

the gentlewoman from Illinois (Mrs. HALVORSON), who is the sponsor of the legislation.

Mrs. HALVORSON. I want to thank Congressman PALLONE. I would also like to thank my colleagues for recognizing me on behalf of this very important and timely resolution.

Madam Speaker, I rise today in support of H.R. 1011, commemorating the goals and ideals of Cervical Health Awareness Month, and I urge my colleagues to support its passage. January has long been recognized as Cervical Health Awareness Month, particularly throughout the public health, women's health, and cervical health advocacy communities.

Today we commemorate the hard work and sacrifice that has been made by these patients, their families, and those who have been confronted by this disease. We also honor the health care providers and advocates that tirelessly work to treat this disease and work to educate the general public on its causes and treatments.

Madam Speaker, cervical cancer is usually a very slow-growing cancer that may not present any symptoms. And it is primarily caused by the human papillomavirus, HPV, but can be detected by early detection tests. It is estimated that 4,000 women in the United States die of cervical cancer every year, and approximately 11,000 new cases will be detected just this year. Half of those women diagnosed with the disease are, as has been said, between 35 and 55 years of age. And approximately 20 percent of all those diagnoses are made in women who are older than 55 years of age. In the vast majority of cases, these deaths could be prevented with early detection, and by being educated and aware of causes, screenings, and medical treatments.

According to data from the Centers for Disease Control, cervical cancer is the easiest female cancer to prevent, and yet it was the number one cause of death from cancer in women. But for the first time in history, we have the potential for significantly reducing, if not eliminating, the number of victims of this cancer through advancements in treatments and procedures that aid in prevention.

So in keeping with the goals and the ideals of Cervical Health Awareness Month, I encourage the people of the United States to learn about cervical cancer, its causes and its treatments, and I encourage health care advocates to continue to raise public awareness about cervical cancer and the importance of early detection, because the earlier cervical cancer is detected, the better the chance a woman has in surviving cervical cancer.

Once again, I would like to thank you all for allowing H. Res. 1011 to come to the floor today, and I urge my colleagues to vote in favor of its passage.

Mr. BURGESS. As a fellow in the American College of Obstetricians and Gynecologists before I came to Con-

gress, I recognize the importance of Cervical Health Awareness Month. And yes, while we are focusing on testing today, the gentlelady is quite correct in that newer tests, newer methods, newer abilities to prevent this disease from happening are occurring even as we speak.

Certainly to the health care community out there that has done such a great job at providing information to their patients, providing early detection and treatment to their patients, we owe a debt of gratitude. The work is not yet done, and I again encourage passage of this legislation.

Ms. JACKSON LEE of Texas. Madam Speaker, I rise today in strong support of H. Res. 1011, to recognize the importance of cervical health and of detecting cervical cancer during its earliest stages and supporting the goals and ideals of Cervical Health Awareness Month, introduced by my distinguish colleague Representative DEBORAH L. HALVORSON, from Illinois. This legislation will solidify that we, the United States Congress: (1) support all the initiatives of Cervical Health Awareness Month; (2) Recognize the importance of earlier detection; and (3) advocate and encourage education on the subject.

Madam Speaker, the origin of Cervical Health Awareness Month was established to enhance awareness of the prevention of cervical cancer, particularly the importance of screening for this malignancy. It is my hope that Congress continues to support these current and future efforts to make our constituents more knowledgeable.

According to the American College of Obstetricians and Gynecologists, in 2009, an estimated 11,270 new cases of cervical cancer were diagnosed in the U.S., and the disease caused over 4,000 deaths. The Pap test is a highly effective tool in detecting cervical cancer at its earliest and most treatable stages. In fact, regular cervical screening tests can actually find precancerous changes before they become dangerous and turn into cancer.

I support any enterprise which cultivates organized successful health promotion events and campaigns. Getting new ideas, information and resources on Cervical Cancer and the prevention of it, is something that this Congress must emphasize.

By passing this resolution, we are making a monumental statement that we care. We care about the patients and survivors of this cancer; we care about the families of the ones who were taken by this disease; and most of all we care about the life and life more abundantly. By passing this legislation, we are also reaffirming that Congress is not an ambiguous body of unsympathetic individuals with no grasp of the world outside these walls. We have families; we have mothers, daughters and sisters, that can be affected by this cancer and we will not stand for lives perishing because of a lack of knowledge and available prevention and treatment!

Mr. BURGESS. I yield back the balance of my time.

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

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from New Jersey (Mr. PALLONE) that the House suspend the

rules and agree to the resolution, H. Res. 1011.

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. PALLONE. Madam 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.

NATIONAL INFLUENZA VACCINATION WEEK

Mr. PALLONE. Madam Speaker, I move to suspend the rules and agree to the resolution (H. Res. 1003) expressing support for the designation of January 10, 2010, through January 16, 2010, as National Influenza Vaccination Week, as amended.

The Clerk read the title of the resolution.

The text of the resolution is as follows:

H. RES. 1003

Whereas National Influenza Vaccination Week may provide an important opportunity to encourage seasonal flu and H1N1 vaccination at a time when demand for flu vaccines usually drops significantly but the risk for infection remains;

Whereas each year 5 to 20 percent of the population in the United States gets the flu, an average of more than 200,000 people are hospitalized from flu-related complications, and about 36,000 people die from flu-related causes;

Whereas between April and mid-November, the United States saw approximately 47,000,000 cases of the 2009 H1N1 flu, more than 200,000 hospitalizations, and nearly 10,000 deaths;

Whereas the United States is fortunate that the flu activity has declined in recent weeks, but flu experts warn that the public is still at risk of infection and we should also prepare for a possible third wave of H1N1 flu;

Whereas people in the United States have a window of opportunity to get the H1N1 vaccine and lessen the impact of, or even prevent, another wave of illness;

Whereas getting vaccinated is a shared responsibility to protect families and communities that is safe and effective, and it is the best defense against all types of flu;

Whereas seasonal flu vaccines have been safely used for more than 60 years and data compiled for H1N1 vaccines indicate a similarly excellent safety profile;

Whereas information on seasonal flu vaccine distribution and availability is available at the Centers for Disease Control and Prevention's (CDC) www.Flu.gov Web site;

Whereas over 135,000,000 doses of the H1N1 vaccine are now available, with more coming every day;

Whereas Congress recognizes the hard work of public health officials in responding to the 2009 H1N1 flu;

Whereas one of the goals, in addition to fostering continuing influenza vaccination, of National Influenza Vaccination Week is to engage H1N1 at-risk audiences who are not yet vaccinated;

Whereas when the vaccine was first made available, the CDC's Advisory Committee on Immunization Practices (ACIP) recommended that vaccination efforts should

focus first on people in five target groups who are at higher risk for the 2009 H1N1 influenza or related complications;

Whereas the five target groups for H1N1 are pregnant women, people who live with or provide care for infants younger than 6 months, health care and emergency medical services personnel, people 6 months through 24 years of age, and people 25 years through 64 years of age who have certain medical conditions that put them at higher risk for influenza-related complications;

Whereas Monica Rodriguez, a pregnant mother from El Monte, California, could likely have prevented her death if she was able to get vaccinated;

Whereas January 13 is Families Flu Vaccination Day and will highlight the importance of the 2009 H1N1 vaccination for pregnant women, children, and caregivers of children less than 6 months of age;

Whereas H1N1 flu shots are widely available and everyone, even those not in the high-risk groups are urged to get vaccinated;

Whereas the U.S. Department of Health and Human Services as well as State and local public health departments and other partners, such as Families Fighting Flu, are planning National Influenza Vaccination Week events around the country and have additional information available at www.cdc.gov/flu/NIVW/;

Whereas the American Public Health Association, the Association of State and Territorial Health Officials, Families Fighting Flu, the Infectious Diseases Society of America, the American Medical Association, the American Nurses Association, the American Academy of Pediatrics, the American College of Obstetricians and Gynecologists, the National Environmental Health Association, the National Association of Nurse Practitioners in Women's Health, the American Association of Colleges of Nursing, the Society for Healthcare Epidemiology of America, the American Osteopathic Association, the National Association of Community Health Centers, the National Association of Pediatric Nurse Practitioners, the American Red Cross, the American Academy of Physician Assistants, the National Hispanic Medical Association, the American College of Emergency Physicians, the American College of Preventive Medicine, the National Alliance for Hispanic Health, the International Association of Firefighters, the American Academy of Family Physicians, the Association for Profession in Infection Control and Epidemiology, the American Pharmacists Association, the American College Health Association, the American College of Physicians, the National Family Planning and Reproductive Health Association, the National Association of School Nurses, the Association of Maternal and Child Health Programs, the National Association of Children's Hospitals and Related Institutions, the National Community Pharmacists Association, the American Hospital Association, the Federation of American Hospitals, Epocrates, the American Academy of Neurology, the National Association of County and City Health Officials, and the Association of Occupational Health Professionals in Healthcare support the H1N1 flu vaccine; and

Whereas people can find seasonal and H1N1 vaccine distribution information by checking the www.Flu.gov Web site that identifies clinics that have influenza vaccine available: Now, therefore, be it

Resolved, That the House of Representatives—

(1) supports the designation of National Influenza Vaccination Week, including raising public awareness that vaccination is the best defense against the flu; and

(2) encourages people in the United States to get vaccinated, especially those with un-

derlying health conditions, pregnant women, children, young adults, caretakers of infants, and healthcare workers.

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

The Chair recognizes the gentleman from New Jersey.

GENERAL LEAVE

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

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

There was no objection.

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

I rise in support of H. Res. 1003, expressing support for the designation of January 10 through January 16, 2010, as National Influenza Vaccination Week. In the 6 months between April and mid-November, there were approximately 47 million cases of the 2009 H1N1 flu in the United States. More than 200,000 individuals were hospitalized, and tragically, nearly 10,000 people lost their lives to this illness. One of those individuals was Monica Rodriguez, who died in October 2009, before the H1N1 vaccine was available.

Ms. Rodriguez, a constituent of Representative JUDY CHU's, was the mother of three children, and was 5 months pregnant at the time she died. As a pregnant woman, Monica was considered a high risk, and would have been on the priority list to get the vaccine as soon as it was ready. Vaccines save lives. And had the vaccine been available, it could have saved her life.

Though flu activity has declined in recent weeks, experts warn that the risk for contracting the flu is still great. We must prepare for a possible third wave of H1N1 flu, and Americans must remain vigilant about preventing infection of the H1N1 virus and the seasonal flu. In both instances, the vaccines can help protect against these illnesses.

Now the resolution before us today shows our support for National Influenza Vaccination Week, which is sponsored by the Centers for Disease Control. By supporting this resolution, Congress will help urge all Americans to take advantage of the supply of vaccine available to prevent further needless deaths from the H1N1 virus or seasonal flu.

I want to thank my colleague, Representative CHU, for her work on this important issue. I urge my colleagues to pass this resolution.

I reserve the balance of my time.

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

I rise today in support of H. Res. 1003, supporting the designation of January

10 through January 16 as National Influenza Vaccination Week. I would like to thank the numerous associations and health professionals for their work in this regard. The National Influenza Vaccination Week is an important opportunity to encourage those vulnerable to seasonal flu and those vulnerable to H1N1 to avail themselves of a vaccination.

Although there has been a major decrease in the number of cases of H1N1, those who have not been vaccinated should consider how important it is to protect not only themselves, but the health of their family, their community, and of course their own well-being.

Currently, there are well over 130,000 doses of the H1N1 vaccine available, and we are told that there is more coming every day. For those wondering where they can get more information about the seasonal flu vaccines and the H1N1, they can visit the Centers for Disease Control and Prevention's www.flu.gov Web site.

Again, I want to thank all of the health professionals for their efforts to lower the impact of the illness this flu season. I stand in support of this legislation, and urge my colleagues to join me.

I reserve the balance of my time.

Mr. PALLONE. Madam Speaker, I would like to recognize now the sponsor of the legislation, the gentlewoman from California, Representative CHU, for as much time as she may consume.

Ms. CHU. Thank you, Chairman PALLONE and Chairman WAXMAN, for your assistance in getting this resolution presented to the House floor.

It is January 26, and several months of flu season are still before us. Many people are still at risk of contracting H1N1 but have not gotten the vaccination that would save their lives. Months before cold and flu season began, the media and health professionals warned us about the potential complications from this new strain of flu, H1N1. And indeed, this virus killed over 10,000 people last year.

The purpose of this resolution is to remind people that the threat is not over, and that it is imperative that they get their H1N1 vaccination. Such a vaccination would have helped one of my constituents, Monica Rodriguez. Monica was a wife, mother of three children, and 5 months pregnant. After experiencing severe flu symptoms, including fever, congestion, and cough, Monica went twice in 24 hours to a hospital in El Monte, but she was turned away with only cough syrup to numb the pain, which did little to help the underlying illness.

Days later, after only getting worse, Monica returned to the hospital, where she was immediately admitted into intensive care, but it was too late. On October 25, 2009, Monica and her unborn child passed away from complications of the H1N1 virus. Monica's husband, Jorge Gonzalez, wants others to know his wife's story so that they can receive proper care. Many may believe

that the risk of death from H1N1 no longer exists, but flu experts warn that we should prepare for a possible third wave of H1N1.

Americans definitely have a window of opportunity of getting this vaccine and lessening the impact, or even preventing, another wave of illness. And Monica's husband Jorge would tell you that he wished a vaccine was available to save his wife's life.

The threat of H1N1 is clearly not over. Getting vaccinated is the most important step to preventing the spread of influenza. That is why I have authored this resolution, which recognizes National Influenza Vaccination Week. In contrast to last year, the H1N1 vaccine is now widely available. The risk of contracting flu is still high, and we have several months of flu season before us. Today with this resolution we have another opportunity to get the word out and to remind the public that it is the time to protect yourself.

Many public health departments, hospitals, doctors and nurses are doing a good job of preventing and treating the 22 million cases of H1N1 across the country. However, we must not be complacent and let patients like Monica slip through the cracks. In fact, we must remind everyone to get the H1N1 vaccine.

Today you can easily find the shot, such as online at flu.gov. And of course, we must not forget those who are still at greatest risk, pregnant women like Monica, people who care for infants, health care and emergency medical services personnel, those under the age of 24, and people with medical conditions that put them at higher risk for influenza-related complications.

Please join me and the 22 health organizations that have endorsed this resolution in showing support for National Influenza Vaccination Week and spreading the message that getting vaccinated is the first step towards preventing the flu. Its passage will not only avert another wave of H1N1 but will honor Monica Rodriguez and all those who have suffered or died from the virus.

List of Healthcare Organizations that Support H. Res. 1003: American Academy of Neurology, American Academy of Pediatrics, American Academy of Physician Assistants, American Association of Colleges of Nursing, American College Health Association, American College of Preventative Medicine, American Nurses Association, American Pharmacists Association, American Public Health Association, American Society of Health-System Pharmacists, Association for Professionals in Infection Control and Epidemiology, Inc., Association of State and Territorial Health Officials, Families Fighting Flu, National Association of Children's Hospitals and Related Institutions, National Association of County and City Health Officials, National Association of Nurse Practitioners in Women's Health, National Community Pharmacists Association, National Environmental Health Association, National Family Planning and Reproductive Health Association, National Foundation for Infectious Diseases, The Society for Healthcare Epidemiology of America, Trust for America's Health.

Mr. BURGESS. You know, it is just about 10 months ago that we first began to hear about this novel strain of flu that was coming across the border from Mexico. My home State of Texas was affected severely early on. And it is amazing that within such a short period of time the virus was identified, isolated, the genetic sequence was known, and then a vaccination was developed, tested, found to be safe, and delivered into the hands of Americans shortly after the commencement of the school year this year.

We did lose many individuals to this illness, and for that we are sorry. But I would also stress that because of the efforts of the men and women who worked at the CDC, the National Institutes of Health, all the practitioners across this country who provided information and timely vaccination, the effect of this epidemic was significantly blunted over what it might have been. Those early telephone calls, those early conference calls in March and April of last year were nothing short of startling and alarming.

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I do urge people to avail themselves of this vaccine before this flu season is over.

Ms. JACKSON LEE of Texas. Madam Speaker, I rise today in support of House Resolution 1003; a resolution entitled "Expressing support for the designation of January 10, 2010, through January 16, 2010, as National Influenza Vaccination Week," and which also expresses the sentiments of the House of Representatives that preventing the spread of influenza and other infectious diseases should be a priority of all American citizens.

It is important that we recognize the important role that immunizations have in protecting Americans from influenza outbreaks. Seasonal influenza causes more than 200,000 hospitalizations and 36,000 deaths in the U.S. every year, and is the seventh leading cause of death in the U.S.

It is important that we mitigate this great threat to our citizens and equip all Americans with the necessary preventative measures to effectively combat both the seasonal flu as well as the H1N1 Influenza strain.

The flu can be very disruptive to business and trade as well. The economic and financial costs of seasonal influenza in the United States can be devastating due to employee absence from work, the high cost associated with medical care and the draw down in the financial activity of persons infected with the flu. In addition, lost earnings due to illness and loss of life amounted to over \$15 billion annually and the total economic burden of annual influenza epidemics amounts to over \$80 billion.

Again, it is important for us to alleviate this growing stress on our nation's economic and financial systems by equipping our citizens with the necessary tools to fight the flu.

Furthermore, both the seasonal flu and the H1N1 Influenza strain can be disruptive to important American pastimes such as cultural events as well as sporting events. In the event of a highly contagious infectious outbreak it would be likely that large gatherings of people could be cancelled in order to prevent the unnecessary spread of disease.

By informing American citizens of the benefits of influenza vaccines however, we can attempt to prohibit the influenza bug from spreading.

In addition it is important that American citizens remain vigilant in the fight against the H1N1 Influenza strain. There are currently over 135 million doses of the H1N1 vaccine available to Americans. It is important that citizens weigh the costs and benefits of such a shot before receiving it, but it is important for citizens to remain informed. For the very young and the elderly it can be very helpful in preventing disease but may also prevent unnecessary death.

That is why it is important for Americans to understand both the necessity and benefit that seasonal flu shots provide for its citizens.

This is also the reason I ask for your support of this resolution. The increased awareness that would come from designating the week of January 10, 2010 through January 16, 2010 as "National Influenza Vaccination Week" would serve to provide American citizens with the important information needed to prevent a larger-than-normal influenza outbreak as well as provide the necessary preventative measures to those who are at a higher risk for influenza-related complications.

I would also like to take this opportunity to encourage all Americans as well as those from my home town of Houston, Texas to get vaccinated against both the seasonal flu as well as the H1N1 Influenza strain. I would especially encourage people with underlying health conditions, pregnant women, children, young adults, caretakers of infants, and healthcare workers to get vaccinated in preparation for a possible third wave of H1N1 flu.

Officially establishing the week of January 10, 2010, through January 16, 2010 as "National Influenza Vaccination Week," would seek to improve the lives of our citizens as well as increase our citizen's awareness of the importance of both seasonal as well as H1N1 Influenza vaccinations.

I urge my colleagues to support this resolution. I also ask my colleagues for their continued support in the fight against infectious and contagious diseases.

Mr. PAUL. Madam Speaker, I oppose H. Res. 1003, designating January 10, 2010 through January 16, 2010 as National Influenza Vaccination Week. While I believe the American people should be made aware of infectious diseases and common sense preventative measures, I am concerned that this resolution continues the hysterical reaction from government officials to the swine flu outbreak.

As a physician, I have yet to see any evidence that justifies the current level of alarm. Influenza typically kills around 36,000 people every year in this country and hospitalizes a couple hundred thousand. In the almost a year since swine flu made its first appearance in the U.S., there have been only a handful of confirmed deaths attributable to this strain, and most of those sickened have or will fully recover. Every death is tragic, but I see no reason to deal with this flu outbreak any differently than we typically deal with any other flu season. Instead, the federal government has responded with invasive screening at airports, closing down schools and sporting events, and causing general panic.

There have also been discussions of mandating that certain populations be forced to receive the swine flu vaccine. I would remind my

colleagues that during the 1976 outbreak of swine flu only 1 America died from the flu, but mandatory vaccinations killed at least 25 before the program was abandoned.

Madam Speaker, the panicked reaction to swine flu outbreak demonstrates why the Federal Government should not become involved in health care. Instead, decisions as to how best to deal with infectious disease should be left to local communities, health care providers, and, most importantly of all, individual citizens. Patients should always have the right to make their own decision about whether or not to receive a vaccine after getting full information on both the risks and the benefits of vaccines from their health care provider.

Mr. BURGESS. I have no other speakers on my side, and I yield back the balance of my time.

Mr. PALLONE. Madam Speaker, I have no additional speakers. I urge passage of this resolution, and I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from New Jersey (Mr. PALLONE) that the House suspend the rules and agree to the resolution, H. Res. 1003, 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. PALLONE. Madam 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.

EMERGENCY AID TO AMERICAN SURVIVORS OF THE HAITI EARTHQUAKE ACT

Mr. McDERMOTT. Madam Speaker, I move to suspend the rules and pass the bill (S. 2949) to amend section 1113 of the Social Security Act to provide authority for increased fiscal year 2010 payments for temporary assistance to United States citizens returned from foreign countries, to provide necessary funding to avoid shortfalls in the Medicare cost-sharing program for low-income qualifying individuals, and for other purposes.

The Clerk read the title of the bill.

The text of the bill is as follows:

S. 2949

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 "Emergency Aid to American Survivors of the Haiti Earthquake Act".

SEC. 2. INCREASE IN AGGREGATE PAYMENTS FOR FISCAL YEAR 2010 FOR TEMPORARY ASSISTANCE TO UNITED STATES CITIZENS RETURNED FROM FOREIGN COUNTRIES.

Section 1113(d) of the Social Security Act (42 U.S.C. 1313(d)) is amended by striking "September, 30, 2003" and all that follows and inserting "September 30, 2009, except that, in the case of fiscal year 2010, the total amount of such assistance provided during that fiscal year shall not exceed \$25,000,000."

SEC. 3. QI PROGRAM FUNDING.

Section 1933(g)(2) of the Social Security Act (42 U.S.C. 1396u-3(g)(2)) is amended—

(1) in subparagraph (M), by striking "\$412,500,000" and inserting "\$462,500,000"; and

(2) in subparagraph (N), by striking "\$150,000,000" and inserting "\$165,000,000".

SEC. 4. APPLICATION OF MEDICAID IMPROVEMENT FUND.

Section 1941(b)(1)(A) of the Social Security Act (42 U.S.C. 1396w-1(b)(1)(A)) is amended by striking "\$100,000,000" and inserting "\$10,000,000".

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Washington (Mr. McDERMOTT) and the gentlewoman from Florida (Ms. GINNY BROWN-WAITE) each will control 20 minutes.

The Chair recognizes the gentleman from Washington.

Mr. McDERMOTT. Madam Speaker, I ask unanimous consent that the gentleman from New Jersey (Mr. PALLONE) be allowed to control 10 minutes of the time for debate on this bill.

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

There was no objection.

GENERAL LEAVE

Mr. McDERMOTT. Madam Speaker, I ask unanimous consent that all Members may have 5 legislative days within which to revise and extend their remarks and include extraneous material on S. 2949.

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

There was no objection.

Mr. McDERMOTT. Madam Speaker, 2 weeks ago, the largest earthquake ever recorded in Haiti wreaked havoc throughout the country.

Some of those affected by the devastation in Haiti are U.S. citizens who are now being evacuated back to the United States. We need to act today to continue a program that helps these Americans get back home.

The Repatriation Program provides assistance to U.S. citizens evacuating foreign countries due to a crisis by helping them secure and pay for connecting flights, temporary lodging, food, and medical assistance. Recipients of this assistance are expected to reimburse the government for such aid, unless repayment poses a significant hardship.

This program has an annual funding cap of only \$1 million, which is far short of the funding needed to help all the U.S. citizens returning home. There were roughly 45,000 Americans living in Haiti when the earthquake hit, and over 14,000 have already been evacuated.

The bill before us increases the program's funding cap to \$25 million for this year so that it can continue to serve U.S. citizens returning from Haiti.

It is worth noting that we have raised this program's annual funding cap in response to past international crises. Most recently, in 2006, Congress

responded to a request from the Bush administration to increase the program's funding to help Americans evacuating Lebanon.

As sent over by the Senate, this bill also continues funding for another group of needy Americans, low-income senior citizens. A program known as QI that now helps Medicare beneficiaries with their part B premiums if their income is only slightly above the poverty line requires additional funding in order to continue to provide assistance to every State throughout the rest of the year. This legislation provides the necessary funding to address this shortfall and to ensure the program continues to operate.

The Congressional Budget Office reports that the cost of both of these provisions is fully offset by a reduction in the Medicaid Improvement Fund, which provides additional funding to HHS for program management.

In short, this bill helps people in great need of assistance without raising the deficit.

Madam Speaker, I urge my colleagues to support this effort to help Americans evacuating from Haiti and to continue assistance to Medicare beneficiaries.

I reserve the balance of my time.

Ms. GINNY BROWN-WAITE of Florida. Madam Speaker, I yield myself such time as I may consume.

I rise in support of this Senate bill, S. 2949. As Representative McDERMOTT described, it will provide assistance to thousands of Americans returning from Haiti following the devastating January 12 earthquake there.

Let me reiterate that we are helping American citizens with this legislation.

The bill, entitled Emergency Aid to American Survivors of the Haiti Earthquake Act, will ensure that State and local governments and charitable agencies on the ground in Florida, for example, and elsewhere have the resources to do exactly that.

Funding for those local efforts is provided through the Repatriation Program administered by the U.S. Department of Health and Human Services. Each year, that program provides temporary assistance in the form of loans to U.S. citizens and their dependents arriving in the U.S. following an emergency. By law, currently the program is capped at \$1 million per year.

This bill, which passed the Senate last night, temporarily increases that cap for 2010. As the legislation makes clear, and the Congressional Budget Office score confirms, this increase is entirely paid for by reducing spending in other areas. It does not raise the national debt.

This is similar to how Congress responded when demand for repatriation assistance swelled following the American evacuation of Lebanon in 2006. Congress stepped in to provide for the additional funds that were needed and paid for that additional funding through savings. That is the right approach. And, frankly, my constituents