

LEGISLATION TO EXPAND THE
ARMY CORPS OF ENGINEERS'
ROLE IN CHESAPEAKE BAY RES-
Toration

HON. JOHN P. SARBANES

OF MARYLAND

IN THE HOUSE OF REPRESENTATIVES

Wednesday, December 2, 2009

Mr. SARBANES. Madam Speaker, I rise today to re-introduce legislation that would strengthen and expand the Army Corps of Engineers' role in Chesapeake Bay restoration—a mission they first began in 1996. This legislation would provide the Corps with continuing authority to engage in this work; expand the Corps' work to all six States in the Bay watershed and the District of Columbia; and provide flexibility for the Corps to work with other Federal agencies, State and local governments, and not-for-profit groups engaged in Bay cleanup.

As the Congress begins to consider the re-authorization of the Water Resources Development Act, we must take this opportunity to strengthen the role that the Army Corps of Engineers plays in Chesapeake Bay cleanup. We must turn the tide in the Bay cleanup effort so future generations can continue to enjoy the cultural, historic, and recreational benefits of the Bay and so it can continue to be an economic driver for the Mid-Atlantic region. The Corps can play an important role in that effort.

The Chesapeake Bay Environmental Restoration and Protection Program, which was established in section 510 of WRDA 1996, authorizes the Army Corps of Engineers to provide design and construction assistance to State and local authorities in the environmental restoration of the Chesapeake Bay. These projects range from shoreline buffers to oyster reef construction. As it is currently structured however, the program has been limited in its scope for several reasons. First, the Corps' restoration efforts have been limited to Maryland, Virginia, and Pennsylvania, which has precluded a comprehensive, watershed-wide plan that adequately prioritizes projects. Second, unlike all other major Federal agencies engaged in Bay restoration, the Corps has no small watershed grants program that engages State and local governments or non-profits in small scale restoration projects. This limitation is compounded by the Corps' intricate procurement processes. Finally, the matching fund requirements of the section 510 program does not allow for the use of in-kind services or contributions, which limits collaboration.

The Chesapeake Bay Commission, a multi-State legislative assembly dedicated to the restoration of the Bay, has previously identified these deficiencies and has recommended the several improvements to the program that are the basis for this legislation. For these reasons, I believe the bill would strengthen the section 510 program so that the Army Corps of Engineers can continue to be a strong partner in Chesapeake Bay cleanup.

I hope my colleagues will continue to support this legislation through the upcoming WRDA process.

EXPRESSING SUPPORT FOR
GREATER AWARENESS OF OVARIAN
CANCER

SPEECH OF

HON. MICHAEL M. HONDA

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Tuesday, December 1, 2009

Mr. HONDA. Mr. Speaker, I rise today to express my strong support for H. Res. 727, emphasizing the need for greater awareness about ovarian cancer and adopting the goals and ideals established by National Ovarian Cancer Awareness Month. Having lost my wife of 36 years, Jeanne, to ovarian cancer in 2004, I am acutely sensitive to the need for reliable early detection programs and effective treatments for late stage ovarian cancer. I am not alone in having lost a loved one to this disease—ovarian cancer is the deadliest of all gynecologic cancers, affecting over 20,000 women a year. Ovarian cancer is the fifth leading cause of cancer death in women, killing nearly 55 percent of those diagnosed within the first 5 years. Despite this tragically high toll, we still remain woefully ignorant of proper prevention strategies for ovarian cancer, and have yet to develop a reliable early detection program.

While over 90 percent of ovarian cancer cases can be prevented with early screening and treatment, many women remain unaware of their risk factors and the early symptoms of ovarian cancer are particularly difficult to accurately diagnose. Because of this, 75 percent of ovarian cancer cases are diagnosed in the advanced stages where it is often too late to prevent the cancer's spread. Awareness and early recognition are the best way to save women's lives.

Congress is making some effort to address the inadequacies in our current system. For example, in November 2005, the House passed the Gynecological Resolution for the Advancement of Ovarian Cancer Education in a bipartisan effort to increase the public's understanding of this deadly disease. The President and nonprofit advocacy groups are also engaged in educating the public. President Obama proclaimed September National Ovarian Cancer Awareness Month and throughout September, the Ovarian Cancer National Alliance held hundreds of events across the country to inform women about the importance of gynecologic exams, and to teach them about the warning signs of ovarian cancer.

Better education, more funding for research, and increased awareness efforts are critical to ensuring that we reduce infection and mortality rates for ovarian cancer in women. I urge my colleagues to continue our efforts to increase research funding to cure ovarian cancer and support public outreach programs on the prevention and treatment of gynecological cancers.

H1N1 VACCINE FOR PRISONERS

HON. TED POE

OF TEXAS

IN THE HOUSE OF REPRESENTATIVES

Wednesday, December 2, 2009

Mr. POE of Texas. Madam Speaker, as we all know there is limited supply of the H1N1

vaccines all over our country. In Texas, there was news that prisoners could receive the swine flu vaccine before children and pregnant women. There are over 45,000 inmates who are evidently in the "high-risk" group in Texas. The correctional institutions believe that the convicts deserve to be vaccinated. Due to the limited number of vaccines available for Texas, the inmates may not receive them as soon as they wish.

By what logic do you justify having inmates receive vaccinations as a higher priority than pregnant women and children? These individuals are the most vulnerable among us and should be of great concern; not to mention senior adults, caregivers, and many others that should be high on the list. When these vaccines are provided to the states it should go to our taxpayers before our "high risk" convicts. The government needs to step up to the plate and provide the available vaccines to the people who need them the most—the children.

RECOGNIZING NOVEMBER AS
NATIONAL DIABETES MONTH

HON. DIANA DeGETTE

OF COLORADO

IN THE HOUSE OF REPRESENTATIVES

Wednesday, December 2, 2009

Ms. DeGETTE. Madam Speaker, this week the co-chairs of the Congressional Diabetes Caucus joined with 129 original cosponsors to introduce H. Res. 914, a resolution supporting the observance of National Diabetes Month.

The resolution encourages people in the United States to fight diabetes through raising public awareness about stopping diabetes and increasing education about the disease. It also recognizes the importance of early detection, awareness of the symptoms of diabetes, and the risk factors for type 2 diabetes. Finally, it supports decreasing the prevalence of diabetes, developing better treatments and working toward an eventual cure for type 1 and type 2 diabetes.

Since diabetes afflicts nearly 24 million Americans and is the seventh leading cause of death, we must increase awareness and encourage the research to find cures. National Diabetes Month is observed every November and is an excellent way to build awareness about both type 1 and type 2 diabetes. Too many people are not familiar with the differences between type 1 and type 2 diabetes and how they are treated, what the risk factors are, and what sort of research is needed to make progress in the fight against this disease.

That is why the mission of the Congressional Diabetes Caucus is to educate Members of Congress and their staff about diabetes. It is also our mission to support legislation and other efforts to improve diabetes research, education, and treatment.

The legislative priorities of the Congressional Diabetes Caucus support the goals and ideals of National Diabetes Month. For example, H.R. 1995, The Eliminating Disparities in Diabetes Prevention, Access and Care Act, is designed to promote research, treatment, and education regarding diabetes in minority populations. This specific focus will help us address the unique challenges faced by minority populations and provide more effective treatment and education.

H.R. 1625, the Equity and Access for Podiatric Physicians Under Medicaid Act, would classify podiatrists as physicians for purposes of direct reimbursement through the Medicaid program. Podiatry is critical to the treatment and understanding of diabetes.

The Medicare Diabetes Self-Management Training Act, H.R. 2425, would make a technical clarification to recognize certified diabetes educators (CDE) as providers for Medicare diabetes outpatient self-management training services (DSMT). CDEs are the only health professionals who are specially trained and uniquely qualified to teach patients with diabetes how to improve their health and avoid serious diabetes-related complications. The 1997 authorizing DSMT statute did not include CDEs as Medicare providers. This exclusion has made it increasingly difficult to ensure that DSMT is available to patients who need these services, particularly those with unique cultural needs or who reside in rural areas.

Another bill that is a priority of the caucus is the Preventing Diabetes in Medicare Act, H.R. 2590. This bill would extend Medicare coverage to medical nutrition therapy (MNT) services for people with pre-diabetes and other risk factors for developing type 2 diabetes. Under current law, Medicare pays for MNT provided by a Registered Dietitian for beneficiaries with diabetes and renal diseases. Unfortunately, Medicare does not cover MNT for beneficiaries diagnosed with pre-diabetes. Nutrition therapy services have proven very effective in preventing diabetes by providing access to the best possible nutritional advice about how to handle their condition. By helping people with pre-diabetes manage their condition, Medicare will avoid having to pay for the much more expensive treatment of diabetes.

In addition, we are working hard to pass, H.R. 3668, and reauthorize the Special Diabetes Programs for Type 1 Diabetes and Indians. This program provides federal funding for the Special Statutory Funding Program for Type 1 Diabetes Research at the National Institutes of Health and the Special Diabetes Program for Indians at the Indian Health Service. H.R. 3668 would extend these critical programs through 2016 and increase funding for both programs to \$200 million a year.

I want to thank my colleague, Congressman MIKE CASTLE, for his many years of leadership working together with me as Co Chair of the Diabetes Caucus. I also want to thank the many Members who are supporting this effort and both sides of the House leadership for their bipartisan support of diabetes issues. I look forward to working with the Congressional Diabetes Caucus to pass the important legislation we are promoting and continuing to further the goals of National Diabetes Month.

RECOGNITION OF THE PILOT CLUB
OF COLUMBUS ON ITS 70TH YEAR
OF SERVICE

HON. MARY JO KILROY

OF OHIO

IN THE HOUSE OF REPRESENTATIVES

Wednesday, December 2, 2009

Ms. KILROY. Madam Speaker, I rise today to honor the Pilot Club of Columbus for seventy years of service to the Columbus community. The Pilot Club is a volunteer service or-

ganization that focuses on helping those with brain-related disorders, such as Alzheimer's disease, autism, chemical dependency, traumatic brain injuries, and other disabilities.

Pilot International was founded in Macon, Georgia in October 1921 to provide volunteer services and to raise funds for those with brain-related disorders. In 1939, Pilot International chartered the Pilot Club of Columbus. Over the last seven decades, this organization has promoted awareness and prevention of brain-related disorders in Central Ohio and has provided support for countless individuals and families who are living with developmental, emotional, and mental disabilities.

The Pilot Club of Columbus creates a valuable network of service-minded individuals who have contributed to our community in numerous ways. In recent years, Columbus Pilots have provided furniture for a new senior citizen center and organized celebrations for patients at the former Ohio Psychiatric Hospital who have suffered from brain-related disorders such as Alzheimer and autism. The Pilot Club also has raised money to help individuals with autism and other neurological disorders and supports the BrainMinders project, which spreads information about preventing traumatic brain injury.

The Pilot Club has spent seven decades serving those who are struggling with the painful and complicated challenges associated with brain-related disorders. The Columbus Pilots have demonstrated their generosity, compassion, and commitment to making a difference in the city of Columbus. I am proud to recognize and honor the Pilot Club of Columbus and all of its dedicated volunteers for 70 years of valuable service.

EXPRESSING SUPPORT FOR
GREATER AWARENESS OF OVARIAN
CANCER

SPEECH OF

HON. SHEILA JACKSON-LEE

OF TEXAS

IN THE HOUSE OF REPRESENTATIVES

Tuesday, December 1, 2009

Ms. JACKSON-LEE of Texas. Mr. Speaker, I rise before you today in support of H. Res. 727, "supporting the goals and ideals of National Ovarian Cancer Awareness Month." I would like to thank my colleague Congressman STEVE ISRAEL for his leadership on this very important issue, as ovarian cancer is the 5th leading cause of cancer deaths among women in the United States.

Ovarian cancer is the deadliest of all gynecological cancers. All women are at risk for ovarian cancer, but older women are more likely to get the disease than younger women. About 90 percent of women who get ovarian cancer are older than 40 years of age, with the greatest number being aged 55 years or older. Additionally, 90 percent of women diagnosed with ovarian cancer do not have a family history that puts them at higher risk. Early detection is vital, only 20 percent of ovarian cancers are found before tumor growth has spread beyond the ovaries. The chance of surviving ovarian cancer is better if the cancer is found early. Unfortunately, there is currently no reliable early detection test for ovarian cancer.

Among women in the United States, ovarian cancer is the eighth most common cancer and

the fifth leading cause of cancer death, after lung and bronchus, breast, colorectal, and pancreatic cancers. Ovarian cancer causes more deaths than any other cancer of the female reproductive system. In 2005, 19,842 women in the U.S. learned they had ovarian cancer, and 14,787 women died from the disease.

Ovarian cancer is known as a "silent killer" because it usually isn't found until it has spread to other areas of the body. Unfortunately, there is no simple and reliable way to test for ovarian cancer in women and the Pap test does not check for ovarian cancer. However, new evidence shows that most women may have symptoms even in the early stages, such as: bloating, pelvic or abdominal pain, difficulty eating or feeling full quickly, and urinary symptoms, among several other symptoms that are easily confused with other diseases. This new evidence has led to the first national consensus statement on ovarian cancer symptoms to provide consistency in describing symptoms to make it easier for women to learn and remember them. Awareness of symptoms may hopefully lead to earlier detection.

The mortality rate for ovarian cancer has not significantly decreased in the almost 40 years since the "War on Cancer" was declared. If ovarian cancer is diagnosed and treated at an early stage before the cancer spreads outside of the ovary, the survival rate is as high as 90 percent. However, due to the lack of a reliable screening test, 75 percent of ovarian cancer cases are diagnosed in an advanced stage when the five-year survival rate is below 45 percent.

I urge my colleagues to support the goals and ideals of National Ovarian Cancer Awareness Month. Education and awareness of ovarian cancer will save the lives of countless women.

HONORING EARL HALL

HON. GEORGE RADANOVICH

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Wednesday, December 2, 2009

Mr. RADANOVICH. Madam Speaker, I rise today to commend and congratulate Earl Hall upon being awarded with the "Community Health Champions Award" at the 2009 West Fresno Health Care Coalition's 5th annual "This is Your Life of Service" lunch and awards ceremony. This year the ceremony will be held at the Radisson Hotel Conference Center in Fresno, California on Tuesday, November 3rd.

Mr. Earl Hall was born in Oklahoma. When he was just six months old, the 1940's "Dust Bowl" hit his family's farm and they were forced to leave the area. Upon migrating to California, his family settled in Wasco, California. Mr. Hall's father was finally able to find employment as a farm manager for a family farm. Mr. Hall graduated from Wasco High School then attended Bakersfield Junior College and Fresno City College, where he earned his Associates degree. He transferred to California State University, Fresno and graduated with a Bachelor's degree in Agricultural Business in 1964.

Mr. Hall has dedicated his career to establishing and developing his business, Hall Ag