to state and tribal law, and thus states and tribes cannot officially authorize their officials to violate federal law. However, state law is not supreme to tribal law under the United States Constitution. The Court's suggestion that tribal officials acting in their official capacity are subject to suit for alleged violations of state law is not only in clear conflict with prior Supreme Court precedent, but permitting such suits would eviscerate tribal sovereign immunity by giving states the ability to do indirectly what our Constitution has prohibited from them doing directly: exercising jurisdiction and authority over Indian tribal governments through litigation. Furthermore, it will undoubtedly expose tribal officials to individual liability and aggravation if they are named in baseless Ex Parte Young suits.

Perhaps worse, the Supreme Court's Bay Mills decision includes dicta suggesting that, if civil remedies against Indian tribes and their officials "prove[] inadequate," a state may bring criminal charges against tribal officials acting in their official capacity for alleged violations of state law. This also would enable states to trump the sovereign rights of Indian tribes by criminalizing what would otherwise be civil, government-to-government disputes between states and Indian tribes. Such action would violate the United States Constitution and the sovereign rights of Indian tribes that the Constitution guarantees. Again, the Constitution withholds from States the authority to exercise jurisdiction and power over Indian tribes, and grants that power solely to Congress. The Supreme Court does not have the power to usurp Congress' Constitutionally granted plenary power over Indian affairs by granting States the right to criminalize the exercise of tribal sovereignty where Congress has not seen fit to do so. And again, it will be tribal officials acting in their official capacity that could be exposed to potential criminal liability for doing the very same thing that all of us who are here as elected officials are trying to do—be good civil servants.

Therefore, I urge our federal and state judiciaries to treat the above-referenced dicta (and erroneous dicta at that) in the Bay Mills decision as just that: non-binding dicta, and to instead uphold the United States Constitution by deferring to Congress on all issues involving tribal-state conflicts. Where Congress has not expressly chosen to subject Indian tribes to state jurisdiction or authority, the states cannot usurp Congress' plenary and exclusive authority over Indian tribes by bringing suits or criminal charges against tribal officials for alleged violations of state law as a means of exercising control over sovereign Indian tribes.

HONORING LISA DALE MOORE

HON. THEODORE E. DEUTCH

OF FLORIDA

IN THE HOUSE OF REPRESENTATIVES

Thursday, September 18, 2014

Mr. DEUTCH. Mr. Speaker, I rise today to celebrate Lisa Dale Moore, who turns 60 years old on September 21, 2014.

Lisa Dale Moore was born on September 21, 1954 in Elizabeth, New Jersey. After graduating from George Washington University with a major in Judaic Studies, she received a Master of Social Work from the Wurzweiler School of Social Work at Yeshiva University. Professionally, she has dedicated herself to a lifetime of promoting the Jewish people and the state of Israel through her work for the Jewish Federation and Hadassah. She has also been a mentor to my wife, Jill, who said that Lisa taught her everything she knows.

Lisa is truly an exceptional woman, and I am proud to call her a friend. I join her friends and family in wishing her good health and continued success in the coming year.

SUPPORT FOR THE URBAN AGRICULTURE PRODUCTION ACT

HON. MARCY KAPTUR

OF OHIO

IN THE HOUSE OF REPRESENTATIVES

Thursday, September 18, 2014

Ms. KAPTUR. Mr. Speaker, I rise today to proudly submit the Urban Agriculture Production Act.

Across America, too many of our urban neighborhoods are absent stores where community members can purchase fresh, healthy foods. There are more than 23 million individuals residing in these so called "food desert" neighborhoods, where there are no stores within one mile in which they can buy healthy food.

Without healthy options, people are forced to eat unhealthy, processed, junk food, because that is all that is available and affordable. The Urban Agriculture Production Act is a step to correct this unacceptable trend.

I am pleased to recognize and support the growing resurgence of locally grown and produced product. I see it in my own community at the Sustainable Local Foods and Frederick Douglass Center Association Community Garden, of Toledo, Ohio.

Individuals, non-profits, and co-ops are stepping up and taking action to address the challenge of access to healthy food, by developing local food sources and community gardens to provide fresh, affordable produce throughout underserved communities. Not only are they growing product to provide to communities though, they are engaging and encouraging community participation all throughout the process. They are teaching community members how to farm.

As the ancient proverb says, "give a man a fish and you feed him for a day; teach a man to fish and you feed him for a lifetime." And so goes my bill, the Urban Agriculture Production Act.

The measure will encourage economic development in underserved communities by furthering the mission of local farming. It provides programmatic funds to educate people on health and wellness, supports marketing and development networks, and will inspire communities to create self sufficient food production systems to stimulate community development and healthy eating options.

All throughout our urban communities there are an abundance of unused land and space that are conveniently located to neighborhoods that are ripe for agriculture development. We must support and encourage the means to development these plots so they become local sources of wholesome food options.

Communities that lack access to fresh produce are facing growing epidemics of obesity related diseases. We must get serious about the increased incidents of preventable disease in these communities. Prevention is paramount, and encouraging a balanced diet while also providing access to healthier foods is an obvious solution.

Farmer's Markets, greenhouses and other community agriculture initiatives can help diversify American food production so we rely less on imports and create American jobs that cannot be outsourced. My bill will spur the development and expansion of community agriculture in nontraditional agricultural production areas across this great nation.

Mr. Speaker, urban farming and food production is a viable solution to support healthier dietary options and improve overall health of urban communities. The Urban Agriculture Production Act is the appropriate means to further develop alternative, urban agricultural production and to help meet all communities' food production needs of the future.

HONORING INDIANA REGIONAL MEDICAL CENTER

HON. BILL SHUSTER

OF PENNSYLVANIA

IN THE HOUSE OF REPRESENTATIVES

Thursday, September 18, 2014

Mr. SHUSTER. Mr. Speaker, I rise today in recognition of the 100th anniversary of Indiana Regional Medical Center in Indiana, Pennsylvania. It is a milestone in this wonderful community hospital's long history of providing exceptional healthcare services to the people of Indiana County and surrounding areas.

Resting in the heart of western Pennsylvania, Indiana offers the perfect blend of history, progress, industry, scenery, culture, and charm. When Indiana Regional Medical Center first welcomed the public in November of 1914, it was a 40-bed facility with 13 private rooms. From the time of its opening, the hospital's mission has been to serve the community with quality, progressive, compassionate patient care.

Over the years, this nonprofit institution has grown to become the county's sole full-service health care provider. Throughout its many renovations, expansions in services and continued advancements in knowledge and technology, Indiana Regional Medical Center has remained unchanged in its commitment to the community. It truly lives by its mission to serve the health care needs of every life it touches with compassion, respect and dignity. The hospital and its people certainly have made a difference in making Indiana County a better place to live, and they continue to have a positive impact on the region.

I wish to thank Indiana Regional Medical Center's dedicated staff, Board of Directors and CEO Stephen Wolfe for their commitment to quality healthcare. I congratulate them and the residents of Indiana County and surrounding communities on this important anniversary for their local hospital. I'm proud of having such an outstanding facility in the 9th District, and wish Indiana Regional Medical Center continued success in the next one hundred years and beyond.

HONORING CAPTAIN MARY R. McCORMICK

HON. SAM GRAVES

OF MISSOURI

IN THE HOUSE OF REPRESENTATIVES

Thursday, September 18, 2014

Mr. GRAVES of Missouri. Mr. Speaker, I proudly pause to recognize Captain Mary R. McCormick, a proud veteran of our United States Navy, on her retirement after 26 years of service.

After graduating first in her class as an Ensign in the JAG Corps Student Program from the Navy Justice School in 1988, Captain McCormick was released from active duty on June 30, 1992 and soon was affiliated with the Select Reserves. Captain McCormick has impeccable knowledge concerning military and civilian appellate criminal law. She has represented servicemembers from all military branches during her six-year civilian military appellate practice, and she has served five years as appellate counsel.

Captain McCormick served as an Assistant Attorney General for the State of Colorado from October 1992 through June 1995 where she was lead appellate attorney. She was recalled to active duty from November 2010 through September 2013, to serve as Appellate Defense Counsel for Guantanamo detainees.

Captain McCormick was named Missouri's Elder Law Attorney of the Year for 2006 and she is author of the treatise Missouri Elder Law published annually by West/Thomson Reuters.

Mr. Speaker, I proudly ask you to join me in recognizing Captain Mary R. McCormick for her admirable service to our country as well as her passion for the law.

GLOBAL EFFORTS TO FIGHT EBOLA

HON. CHRISTOPHER H. SMITH

OF NEW JERSEY

IN THE HOUSE OF REPRESENTATIVES

Thursday, September 18, 2014

Mr. SMITH of New Jersey. Mr. Speaker, yesterday, I convened a second hearing in just five weeks on the Ebola crisis in West Africa to underscore just how serious a crisis we are facing—an international pandemic which threatens to balloon unless confronted head on.

Earlier this week, I spoke with Dr. Tom Frieden, Director of the U.S. Centers for Disease Control and Prevention and the lead witness at our August 7 emergency recess hearing on Ebola and he said that this is the worst health crisis he has ever seen and that Ebola is at risk of spreading beyond those countries currently affected—Guinea, Liberia and Sierra Leone.

Since our emergency hearing in August, we have seen a constant movement upwards in the number of cases predicted. The World Health Organization now estimates that we will see as many as 20,000 cases of Ebola in this epidemic before it is ended. One hopes that that number does not increase further, but it may be a conservative estimate.

I held yesterday's hearing to take stock of where our intervention efforts stand, particularly in light of the President's decision to commit U.S. military personnel to Liberia to fight this disease. Liberian President Ellen Johnson Sirleaf, with whom I also spoke earlier this week, has conceded that the Ebola epidemic ''has overwhelmed'' her country's containment and treatment capabilities. A global response, with the United States in the lead, is thus necessary.

It is important to note that in in a letter last week to President Obama, President Ellen Johnson Sirleaf wrote that ''The virus is spreading at an exponential rate and we have a limited time window to arrest it. Mr. President, well over 40% of total cases occurred in the last 18 days. Our message has gotten out and our citizens are self-reporting or bringing in their relatives. But our treatment centers are overwhelmed. MSF is now running a 160 bed-unit that will expand even further. I am being honest with you when I say that at this rate, we will never break the transmission chain and the virus will overwhelm us.''

I held the follow-up hearing yesterday morning to determine if there is a reasonable hope for vaccines, treatments and detection strategies in time to help with this health emergency.

I hesitate to provide figures for the number of people infected or who have succumbed to this virus because even as we hold this hearing, dozens, if not hundreds, of new infections will be documented. According to the latest figures, infections are approaching 5,000 people, and 2,500 deaths.

Ebola, which is mostly unknown in West Africa, presents itself early in the infection like usually non-fatal diseases such as Lassa fever, malaria or even the flu. The temperature seen in early stages might even be brought down with regular medicines. Therefore, many people may not believe, or may not want to believe, they have this often fatal disease.

If someone is in denial or unknowledgeable about this disease, they may not seek treatment until it is too late—both for them and for the people they unknowingly infect. Families in Africa tend to help one another in times of need, an admirable trait that unfortunately increases the risk of infection. The sicker a person gets with Ebola, the more contagious they are, and never more so than when they die. So burials that don't involve strict precautions to avoid direct contact with highly contagious corpses make transmission of this deadly disease almost inevitable. Burial traditions make avoidance of infection problematic.

The porous, lightly-monitored borders in West Africa lend themselves to cross-border transmission, as people go back and forth along well-travelled roads and into marketplaces where hundreds of people, also travelling, make contact with those who are infected.

Patrick Sawyer, a Liberian-American, reportedly was caring for his dying sister a few weeks ago. After she died, apparently of Ebola, he left Liberia on his way to his daughter's birthday party in Minnesota. He collapsed at the Lagos airport in Nigeria and died within days. Had he left Liberia a week or even days earlier, he might have made it home to Minnesota, but he likely would have infected people along the way, including his own family. We can say that because Sawyer infected several people in Nigeria, which led to Ebola being transmitted to health care workers and then to dozens of other people.

We'll never know now if Sawyer realized he had contracted Ebola and just wanted to go home for treatment or whether he thought his symptoms were from some other illness. Many people are just like him, however, and they are spreading this disease even to places where it had been brought under control. For example, the Macenta region of Guinea on the Liberian border was one of the first places this disease surfaced, but by early September, no new cases had been seen for weeks. Doctors Without Borders closed one of its Ebola treatment centers to focus on harder-hit areas. Infected people leaving Liberia for better treatment in Guinea have once again made Macenta a hotspot for the disease.

The U.S. Centers for Disease Control and Prevention has established teams in Guinea, Liberia, Sierra Leone and Nigeria to help local staff do fever detection and to administer questionnaires on potential troublesome contacts. The agency also is helping to establish sites at airports for further testing and/or treatment.

Liberia and Sierra Leone are the hardest hit by this Ebola outbreak. This is undoubtedly partly because of the weak infrastructures of two countries emerging from long conflicts. However, post-conflict countries also have significant segments of the population who don't trust the central government. The unfortunate mishandling by the Liberian government of an attempted quarantine in the capital demonstrates why trust has been so difficult to come by.

The Liberian government established barriers to block off the West Point slum area after a holding center for Ebola victims was ransacked and contaminated materials were taken. This quarantine was done without informing its 80,000 inhabitants or consulting with health care workers. Not only did this prevent people from pursuing their livelihoods or bringing in much-needed supplies, this move created great suspicions over the motives of the Liberian government. This suspicion was heightened when the official in charge of the area was called to a meeting and was seen leaving just as everyone else was trapped behind barriers.

The furor over this quarantine forced the government to abandon it 10 days into its planned 21-day term. Liberian officials assure us they have learned from their mistakes, that the quarantine and has alerted Liberians to the reality of the Ebola epidemic. The human rights of victims and those who live in proximity to them must not be sacrificed by the emergency situation Ebola presents.

Despite the fact that the drug ZMapp appears to have saved the lives of Americans Nancy Writebol and Dr. Kent Brantly, one of the witnesses from yesterday, there are no proven, readily available treatments for Ebola. The death rate for this disease, once more than 90%, is now down to 53% despite the number of cases growing exponentially.

In Africa, a few patients apparently have been successfully treated with ZMapp, and some others have been saved using other treatment methods, especially when the disease was identified early. Yet there is not now, nor will there be in the short term, large quantities of this medicine or any others. There are several Ebola therapeutics under development, but if this outbreak cannot be brought under control soon, even the most optimistic timetable for the testing and production