

Mr. Karl passed away March 7, 2013, at age 88. He was a true professional who provided his tremendous legal skills, service and talent to our community, as well as to so many communities throughout Florida. We were fortunate to benefit from his commitment to fairness, diplomacy and fortitude, and we should forever be grateful for his contributions.

INTRODUCTION OF THE PRESERVATION OF ANTIBIOTICS FOR MEDICAL TREATMENT ACT OF 2013

HON. LOUISE McINTOSH SLAUGHTER

OF NEW YORK

IN THE HOUSE OF REPRESENTATIVES

Thursday, March 14, 2013

Ms. SLAUGHTER. Mr. Speaker, I rise today to introduce the Preservation of Antibiotics for Medical Treatment Act of 2013. We are on the verge of losing one of the greatest medical advancements in history, the development of antibiotics, by wasting them on healthy animals.

Antibiotic resistance is a major public health crisis. Every year, two million Americans acquire bacterial infections during a stay in a hospital or long-term care facility. In the past, these infections were easily cleared with antibiotics. Now, as many as 100,000 people will die each year from these infections because 70 percent of them are resistant to one or more of the drugs commonly used to treat them. Alarmingly, multidrug-resistant bacteria, called CRE, have recently been found in 1 in 20 American hospitals and 1 in 6 long-term care facilities. These "nightmare bacteria," so termed by Centers for Disease Control Director Dr. Thomas Frieden, are resistant to all antibiotics, including our antibiotics of last resort. A full 50 percent of patients who get sick with these infections will die.

As Dr. Frieden recently warned, "we have a limited window of opportunity" to fix this problem. In many cases, even "our strongest antibiotics don't work and patients are left with potentially untreatable infections." We must act now to ensure that antibiotics are not being made obsolete.

Yet, in a time when our most important medicines should be preserved and protected, they are routinely used in massive and indiscriminant quantities in agriculture, with little oversight. These precious resources are used at sub-therapeutic levels on healthy animals as a way to compensate for crowded and unsanitary living conditions or to promote growth. According to an analysis by the Food and Drug Administration, 13.5 million kilograms of antibiotics were sold for use in livestock and poultry in 2010, compared to 3.3 million kilograms sold for use in humans. It is unacceptable that 80 percent of the antibiotics sold in this country are used in agriculture on otherwise healthy animals, rather than being preserved for the treatment of critical human illnesses.

The overuse of antibiotics in agriculture has been conclusively shown to harm human health. A 2002 publication in the *Clinical Infectious Diseases* journal analyzing more than 500 scientific articles concluded that "many lines of evidence link antimicrobial resistant human infections to food-borne pathogens of animal origin." In fact, the Food and Drug Ad-

ministration acknowledged the threat of antibiotic resistant disease and called for a reduction in the use of antibiotics in agriculture, in 1977. Yet, despite nearly 40 years of evidence, there has still not been any substantive action to halt the abuse of antibiotics.

For this reason, I am again introducing the Preservation of Antibiotics for Medical Treatment Act. This legislation would phase out the use of the eight classes of medically important antibiotics that are currently approved for non-therapeutic use in animal agriculture. The bill clearly defines the term "non-therapeutic use" to ensure that sick animals may be appropriately treated, but that any use of medically important antibiotics outside of treatment of a sick animal is not permitted.

Penicillins are commonly used to treat illnesses from routine cases of strep throat to highly dangerous and infectious meningitis. Tetracyclines are used to treat people exposed to anthrax. Macrolides and sulfonamides are used to treat pneumonia in HIV-infected patients. We must maintain these weapons in our arsenal against illness, or we will soon find ourselves in circumstances such as those described when World Health Organization Director-General Dr. Margaret Chan warned that "Things as common as strep throat or a child's scratched knee could once again kill."

When we go to the grocery store to pick up dinner, we should be able to buy our food without the worry that eating it will expose our family to potentially deadly bacteria that will no longer respond to our medical treatments. Unless we act now, we will unwittingly be permitting animals to serve as incubators for resistant bacteria.

It is time for Congress to stand with scientists, the World Health Organization, the American Medical Association, and the National Academy of Sciences to do something to stop the spread of antibiotic resistant bacteria. Protecting the public's health is one of the greatest responsibilities of this body. I urge my colleagues to stand with me to support The Preservation of Antibiotics for Medical Treatment Act.

TRIBUTE TO INTERNATIONAL ASSOCIATION OF WORKFORCE PROFESSIONALS

HON. JAMES E. CLYBURN

OF SOUTH CAROLINA

IN THE HOUSE OF REPRESENTATIVES

Thursday, March 14, 2013

Mr. CLYBURN. Mr. Speaker, I rise today to pay tribute to a professional organization that is celebrating its 100th anniversary this year. The International Association of Workforce Professionals (IAWP) is dedicated to developing our global workforce through education, research, legislative action and international networking. I applaud their efforts and join with them in celebrating this centennial milestone.

IAWP was founded in 1913 in Chicago by W.M. Leiserson, who was the Superintendent of Wisconsin Employment Offices. He brought together professionals working in public and private workforce development programs to form a non-profit educational association. Its mission remains as it has been from the beginning to "develop professionals for today and tomorrow."

Since its founding, IAWP has consistently worked to uphold the founding principles; to provide members with education, leadership opportunities, information exchange and recognition of excellence in the workforce development field.

The members of this organization have provided a plethora of services to millions of American workers, including new entrants, unemployed and employed by providing job placement assistance, training or retraining, career information, intensive services to dislocated workers, unemployment insurance benefits and disaster unemployment benefits, youth training opportunities such as job corps and summer jobs, trade act adjustment payments and training, counseling, veterans placement and training services, on the job training contracts, job analysis, recruitment, rapid response team for large layoffs, assistance to disabled workers, labor market and career services and administrative support to the workforce system.

In this global economy, I am pleased to see IAWP working across borders to ensure that the professionals of tomorrow are prepared both in the United States and abroad. The organization has members from many other countries who attend their conferences and contribute information to their publications providing a forum to broaden the discussion of and insight into workforce issues. The IAWP has held international conferences, chapter and district conferences and institutes to provide training and networking opportunities. The organization also publishes an informative newsletter to keep members informed of issues related to workforce development and education materials.

Mr. Speaker, I ask you and our colleagues to join me in commemorating the 100th anniversary of the International Association of Workforce Professionals. This organization has provided tremendous guidance and support to its members throughout its long history. It is my hope that IAWP continues its good work for another century and beyond.

HONORING THE PHILANTHROPY OF RALPH AND JOY ELLIS

HON. KENNY MARCHANT

OF TEXAS

IN THE HOUSE OF REPRESENTATIVES

Thursday, March 14, 2013

Mr. MARCHANT. Mr. Speaker, I am proud to recognize Ralph and Joy Ellis as one of the most caring and giving couples in North Texas, and it is my distinct honor to highlight their significant contributions to the Lyric Stage of Irving, Texas. Furthermore, I would like to congratulate them for receiving the prestigious Lyric Stage Spotlight Award for philanthropic contributions to the arts at the Lyric Stage 20th Anniversary Gala on March 22, 2013.

Irving Lyric was founded in 1993 by Irving native Steven Jones to preserve and develop American musical theater. In 2007, the National Endowment for the Arts recognized Lyric Stage by awarding a grant to the theater to host Rodgers and Hammerstein's *Carousel* with a 40-piece orchestra. Ralph and Joy Ellis were so impressed with the performance that they have personally contributed the resources necessary for Lyric Stage to continue featuring a full orchestra at each production playing the original Broadway orchestrations.

Ralph and Joy's support has helped Lyric Stage provide the City of Irving and all of North Texas access to amazing original Broadway musical productions. In fact, in the 2012 season, audience members from 20 states and 347 zip codes traveled to Irving to attend productions at Lyric Stage. Irving is proud to say that 90 shows have been produced locally, including 20 world premieres, several of which have gone on to theaters in New York and London.

Lyric Stage is not the only program that Ralph and Joy Ellis have influenced through their generosity. They have made numerous contributions to local charities including the Salvation Army, Irving Cares, Brighter Tomorrows, Irving Symphony Orchestra, Irving Healthcare Foundation, Irving Family Advocacy, The North Hills School, and Crossroads Interfaith Clinic. The majority of their philanthropy, however, has been to endow several student scholarships at Texas A&M University, Southern Methodist University, and to graduates from the Irving Independent School System and Carrollton-Farmers Branch School System.

Mr. Speaker, on behalf of the 24th Congressional District of Texas, I ask all my distinguished colleagues to join me in thanking Ralph and Joy Ellis for their charitable contributions to North Texas programs. Their influence in the community has enhanced the quality of life for many Texans, and we are extremely grateful for this caring couple.

INTRODUCTION OF THE PERSONALIZE YOUR CARE ACT

HON. EARL BLUMENAUER

OF OREGON

IN THE HOUSE OF REPRESENTATIVES

Thursday, March 14, 2013

Mr. BLUMENAUER. Mr. Speaker, advances in health care have led to increasingly complex health care decisions and more treatment options than we have ever before had the benefit—or the burden—of choosing between. Both Democrats and Republicans agree that individuals should be fully involved in decisions related to their own health care and should be able to make informed decisions about that care reflecting their values and their needs. We also agree that when people have expressed their wishes, particularly in a formal and legally binding manner, those wishes should be known and respected.

While there is widespread agreement regarding these principles, too often this is not the reality. Most adults have not completed an advance directive; if documents are completed, they are not regularly revisited and can be difficult to locate. Because these issues are difficult to discuss, surrogates often feel ill-prepared to interpret their loved ones' written wishes.

It is for these reasons that I am introducing the bipartisan Personalize Your Care Act, legislation that would support individuals and their doctors having voluntary conversations about patients' wishes and health care decisions.

Failing to have conversations about these decisions ahead of time can leave families and health care proxies faced with the burden of determining their loved ones' wishes in the midst of crisis, sometimes with little or no information about how best to direct care. This

adds not only stress and anxiety to an already difficult situation, but studies show that lack of advance care planning actually prolongs the grieving process after losing a loved one.

One of the greatest misconceptions about advance care planning is that it is a one-time event. Attempting to plan for all possibilities in a single document or within a single conversation is overwhelming and, quite likely, impossible. Where possible, this should be an ongoing conversation. Careful, early advance care planning is important because a person's ability to make decisions may diminish over time and he or she may suddenly lose the capability to participate in his or her health care decisions.

Successful advance care planning is less about legal documentation and more about facilitating ongoing communication about future care wishes among individuals, their health care providers, and surrogates. The Personalize Your Care Act recognizes that documents like advance directives and physician orders for life-sustaining treatment are not "ends" but "means"—the tools individuals can use to document their care preferences based on informed decisions incorporating their own values and current circumstances. It is important that individuals work with their care providers to update these documents as treatment options and personal preferences change.

This process not only provides higher quality care, but personalized care.

The Personalize Your Care Act aims to support advance care planning by providing Medicare and Medicaid coverage for voluntary consultations about advance care planning every 5 years or in the event of a change in health status. This periodic revisiting of advance care documents and goals of care recognizes that an individual's preferences can change over time. It also recognizes that the advance care plan should be updated if an individual develops a serious or chronic illness, if additional curative and palliative treatment options become available, and to consistently reflect the individual's current circumstances and preferences.

Honoring the expressed wishes of individuals must also be a priority. For this to occur, advance care planning documents must be accessible wherever care is provided. The legislation ensures that an individual's electronic health record is able to display his or her current advance directive and/or physician orders for life sustaining treatment (POLST), so that his or her wishes are easily accessible and respected. Furthermore, under the legislation, advance directives would be portable, ensuring that advance directives completed in one state are honored in another state, in the event care is needed to be provided there.

The legislation also provides grants to states to establish or expand physician orders for life sustaining treatment programs. For instance, the National POLST Paradigm Program Task Force provides consultation, guidance and mentorship to developing states for program and form development, recognizing the uniqueness of each state. These programs have a track record of promoting patient autonomy through documenting and coordinating a person's treatment preferences, clarifying treatment intentions and minimizing confusion, reducing repetitive activities in complying with the Patient Self Determination Act, and facilitating appropriate treatment by emergency personnel.

These investments in advance care planning will reinforce patient-centered care—engaging individuals in planning and decision-making about their future care and ensuring that those preferences are documented, accessible, and can be honored in any state and in any care setting. The Personalize Your Care Act is supported by members of Congress on both sides of the political aisle and by patient advocates, physicians, nurses, and the faith community who see every day how advance care planning improves individuals' and families' peace of mind and the quality of their care.

HONORING LORI BELL

HON. CORY GARDNER

OF COLORADO

IN THE HOUSE OF REPRESENTATIVES

Thursday, March 14, 2013

Mr. GARDNER. Mr. Speaker, I rise today to honor Lori Bell, a forest ranger with a strong dedication to her community and to the preservation of the grasslands. As the district ranger of the Pawnee National Grassland, Lori has established lasting relationships with the Weld County Commissioners and grazing associations.

Growing up in northern Wisconsin, Lori developed a love of the forest and joined the United States Forest Service as a forest ranger. She has worked in South Dakota, Idaho, California, Florida, Wyoming, and Alaska before settling in eastern Colorado.

As the district ranger, Lori has focused on building relationships with officials in Weld County. Her passion for her work and dedication to continuously improving relationships with the various organizations in Weld County have earned her praise from those who work with her. She was recently profiled in the Greeley Tribune for her efforts to balance the needs of the many groups that make use of the land.

Good stewardship of our lands is everyone's duty. Lori's leadership has provided an excellent example for all of us.

I am pleased to recognize Lori Bell for her hard work and dedication. I wish her continued success as district ranger of Pawnee National Grassland.

HAPPY 100TH BIRTHDAY TO JOHN CROW

HON. STEVE STIVERS

OF OHIO

IN THE HOUSE OF REPRESENTATIVES

Thursday, March 14, 2013

Mr. STIVERS. Mr. Speaker, I rise today to wish Vinton County resident, Mr. John Crow, a very happy 100th birthday.

Mr. Crow was born in Eagle Township on March 4, 1913. His family moved to Trumbull County briefly when his father went to work in the mines. After returning to Vinton County, Crow decided to enter politics and was elected mayor of McArthur at age 23. He was the youngest mayor of a county seat in Ohio at the time, and he served for 12 years. He then worked in the treasurer's office for four years, eventually serving in the state auditor's office and spending a total of 49 years in public service.