDEN, Mr. OBAMA, and Mrs. CLINTON) proposed an amendment to amendment SA 2274 proposed by Mr. DODD (for Mr. LEVIN (for himself, Mr. REED, Mr. SMITH, Mr. HAGEL, Mr. KERRY, Ms. SNOWE, Mr. BIDEN, Mr. OBAMA, and Mrs. CLINTON)) to the bill H.R. 1585, supra.

SA 2276. Mr. KOHL (for himself and Mr. WARNER) submitted an amendment intended to be proposed by him to the bill H.R. 1585, supra; which was ordered to lie on the table.

SA 2277. Mr. LEVIN submitted an amendment intended to be proposed by him to the bill H.R. 1585, supra; which was ordered to lie on the table.

SA 2278. Mr. LEVIN submitted an amendment intended to be proposed by him to the bill H.R. 1585, supra; which was ordered to lie on the table.

SA 2279. Mr. ENSIGN (for himself, Mr. COLEMAN, and Mr. CRAIG) submitted an amendment intended to be proposed by him to the bill H.R. 1585, supra; which was ordered to lie on the table.

SA 2280. Mr. WARNER submitted an amendment intended to be proposed to amendment SA 2165 submitted by Mr. BOND (for himself and Mr. LEAHY) and intended to be proposed to the bill H.R. 1585, supra; which was ordered to lie on the table.

SA 2281. Mr. AKAKA submitted an amendment intended to be proposed by him to the bill H.R. 1585, supra; which was ordered to lie on the table.

SA 2282. Mr. CHAMBLISS (for himself, Mr. COLEMAN, Mr. ISAKSON, and Ms. KLOBUCHAR) submitted an amendment intended to be proposed by him to the bill H.R. 1585, supra; which was ordered to lie on the table.

SA 2283. Mr. BAUCUS (for himself and Mr. TESTER) submitted an amendment intended to be proposed by him to the bill H.R. 1585, supra; which was ordered to lie on the table.

SA 2284. Mrs. BOXER submitted an amendment intended to be proposed by her to the bill H.R. 1585, supra; which was ordered to lie on the table.

SA 2285. Mrs. BOXER submitted an amendment intended to be proposed by her to the bill H.R. 1585, supra; which was ordered to lie on the table.

SA 2286. Mrs. BOXER submitted an amendment intended to be proposed by her to the bill H.R. 1585, supra; which was ordered to lie on the table.

SA 2287. Mrs. BOXER submitted an amendment intended to be proposed by her to the bill H.R. 1585, supra; which was ordered to lie on the table.

SA 2288. Mrs. BOXER (for herself, Mr. LIEBERMAN, Mr. HARKIN, Mr. OBAMA, and Mr. KENNEDY) submitted an amendment intended to be proposed by her to the bill H.R. 1585, supra; which was ordered to lie on the table.

SA 2289. Mrs. BOXER (for herself, Ms. SNOWE, Mrs. LINCOLN, Mr. KERRY, Mr. ROCKEFELLER, Mr. SCHUMER, Mr. BINGAMAN, Mr. FEINGOLD, and Mr. CASEY) submitted an amendment intended to be proposed by her to the bill H.R. 1585, supra; which was ordered to lie on the table.

SA 2290. Mr. BIDEN submitted an amendment intended to be proposed by him to the bill H.R. 1585, supra; which was ordered to lie on the table.

SA 2291. Ms. CANTWELL (for herself, Mrs. MURRAY, Mr. CRAIG, and Mr. CRAPO) submitted an amendment intended to be proposed by her to the bill H.R. 1585, supra; which was ordered to lie on the table.

SA 2292. Mr. SESSIONS submitted an amendment intended to be proposed by him to the bill H.R. 1585, supra; which was ordered to lie on the table.