

story, unfortunately. When I was growing up, my parents owned what you might refer to as a mom-and-pop motel, sort of like a Motel 6, except I think we had 25 units and we charged \$8 a night for one person and \$10 a night for two, but that was a family business.

For a number of years, Madam Speaker, we didn't have a home. My parents had an efficiency apartment in the office of the motel. Most of the time we would have vacancies, so my two brothers and I would spend the night in one of the motel rooms, and it would vary from night to night.

I was about, I guess, 13 years old, one weekend in unit 1. Unit number 1 was a unit with two double beds. It was a larger unit of our 25-unit motel, so we would always like to stay in unit number 1. On the weekend, a cold winter night, my brother was 14, I was 13, and his best friend was 14, and we stayed in unit number 1.

Well, the very next weekend, unit number 1 was rented, so we weren't able to stay there. I remember going to mass on Sunday morning. My dad was Methodist, my mom was a Catholic, and Mom took my two brothers and me to mass.

□ 1250

When we came back, unfortunately in the parking lot of that motel I saw what I had never seen before, a beige-brown hearse—in fact, two or three of them—in the parking lot of this motel.

Madam Speaker, what had happened is three soldiers that weekend stayed in unit No. 1; they were 18–19 years old. They had crossed the State line because you could drink beer in South Carolina when you were 18 years old, and you couldn't do it in Georgia, so we would get a lot of weekend business from the military. These young soldiers got asphyxiated that night with carbon monoxide poisoning. It was just such a devastating thing to my dad. It just about caused him to lose his mind, quite honestly, and his business, even though it wasn't his fault. It was a faulty heater that the way the wind was blowing that night, it blew the burnt fuel back into the room, and these three soldiers, young boys, God bless them, lost their lives that night.

So when Representative MATHESON brought this bill before the Energy and Commerce Committee, as you know, Madam Speaker, as also a committee member, man, it brought all of that back. It was 55 years ago that that happened, and it was just like it was yesterday.

So I commend the gentleman, I absolutely do. I have some concerns about changing from a voluntary standard to a mandatory standard; but this is good work, this is good legislation, and for that reason I am going to support it.

Madam Speaker, I reserve the balance of my time.

Mr. SARBANES. Madam Speaker, our colleague from Georgia's story really puts a punctuation mark on why this legislation is so critical.

I am pleased to yield such time as he may consume to the sponsor of the legislation, Representative MATHESON from Utah.

Mr. MATHESON. Madam Speaker, I am pleased to rise to talk about this bill today.

This legislation, quite frankly, addresses an issue that has been growing in awareness, but it still requires attention in order to significantly reduce the number of easily preventable injuries and deaths caused by carbon monoxide poisoning in the United States.

Annually, over 500 people die from carbon monoxide poisoning and an additional 15,000 are hospitalized for carbon monoxide poisoning sickness. Unfortunately, many of these individuals are already at risk, the elderly and children.

In many cities and States, including my home State of Utah, local governments have really addressed this issue. They are at the forefront of an effort to pass legislation aimed at reducing carbon monoxide poisonings in homes, and I hope this legislation will expand those efforts.

The risks of this type of poisoning are real, yet the danger is poorly understood. Carbon monoxide poisonings are often misdiagnosed as stomach flu, and individuals can unknowingly spend hours inside homes which have dangerously high levels of carbon monoxide. Nearly all of these incidents could have been easily prevented with functioning carbon monoxide alarms. This legislation aims to cut down on those numbers while increasing awareness of the issues by taking three simple steps: number one, it codifies accepted scientific standards for carbon monoxide alarms into law; number two, it examines whether carbon monoxide warnings on portable generators should be expanded; and, number three, it establishes a grant program for States and local governments to provide carbon monoxide alarms and raise awareness of carbon monoxide poisoning.

Madam Speaker, I would also like to point out that this is a bill that has gone through a legislative process. We held hearings. And from the original bill that was introduced, the text has changed. That is what we are here to do as legislators is we try to work through things. And through the Energy and Commerce Committee, in bringing in witnesses to learn more about this issue, we have perfected this bill and made it better.

I really want to acknowledge the efforts of everyone on the Energy and Commerce Committee, in a bipartisan way, trying to address this issue as best we could. That is what we are supposed to do here in Congress. There is a lot of bickering going on in Washington these days, but here's an example where folks actually sat down and rolled up their sleeves and tried to address an issue in a constructive way. So I want to acknowledge that effort on both sides of the aisle, and I encour-

age all my colleagues to support this bill.

Mr. GINGREY of Georgia. Madam Speaker, I yield back the balance of my time.

Mr. SARBANES. Madam Speaker, again, we can't emphasize enough the importance of this legislation. You've heard recounted here the tragic stories of what happens when you don't have these kinds of mechanisms in place and you don't have the education to support people in terms of bringing this into their homes. And so I want to again congratulate Representative MATHESON for his efforts, thank my colleagues for the bipartisan support of this measure, and urge its passage today.

Madam Speaker, I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Maryland (Mr. SARBANES) that the House suspend the rules and pass the bill, H.R. 1796, as amended.

The question was taken; and (two-thirds being in the affirmative) the rules were suspended and the bill, as amended, was passed.

A motion to reconsider was laid on the table.

HONORING DR. ROBERT M. CAMPBELL, JR.

Mr. PALLONE. Madam Speaker, I move to suspend the rules and agree to the resolution (H. Res. 1499) honoring the achievements of Dr. Robert M. Campbell, Jr., to provide children with lifesaving medical care, as amended.

The Clerk read the title of the resolution.

The text of the resolution is as follows:

H. RES. 1499

Whereas Dr. Robert M. Campbell, Jr., is a pediatric orthopedic surgeon affiliated for many years with the University of Texas Health Science Center at San Antonio and now Director of the Thoracic Insufficiency Center at The Children's Hospital of Philadelphia;

Whereas Dr. Campbell has devoted his career to working with children suffering from congenital scoliosis, fused ribs, small chest, and missing ribs;

Whereas Dr. Campbell, working with other specialists, helped identify Thoracic Insufficiency Syndrome, which is associated with the rare conditions of congenital scoliosis, fused ribs, small chests, and missing ribs, and results in the inability of the thorax to support normal respiration or lung growth which is often fatal in children;

Whereas the life-saving medical devices often used in adult care of rib conditions are not designed or sized for the bodies of children suffering from Thoracic Insufficiency Syndrome or similar conditions;

Whereas, over the years, physicians have often turned to adult devices, less effective treatments, more invasive therapies, or jury-rigging makeshift equipment to provide vital care for children;

Whereas doctors were often left with no effective treatment for these critically ill children;

Whereas, in 1987, Dr. Robert Campbell, working together with the late Dr. Melvin

Smith, a professor of pediatric general surgery at CHRISTUS Santa Rosa Children's Hospital, invented the Vertical Expandable Prosthetic Titanium Rib, which is easy to implant and easy to expand with minor outpatient surgery as the child grows;

Whereas the first successful surgery by Drs. Campbell and Smith in 1989 began a long crusade to receive approval for the device from the Food and Drug Administration (FDA); however, so few children are in need of such devices that study trials stretched out for well over a decade;

Whereas, after over 14 years of advocacy by Dr. Campbell and Dr. Smith and in large part due to their persistence and devotion to children, on September 2, 2004, the Food and Drug Administration approved the Vertical Expandable Prosthetic Titanium Rib;

Whereas the FDA found that the device was safe and of benefit in enabling unassisted breathing and less dependence on ventilators, and that without treatment, children with the syndrome risk death from respiratory infections or inability to breathe;

Whereas, since the FDA approval, the Vertical Expandable Prosthetic Titanium Rib for children with conditions such as Thoracic Insufficiency Syndrome, Jeune syndrome, and other medical problems that constrict the growth of children's lungs has saved the lives of hundreds of children with no other hope for survival;

Whereas the National Organization for Rare Disorders (NORD) and the Office of Orphan Products Development at the FDA made critical investments in Dr. Campbell's technology;

Whereas Dr. Campbell has served as an advocate for children with rare medical conditions across the Nation by providing many hours of volunteer service to the National Organization for Rare Disorders (NORD) as a member of its Medical Advisory Committee; and

Whereas Dr. Campbell has also served as an advocate for children through actions such as his March 27, 2007, testimony before the United States Senate Committee on Health, Education, Labor, and Pensions entitled "Ensuring Safe Medicines and Medical Devices for Children": Now, therefore, be it

Resolved, That the House of Representatives—

(1) honors Dr. Robert Campbell for his lifelong devotion to children's health care;

(2) congratulates Dr. Robert Campbell and his colleagues on their extraordinary achievement in pediatric and orthopedic innovation; and

(3) recognizes the Vertical Expandable Prosthetic Titanium Rib device which has saved the lives of so many infants and children, while giving hope to their families.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from New Jersey (Mr. PALLONE) and the gentleman from Georgia (Mr. GINGREY) each will control 20 minutes.

The Chair recognizes the gentleman from New Jersey.

GENERAL LEAVE

Mr. PALLONE. Madam Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks and include extraneous material in the RECORD.

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

There was no objection.

Mr. PALLONE. Madam Speaker, I yield myself such time as I may consume.

Madam Speaker, House Resolution 1499 honors the achievements of Dr. Robert M. Campbell, Jr. to provide children with lifesaving medical care. I want to thank the sponsor of the bill, Congresswoman DEBBIE WASSERMAN SCHULTZ from Florida, for sponsoring this bill, and also her tireless efforts to get cosponsors and what's necessary to bring this bill to the floor on an expedited basis today.

I will leave it to the Congresswoman to talk more about Dr. Robert M. Campbell, but let me just say that he is a pediatric orthopedic surgeon, affiliated for many years with the University of Texas, and also now director of the Thoracic Insufficiency Center at the Children's Hospital in Philadelphia.

In collaboration with other specialists, he helped identify thoracic insufficiency syndrome, which is associated with a rare condition of congenital scoliosis, fused ribs, small chests, and missing ribs. After 14 years of advocacy, the Food and Drug Administration approved the vertical expandable prosthetic titanium rib in 2004 through Dr. Campbell's efforts, so I want to applaud his work.

I urge my colleagues to join me in supporting this resolution, and I reserve the balance of my time.

□ 1300

Mr. GINGREY of Georgia. I yield myself such time as I may consume.

Mr. Speaker, I rise today in support of this resolution, House Resolution 1499, honoring the achievements of Dr. Robert Campbell, Jr. and the work that he did in regard to not only this particular device that Mr. PALLONE just described but in regard to a lot of other pediatric medical equipment.

I guess today is my day for reflection, Mr. Speaker, because, as a practicing physician for 31 years before being elected as a Member of the House, I distinctly recall having a patient who actually died of this Thoracic Insufficiency Syndrome, which Mr. PALLONE was discussing in regard to how Dr. Campbell invented this device, this vertical expandable prosthetic rib. I don't know when that invention occurred. Well, I do know. It was in 1987. So, Mr. Speaker, the story of my patient was before that.

My patient was someone who was born with spina bifida, someone who never had usage of her lower body, her limbs. She was what I guess you would refer to as a paraplegic. She did live into adulthood. When she was my patient, she was in her midthirties, and she was beautiful. Her name was Fran. Out of respect for the family, I won't say her last name, but Fran was beautiful. She looked like a child even though she was in her midthirties, but her chest—her thorax—as was just described with Dr. Campbell's patient, had not grown or fully developed, and it was difficult for her to breathe. When Fran actually died, I am sad to say, maybe a couple of years after she

became my patient, that is what she died from.

Maybe if she, as a child, had had the opportunity to take advantage of Dr. Campbell's knowledge and expertise and contributions to medicine, particularly in the field of pediatrics and pediatric birth defects, maybe Fran would be alive today. That would be great, because she was a wonderful person.

So I am very supportive of this resolution honoring Dr. Robert Campbell, Jr.

I reserve the balance of my time.

Mr. PALLONE. Mr. Speaker, I yield such time as she may consume to the gentlewoman from Florida (Ms. WASSERMAN SCHULTZ). If I could say, not only on this bill but on so many bills related to health care, she has really been out front and has taken a leadership role. I want to commend her for that.

Ms. WASSERMAN SCHULTZ. Thank you, Chairman PALLONE, for your consideration.

Thank you to the Energy and Commerce Committee—Mr. WAXMAN and Mr. GINGREY—for granting us this time to honor Dr. Robert M. Campbell. Thank you to all of the Members. In the last few days, we have added more than 100 cosponsors to this legislation now, which is really remarkable in only a few days. I had a chance to talk to so many of our colleagues about Dr. Campbell's story, and they wanted to join us in honoring him.

Mr. Speaker, Dr. Robert M. Campbell has dedicated his life to providing children with life-saving medical care. I first learned about Dr. Campbell's work when a little boy in my district named Devin Alfonso was given a terminal diagnosis of severe scoliosis. His spine and ribs were so severely bent that there was no room for his lungs and heart to grow.

For some time, the technology had existed to help adult patients with serious skeletal conditions. However, as Devin's family had to learn the hard way, the life-saving medical devices used in adult care are not fit for the small bodies of children. So often, these medical devices are simply far too big for children who are suffering from either scoliosis, Thoracic Insufficiency Syndrome, or similar conditions. Even if miniature versions of these devices were created, a growing child's body would mean that the device would quickly become too small and would require more invasive surgery.

For years, physicians trying to treat children like Devin were forced to use less effective treatments, more invasive therapies or jury-rigged makeshift equipment as their only options in providing this vital care. Far too often, these doctors are left with no effective treatment at all, meaning that a diagnosis like Devin's was simply a death sentence.

Dr. Campbell refused to accept these outcomes. He devoted his career to working with children like Devin who

were suffering from congenital scoliosis, fused ribs, small chests, and missing ribs. He made it his mission to change their fates. In such a dire environment, the work of this dedicated physician, Dr. Robert Campbell, has made all the difference. He has waged a decades-long campaign to provide a solution for these children that gives them a fighting chance.

During the 1980s, while at the University of Texas Health Science Center at San Antonio, Dr. Campbell teamed up with the late Dr. Melvin Smith on developing a medical device suitable for children. In 1987, Dr. Campbell, along with Dr. Smith, made a major breakthrough with the invention of the Vertical Expandable Prosthetic Titanium Rib. This device proved to be easy to implant, and importantly, it could be expanded with minor outpatient surgery as the child grows.

Unfortunately, as these rare rib and spine disorders occur so infrequently in the population, Dr. Campbell was just starting his journey on getting this life-saving device to the children who needed it. Completing the necessary trials for Food and Drug Administration approval proved to be a tremendous challenge. The process stretched out for well over a decade, but Dr. Campbell kept at it, working to develop and complete the needed trials.

In this effort, he received invaluable help from the National Organization for Rare Disorders, or NORD. This organization of medical professionals helps bring attention to the 6,800 known rare diseases that currently have no approved therapies. Through funding and support from NORD, Dr. Campbell was able to continue his work.

Dr. Campbell persevered and he ultimately prevailed. After many years of advocacy, due in large part to his devotion to children, he won approval from the FDA for the Vertical Expandable Prosthetic Titanium Rib on September 2, 2004.

Thanks to Dr. Campbell's work, Devin Alfonso was able to enroll in a clinical trial to receive the medical device that saved his life. Hundreds of other children suffering from spinal and skeletal abnormalities have also survived and have even thrived thanks to this enthusiastic doctor and his noteworthy invention.

From his identification of Thoracic Insufficiency Syndrome to his persistence in bringing his life-saving device to fruition, Dr. Campbell has been a stalwart for children's health. He is an inspiration to everyone who has worked with him and, most certainly, to the children and families he has helped.

I know the impact he has had on Devin and on his mom, Rixys Alfonso. I know, over the past decade, I have gotten to share in the joy as Devin has grown into a wonderful young man.

So please join me in celebrating Dr. Campbell's achievements and in honoring his unwavering devotion to saving the lives of so many children.

Mr. GINGREY of Georgia. Mr. Speaker, I ask my colleagues to support House Resolution 1499, the resolution honoring Dr. Robert Campbell, Jr.

I have no further requests for time, and I yield back the balance of my time.

Mr. PALLONE. Mr. Speaker, I urge adoption of the resolution.

I have no further requests for time, and I yield back the balance of my time.

The SPEAKER pro tempore (Mr. BLUMENAUER). The question is on the motion offered by the gentleman from New Jersey (Mr. PALLONE) that the House suspend the rules and agree to the resolution, H. Res. 1499, as amended.

The question was taken; and (two-thirds being in the affirmative) the rules were suspended and the resolution, as amended, was agreed to.

A motion to reconsider was laid on the table.

TRUTH IN FUR LABELING ACT OF 2009

Mr. SARBANES. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 2480) to improve the accuracy of fur product labeling, and for other purposes, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 2480

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

SECTION 1. SHORT TITLE.

This Act may be cited as the "Truth in Fur Labeling Act of 2009".

SEC. 2. ELIMINATION OF EXEMPTION TO FUR PRODUCT LABELING REQUIREMENTS FOR PRODUCTS CONTAINING RELATIVELY SMALL QUANTITIES OR VALUES OF FUR.

(a) IN GENERAL.—Section 2(d) of the Fur Products Labeling Act (15 U.S.C. 69(d)) is amended by striking "except that" and all that follows through "contained therein".

(b) EFFECTIVE DATE.—The amendment made by subsection (a) shall take effect on the date that is 90 days after the date of the enactment of this Act.

SEC. 3. EXEMPTION FOR DISCRETE SALES BY NON-RETAILERS.

Section 3 of the Fur Products Labeling Act (15 U.S.C. 69a) is amended by adding at the end the following:

"(g) No provision of this Act shall apply to a fur product—

"(1) the fur of which was obtained from an animal through trapping or hunting; and

"(2) when sold in a face to face transaction at a place such as a residence, craft fair, or other location used on a temporary or short term basis, by the person who trapped or hunted the animal, where the revenue from the sale of apparel or fur products is not the primary source of income of such person."

SEC. 4. FEDERAL TRADE COMMISSION REVIEW OF FUR PRODUCTS NAME GUIDE.

Not later than 90 days after the date of the enactment of this Act, the Federal Trade Commission shall publish in the Federal Register notice of, and an opportunity to comment on, a review of the Fur Products Name Guide (16 CFR 301.0).

SEC. 5. PAYGO COMPLIANCE.

The budgetary effects of this Act, for the purpose of complying with the Statutory

Pay-As-You-Go Act of 2010, shall be determined by reference to the latest statement titled "Budgetary Effects of PAYGO Legislation" for this Act, submitted for printing in the Congressional Record by the Chairman of the House Budget Committee, provided that such statement has been submitted prior to the vote on passage.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Maryland (Mr. SARBANES) and the gentleman from Kentucky (Mr. WHITFIELD) each will control 20 minutes.

The Chair recognizes the gentleman from Maryland.

GENERAL LEAVE

Mr. SARBANES. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks and to include extraneous material in the RECORD.

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

There was no objection.

Mr. SARBANES. I yield myself such time as I may consume.

Mr. Speaker, I rise in support of H.R. 2480, the Truth in Fur Labeling Act.

I want to begin by thanking Representative MORAN from Virginia for introducing this bill and Representatives RUSH, WAXMAN, WHITFIELD, and BARTON for moving this bill through the committee process.

H.R. 2480 is a commonsense, bipartisan bill that, with one exception, requires all articles of apparel containing fur to be labeled regardless of the cost of the garment. This legislation will make clear to consumers and retailers exactly which products contain fur and which do not.

During committee consideration, one exception was added to these requirements. An amendment by Mr. LATTA was accepted by voice vote to exempt from the labeling requirements those fur products that are sold by hunters and trappers out of their homes or at fairs or at other temporary spaces. This exemption is extremely limited. It applies only to fur sold by the individual who actually hunted or trapped the animal when the sale of such furs is not the primary source of income for that individual. The bill also directs the Federal Trade Commission to update the Fur Products Name Guide, which has been criticized as inaccurate and outdated.

As indicated, this bill enjoys very broad support from Members on both sides of the aisle. I urge my colleagues to support it.

I reserve the balance of my time.

□ 1310

Mr. WHITFIELD. Mr. Speaker, I yield myself such time as I may consume.

I also would like to thank Congressman MORAN for being a real leader on this legislation, and I certainly want to thank Chairman RUSH and Chairman WAXMAN and others on the Energy and Commerce Committee.

This legislation, as Mr. SARBANES adequately described, is relatively simple. It simply amends the Fur Products