the Chrysler deals. He said, ''One of my clients was directly threatened by the White House and in essence compelled to withdraw his opposition to the deal under threat that the full force of the White House press corps would destroy his reputation if he continued to fight. That was Perella Weinberg,'' Tom Lauria, the head of the bankruptcy department for the top New York City law firm of White & Case, told a WJR 760 radio host.

He goes on to say down here, ''Some of the critics charged that the administration used leverage to provide TARP funds to force banks to comply with this deal. In other words, investors like JPMorgan Chase, who also were bondholders in this Chrysler deal—the old TARP fund deal that we've been talking about now for months—was all of a sudden the twist to make them get in line. And what happened was this group that Mr. Perella Weinberg was involved in, they didn't take any TARP funds, so they didn't have the twist. And they stood up. And what did they do? They threatened them with the White House press corps. I'm sorry, when I was a kid, this doesn't sound like the America that we grew up with. This sounds like the people we used to fight. This sounds like Joe Stalin and some of those people that threatened their way to power.

I am telling you, we ought to be worried about this. And I am deeply worried—although I am happy to see that this New York law firm is involved. I would hope that good litigants—because I believe in the justice system—would use the justice system to protect the rights of these creditors. I would hope they would do that.

I would hope that we would realize that neither this Congress nor the Constitution of the United States has given the White House or the President of the United States the kind of power and authority that he is executing and utilizing on these two car companies. And then we find out that we've got some folks that—they have already said that they would take common stock in the banks, so they want to be stockholders when it comes to the banks. They want to vote that stock and control those banks. They want to take majority interest in our large banks. That is another nationalization of an industry.

And so some of the banks said, you know what? We see the handwriting on the wall. We see that freight train coming down the track right at us. Here's your money back. We don't want your TARP money, take it back. And they are refusing to take the money back and threatening to charge massive penalties if the banks return the money that the American taxpayers provided to bail out banks in this TARP program. If they don't need the money and they want to give it back, what in the world is wrong with that? Except you no longer control the bank when they give the money back. You no longer can control the deals that are made with Chrysler by twisting the arms of the banks. You no longer can control American industry. And that is the kind of thing that these trillions of dollars that we're spending, we, as Americans, should be deathly afraid of, that there are people who would control our Nation with the money that we give them out of our pocket and we permit them to borrow in our name that we are going to have to pay back.

I remember what I told my children as soon as they could understand English: the United States Government, nor any other government, never made a dime; they took it from you.

Mr. KING of Iowa. Will the gentleman yield?

Mr. CARTER. I yield.

Mr. KING of Iowa. I thank the gentleman from Texas.

It just brings to me a number that was reported in the aggregate, the union contributions, political contributions for the last election cycle, 45 billion dollars. And now we see a President and a Speaker of the House, and others, who have decided that they are going to make sure that there are shares in the hands of the workers without a transfer of wealth? But just simply—apparently they are good workers, all right. They think they are good campaign workers, that's what I hear.

This question now troubles me, as I listened to the gentleman discuss this, with the teachers' salary, Teachers Union salary, and perhaps as invested in General Motors and Chrysler. And a big part of that portfolio perhaps is spiraling downward—has spiraled downward. Now, if you take the position that the President has, ''I will protect your benefits,'' and the position that the Speaker is taking, ''I am not going to let the automakers get bargaining leverage over the unions,'' and if that turns it into, Here are some stock shares, and the union can have controlling interest in the company—or at least to break even, half the interest—and broker it, if they can get together with the stockholders that have 51 percent, if that can be the case, this is a Federal Government bailout of a situation where they are setting up jobs for people, not jobs for production for profit. But if that happens—and it has happened—and the taxpayers are there, what happens if the retirement funds for the Teachers Union meet the same end as the value of the stock shares for General Motors and Chrysler? How do you go in and nationalize a retirement fund for a union? I think you don't, except to put the capital in there and just say we are going to guarantee it, just like we will with Social Security or any other entitlement.

By great, huge gulps, this government is swallowing up the private interests, large corporations swallowing up one after another after another and nationalizing them and taking on obligations in the process that are implicit, that go on down the line. If you remember Fannie Mae and Freddie Mac, they didn't have a guarantee from the Federal Government. They just had the implicit full faith and credit of the Federal Government. And we came through, $100 billion here, $100 billion there, $5.5 trillion in contingent liabilities. This can happen with these retirement funds, too. And when they get nationalized, pretty soon everything is government except the barber and the shopkeeper and the little ones. And it is right off the Web page, dsa.org.

Mr. CARTER. And then we have national socialism, which is something we should fear.

Mr. KING of Iowa. We would have national socialism.

Mr. CARTER. Something that we have fought against a lot of time.

I think we are about to wrap this up. I want to thank my friend for coming in here tonight. I want to thank the Speaker for her patience. We are raising questions that we think everybody and Members of this House should be asking each other and should be asking on the floor of this House and in committee and around this town. We didn't sign on to get on the slippery slope to socialism, and it is time for us all to stand up and say so.

CONGRESSIONAL BLACK CAUCUS

The SPEAKER pro tempore. Under the Speaker's announced policy of January 6, 2009, the gentlewoman from the Virgin Islands (Mrs. CHRISTENSEN) is recognized for 60 minutes as the designee of the majority leader.

Mrs. CHRISTENSEN. Madam Speaker, it is my honor to be here to host this hour on behalf of the Congressional Black Caucus. And we want to talk about health care this evening.

Before the votes, I attended a District of Columbia Black AIDS Leadership Mobilization Summit; it was a town meeting held at the Kaiser Family Foundation. I want to commend the Congressional Black Caucus Foundation, the Black AIDS Institute, the Kaiser Foundation, NAACP, National Urban League, the YWCA, Southern Christian Leadership Conference, the National Council of Negro Women, Us Helping Us, The Women's Collective, Balm in Gilead, the National Black Leadership Commission on AIDS, Phi Beta Sigma, the National Medical Association, and all of the associations which came together to address the epidemic in the District of Columbia and around the country.

On March 16 of this year, the D.C. AIDS Office released its latest HIV surveillance report. And what it showed was that the HIV rate in the Nation's capital is the highest in the country, and that an estimated 3 percent of the population is affected with AIDS. One percent would make it an epidemic, so it is of epidemic proportions here in the District.

The D.C. rate of infection is higher than 28 African countries. The infection rate puts Washington, D.C. on a par with Uganda. So this is an issue

that really must be addressed. This is our Nation's capital. The Congress has responsibility for the capital, Madam Speaker. I made a commitment while I was there that the Congressional Black Caucus would work to ensure that this Congress takes that responsibility seriously and addresses this serious epidemic that exists in the Nation's capital.

I wanted to mention a couple of things this evening, Madam Speaker. Yesterday, Nicholas Kristof wrote a column in the New York Times that ought to give us all pause. In it he addresses an issue that many of us on the Committee on Homeland Security have raised many times—and I am sure Chairman BENNIE THOMPSON continues to work to address—and that is the deficient public health system in this country, especially in rural communities, in poor communities, and communities of color. I raised the issue at the H1N1 hearing in the Health Subcommittee on Energy and Commerce last week. I just want to share a few quotes from the article.

Nicholas Kristof says, ''The flu crisis should be a wake-up call, a reminder that one of our vulnerabilities to the possible pandemic is our deeply flawed medical system.'' And he quotes from Deborah Burger, the co-president of the California Nurses Association, the National Nurses Organizing Committee, who says, ''From SARS to avian flu to the current escalating outbreak of swine influenza, it has become increasingly clear that we are risking a major catastrophe unless we act to restore the safety net.''

Mr. Kristof continues, ''Think of the 47 million Americans who lack insurance. They are less likely to receive flu vaccines''—which might or might not help,'' he says—''less likely to receive prompt care when they get sick, and less able financially to stay home from work. And, thus, they are more likely to both die and spread the virus inadvertently.''

He also goes on to say—which is something that we have brought to the attention of the Department of Health and Human Services and the Department of Homeland Security—''hospitals lack spare beds, ventilators, and staff to cope with an epidemic. One study found that a flu epidemic would mean that 10 million Americans would need to be hospitalized compared with a total of nearly 1 million beds in America, about two-thirds of them occupied.

''Last year, Chairman Waxman ordered a review of surge capacity,'' reports Mr. Kristof, ''in hospitals available for a terror attack. What was the surge capacity? He found that more than half of the emergency rooms studied were already operating above capacity.''

The last quote that I want to bring to your attention from this op-ed is a quote that he uses from Dr. Redlener, the director of the National Center for Disaster Preparedness at Columbia University's Mailman School of Public Health. And Dr. Redlener says, and I agree, ''If a severe pandemic materializes, all of society would pay a heavy price for decades of failing to create a rational system of health care that works for us all.''

A few years ago, we had a Dr. Stephen Wolf from Virginia Commonwealth University come and talk to us about a report that he did on health care and the discrepancies, the disparities, the gaps in health care that the poor rural Americans, Americans of color face. I would like to use this quote and share it with you. He says, ''In the end, however, it all comes down to priorities. Perhaps we have reached a point when progress in providing good care when needed, with compassion and skill and without errors, would impress the public as a more meaningful medical advance than the rollout of the latest device or pill.'' He says, ''failing to establish systems to ensure that everyone receives recommended care is causing greater disease and deaths at levels that can rarely be offset by medical advances.''

So as we look at the spread of H1N1, this is a call to action to really fix the public health system in this country and make sure that every community has the kind of infrastructure it needs to address not only epidemics, but the everyday illnesses that the people in those communities suffer from.

But we do have an opportunity to address this health care system and to address health disparities. The Congressional Black Caucus—which has always had the elimination of health disparities as one of its main priorities—really welcomes the new political and policy dynamics that are currently shaping health care in this country. Because after all of the years and money spent on disease entities, we have only made slight progress. And even where improvements have been made, the gaps between people of color and the white majority have either remained the same or the gaps have widened.

According to testimony given at the Health Subcommittee on Energy and Commerce by Dr. Brian Smedley of the Joint Center for Political and Economic Studies, he says, ''Access to high-quality health care is particularly important for communities of color because deep-held status gaps persist among U.S. racial and ethnic groups.'' He goes on to say, ''While the Nation has made progress in lengthening and improving the quality of life, racial and ethnic health disparities begin early in the life span and exact a significant human and economic toll.'' He gives us some examples: ''The prevalence of diabetes among American Indians and Alaskan natives is more than twice that for all adults in the United States. Among African Americans, the age-adjusted death rate for cancer is approximately 25 percent higher than for white Americans.''

Although infant mortality, he said, ''decreased among all races during the 1980 to 2000 timed period, the black and white gap in infant mortality widened.

□ 2045

''While the life expectancy gap between African Americans and whites has narrowed slightly, African Americans can still expect to live 6 to 10 fewer years than whites and face higher rates of illness and mortality.''

He goes on to say, ''In terms of lives, this gap is staggering. A recent analysis of 1991 to 2000 mortality data concluded that had mortality rates of African Americans been equivalent to that of whites in that time period, over 880,000 deaths would have been averted.''

So we welcome and intend to be a part of shaping health care reform. And, of course, it does start with universal coverage because here are some other statistics:

Racial and ethnic minorities, although we account for about one-third of the U.S. population, account for more than half of the uninsured. Racial and ethnic minorities are more likely than whites to report not seeing a specialist when it was needed, foregoing needed health care because of the costs, and not being insured, they don't have a usual source of care. More than five of 10, 55 percent, Hispanics, four in 10 African Americans were uninsured for all or part of 2007 and 2008, compared with just two in 10, or 25 percent, in whites. In total, more than three in every four people of color, 76 percent, were uninsured for 6 months or more in 2007 and 2008. That data, I believe, comes from Families USA.

So the Congressional Black Caucus is looking at how we would like to see universal coverage provided. Of course, we feel that everyone must have coverage, and we insist that there be a public option. We have joined the Congressional Hispanic Caucus and the Asian Pacific Caucus in calling for a public option, and we will support a bill if it has a public option.

But also, and this is a concern that I have, we also need to ensure that we don't end up with the same kind of two-tiered system that we have today, one for the poor and one for everyone else, even when we have a public system. So we either need to figure out a way that that public system serves the poor and everyone else where the government may pay in for those who are at a certain level of poverty and the others pay in through subsidies that are done on a sliding scale or pay for it fully, or we need to fix the Medicaid program because the care that patients who have Medicaid who actually have access to health care is not equal and the outcomes are poorer than those who are insured, and in some cases it's the same or poorer than even the uninsured.

So ensuring that everyone is covered is critically important. It's critically important for African Americans and other people of color, who bear a disproportionate burden of disease in this

country, but it's important to every American because to the extent that so many people in this country remain uninsured, it adversely affects health care for everyone.

But insurance is just the beginning of what needs to be done to close the health disparities gap. For example, insured African American patients are less likely than insured whites to receive many potentially lifesaving or life-extending procedures such as high-tech care like cardiac catheterization, bypass graft surgery, or even kidney transplantation. And the IOM report of 2002 showed us that even when everything else is equal, educational level, economic level, and insurance, African Americans and other people of color get less care. Black cancer patients fail to get the same combinations of surgical and chemotherapy treatments that white patients with the same disease presentation received. African American heart patients are less likely than white patients to receive diagnostic procedures, revascularization procedures, and thrombolytic therapy, even when they have similar incomes, insurance, and other patient characteristics.

Even routine care suffers. Black and Latino patients are less likely than whites to receive aspirin upon discharge following a heart attack; to receive the appropriate care for pneumonia; and to have pain, such as the kind resulting from broken bones, appropriately treated. Minorities are more likely to receive undesirable treatment than whites, such as limb amputation for diabetes.

To so begin to address these, the TriCaucus, which includes the Congressional Black Caucus, the Congressional Hispanic Caucus, and the Congressional Asian and Pacific Island Caucus, will be reintroducing the Health Equity and Accountability Act, which we have introduced in the last three Congresses and for which we had hearings held in both the subcommittees of Ways and Means and Energy and Commerce last year. The bill takes a comprehensive approach and will have budget impact, but we are talking about reforming a broken health care system, one which many call a ''sick care system.'' And I really think it needs more than reforming; it needs a transformation.

Among the provisions, the bill includes those that would bolster efforts to ensure culturally and linguistically appropriate health care and remove language and cultural barriers to health care. It would improve workforce diversity, strengthen and coordinate data collection, ensure accountability and improve evaluation, and improve health care services especially for those diseases that are causing the disparities.

But today, after the limited progress we've made in eliminating these disparities, we know that in addition to doing all of those things, collecting data, increasing the diversity of our workforce, increasing accountability, providing for comprehensive programs of care to address some of those diseases that cause the gaps and cause people to die prematurely from preventable causes, we know that in addition to addressing the gaps in the many disease entities that we also have to turn our country's focus to disparities in its broader context to the pervasive, persistent social determinants or primordial determinants of the poor health of our communities. If we don't address these, the root causes, the totality of the environments in which we live and suffer from this ill health, we will never achieve wellness. So if we are to be healthy and achieve our optimal health, it's here also that change must occur. That is to ensure that the environments in which we live support the elimination of health disparities and support good health and our overall well-being.

I think the country is fortunate, and I know the country also understands how fortunate it is, and I'm blessed to work with the Congressional Black Caucus, where 42 diverse individuals with expertise and focus in many different areas such as health, education, economic development, job creation, workers' rights, environmental justice, housing, and all of the factors that are the underpinnings of our health, as a group, we work as a cohesive unit to improve the well-being of our communities and of all Americans. So I look at our entire Congressional Black Caucus agenda as a health agenda because we work on the broad agenda that is critical to closing the health gap and ensuring that all Americans have access to wellness.

And it's critical that we do this because the real things, the things that underlie our poor health, the things that are really killing us are factors like an overabundance of liquor stores in black and Latino and poor communities; the flooding of everything we see, read, and hear with tobacco advertising; intractable poverty and the way it fosters depression, drug abuse, and crime, creating neighborhoods where it's impossible to go outdoors and exercise, as we know we must; the refusal of businesses, including grocery stores and really medical entities as well, to come into poor and communities of color, where pharmacies that are there stock and dispense less pain medicine, regardless of how much pain the individual is having just because we're in a poor neighborhood that is made up mostly of racial and ethnic minorities; the profiling by the criminal justice system that makes some people wrong just because of the color of their skin or puts the mentally ill into the criminal justice system rather than into treatment; the racism and discrimination that denies racial and ethnic minorities the same quality of health care that I spoke about earlier that others take for granted and that pays less in our neighborhoods and so provides a strong and effective disincentive for hospitals and the other providers we need to come into our communities and stay there; the fact that too many of those providers that we do have don't understand our culture or our language; and all of the many assaults on our very humanity that weakens the well-known strength of spirit and the will to do the things that we know will improve our health and our quality of life. All of this is still not fully on the radar screen of most who set and implement policy, and this is something else that we must change.

Yet communities around the country, with or without our help, are taking on some of these issues and creating miracles and making dramatic changes in people's lives. We intend to help these communities and other communities become agents of change and to develop not just a better system of health delivery but an entire culture and environment of wellness.

Today I introduced the Health Empowerment Zone bill, through which we plan to give these communities the resources and the technical assistance that they need to improve their health and well-being. Through this bill communities can apply. The Department of Health and Human Services would provide the technical assistance and some resources to help that community form a community coalition to identify their health care challenges, to do a community assessment and to develop a strategic plan. Then the community would apply for designation as a health empowerment zone, and if they're so designated, they would have the opportunity to be a priority for programs that already exist in our government.

So this bill will not be a costly bill. We're talking about a little bit of startup money to these communities and, more than that, technical assistance to help them to do their community assessment and do their plan, and the help that they will get to implement that plan and turn around their community and make it a place where people can be well would come from programs that already exist. These communities would just have priority, and this is an attempt for us to address the social determinants of health, which we all know are critical if we are going to eliminate disparities and create healthy communities and a more healthy country. So we intend to help these and other communities, as I said, and we introduced that bill today.

Last week we held our Spring Health Brain Trust with the National Minority Quality Forum, and the messages that came from that meeting were very clear: Our health care system needs not just reform; it needs transformation. It will require an investment that goes beyond providing universal coverage because we have seen through many reports, the IOM and many more research papers, that minorities, people who speak a different language, people of color, even when they are insured, don't get the kind of care that the rest of the population gets. The message

came loud and clear that we need to reform Medicaid and ensure that that access really provides quality health care.

And, lastly, I would say that the message that we'd like to send out of that is that we know that it will cost a fair amount of money, but it's our health that we are talking about. We know that many people think or many of the pundits say that perhaps our President is trying to do too much, but we say we need all of it. And we stand with our President as he calls on us to reform our health care system or, rather, transform our health care system and ensure that quality health care is accessible, available to each and every American.

I just want to close with another quote from the Closing the Gap Report that was written in 2005 that addresses the issue of health inequities, and the quote says: ''Inequities within the health care system and within larger social, environmental, and economic structures persist not because of a dearth of solutions but because of a failure of political will.'' And I call on my colleagues to let us develop that political will. Let us eliminate disparities that are causing the premature death of people of color, poor, and rural Americans in this country, and let's transform our health care system so that everyone has access to quality, comprehensive health care.

LEAVE OF ABSENCE

By unanimous consent, leave of absence was granted to:

Mr. CAPUANO (at the request of Mr. HOYER) for today and May 5 on account of illness.

Mr. DEFAZIO (at the request of Mr. HOYER) for today on account of official business in the district.

Ms. EDDIE BERNICE JOHNSON of Texas (at the request of Mr. HOYER) for today on account of official business in district.

Mrs. NAPOLITANO (at the request of Mr. HOYER) for today.

Mr. STARK (at the request of Mr. HOYER) for today and the balance of the week on account of illness.

Mr. WESTMORELAND (at the request of Mr. BOEHNER) for today on account of illness.

SPECIAL ORDERS GRANTED

By unanimous consent, permission to address the House, following the legislative program and any special orders heretofore entered, was granted to:

(The following Members (at the request of Mrs. CHRISTENSEN) to revise and extend their remarks and include extraneous material:)

Ms. WOOLSEY, for 5 minutes, today.

Mr. DEFAZIO, for 5 minutes, today.

Ms. KAPTUR, for 5 minutes, today.

Mr. SCHIFF, for 5 minutes, today.

(The following Members (at the request of Mr. POE of Texas) to revise and extend their remarks and include extraneous material:)

Mr. POSEY, for 5 minutes, May 6.

Mr. FORBES, for 5 minutes, May 6.

Mr. MORAN of Kansas, for 5 minutes, May 5 and 6.

SENATE BILL REFERRED

A bill of the Senate of the following title was taken from the Speaker's table and, under the rule, referred as follows:

S. 615. An act to provide additional personnel authorities for the Special Inspector General for Afghanistan Reconstruction; to the Committee on Foreign Affairs; in addition to the Committee on Armed Services for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.

SENATE ENROLLED BILL SIGNED

The Speaker announced her signature to an enrolled bill of the Senate of the following title:

S. 735. An act to ensure States receive adoption incentive payments for fiscal year 2008 in accordance with the Fostering Connections to Success and Increasing Adoptions Act of 2008.

BILLS PRESENTED TO THE PRESIDENT

Lorraine C. Miller, Clerk of the House reports that on April 30, 2009 she presented to the President of the United States, for his approval, the following bills.

H.R. 1626. To make technical amendments to laws containing time periods affecting judicial proceedings.

H.R. 586. To direct the Librarian of Congress and the Secretary of the Smithsonian Institution to carry out a joint project at the Library of Congress and the National Museum of African American History and Culture to collect video and audio recordings of personal histories and testimonials of individuals who participated in the Civil Rights movement, and for other purposes.

ADJOURNMENT

Mrs. CHRISTENSEN. Mr. Speaker, I move that the House do now adjourn.

The motion was agreed to; accordingly (at 9 o'clock and 1 minute p.m.), under its previous order, the House adjourned until tomorrow, Tuesday, May 5, 2009, at 10:30 a.m., for morning-hour debate.

EXECUTIVE COMMUNICATIONS, ETC.

Under clause 2 of Rule XXIV, executive communications were taken from the Speaker's table and referred as follows:

1564. A letter from the Acting Assistant Secretary Legislative Affairs, Department of State, transmitting an addendum to a certification, transmittal number: DDTC-009-09, of a proposed sale or export of defense articles and/or defense services, pursuant to Public Law 110-429, section 201; to the Committee on Foreign Affairs.

1565. A letter from the Equal Employment Opportunity Director, Farm Credit Administration, transmitting the Administration's annual report for fiscal year 2008 on the Notification and Federal Employee Antidiscrimination and Retaliation Act of 2002; to the Committee on Oversight and Government Reform.

1566. A letter from the Acting Chairman, Federal Communications Commission, transmitting the Commission's annual report for fiscal year 2008 on the Notification and Federal Employee Antidiscrimination and Retaliation Act of 2002; to the Committee on Oversight and Government Reform.

1567. A letter from the President, Inter-American Foundation, transmitting the Foundation's annual report for fiscal year 2008 on the Notification and Federal Employee Antidiscrimination and Retaliation Act of 2002; to the Committee on Oversight and Government Reform.

1568. A letter from the Chairman, Nuclear Regulatory Commission, transmitting the Commission's annual report for fiscal year 2008 on the Notification and Federal Employee Antidiscrimination and Retaliation Act of 2002; to the Committee on Oversight and Government Reform.

1569. A letter from the Acting Director, Peace Corps, transmitting the Corps' annual report for fiscal year 2008 on the Notification and Federal Employee Antidiscrimination and Retaliation Act of 2002; to the Committee on Oversight and Government Reform.

1570. A letter from the Acting EEO Director, Securities and Exchange Commission, transmitting the Commission's annual report for fiscal year 2008 on the Notification and Federal Employee Antidiscrimination and Retaliation Act of 2002; to the Committee on Oversight and Government Reform.

1571. A letter from the Acting Administrator, Small Business Administration, transmitting the Administration's annual report for fiscal year 2008 on the Notification and Federal Employee Anti-Discrimination and Retaliation Act; to the Committee on Oversight and Government Reform.

1572. A letter from the Attorney Advisor, Department of Homeland Security, transmitting the Department's final rule — Safety Zone; Fireworks Displays, Anacostia River, Washington, DC [Docket No.: USCG-2008-0338] (RIN: 1625-AA00) received April 16, 2009, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

1573. A letter from the Attorney Advisor, Department of Homeland Security, transmitting the Department's final rule — Safety Zone; Main Street Oceanside, Fireworks Display; Oceanside, CA. [Docket No.: USCG-2008-0270] (RIN: 1625-AA00) received April 16, 2009, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

1574. A letter from the Attorney Advisor, Department of Homeland Security, transmitting the Department's final rule — Temporary Safety Zone; Wrechage of the M/V NEW CARISSA, Pacific Ocean 3 Nautical Miles North of the Entrance to Coos Bay, OR [Docket No.: USCG-2008-0915] (RIN: 1625-AA00) received April 16, 2009, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

1575. A letter from the Attorney Advisor, Department of Homeland Security, transmitting the Department's final rule — Safety Zone; Milwaukee River Challenge, Milwaukee River, Milwaukee, WI [Docket No.: USCG-2008-0914] (RIN: 1625-AA00) received April 16, 2009, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

1576. A letter from the Attorney Advisor, Department of Homeland Security, transmitting the Department's final rule — Safety