

the middle of Oklahoma will be of tremendous benefit to the citizens of this state and surrounding states. There are estimated to be over 250,000 cancer patients nationwide, and over 3,000 each year in a 250 mile radius of Oklahoma City, many of whom can benefit from proton radiation therapy.

I requested and received \$300,000.00 for Oklahoma State Health Mobile Clinic and Medical Response at Oklahoma State University, Center for Health Systems at 1111 West 17th Street, Tulsa, Oklahoma 74107. This project seeks to do two things: (1) expand and enhance the OSU Center for Health Science's health information technology system, including its telemedicine and distance learning as well as electronic medical records network, and (2) bring diagnostic and medical services to geographic regions in Oklahoma where even telemedicine is not yet feasible or reasonably located by use of a mobile clinic. The mobile clinics will be available to provide medical services in response to natural or man-made disasters.

RECOGNIZING CHANHASSEN, MINNESOTA, FOR BEING NAMED ONE OF THE TOP 5 "BEST PLACES TO LIVE IN AMERICA" BY MONEY MAGAZINE

HON. JOHN KLINE

OF MINNESOTA

IN THE HOUSE OF REPRESENTATIVES

Friday, July 31, 2009

Mr. KLINE of Minnesota. Madam speaker, I rise today to congratulate the community of Chanhassen, a town I am proud to say is part of Minnesota's Second Congressional District.

In naming Chanhassen one of the top 5 "Best Places to Live in America," Money magazine confirmed what many of us in the great state of Minnesota already knew; Chanhassen is an outstanding city.

As the nation's economy has faltered, Chanhassen has flourished. From 2000 to 2008 Chanhassen averaged a 28 percent job growth rate, providing its residents with the economic security necessary to raise their families.

Along with providing economic security, Chanhassen's 11 freshwater lakes and 34 parks offer a pristine wilderness retreat that epitomizes the land of 10,000 lakes.

With its strong economy and Minnesota beauty, it is no surprise Chanhassen was named the second best small town in America.

Congratulations, again, to the entire community of Chanhassen for earning this prestigious distinction. You are second in the nation, and first in our hearts.

EARMARK DECLARATION

HON. WALLY HERGER

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Friday, July 31, 2009

Mr. HERGER. Madam Speaker, pursuant to the House Republican standards on earmarks, I am submitting the following information regarding earmarks I receive part of H.R. 3183, the Energy and Water Development and Related Agencies Appropriations Act, 2010

Requesting Member: Congressman WALLY HERGER

Bill Number: H.R. 3183

Account: Army Corps of Engineers, Construction General

Legal Name of Requesting Entity: State of California, Department of Water Resources

Address of Requesting Entity: 1416 9th Street, Sacramento, CA 95814

Description of Request: Provide an earmark of \$15,000,000 for the Sacramento River Bank Protection Project. This project is located within the limits of the existing Sacramento River Flood Control Project (SRFCP) in Northern California. The integrity of various sections of Sacramento River and tributary levees has become seriously eroded, so much so that the State of California issued a statewide emergency declaration to address the levee deficiencies. Much progress has been made to correct the system's weak points, due to support from Congress, the Administration, and the State of California. Additional federal and state funding is required to continue corrective work throughout the Sacramento River system. \$163,000,000 of the total project cost (\$510,700,000) will be borne by the non-federal sponsors.

Requesting Member: Congressman WALLY HERGER

Bill Number: H.R. 3183

Account: Army Corps of Engineers, General Investigations

Legal Name of Requesting Entity: Reclamation District 2140

Address of Requesting Entity: PO Box 758, Hamilton City, CA 95951

Description of Request: Provide an earmark of \$400,000 to enable the Corps of Engineers to complete Preconstruction Engineering and Design (PED) for this ecosystem restoration and flood control project. The Hamilton City, CA flood damage reduction and ecosystem restoration project (P.L. 110-114, Sec. 1001(8)) will provide significantly enhanced flood protection to 2,600 area residents and nearby agricultural lands, and will restore approximately 1500 acres of riparian habitat along the Sacramento River.

Requesting Member: Congressman WALLY HERGER

Bill Number: H.R. 3183

Account: Army Corps of Engineers, General Investigations

Legal Name of Requesting Entity: State of California, Department of Water Resources

Address of Requesting Entity: 1416 9th Street, Sacramento, CA 95814

Description of Request: Provide an earmark of \$1,100,000 to enable the Corps to complete the Sutter feasibility study and allow state and local interests to initiate corrective work identified by the Corps' study using state and local funds. The non-federal share of the total project cost (estimated \$8,258,000) is estimated to be \$4,100,000.

Requesting Member: Congressman WALLY HERGER

Bill Number: H.R. 3183

Account: Army Corps of Engineers, Construction General

Legal Name of Requesting Entity: State of California, Department of Water Resources

Address of Requesting Entity: 1416 9th Street, Sacramento, CA 95814

Description of Request: Provide an earmark of \$600,000 to be coupled with dedicated State of California funds and enable the Corps

of Engineers to complete the project's Limited Reevaluation Report and continue construction and mitigation work for this flood protection effort. This important project includes levee repair and reconstruction along the Sacramento and Feather Rivers, specifically consisting of installation of landslide berms with toe drains, ditch relocation, embankment modification, and slurry cut-off walls to address seepage and levee boil issues which threaten the performance of flood control structures that protect close to \$100 million worth of public infrastructure and private property.

Requesting Member: Congressman WALLY HERGER

Bill Number: H.R. 3183

Account: Army Corps of Engineers, Construction General

Legal Name of Requesting Entity: Yuba County Water Agency

Address of Requesting Entity: 1220 F Street, Marysville, CA 95901

Description of Request: Provide an earmark of \$1,000,000 to strengthen the federal levee system up to a 200-year level flood protection for communities in Yuba County, California. To date, local interests and the State of California have invested \$246,500,000 in the project and the related, advanced improvements. These interests anticipate an additional expenditure of up to \$118,200,000, for a total estimated non-Federal investment of \$364,700,000. With total project costs estimated to be approximately \$445,000,000, the only anticipated federal construction contribution will be \$33,000,000 for improvements to the Marysville ring levee, a figure that is well below the authorized 65-35 percent cost-share ratio. When completed, the Yuba River project will provide the highest levee of flood protection for any community in California's Central Valley.

Requesting Member: Congressman WALLY HERGER

Bill Number: H.R. 3183

Account: Army Corps of Engineers, General Investigations

Legal Name of Requesting Entity: State of California, Department of Water Resources

Address of Requesting Entity: 1416 9th Street, Sacramento, CA 95814

Description of Request: Provide an earmark of \$150,000 to investigate the feasibility of increasing the level of flood protection for the urbanized area in the City of Woodland, and possibly some nearby unincorporated lands in Yolo County, from a 1 in 10-year level of flood protection to greater than 1 in 100-year level of flood protection. The non-federal sponsors will share 50% of the total project cost.

RECOGNIZING DAY OF THE AFRICAN CHILD

SPEECH OF

HON. BETTY McCOLLUM

OF MINNESOTA

IN THE HOUSE OF REPRESENTATIVES

Tuesday, July 28, 2009

Ms. McCOLLUM. Madam Speaker, I rise in support of H. Res. 550, a resolution recognizing the Day of the African Child.

Each year more than half a million women die in pregnancy and 9 million children die of preventable causes, half of whom are in Africa. This resolution recognizes the need to reduce maternal, newborn, and child deaths in

Africa, and recognizes the Day of the African Child which is held yearly on June 16th, and the importance of the U.S. partnership with African Leaders.

At this moment millions of boys and girls across the continent of Africa are struggling to survive. In Sub-Saharan Africa roughly 1 in every 7 children fail to reach their fifth birthday—the highest rate of under-five mortality in the world—and 9 out of 10 African mothers will lose a child during their lifetime.

But the picture in Africa is not hopeless. Eritrea, Ethiopia, Malawi and Mozambique, for example, have made significant progress in child survival and have reduced their under-five mortality rates by 40 percent or more since 1990. The African Union has made child survival a theme for their 15th Ordinary Session in 2010 and the G8 Summit leaders have also made a commitment to ensure all children have access to free basic healthcare by 2015.

On June 16, 2009 I held a briefing with the Global Health Caucus and the Subcommittee on Africa and Global Health to commemorate the Day of the African Child to explore the challenges remaining and actions to improve the well being of Africa's children. I was pleased to co-host this event Congressman PAYNE, the African Union, and several other organizations.

I urge my colleagues to support this resolution to make children and mothers in Africa and the developing world a priority.

Madam Speaker, on July 14, 2009 I had the opportunity to speak at the Center for Strategic and International Studies (CSIS) to discuss the development of a comprehensive strategy for improving the health of newborns, children, and mothers in the developing world. I would like to enter my remarks from this event into the CONGRESSIONAL RECORD.

ADVANCING MATERNAL AND CHILD HEALTH IN THE DEVELOPING WORLD

Good morning. I greatly appreciate the opportunity to be asked by CSIS to speak about global health and specifically the health needs of women and children in the world's poorest countries.

Let me start by thanking and congratulating CSIS and Steve Morrison for the ongoing commitment to elevate the importance of global health. The work here is essential to the examination of U.S. foreign policy and the health investments our country is making around the world. CSIS's global health effort is impressive and really important.

Many of you are here today because you are working to improve basic health care for women and children across the developing world. Thank you for all that you do. Your work may be to prevent needless deaths or to create opportunities for tens of millions to achieve a basic quality of life in which extreme poverty, hunger, disease, and suffering are defeated. It is all important work and we need you to keep fighting.

Let me open my remarks with a single sentence from last week's G8 Global Health Experts Report: "Women and children are among the most vulnerable groups and progress toward the MDGs related to maternal, newborn and child health remains too slow."

Let me repeat that last part again . . . "progress toward the MDGs related to maternal, newborn and child health remains too slow."

Let me rephrase that in another way, 25,000 newborns and children under-five died yesterday, are dying today, and will die tomorrow—and everyday for the foreseeable future.

One thousand-five hundred mothers will die during pregnancy or after delivery today, tomorrow, and everyday for the foreseeable future.

Is progress to end needless, preventable deaths progressing too slowly?

Of course it is. We don't need a G8 global health report to tell us this.

What the G8 should do is ask the mother and father of one of the more than nine million children who died last year if progress has been too slow. Or, they could ask the orphaned children whose mother was one of the more than half million women who die every year from a pregnancy related death.

So what are we—the richest nation and the other donor nations—doing to significantly reducing child and maternal mortality while investing in building sustainable health systems?

Unfortunately, not enough in my opinion. Taking on the challenge of achieving MDG 4 to reduce children mortality (by two-thirds) and MGD 5 to reduce maternal mortality (by three-quarters) is a goal that could be accomplished if the world community invests and acts.

The goals are doable. But the fate of millions of women and children cannot be just a talking point in a speech or a summit declaration. We need to do more than just talk about the MDGs.

With regard to maternal and child health inspiring action may be our biggest challenge. Ministries of Health in Sub-Saharan Africa and South Asia understand that women and children are dying in massive numbers in their countries. The development and global health community understand the problem. Everyone in this room understands the situation.

We don't need to wait for a miracle drug or a great technological breakthrough to deliver an essential package of interventions that can save the lives of millions of children and hundred of thousands of women every year. We are delivering those interventions today. And it is being done all around the world right now, but it does need to be scaled up and sustained.

We know skilled birth attendants are needed at all births and we know how to recruit and train them.

We know expanding access to family planning and child spacing improves the health of women and their children.

We know exclusive breast feeding, immunizations for measles, Vitamin A, and bed nets have combined to save millions of lives over the past decade.

We know the work of GAVI, the Global Fund, UNICEF and UNFPA are saving lives.

And, we know USAID has been making major contributions to maternal and child health, as well as reproductive health, for decades. Tens of millions of people are alive today because of the child health programs implemented by USAID and paid for by the American people over the past forty years. We need to celebrate this tremendous success.

All of you here today know every imaginable statistic and fact about the lack of maternal and child health care, the medical consequences, and the human cost. A lack of data is not the problem.

So let's look at maternal and child health from a different perspective. What don't we know?

This is a harder question.

Something must be missing if we know how to solve such a serious problem, save lives, and yet, children and moms are still dying needlessly.

Let me throw out a few questions for you to think about, because I am looking for answers myself.

Where is the urgency to save the lives of children and mothers?

Where is the political will to invest in the lives of children and mothers?

And does anybody know or care to know the names or the faces of those babies and women who are dying needlessly at this very moment?

These are the questions we need to answer if we are going to translate the endless reports, policy papers and strategic plans into the advocacy, inspiration, investments, and action needed to save lives.

I am looking for answers and I am looking to you to help find them.

I am one voice and vote in the House of Representatives—there are 434 other voices and votes as well. Is child or maternal survival a priority issue for Congress? We know it's not but can it be much more of a priority?

Imagine the possibility of a terrorist attack in which 5 million children were at risk, but we knew how to prevent the attack and we knew it would cost \$5 billion to save those lives. Would Congress spend the money? Of course we would—even the Blue Dogs would vote for it.

Unfortunately, the terror that strikes millions of parents who watch their children die from malnutrition or malaria is not the same terror that inspires Congress. The real sense of urgency may need to start beyond Washington, in the very countries in which women and children are dying at unacceptable rates.

For example, India and Pakistan have billions of dollars to spend on advanced military hardware including nuclear arsenals and yet tens of millions of their citizens live in abject misery and die for no reason other than they are poor.

Nigeria, a petroleum exporter, leads the African continent in the number of mothers and children dying each year. This should be a source of shame for such an African power.

Where is the urgency in India, Pakistan, or Nigeria to invest in their own citizens' lives? And, if they aren't willing to make their own children's lives a priority, how do I convince my constituents to make their kids a priority?

Clearly the lack of urgency from the very countries where women and children are dying translates directly into a lack of political will.

Since the whispers of dying moms and children are not heard by politicians in Ethiopia, Zambia, Afghanistan, or the United States, there should be no expectation that preventing these deaths will be a political priority any time soon.

For example, where is the urgency among nations of Sub-Saharan Africa to lobby Congress to save the lives of their own citizens? If Africa's presidents are not prioritizing maternal child health their ambassadors in Washington will not be knocking on Congress's door asking for increased appropriations.

No urgency translates into a lack of political will which in turn means limited resources and more needless deaths—a self-perpetuating cycle.

How will the NGO, think tank, and advocacy community help to break this cycle? I want to hear your ideas.

Here at home, is there the political will for the U.S. to be the global champion for women and children?

The Obama Administration has demonstrated the ability to understand and articulate a global health vision. There have been numerous positive statements regarding maternal child health.

The Administration's leadership would be essential for any major increase in investments for maternal child health in FY2011.

But that requires the President to nominate someone to lead our nation's international development efforts. It is critical that a USAID administrator get in place as soon as possible.

How to inspire the political will—in the U.S. and around the world—is something the child and maternal health advocacy community needs to think long and hard about.

This is an area where policy, politics, and pressure need to come together to make real change.

Unless a new model of grassroots advocacy, political engagement, lobbying of Congress and the White House, and real pressure from Americans all across this country takes place—from school children to church groups to civic organizations—I am afraid maternal and child health will stagnate as an issue and we will not be successful at appropriating the increased dollars needed to save lives.

The reality we are facing is that the political and policy success of the global HIV/AIDS community has put a real squeeze on all other global health accounts.

In the House FY2010 State and Foreign Operations Appropriations bill we invested \$7.8 billion for global health with seven out of every ten dollars going to HIV prevention, treatment or care. With regard to treatment, PEPFAR has created a global health entitlement program that means a person's lifetime treatment for HIV takes priority over other health investments, like child and maternal health. The cost is not only financial, but tradeoffs are being made that can be counted in lives lost—too many lives.

As Congress goes through our own domestic health care reform all of my colleagues and I have heard first hand stories from countless constituents about their challenges accessing or affording quality health care. Those stories and the people who tell them demonstrate the real need for health care reform.

Who are the mothers and fathers and children we are willing to invest our tax dollars, our energy and our ideas for to build healthier families and communities in far away places? Unless we can make these lives real—less of a statistical abstraction—tens of millions of children and millions of mothers will continue to die.

Last week Nicholas Kristof wrote in his New York Times column that “humanitarians are abjectly ineffective at selling their causes.”

He went on to say, “I also wonder if our unrelenting focus on suffering and unmet needs stirs up a cloud of negative feelings that incline people to avert their eyes and hurry by. Maybe we should emphasize the many humanitarian successes, such as falling child mortality rates since 1990—which mean that 400 children's lives are saved every hour, around the clock.”

If Mr. Kristof is correct in his assessment, then we should be championing successes—every toddler who is now a teenager because of access to basic healthcare, good nutrition and clean water.

It is absolutely remarkable to know that there are circumstances in which for a few hundred dollars invested in the right place, at the right time, with the right intervention available—an illness can be prevented, an infection can be treated, a mother can deliver a child safely. Hundreds of thousands of American citizens are contributing their own money to NGOs to make a difference in the life of a family or person they don't even know. If those Americans can be mobilized to make child and maternal health a priority for President Obama and Congress then the power of the American people and our tax dollars will save lives—millions of lives.

As we all know there are many competing development challenges that require re-

sources and collectively contribute to making poor communities healthier, more successful, and better prepared to meet the opportunities of the future. Whether it is basic education, agriculture development, clean water, or maternal and child health, we need to make smart investments that produce results and demonstrate to the American people real improvements in real people's lives.

Let me conclude by asking for your ideas and suggestions about how to mobilize and inspire action from the American people, Congress, the White House, as well as foreign leaders to make maternal and child health a global priority. I would like the opportunity for a dialogue on what NGOs, donors and policy makers can do to energize, mobilize and communicate more effectively on this issue.

As all of you know, I am the author of H.R. 1410—The Newborn, Child, and Mother Survival Act—which authorizes the development of a U.S. strategy to reduce child and maternal mortality and implementation of the strategy by USAID.

It is a good bill, but it's not enough.

We need a campaign—a movement—in support of the millions of children and women's lives we can save if we only try.

We need action in Congress and parliaments in donor and developing countries.

We need to organize parents and children as activists.

We need to motivate and mobilize a political movement that will create the support for the resources to allow investments in interventions that will save lives, change communities, and transform our future.

I am committed to making pregnancy, child birth and a newborn's start in the world safe, healthy and a joy for every family—even the poorest of families in the poorest of countries.

We have a lot of work to do to make this vision a reality and I look forward to hearing you ideas about how we can get moving.

IN RECOGNITION OF THE 103RD BIRTHDAY OF MRS. PAULINE M. ELLIOTT

HON. MIKE ROGERS

OF ALABAMA

IN THE HOUSE OF REPRESENTATIVES

Friday, July 31, 2009

Mr. ROGERS of Alabama. Madam Speaker, I would like to request the House's attention today to pay recognition to the special life of Mrs. Pauline Elliott of Anniston, Alabama.

The daughter of Lena Geneva Rosamond Morrison and James Edward Morrison, Pauline Morrison Elliott was born on August 13th, 1906. Pauline is the first of six children, and today is the sole survivor of her siblings. Mrs. Pauline Morrison Elliott was married to Mr. William Hoyt Elliott of Rome, Georgia for sixty-seven years.

Mrs. Elliott was an active member in the Broadmoor Church of God serving as the clerk, a Sunday school teacher, and a member of the choir. Because of the Elliotts' dedicated service, Broadmoor Church of God added a new wing to the church in honor of Hoyt and Pauline Elliott.

Since joining Harvest Church of God, this past Mother's Day Mrs. Elliott was honored with an award for being the eldest mother in their congregation. She resides with one of her three nieces, Ms. Helen Chastain Bennett, in Anniston, Alabama.

Today I would like to wish Mrs. Pauline Elliott a very Happy 103rd Birthday.

EARMARK DECLARATION

HON. WALLY HERGER

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Friday, July 31, 2009

Mr. HERGER. Madam Speaker, pursuant to the House Republican standards on earmarks, I am submitting the following information regarding earmarks I received as part of H.R. 3288, the Transportation, Housing, and Urban Development, and Related Agencies Appropriations Act, 2010.

Requesting Member: Congressman WALLY HERGER

Bill Number: H.R. 3288

Account: Federal Highway Administration, Federal Lands (Public Lands Highways)

Legal Name of Requesting Entity: Butte County Association of Governments

Address of Requesting Entity: 2580 Sierra Sunrise Terrace, Suite 100, Chico, CA 95928

Description of Request: Provide an earmark of \$2 million for the Forest Highway 171 widening project. This project will upgrade a 9.6 mile section of roadway that crosses federal lands between communities of Inskip and Butte Meadows from a one-lane gravel road to a paved two-lane route. These improvements are necessary to provide an emergency evacuation route for Upper Ridge residents who are surrounded by federal forest lands that have not been properly managed to mitigate the threat of catastrophic wildfire. The need for this project is greater than ever considering the Humboldt Fire and Butte Lightning Complex Fires that swept through the ridge and surrounding areas last summer destroying homes and forcing thousands of people to evacuate the area. The project will also increase the chances for effective efforts to control instances of wildfire by cutting in half the response time for fire backup support services. The total project cost is approximately \$21,000,000. The county is using its State Transportation Improvement Program (STIP) dollars (approximately \$2,665,000) for the project. It has received a \$5,000,000 grant from the Federal Highway Administration's Federal Lands Highway Program, \$5,800,000 in SAFETEA-LU, \$980,000 and \$998,450 in the FY08 and FY09 appropriations bills.

VOLUNTEERING IN AMERICA 2009

HON. JASON CHAFFETZ

OF UTAH

IN THE HOUSE OF REPRESENTATIVES

Friday, July 31, 2009

Mr. CHAFFETZ. Madam Speaker, volunteering in America 2009 found that a total of 61.8 million Americans volunteered through an organization in 2008.

For the fourth year in a row, Utah was the top volunteer state with a volunteer rate of 43.5%. With a whopping 62.9% volunteer rate, Provo, Utah again led the nation in volunteering rates from mid-sized cities.

Every day millions of Americans are helping to solve some of our toughest challenges. Instead of turning inward, Americans are responding to tough times by reaching out to help others in need.

Volunteering is a great way to address pressing community needs and the people of