

other sectors. However, the unfortunate reality is that our veterans experience unemployment rates well above the national average.

Congresswoman CAPPS and Congressman KINZINGER have introduced common-sense legislation—H.R. 4124—to advance our shared goals of getting our veterans back to work and addressing areas of shortage in health professions. Congresswoman CAPPS has also authored legislation—H.R. 3884, the Emergency Medic Transition Act of 2012—that similarly seeks to help armed services personnel transition from military to civilian jobs in a timely fashion.

H.R. 4124 authorizes a demonstration grant program to states to support planning efforts to streamline their certification and licensure requirements for emergency medical technicians. As Congresswoman CAPPS has noted, I think there is a role for partnerships between public and private organizations within the States—such as area health education centers—in the implementation of this program.

I urge my colleagues to support H.R. 4124, and I commend Congresswoman CAPPS and Congressman KINZINGER for their work on this legislation.

Mr. UPTON. Mr. Speaker, H.R. 4124, the Veteran Emergency Medical Technician Support Act of 2012, provides two important benefits. It addresses the shortages of emergency medical technicians (EMT) and it helps get our veterans back to work.

Military medics receive some of the best medical and emergency training available while they serve our country.

Yet, not all military medical training satisfies civilian EMT licensing and certification requirements. As a result, our returning veterans are unnecessarily prevented from working as an EMT when they re-enter civilian life.

This bill will examine ways that states with a shortage of EMTs can streamline requirements so that military medics do not have to duplicate the education and training they received on the battlefield. Our vets will be put back to work, and critical workforce shortages in emergency care can be filled to meet public health needs.

I proudly support this bill and urge my colleagues to support it. I yield the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Pennsylvania (Mr. PITTS) that the House suspend the rules and pass the bill, H.R. 4124, 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.

RECALCITRANT CANCER RESEARCH ACT OF 2012

Mr. PITTS. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 733) to amend the Public Health Service Act to provide for a Pancreatic Cancer Initiative, and for other purposes, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 733

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 “Recalcitrant Cancer Research Act of 2012”.

SEC. 2. SCIENTIFIC FRAMEWORK FOR RECALCITRANT CANCERS.

Subpart 1 of part C of title IV of the Public Health Service Act (42 U.S.C. 285 et seq.) is amended by adding at the end the following:

“SEC. 417G. SCIENTIFIC FRAMEWORK FOR RECALCITRANT CANCERS.

“(a) DEVELOPMENT OF SCIENTIFIC FRAMEWORK.—

“(1) IN GENERAL.—For each recalcitrant cancer identified under subsection (b), the Director of the Institute shall develop (in accordance with subsection (c)) a scientific framework for the conduct or support of research on such cancer.

“(2) CONTENTS.—The scientific framework with respect to a recalcitrant cancer shall include the following:

“(A) CURRENT STATUS.—

“(i) REVIEW OF LITERATURE.—A summary of findings from the current literature in the areas of—

“(I) the prevention, diagnosis, and treatment of such cancer;

“(II) the fundamental biologic processes that regulate such cancer (including similarities and differences of such processes from the biological processes that regulate other cancers); and

“(III) the epidemiology of such cancer.

“(ii) SCIENTIFIC ADVANCES.—The identification of relevant emerging scientific areas and promising scientific advances in basic, translational, and clinical science relating to the areas described in subclauses (I) and (II) of clause (i).

“(iii) RESEARCHERS.—A description of the availability of qualified individuals to conduct scientific research in the areas described in clause (i).

“(iv) COORDINATED RESEARCH INITIATIVES.—The identification of the types of initiatives and partnerships for the coordination of intramural and extramural research of the Institute in the areas described in clause (i) with research of the relevant national research institutes, Federal agencies, and non-Federal public and private entities in such areas.

“(v) RESEARCH RESOURCES.—The identification of public and private resources, such as patient registries and tissue banks, that are available to facilitate research relating to each of the areas described in clause (i).

“(B) IDENTIFICATION OF RESEARCH QUESTIONS.—The identification of research questions relating to basic, translational, and clinical science in the areas described in subclauses (I) and (II) of subparagraph (A)(i) that have not been adequately addressed with respect to such recalcitrant cancer.

“(C) RECOMMENDATIONS.—Recommendations for appropriate actions that should be taken to advance research in the areas described in subparagraph (A)(i) and to address the research questions identified in subparagraph (B), as well as for appropriate benchmarks to measure progress on achieving such actions, including the following:

“(i) RESEARCHERS.—Ensuring adequate availability of qualified individuals described in subparagraph (A)(iii).

“(ii) COORDINATED RESEARCH INITIATIVES.—Promoting and developing initiatives and partnerships described in subparagraph (A)(iv).

“(iii) RESEARCH RESOURCES.—Developing additional public and private resources described in subparagraph (A)(v) and strengthening existing resources.

“(3) TIMING.—

“(A) INITIAL DEVELOPMENT AND SUBSEQUENT UPDATE.—For each recalcitrant cancer identified under subsection (b)(1), the Director of the Institute shall—

“(i) develop a scientific framework under this subsection not later than 18 months after the date of the enactment of this section; and

“(ii) review and update the scientific framework not later than 5 years after its initial development.

“(B) OTHER UPDATES.—The Director of the Institute may review and update each scientific framework developed under this subsection as necessary.

“(4) PUBLIC NOTICE.—With respect to each scientific framework developed under subsection (a), not later than 30 days after the date of completion of the framework, the Director of the Institute shall—

“(A) submit such framework to the Committee on Energy and Commerce and Committee on Appropriations of the House of Representatives, and the Committee on Health, Education, Labor, and Pensions and Committee on Appropriations of the Senate; and

“(B) make such framework publically available on the Internet website of the Department of Health and Human Services.

“(b) IDENTIFICATION OF RECALCITRANT CANCER.—

“(1) IN GENERAL.—Not later than 6 months after the date of the enactment of this section, the Director of the Institute shall identify two or more recalcitrant cancers that each—

“(A) have a 5-year relative survival rate of less than 20 percent; and

“(B) are estimated to cause the death of at least 30,000 individuals in the United States per year.

“(2) ADDITIONAL CANCERS.—The Director of the Institute may, at any time, identify other recalcitrant cancers for purposes of this section. In identifying a recalcitrant cancer pursuant to the previous sentence, the Director may consider additional metrics of progress (such as incidence and mortality rates) against such type of cancer.

“(c) WORKING GROUPS.—For each recalcitrant cancer identified under subsection (b), the Director of the Institute shall convene a working group comprised of representatives of appropriate Federal agencies and other non-Federal entities to provide expertise on, and assist in developing, a scientific framework under subsection (a). The Director of the Institute (or the Director's designee) shall participate in the meetings of each such working group.

“(d) REPORTING.—

“(1) BIENNIAL REPORTS.—The Director of NIH shall ensure that each biennial report under section 403 includes information on actions undertaken to carry out each scientific framework developed under subsection (a) with respect to a recalcitrant cancer, including the following:

“(A) Information on research grants awarded by the National Institutes of Health for research relating to such cancer.

“(B) An assessment of the progress made in improving outcomes (including relative survival rates) for individuals diagnosed with such cancer.

“(C) An update on activities pertaining to such cancer under the authority of section 413(b)(7).

“(2) ADDITIONAL ONE-TIME REPORT FOR CERTAIN FRAMEWORKS.—For each recalcitrant cancer identified under subsection (b)(1), the Director of the Institute shall, not later than 6 years after the initial development of a scientific framework under subsection (a), submit a report to the Congress on the effectiveness of the framework (including the update required by subsection (a)(3)(A)(ii)) in improving the prevention, detection, diagnosis, and treatment of such cancer.

“(e) RECOMMENDATIONS FOR EXCEPTION FUNDING.—The Director of the Institute shall

consider each relevant scientific framework developed under subsection (a) when making recommendations for exception funding for grant applications.

“(f) DEFINITION.—In this section, the term ‘recalcitrant cancer’ means a cancer for which the five-year relative survival rate is below 50 percent.”.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Pennsylvania (Mr. PITTS) and the gentlewoman from California (Ms. ESHOO) each will control 20 minutes.

The Chair recognizes the gentleman from Pennsylvania.

GENERAL LEAVE

Mr. PITTS. Mr. Speaker, I ask unanimous consent that all Members have 5 legislative days within which to revise and extend their remarks and insert extraneous materials in the RECORD on H.R. 733.

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

There was no objection.

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

Mr. Speaker, I rise today to support H.R. 733, the Recalcitrant Cancer Research Act of 2012.

This act will bring new hope to patients with cancers.

It is never easy to lose someone to cancer, but it is especially difficult when you are not even given a fighting chance.

Cancers with low survival rates and poor outcomes have baffled researchers for more than 40 years. These are recalcitrant cancers.

While survival rates for many cancers have climbed from 50 percent to 67 percent, there are still cancers that have yet to reach the 50 percent benchmark.

While there are various types of cancers that fall under this definition, nearly half of the 577,190 cancer deaths expected in 2012 will be caused by eight deadly cancers, including pancreatic and ovarian cancer.

□ 2130

This bill will direct the National Cancer Institute to establish a scientific framework for the study of recalcitrant cancers. Working groups will be appointed to prepare the framework that will include a review of current research and identification of key research questions and a summary of promising discoveries. The NIH would then be required to issue a report to Congress with recommendations on the effectiveness of the scientific framework model so that we can ensure that progress is being made and determine whether this type of model should be expanded to other types of diseases and conditions.

I urge my colleagues to vote in support of the legislation, and I reserve the balance of my time.

Ms. ESHOO. Mr. Speaker, I rise in support of my legislation, H.R. 733, which was originally named the Pancreatic Cancer Research and Education Act, which has now been renamed to be

the Recalcitrant Cancer Research Act of 2012.

I first introduced this bill in the 110th Congress in honor of a very dear friend, Ambassador Richard Sklar, who was a victim of this devastating disease.

Pancreatic cancer is a disease from which very few people survive. It's essentially a death sentence. It's because of the families, their friends, neighbors, doctors, and coworkers who have advocated for much better research and treatments that we've made it to the finish line legislatively and that we are here this evening.

Sadly, the outcomes for those with pancreatic cancer have remained relatively unchanged since the passage of the National Cancer Act nearly 40 years ago. Only 6 percent of people diagnosed with the disease live longer than 5 years. Let me say that again. Only 6 percent of people diagnosed with pancreatic cancer live longer than 5 years; 75 percent die within a year of diagnosis. Pancreatic cancer remains one of the most lethal types of cancers, even as survival rates for other cancers have increased.

The Pancreatic Cancer Research and Education Act, which I introduced with my wonderful colleague, a real gentleman of the House, Representative LEONARD LANCE, directs the National Cancer Institute, the NCI, to develop a long-term strategic plan for addressing the disease, bringing together the finest minds in our country with the best expertise in this area. The plan will be used by the agency as a roadmap for navigating the best way forward in research for early detection, for new diagnostic tools, treatment therapies, and even cures.

While pancreatic cancer is one of the most devastating of all recalcitrant cancers, or those with a high mortality rate and few treatments, it's certainly not the only cancer that needs increased attention. That's why I've worked closely with my colleagues on both sides of the aisle to expand our legislation to include all recalcitrant cancers so that we can make progress in other areas, too.

I'm exceedingly proud to say that this bill enjoys the bipartisan cosponsorship of 293 Members of the United States House of Representatives. I want to thank Chairman UPTON, FRED UPTON, whom I cajoled, whom I pestered, whom I pleaded with, whom I constantly kept after. He reminded me that I needed patience. I kept reminding him that I've been at it for 6 years. But he listened, and I appreciate that and I salute him for it.

To the ranking member of the full committee, Mr. WAXMAN, to the staffs of the majority, both the Health Subcommittee, the full committee majority staff and the minority staff, I want to thank them as well, because without them we really cannot get our work done.

I also want to say how proud I am and grateful I am for the efforts of the

pancreatic cancer advocates who had the courage to share their painful stories with their Representatives and educate them about the importance of this legislation. I would also like to make mention of Senator SHELDON WHITEHOUSE, who is the author in the other body and has been a marvelous advocate and carrier of this legislation. And last but not least, I'd like to pay tribute to Erin Katzelnick-Wise of my staff, who, for all of this time—over three Congresses—has worked diligently and vigorously and loyally on this bill.

I look forward to seeing H.R. 733 signed into law by the President so that we can begin the important work of finding a cure for pancreatic cancer, as well as the other cancers that take the lives of our fellow Americans every day. I think with the passage of this and the signature of it, the American people will say, at last, at last the Congress has acted on a bipartisan basis on something that is of utmost importance and urgency to the American people.

With that, Mr. Speaker, I reserve the balance of my time.

Mr. PITTS. Mr. Speaker, at this time I would like to yield 3 minutes to the chair of the full committee, the gentleman from Michigan (Mr. UPTON).

Mr. UPTON. Mr. Speaker, this legislation, H.R. 733, the Recalcitrant Cancer Research Act of 2012, will indeed take important steps to improve outcomes for cancer patients.

For the many Americans who have been diagnosed with a hard-to-treat cancer, hope is not easy to come by. These patients have heard all about the advances in cancer treatments and cures but are left to wonder why there isn't some help for them. Unfortunately, their cancers do not respond to traditional treatments and, as a result, have had very few improvements in prevention, diagnosis, and treatment in decades.

Take, for example, pancreatic cancer. According to the NIH, it is estimated that 44,000 men and women will be diagnosed with this cancer this year, of which 35,000 will die. The 5-year survival rate is less than 6 percent, compared to other cancers with survival rates of over 90 percent.

This bill will guide efforts at the National Cancer Institute in identifying the scientific framework that will outline those unanswered medical and scientific questions that will help to focus research efforts for those deadly cancers. Ensuring the availability of qualified researchers and important resources, such as patient registries, will also move the process forward.

Tonight we work to provide patients and their families a little more hope. This bipartisan legislation is an important step as we continue to see breakthrough advances in cancer research, particularly for those cancers whose survival rates remain low and treatment options are limited.

I want to thank Chairman WAXMAN and his staff, as well as Chairman HARKIN and Ranking Member ENZI of the Senate committee, which passed the Senate version of this bill today in committee, for enabling us to be on the verge of really getting this legislation into law, which is one of the reasons why we bypassed the full committee.

We were delighted to pass this legislation last week in subcommittee, and I singled out particularly my friends, ANNA ESHOO and LEONARD LANCE, for their stalwart work on moving this legislation. And I've got to tell you, the many times we met and chatted about this legislation, I was given an update on the number of bipartisan cosponsors from 233 to 240, and now 290—something that are there. It is, indeed, a bipartisan piece of legislation.

One of the reasons why we bypassed the full committee this week in markup—which began, actually, this afternoon and we'll finish tomorrow—is we wanted to get this bill to the floor right away so that we don't even have to wait for a lame duck session to get it signed into law. So I would hope that my Senate colleagues move this quickly.

But I just really want to thank my friends, ANNA ESHOO and LEONARD LANCE, for their great work. The staff that put this together—I'll tell you, in sitting down with the NIH folks 2 weeks ago, we've really expanded. We've broadened this to include more than just pancreatic, how this started.

□ 2140

We have the stakeholders now on board that are excited about this legislation and what it will hold. The private sector out there—and, man, we've sure heard from them over the last year or so—but I know, too, that they are very happy with the passage of this tonight. It's a dream that's come true thanks to you.

Ms. ESHOO. Mr. Speaker, I would just like to add to the comments that I made earlier that this is really highly unusual that a bill would enjoy such high co-sponsorship.

So, to the advocates that may be tuned in tonight, I, again, want to pay homage to them for their advocacy, for their tenacity, for their turning their real pain and loss into something that is worthy of those that were lost. Almost 1,000 bills were referred to the Energy and Commerce Committee during this, the 112th Congress. There was no other bill that enjoyed the high number, 293 bipartisan cosponsors.

This Congress has been really torn a part by so much disagreement, a high amount of nonpartisanship, people all over the country really scratching their heads and saying, can anyone ever come together in Congress to get something done for the American people. And while I wish there were so much more, I think that this stands tall and is an eloquent statement about my colleagues that signed on to this as cosponsors.

And I thank, again, the leadership on both sides of the aisle, the staff that is so wonderfully responsible for the beautiful work that's done and, again, close my comments by paying tribute to the Republican leader on this legislation, Representative LEONARD LANCE, who is a genuine gentleman, an outstanding legislator, a good friend, and a man of real integrity.

I say bravo to all of the advocates. God bless you all.

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

Mr. PITTS. Mr. Speaker, at this time I would like to yield 4 minutes to the gentleman from New Jersey, (Mr. LANCE), a member of the Health Subcommittee.

Mr. LANCE. Mr. Speaker, I rise tonight in strong support of this legislation that I have had the honor of co-sponsoring with my friend and colleague, Congresswoman ANNA ESHOO of California. The legislation improves the prevention, the diagnosis, and the treatment of cancers with high mortality rates, including pancreatic cancer.

Since President Nixon declared the war on cancer 40 years ago, the overall 5-year survival rate for all a cancers has climbed from approximately 50 percent to 67 percent. There are, however, cancers such as pancreatic cancer that still have high mortality rates and have not seen substantial progress in diagnoses or treatment of the disease. These so-called "recalcitrant cancers" are among the deadliest diseases and are the very types of cancers that this bill seeks to address.

This legislation will direct the National Cancer Institute to establish a scientific framework that will guide research efforts on recalcitrant cancers by identifying unanswered medical and scientific questions. This framework seeks to bring together the brightest minds from Federal health agencies, from academia, and from private research fields with the hope of yielding new treatments and cures for recalcitrant cancers.

I thank Chairman PITTS and Ranking Member PALLONE of the Health Subcommittee for their steadfast support of the bill; and I thank the chairman of the full committee, Mr. UPTON, and the ranking member, Mr. WAXMAN, for their essential help.

At a time when so many Americans are concerned about the lack of bipartisanship in Congress, this legislation is an example where members of the House Energy and Commerce Committee work together, as we so often do, on critical health care issues. This legislation will reach the President's desk. This is the way Congress should work.

I give special recognition to Congresswoman ESHOO for her tireless efforts, not only in support of this legislation, her legislation, but for her advocacy throughout her public life in support of cancer research and education.

I also thank Senator WHITEHOUSE for his work on this issue. And I thank Jeff Last, of my staff, for all that he has done on this important legislation.

Also, Mr. Speaker, I thank Lisa Swayze for her advocacy in support of the pancreatic cancer issue, advocacy in memory of her husband, the great actor and dancer, Patrick Swayze.

On a personal note, when my twin brother, Jim, and I were 12 years old, we lost our mother to cancer after a valiant 3-year battle. I dedicate whatever modest work I have done on this issue in her memory.

I urge my colleagues to support the Recalcitrant Cancer Research Act.

Mr. PITTS. Mr. Speaker, in conclusion, I want to commend the advocacy of Mr. LANCE and Ms. ESHOO, the leadership, Mr. UPTON, the ranking member of the full committee and the subcommittee, and thank the staffs of both the subcommittee and the full committee for their tireless work in putting together this bipartisan compromise, an excellent bill. And I urge support from the Members for H.R. 733, the Recalcitrant Cancer Research Act of 2012.

I yield back the balance of my time.

Mr. WAXMAN. Mr. Speaker, this bill is an example of Congress functioning at its best. As introduced, Congresswoman ESHOO and Congressman LANCE's legislation addresses a policy goal that resonates with many of us—making progress in our fight against pancreatic cancer. In fact, nearly 300 Members of the House—Democrats and Republicans alike—are co-sponsors of this legislation.

Through the Committee process, Members and staff worked on a bipartisan basis to respond to input from the National Institutes of Health and National Cancer Institute (NCI), pancreatic cancer advocates, and cancer researchers. I believe the end result—the bill before us today—represents a fair and balanced approach.

H.R. 733 now focuses on a broader category of cancers, the so-called recalcitrant or deadliest cancers. The legislation directs the NCI to develop scientific frameworks to guide research efforts on recalcitrant cancers—defined as those cancers with 5-year relative survival rates below 50 percent. The bill requires the Director of the NCI to complete frameworks for at least 2 recalcitrant cancers that meet additional criteria set forth in the bill—having a 5-year survival rate of less than 20 percent and causing at least 30,000 estimated deaths—within 18 months of enactment. It is my expectation that NCI will begin first with pancreatic and lung cancer. But in doing so, I also expect NCI to consider applying the scientific framework model to other recalcitrant cancers.

Importantly, the bill ensures there will be an opportunity for outside experts to offer their perspective as the Director of NCI works to complete each scientific framework. H.R. 733 also calls on NCI to submit each completed framework to Congress and post it on the Department of Health and Human Services' website.

No doubt, many Members like myself have met with constituents and heard the heart-wrenching stories of those families who have been impacted by pancreatic cancer. The unfortunate reality is that we rarely hear from

survivors of pancreatic cancer themselves since they are so few. In California alone, nearly 4,000 people will lose their lives to pancreatic cancer this year. An additional 12,000 Californians will die from lung cancer. Their families—and many others—have asked for our support in improving the diagnosis and treatment of pancreatic, lung, and other recalcitrant cancers.

There's no disputing that great progress has been made in our fight against cancer over the past 40 years. Consider for example the improvement we've seen in the overall five-year relative survival rate for all cancers, and the important discoveries that NCI has made through its Cancer Genome Atlas program in understanding what makes one cancer different from another. Nonetheless, there are certain cancers where we haven't seen as many gains. That's precisely why I support the approach taken in H.R. 733.

I'm very proud of the work of Chairman UPTON, Chairman PITTS, Ranking Member PALLONE, Congresswoman ESHOO, and Congressman LANCE—as well as all of our staff—on this issue. I urge my colleagues to support passage of this bill.

Mr. FATTAH. Mr. Speaker, I proudly cast a “yea” vote in support of H.R. 733, the Pancreatic Cancer Research and Education Act, with the memory of Elmer Chenault in mind. This important legislation will address the high mortality rate associated with Pancreatic Cancer. Mr. Chenault, my father-in-law, was a senior management officer and federal compliance official of the Environmental Protection Agency, Army veteran of the Korean War and a devoted family man. Elmer spent his working career in the scientific and environmental fields and was one of the first officials of the EPA, joining it shortly after it was founded in 1970 under President Richard M. Nixon. He grew up in Wyoming, Ohio, a suburb of Cincinnati. Joining the EPA in the early '70s, Elmer became a tireless advocate for environmental justice for communities of color and the economically disadvantaged.

His passing was a trying time for my family, an experience too many know too well when confronting this terrible disease, and his loss continues to be felt by many in Philadelphia. I thank my colleague from California for her stalwart support for this legislation and look forward to a time when no family must face the scourge of Pancreatic Cancer.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Pennsylvania (Mr. PITTS) that the House suspend the rules and pass the bill, H.R. 733, as amended.

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

The title was amended so as to read: “A bill to provide for scientific frameworks with respect to recalcitrant cancers.”

A motion to reconsider was laid on the table.

MOURNING THE LOSS OF SHERIFF LARRY DEVER

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

Mr. FLAKE. Mr. Speaker, Arizonans were greeted this morning with the unwelcome news that Cochise County Sheriff, Larry Dever, passed away last night in an automobile accident. The great State of Arizona is in a state of mourning.

Respected throughout the State as a leader and a lawman, Sheriff Dever was also recognized nationally as an authority on immigration and border issues. Every Senator, Congressman, Governor, and local official who wanted to know what was really happening in southern Arizona sought Sheriff Dever's counsel. No meetings or briefings, Powerpoint presentations, flip charts, or easels could compare to a couple of hours in the passenger seat of his pickup truck, driving bumpy roads, one-on-one with the sheriff.

To us, Sheriff Dever was the consummate lawman: tough, fair-minded, straight shooting, no nonsense. To his wife, Nancy, he was a devoted husband. To his six sons, he was a caring father. To his 11 grandchildren, he was a proud and doting grandfather.

To those of us who call Arizona home, we are grateful for the past 60 years that Sheriff Dever has called Arizona home as well.

(2150)

STOP THE WAR ON COAL

The SPEAKER pro tempore. Under the Speaker's announced policy of January 5, 2011, the gentlewoman from West Virginia (Mrs. CAPITO) is recognized until 10 p.m. as the designee of the majority leader.

Mrs. CAPITO. Thank you, Mr. Speaker.

We have 10 minutes here, and I am very proud to be here tonight to talk about a bill that is on the floor on Friday, and that is the Stop the War on Coal Act of 2012. I hail from the great State of West Virginia, one of the largest coal-producing States in this Nation. Quite frankly, I am here for three reasons.

The first reason is that I am extremely concerned about the job loss and the economic devastation that this war on coal is having on our State of West Virginia. We had really sad news just yesterday. Alpha Coal announced that 1,200 coal mining jobs in the region were going to be cut. Now, that sounds like a lot of jobs, but then when you think about it, that's 1,200 families, and that's 1,200 men and women who will come home tonight and who came home last night. So we say we're going to have to do something.

And why is it? We don't have enough time to get into all of the details, but I do think it is part and parcel of the regulatory environment of this administration, that it's the philosophy of this administration that coal is not good for the country, and it's a lack of education, really, on the acknowledgment of the base load energy that coal brings to this Nation.

I am here to stand up for the families and businesses that are going to see a rise in their electric bills. I am also here for the reliability of the electric grid to make sure that we have affordable energy.

I would like to bring my friend from Pennsylvania in. We've been waiting a while. The Stop the War on Coal Act is coming up on Friday, which the President's energy plan is destroying, if you can even call it a plan. I mean, we're from an all-of-the-above plan. We've worked together on this, Mr. MURPHY and I. We've already lost over 2,000 jobs, and 55 units are going to retire across America, in large part, due to EPA rules and regulations. How many jobs is that? These Boiler MACT rules, these Utility MACT rules, coal ash rules are all job killers.

I would like to yield to the gentleman from Pennsylvania, since we're on limited time, and ask him to give his perspectives on what we know is a war on coal.

Mr. MURPHY of Pennsylvania. I thank the gentlelady from West Virginia. Thank you also for your tireless advocacy for coal as we are here fighting the war on coal.

It's interesting. I remember when I was attending college at Wheeling Jesuit University. Oftentimes, for charitable activities, we'd go into the mountains of Appalachia and help families where coal mines had shut down because they were played out, and we'd seen the incredible poverty there. We also know that, over the last century, miners toiled for years in those coal patch towns and tried to make things safer, and they accomplished that. They worked for better wages, and they accomplished that. Now they're fighting for their very existence and their jobs and livelihoods.

To add to what you're saying about the jobs here, this is not just coal miners. It's the manufacturers who make the longwall equipment—the continuous miners, the rails, the wire, the ventilators, the elevators, the safety equipment. They are fighting for their jobs. It's the railroads, the trucks, the barges, the workers who make the rails, the hopper cars, the barges, the trucks who are there, fighting for their jobs.

Where will they go? Really, this is not just an attack on some of the power plants. We may lose 175 or so initially. The goal is to shut down 400 power plants altogether. What will happen then?

Now, this keeps the President's pledge that, if you want to use coal, it will bankrupt you, but it's also going to bankrupt these families when they can't pay their bills when their electric rates go up. They're already paying \$3,000 more per year for their gasoline for their cars. Interior Secretary Ken Salazar told the Democratic National Convention:

Under President Obama's leadership, the U.S. moved forward with an all-of-the-above energy strategy—oil, gas, nuclear, hydro,