

We encourage other associations to support this Resolution effort and we look forward to becoming a part of the coalition in support of this. I would be happy to discuss the merits of this Resolution at any time.

Sincerely,

SHEILA McMACKIN,
President,
National Private Duty Association.

NATIONAL FAMILY
CAREGIVERS ASSOCIATION,
Kensington, MD, September 1, 2008.

PHYLLIS HEGSTROM,
Secretary of Industry Affairs, Home Instead,
Omaha, NE.

DEAR PHYLLIS: The National Family Caregivers Association supports your resolution to bring attention to the work of the private pay home care industry. Although family caregivers provide 80% of all longterm care services, we can't do it alone. We need a healthy home care industry that we can turn to for help on a regular or intermittent basis.

As the country continues to age, and as the number of people 85 and older increases, the ability of our nation to support caregiving in the home will increase exponentially. Given that services to assist people with activities of daily living and instrumental activities of daily living are not covered by Medicare, and long-term care insurance is not a realistic solution for many Americans, it is incumbent on all of us to work together to find solutions to the problems that face us individually and as a nation.

Thank you for making this effort on behalf of families, home care providers, and the caregivers who are the lifeblood of your industry.

Sincerely,

SUZANNE MINTZ,
President/Co-founder.

NATIONAL ASSOCIATION FOR
HOME CARE & HOSPICE,
Washington, DC, December 1, 2008.

PHYLLIS HEGSTROM,
Secretary of Industry Affairs, Home Instead
Senior Care, Omaha, NE.

DEAR PHYLLIS: The National Association for Home Care & Hospice is the nation's largest organization that advocates on behalf of providers of home care and hospice services, their employees, and their clients. We congratulate you and heartily endorse your efforts to secure enactment of a Congressional resolution that supports family and professional caregivers, calls for continued funding for programs that provide vital community-based services, and recommends broader education of the public and policymakers on the needs of our growing senior population.

In recent years our nation's health care needs have changed considerably, and one of our greatest challenges at this time is the development of more effective means of caring for individuals with multiple chronic conditions. This challenge can only be effectively met by greater emphasis on the services and supports that allow our population to enjoy maximum functioning in the least restrictive environment possible. For most individuals, that environment is the home. We strongly support any efforts that help to raise awareness and expand access to home and community-based services, as well as to ease the burden on informal caregivers.

Many thanks for your commitment to the disabled and infirm citizens of our nation. Please feel free to call upon us if we can be of any assistance to you.

Sincerely,

VAL J. HALAMANDARIS,
President.

Mr. THOMPSON of Pennsylvania.
Mr. Speaker, I have no further requests

for time, and I yield back the balance of my time.

Mr. SABLAN. Mr. Speaker, I wish to express my support for this concurrent resolution, and I urge my colleagues to support its passage, and I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from the Northern Mariana Islands (Mr. SABLAN) that the House suspend the rules and agree to the concurrent resolution, H. Con. Res. 59, as amended.

The question was taken.

The SPEAKER pro tempore. In the opinion of the Chair, two-thirds being in the affirmative, the yeas have it.

Mr. SABLAN. Mr. Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX and the Chair's prior announcement, further proceedings on this motion will be postponed.

SUPPORTING EFFORTS TO REDUCE INFANT MORTALITY

Mr. COHEN. Mr. Speaker, I move to suspend the rules and agree to the resolution (H. Res. 260) supporting efforts to reduce infant mortality in the United States, as amended.

The Clerk read the title of the resolution.

The text of the resolution is as follows:

H. RES. 260

Whereas the infant mortality rate of a nation is an important indicator of that nation's overall health;

Whereas the Centers for Disease Control and Prevention have found that the United States ranked 29th in the world in infant mortality in 2004, falling from 12th in 1960;

Whereas there are more than 28,000 deaths to children under 1 year of age each year in the United States;

Whereas preterm birth has a considerable impact on the United States infant mortality rate, in 2005, 68.6 percent of all infant deaths occurred to preterm infants, up from 65.6 percent in 2000;

Whereas the United States infant mortality rate for non-Hispanic Black women was 2.4 times the rate for non-Hispanic White women in 2005;

Whereas in 2005, the United States infant mortality rates were above average for non-Hispanic Black women at 13.63 deaths per 1,000 live births, for Puerto Rican women at 8.30 deaths per 1,000 live births, and for American Indian or Alaska Native women at 8.06 deaths per 1,000 live births;

Whereas in Memphis, Tennessee, the infant mortality rate is three times higher than that of the United States (higher than any other city in the country), and the 2005 infant mortality rate in the 38108 zip code of Memphis was deadlier for babies than that of the countries of Vietnam, Iran, and El Salvador with 31 deaths per 1,000 live births, 5 times that of the 2005 national average of 6.86 deaths per 1,000 live births;

Whereas adequate prenatal care has a studied, positive effect on the health of the baby;

Whereas prenatal care is one of the most important interventions for ensuring the health of pregnant women and their infants;

Whereas 29 percent of mothers 15 to 19 years of age received no early prenatal care

in 2004 according to the Department of Health and Human Services;

Whereas non-Hispanic Black mothers were 2.6 times more likely than non-Hispanic White mothers to begin prenatal care in the third trimester, or not receive prenatal care at all;

Whereas babies born to mothers who received no prenatal care are three times more likely to be born at low birth weight, and five times more likely to die, than those whose mothers received prenatal care, as stated by the Department of Health and Human Services;

Whereas the United States' high infant mortality rate reflects in part racial disparities in premature and low birthweight babies; and

Whereas the racial disparities in infant mortality may relate to socioeconomic status, access to medical care, and the education level of the mother: Now, therefore, be it

Resolved, That the House of Representatives supports efforts to understand racial disparities and the rate of infant mortality in order to lower the rate of infant mortality in the United States.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Tennessee (Mr. COHEN) and the gentleman from Tennessee (Mrs. BLACKBURN) each will control 20 minutes.

The Chair recognizes the gentleman from Tennessee.

GENERAL LEAVE

Mr. COHEN. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks.

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

There was no objection.

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

Mr. Speaker, I rise in support of House Resolution 260, a resolution that supports efforts to reduce infant mortality in the United States.

The United States amazingly enough ranks 29th in the world in the incidence of infant mortality. That is a shocking figure. And while there are a lot of reasons for infant mortality—there's education, there's health care, there are certain other issues that may be existent—health care is the primary one. And as we discuss health care in this Congress, it is hard to submit looking at the United States being 29th in the world in infant mortality, that we don't have a problem somewhere with our health care system.

The extremely high incidence of infant death in the African American community is particularly troubling. In Shelby County, Tennessee, the county which I represent, African American babies die at three times the Nation's infant mortality rate. Prematurity is the number one cause of infant death in the United States, accounting for at least 60 percent of those deaths. Poor women are much more likely to deliver a premature or a low-weight baby as they cannot afford prenatal care or are simply not educated about what is required for women during pregnancy or have access to health clinics or inner-

city doctors, general practitioners, which might be provided if we can pass a health care bill here.

We must work together to lower our country's infant mortality rate, and that starts with lowering our rate of premature births and educating people and providing access to health care.

I was spurred to introduce H. Res. 260 by the devastating rate of infant mortality in Memphis, in Shelby County. And I represent part of Shelby County; the honorable gentlewoman from Brentwood, Tennessee, represents a part of Shelby County, as well, on the Republican side.

In 2007 the 38108 ZIP code in north Memphis, which is a predominantly low-income neighborhood, had an infant mortality rate of 31 deaths per 1,000 live births. That's almost five times the Nation's rate of 6.78 deaths per 1,000 live births; and that ranks the 38108 area worse than the developing nations of Iran, Indonesia, Nicaragua, El Salvador, Syria, and Vietnam in infant mortality.

In my own family, there was an incident of infant mortality. My mother and father's first child, Rosemary, died at 1 month of age in 1945. She was buried with some other family members, not direct family, in 1945. When my father passed in 1992, we buried him at Elmwood Cemetery, a different cemetery than where my sister was buried. But my mother was so touched and always was by the loss of her child that she had her name put on the stone with my father even though her remains were at another cemetery where her name was also.

That taught me something about infant mortality: a mother never forgets the loss of a child, and it affects that mother forever. So it's a problem that affects people of all races and stays with us for all time.

I recently had the opportunity to visit Africa, several countries there, one of which was Liberia, which has a very high rate of infant mortality as well. They have very few doctors there. They don't have good health care. And that has got to be a problem that we need to deal with and we try to with our foreign aid, and I commend President Bush as well as President Obama for extending aid to Africa and so many humanitarian efforts, particularly PEPFAR, but also others.

This month Nicholas Kristof and his wife, Sheryl WuDunn, authored a book, published it, entitled "Half the Sky," which is about women in the world and how they have had difficulties rising to the level that they could and that we could empower women and have a tremendous economic advantage, particularly in disadvantaged countries, by giving women the opportunity to participate in the workforce and be educated. Much of the book is dedicated to the enslavement of women but also to maternal mortality and infant mortality as well. I encourage everybody to consider reading the book and taking up this cause.

This September is Infant Mortality Awareness Month; so I am especially proud that we are considering this important resolution today.

I urge my colleagues to join me in supporting passage of House Resolution 260, which supports efforts to address this important public health problem and a moral problem, and understand racial disparities that persist in infant mortality and try to make America better than 29th in the world.

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

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

I rise today to support H. Res. 260, supporting efforts to reduce infant mortality in the United States.

I want to thank my colleague Congressman COHEN for his work on this resolution. It has been exemplary, and we thank him for his leadership. I also want to recognize other members of our delegation who have stood with him and with me in this work to address infant mortality, Congressman TANNER and Congressman GORDON, both of whom are original cosponsors, as is Congressman WAMP; and we thank them for their participation.

Congressman COHEN has championed the cause of prenatal care since he and I served together in the Tennessee Senate, and I am honored to stand and work on this resolution with him now. I stand in support of the legislation, and I hope that all of our colleagues will join us in this effort. It is an important issue for Memphis, Tennessee, which, as Mr. COHEN said, is a community we both represent. And I hope that our conversation on the floor today will be just one more step in a unified effort to end the staggering rates of infant mortality that plague many of our communities.

In this conversation, I am reminded of the Healthy Start program that was reauthorized and signed into law by President George W. Bush on September 3, 2008. Healthy Start provides services tailored to the needs of high-risk pregnant women, infants, and mothers in geographically, racially, ethnically, linguistically diverse communities with exceptionally high rates of infant mortality. The goal of the program has been to reduce the factors that contribute to infant mortality, particularly among minority groups, and remains a very important program to help reduce the deaths of children each year.

□ 1500

Congressman COHEN's work certainly builds on this goal. Adequate prenatal care should be available to all mothers in Tennessee and certainly in this country to ensure healthy infants and pregnant women.

The Department of Health and Human Services has stated that children of mothers who receive no prenatal care, and this is a staggering statistic to me, those children born to

mothers who receive no prenatal care are three times more likely to be born at low birth weight and five times more likely to die than those born to mothers who receive prenatal care. Again, that is three times more likely to be born at a low birth weight which makes that first year very difficult, and five times more likely to die. This is an area where working together, we can do something.

It is important that our communities and also young mothers get the care that they need in early pregnancy. Memphis, Tennessee, has one of the highest infant mortality rates of any city in the U.S. That isn't a statistic that only impacts the neighborhoods in Memphis where infant mortality is a daily reality, it is a tragedy that all of Tennessee mourns.

By stating today that the rate of infant mortality in Memphis, Tennessee, and in America is unacceptable, we are making another important step toward solving the problem.

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

Mr. COHEN. Mr. Speaker, I thank the gentlelady from Tennessee for her remarks which are so appropriate; and I would like to add that there are efforts in Shelby County, the Blues Project and the ABC Project that the county has, to combat infant mortality and work with pregnant women and new mothers.

If a child is born premature, it costs at least 20 times as much money to keep that child alive for the first year. So if their efforts could be successful to eliminate and reduce infant mortality, and some of that comes through programs such as the county and others have—Blue Cross/Blue Shield has the Blues Project—we could save money in the health system because we won't spend so much keeping premature babies alive at the trauma center. It is an example where if we have preventive care and wellness programs, by investing money, we can save money. And we can save so much with infant mortality.

I reserve the balance of my time.

Mrs. BLACKBURN. Mr. Speaker, just to add to the gentleman's comments and to talk a little bit about the efforts that we have participated in in our State, as you look at Shelby County and Memphis, you see there has been a wonderful partnership between your local, State, and Federal entities to address this. Also between the community and the not-for-profit sector, individuals who have said this is a problem. These children deserve to have a healthy start in life. They deserve to have a good solid first year.

Recognizing that you have a problem is the first important step in solving that problem. Certainly we have all worked together for many years to make certain that education is an enormous component of the step forward to address low birth weights, to address infant mortality, and to make certain that our children get that healthy start that they need in life.

I commend those who have worked with us at the local, State and Federal level, as well as the community partners in Shelby County and across the State of Tennessee, who have made this a priority. I thank the gentleman for his leadership on the issue.

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

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Tennessee (Mr. COHEN) that the House suspend the rules and agree to the resolution, H. Res. 260, as amended.

The question was taken.

The SPEAKER pro tempore. In the opinion of the Chair, two-thirds being in the affirmative, the ayes have it.

Mr. COHEN. Mr. Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX and the Chair's prior announcement, further proceedings on this motion will be postponed.

RECOGNIZING THE PERSISTENTLY HIGH RATES OF DROWNING FATALITIES AMONG CHILDREN

Mr. COHEN. Mr. Speaker, I move to suspend the rules and agree to the resolution (H. Res. 57) expressing the importance of swimming lessons and recognizing the danger of drowning in the United States, especially among minority children, as amended.

The Clerk read the title of the resolution.

The text of the resolution is as follows:

H. RES. 738

Whereas in recognition of the severity of the crimes associated with domestic violence, sexual assault, and stalking, on September 13, 1994, President Bill Clinton signed the Violence Against Women Act of 1994 (hereinafter referred to as "VAWA") as part of the Violent Crime Control and Law Enforcement Act of 1994;

Whereas subsequent reauthorizations of VAWA include the Violence Against Women Act of 2000 (hereinafter referred to as "VAWA 2000"), signed by President Bill Clinton, and the Violence Against Women Act and Department of Justice Reauthorization Act of 2005 (hereinafter referred to as "VAWA 2005"), signed by President George W. Bush;

Whereas VAWA was the first comprehensive legislative package designed to end violence against women;

Whereas the protections and provisions afforded by VAWA were subsequently expanded and improved by VAWA 2000, which created a legal assistance program for victims and expanded the definition of domestic violence crimes to include dating violence and stalking;

Whereas VAWA and interventions funded by that Act have reduced the incidence of domestic violence, have lowered sexual assault rates, and have averted societal costs by reducing the need for emergency and medical responses;

Whereas VAWA has succeeded in bringing communities together to address domestic violence, dating violence, sexual assault, and

stalking, including combined efforts by law enforcement, prosecutors, courts, victim services, and community-based programs to develop long-term plans for addressing such crimes locally and statewide;

Whereas VAWA has provided crucial Federal support to Indian tribes to combat the problems of sexual and domestic violence in Indian country;

Whereas VAWA brings innovative practices to the field by funding demonstration projects and training, and supporting the development of specialized courts and police teams;

Whereas the Sexual Assault Services program, authorized by VAWA 2005, enabled the 1,300 rape crisis centers in the United States to reduce waiting lists, reach out to underserved communities, and provide more comprehensive services to survivors of sexual assault;

Whereas VAWA provides a means for many victims of domestic violence who were dependent on their batterers for immigration status to self-petition and obtain legal immigration status on their own, and to access legal services to flee violence and recover from trauma;

Whereas organizations throughout the United States have received grants under VAWA to provide legal assistance to young victims of dating violence;

Whereas VAWA has provided crucial Federal support for efforts by criminal justice officials and victim service providers to hold offenders accountable and to keep stalking victims safe;

Whereas the continued support of VAWA and subsequent Acts combating violence against women is essential to best serve the 3,400,000 individuals in the United States who are stalked each year; and

Whereas September 13, 2009, marked the 15th anniversary of the enactment of the Violence Against Women Act of 1994: Now, therefore, be it

Resolved, That the House of Representatives—

(1) recognizes the 15th anniversary of the enactment of the Violence Against Women Act of 1994;

(2) continues to support the goals and ideals of the Violence Against Women Act of 1994 and its subsequent reauthorization Acts; and

(3) recognizes the need to continue vigorous enforcement of the provisions of the Violence Against Women Act of 1994 and similar Acts and programs to deter and prosecute crimes of violence against women.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Tennessee (Mr. COHEN) and the gentlewoman from Tennessee (Mrs. BLACKBURN) each will control 20 minutes.

The Chair recognizes the gentleman from Tennessee.

GENERAL LEAVE

Mr. COHEN. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks.

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

There was no objection.

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

I rise today in strong support of House Resolution 57, a resolution recognizing the persistently high rates of drowning fatalities among children.

According to the Centers for Disease Control and Prevention, there were

3,582 unintentional and fatal drownings in the United States in 2005. This figure represents an average of 10 drowning deaths a day.

Children are the most susceptible to fatal drowning incidents. In fact, drowning is the second most common cause of unintentional death among children ages 1 to 14.

On top of this startling statistic, for every child who fatally drowns in the United States, there are four near-drowning incidents that require emergency care. These accidents can lead to brain damage and result in permanent disabilities ranging from loss of memory to the loss of all basic functions.

Drowning rates among minority children greatly exceed those of their non-minority counterparts. The fatal drowning rate for African-American children is over three times that for Caucasian children. American Indian and Alaskan Native children have rates over two times as high as Caucasian children.

Contributing to these disparities is limited access to swimming lessons. African Americans and Latinos are more likely to live below the poverty line, putting lessons that can cost hundreds of dollars per course out of reach.

House Resolution 57 not only condemns the persistently high rates of drowning among children, but it also recognizes the hard work of organizations that promote access to swimming education and teach skills that will help save lives.

I urge my colleagues to help bring awareness to this serious issue, and join me in supporting final passage of House Resolution 57.

I reserve the balance of my time.

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

I rise today in support of House Resolution 57 expressing the importance of swimming lessons and recognizing the danger of drowning in the United States. With almost 10 unintentional and fatal drowning deaths each day in our country, it is important to recognize those most vulnerable to drowning, and it is usually our precious children under the age of 14 who have not yet learned to swim. Swimming education programs in communities and swimming lessons for those as young as 4 years old could help lower the number of fatal drownings each and every year.

The Virginia Graeme Baker Pool and Spa Safety Act, which was signed into law in December 2007 by President Bush, has led to increased pool and spa safety requirements and education.

I thank the gentlewoman from Florida who has joined us on the floor for her excellent leadership and outstanding work on that issue. It is one that was important to all of us in dealing with the FTC and the regulations. We commend you, and we thank you for your work.

Effective prevention strategies like the Pool and Spa Safety Act and non-profit initiatives like the U.S.A. Swimming Foundation's "Make a Splash"