

Members who have raised concerns about these reports on pharmaceuticals and other chemicals in our Nation's water.

Mrs. MCCARTHY of New York. I thank Congresswoman RICHARDSON for her assistance and again congratulate her on her leadership.

At this time, I ask unanimous consent to withdraw my amendment.

The Acting CHAIRMAN. Without objection, the amendment is withdrawn.

There was no objection.

The Acting CHAIRMAN. The question is on the committee amendment in the nature of a substitute, as amended.

The committee amendment in the nature of a substitute, as amended, was agreed to.

The Acting CHAIRMAN. Under the rule, the Committee rises.

Accordingly, the Committee rose; and the Speaker pro tempore (Mr. ELLSWORTH) having assumed the chair, Ms. JACKSON-LEE of Texas, Acting Chairman of the Committee of the Whole House on the state of the Union, reported that that Committee, having had under consideration the bill (H.R. 2537) to amend the Federal Water Pollution Control Act relating to beach monitoring, and for other purposes, pursuant to House Resolution 1083, she reported the bill back to the House with an amendment adopted by the Committee of the Whole.

The SPEAKER pro tempore. Under the rule, the previous question is ordered.

Is a separate vote demanded on any amendment to the amendment reported from the Committee of the Whole? If not, the question is on the amendment.

The amendment was agreed to.

The SPEAKER pro tempore. The question is on the engrossment and third reading of the bill.

The bill was ordered to be engrossed and read a third time, was read the third time, and passed, and a motion to reconsider was laid on the table.

AUTHORIZING THE CLERK TO MAKE CORRECTIONS IN ENGROSSMENT OF H.R. 2537, BEACH PROTECTION ACT OF 2007

Ms. RICHARDSON. Mr. Speaker, I ask unanimous consent that in engrossment of H.R. 2537, the Clerk be authorized to correct section numbers, punctuation, cross-references and to make other technical and conforming changes as may be necessary to accurately reflect the actions of this House.

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

There was no objection.

□ 1900

JUDGMENT DAY

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

Mr. POE. Mr. Speaker, today, the Supreme Court declared that lethal injection is a constitutional form of execution under the eighth amendment. The unofficial moratorium on the death penalty across this Nation is now over.

Two death row killers argued that lethal injection was cruel and unusual punishment. I was present at the Supreme Court today when in a 7-2 opinion the Court rejected the challenges of these two outlaws. They are both from Kentucky. One is Ralph Baze. He murdered a sheriff and a deputy sheriff 16 years ago when they were trying to serve him a warrant. Sixteen years later, Baze is still living while the two officers' families wait for justice.

The other killer, Thomas Bowling, murdered Tina and Edward Early outside their dry cleaning business 17 years ago. Bowling also shot the Early's 2-year-old son, but he survived, although he is an orphan today.

Baze and Bowling argued that there were risks of pain from lethal injection. Of course neither one considered the pain that they inflicted on their victims or their victims' families.

The Supreme Court rightfully decided that lethal injection is constitutional. Baze and Bowling earned the punishment that the juries imposed. Justice can be delayed no longer. It's time for both of these killers to have their judgment day.

And that's just the way it is.

TURNING OUR BACKS ON COLOMBIA

(Mr. WELLER of Illinois asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. WELLER of Illinois. Mr. Speaker, I rise to express my concern over an action taken by the majority in this House this past week when this House, the majority of the House, the Democratic majority, voted to turn its back on the Republic of Colombia.

You know, when you ask the question of all of Latin America, who is our Nation's best friend, America's best friend in Latin America, everyone says the democratically elected government of Colombia. And when people ask who is America's most reliable ally when it comes to counternarcotics and counterterrorism in Latin America, everyone says it is the democratically elected government of the Republic of Colombia.

Ladies and gentlemen, the damage that was done to the image of the United States is going to take us a long time to recover as a result of this House voting to turn its back on America's best friend in Latin America, the democratically elected Government of the Republic of Colombia.

HONORING DR. BERTRAM W. COFFER

(Mr. HAYES asked and was given permission to address the House for 1

minute and to revise and extend his remarks.)

Mr. HAYES. Mr. Speaker, I rise today to honor and recognize a pillar in the medical community, as well as a friend, Dr. Bertram W. Coffey, who recently passed away.

Coffey's medical career began in 1975 when he joined Raleigh Anesthesia Associates. He was 34 years old and married to the former Jeanne Gardner, a registered nurse he had met in a Duke University Medical Center operating room while working as a scrub nurse to pay his way through NC State University.

He later served in the U.S. Navy as a Lieutenant Commander, had 2 years of surgery residency at Duke, and completed his residency in anesthesiology at UNC-Chapel Hill. Coffey went on to become not only a certified anesthesiologist, but someone who brought added value to the care of all patients.

Bert instituted many positive changes in the way his practice operated in the community hospital. Today, the American Society of Critical Care Anesthesiologists touts the Raleigh Practice Center/Critical Health Systems model, whose essence reflects one of Bert Coffey's philosophies, which was, "Act like a physician first, and always make yourself indispensable and worthwhile." Certainly, the redefinition of anesthesiology by Coffey and RPC/Critical Health Systems helped change the future of the specialty.

What a dear friend and wonderful human being. Our thoughts, prayers and sympathy go out to Jeanne, his wife, children Bert, Natalie and Holly, and all their families. We will miss you, Bert.

Mr. Speaker, I rise today to honor and recognize a pillar in the medical community as well as a friend, Dr. Bertram W. Coffey, 66, who passed away on Thursday, April 10, 2008, at Rex Hospital. He was a native of Sanford, and predeceased by his parents, Dalton and Virginia Coffey, and a sister, Carol Thompson.

Bert was a dedicated and caring physician for 43 years serving at Rex Hospital for the last 33 years. He was a graduate of NCSU in 1964, UNC Medical School in 1969. He completed a surgical residency at Duke from 1969 until 1971 as well as an anesthesia residency at UNC in 1975. He began practicing in 1975 when he joined Dr. Lewis Gaskins and Raleigh Anesthesia Associates, which he eventually incorporated and developed into Critical Health Systems. One of his guiding philosophies was "Act like a physician first and always make yourself indispensable and worthwhile". He had a vision for the advancement of anesthesiology into new areas such as intensive care, critical care, pain management, and total patient care. He served as CEO from 1975-1996. He was a member of numerous boards, including the Rex Hospital Executive Committee and the Ravenscroft Board of Directors. He was also president of the Royster Medical Society in 1983 and the president of the Wake County Medical Society in 1986. In addition, he was an active member of the American Society of Anesthesiologists for over

30 years, serving on many committees and receiving the North Carolina Society of Anesthesiology's Distinguished Service Award. In 1974 he worked with Project Hope at the University of West Indies in Jamaica. During the Vietnam war era he was commissioned as a Lt. Commander and stationed at Jacksonville Naval Air Station in Florida as an anesthesiologist. As an NCSU alumni he was still active and established the Caldwell-Coffer scholarship.

His strong commitment to his country led him to a very active role in politics and public policy.

RECOGNIZING THE SISTERS OF MERCY ON THEIR 150TH ANNIVERSARY

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

Mr. HIGGINS. Mr. Speaker, I rise today asking you to join me in recognizing the 150th anniversary of the Sisters of Mercy of Buffalo, New York.

The Sisters of Mercy were founded in Dublin, Ireland, in 1831 by Catherine McAuley. The first order was formed in the United States in 1843 in the city of Pittsburgh.

The Sisters of Mercy came to Buffalo, New York in 1858. And since that time, from a small teaching order of Mercy nuns, they established a Catholic school system in Buffalo, New York, hospitals where they ministered to our sick, schools where they taught our children and provided an extraordinary example of compassion and love throughout the western New York community.

The Sisters of Mercy are also doing extraordinary humanitarian work throughout the entire world in very volatile places like Africa and the Middle East. And the Sisters of Mercy were represented here today in our Nation's Capital at the first papal visit of Pope Benedict to the United States.

Sister Margaret Ann Coughlin, a long-time friend and 50-year member of the Sisters of Mercy, was here today to join in the celebration that this Nation held in welcoming the new Pope to the United States.

The Sisters of Mercy have cared, not only in the United States, but throughout the world, for the despised and the dispossessed. And those who have been forsaken have never been forsaken by the Sisters of Mercy.

A lot of the institutions that they started, schools, hospitals, are now run by lay people and also administered by lay people, but what remains, Mr. Speaker, is the constant love and compassion, that principle that was established first and foremost and continues today by the Sisters of Mercy.

NATIONAL HEALTH CARE DECISIONS DAY

(Mr. GINGREY asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. GINGREY. Mr. Speaker, I rise on National Health Care Decisions Day in support of health organizations all over the country who are educating the public about what it means to have an advance directive, or a living will.

Mr. Speaker, advance directives allow individuals to maintain control of their health care decisions even at the end of their lives, regardless of the circumstances that they may face at that time. It is crucial for individuals to understand the options that presently exist so that they may convey their end-of-life medical wishes accurately and effectively. Accordingly, I have introduced a resolution, H. Con. Res 323, supporting the goals of the National Health Care Decisions Day, which has garnered broad bipartisan support in both the House and the Senate.

Mr. Speaker, this bill does not express what those end-of-life medical decisions should be, rather, it simply encourages Americans to educate themselves about these very difficult issues and to talk about them with their loved ones.

I want to thank the more than 100 Members of Congress who have already joined me in cosponsoring this resolution. And of course I look forward to it being considered on the floor very soon. And I encourage all Americans to set aside time to have what may very well be one of the most important conversations a family can have.

REMOVAL OF NAMES OF MEMBERS AS COSPONSORS OF H.R. 2833

Mr. COURTNEY. Mr. Speaker, I ask unanimous consent to remove MAD-ELEINE BORDALLO, RON KLEIN and JOHN BARROW from H.R. 2833, the Preexisting Condition Exclusion Patient Protection Act of 2007.

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

There was no objection.

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 Texas (Mr. POE) is recognized for 5 minutes.

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

VETERANS CARE

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. Mr. Speaker, occasionally things happen when you're in Congress that make you so angry that you can't hardly stand it.

I got a call this past week, Mr. Speaker, from a friend of mine from my childhood. And her brother is a veteran who was in the veterans hospital, and he was assigned to a community residential care program. That's where they put one of these veterans into a home in a neighborhood with other veterans, and they're supposed to be cared for.

She told me that the place where he was being kept was not clean and that the room he was in had a window that was sealed shut. He took oxygen, and there were no signs or anything that dealt with the oxygen that he was taking. A dog in the house came into his room and chewed through his oxygen tube. He had to keep his door shut, so it virtually made him a prisoner in this house.

There were four veterans in this house. And the attitude of the person who ran this home was not anything that you would call conducive to good care. The two sisters of his were very, very upset and they thought that he shouldn't be kept in this place, and they asked me if I would check into it. So I called the caseworker, a lady named Pat Erp, and she told me that everything out there was fine. I said I wanted to see for myself. So I went out to the house. By the time I had arrived, they had contacted the woman who owned the house, and she was very hostile and said she wouldn't allow me, even though I was a Member of Congress, to take a look at the circumstances under which Mr. English was living, that's my buddy from childhood, Paul English. I didn't want to press the case, so I called the director of the Roudebush Hospital in Indianapolis. He wasn't in, but I did get his assistant director, who was very nice, and he agreed to have somebody come out there and take a look at the situation.

He came out with two ladies who were nurses there. And my childhood friend's sister went into the house with him to try to get his clothes and everything out of there so they could take him to her house until they found another place for him to be kept.

They were hostile, the two nurses from the Roudebush Hospital were hostile. They evidently changed the cord on his oxygen equipment, and they said that nothing like that happened, and yet his sister saw that it happened and they were very upset.

The room in the house was not clean. He had two towels in his room, both of which had holes in them, obviously older. And on the weekends, the caseworker said that the woman who took care of these veterans who were in her care would leave for the weekend and left a pot of food on the stove.

This isn't the way that our veterans ought to be taken care of when they're in a community residential care program, so I decided to pursue it further.