

DOMESTIC VIOLENCE AWARENESS  
MONTH

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Kansas (Mr. MORAN) is recognized for 5 minutes.

Mr. MORAN of Kansas. Mr. Speaker, today marks the last day, this last day of October, as the last day of the month for national domestic violence awareness. Though society has made great strides in bringing attention to the crime of domestic violence, over 4 million individuals of this country continue to find themselves victims of physical, psychological and sexual abuse. While our Nation's attention is currently occupied by security threats both here and abroad, domestic violence is an issue that this country must continue to address.

Domestic violence rarely makes the headlines, primarily because most of the abuse occurs behind closed doors. In most instances, the victim knows the attacker. Over 50 percent of the victims are battered by a boy or girlfriend. Over 30 percent are assaulted by spouses, and around 15 percent are attacked by ex-spouses. Many victims are reluctant to report these incidents to anyone because of fear of reprisal.

There are many theories to explain why individuals use violence against their partners. Some explanations include dysfunctional families, inadequate communication skills, stress, chemical dependency and economic hardship. Though these issues may be associated with battering, they are not the causes, and merely removing these factors will not end domestic violence.

Batterers begin and continue to have abusive behavior because violence is an effective method of gaining and keeping control over another person. The abuser usually does not suffer adverse consequences as a result of this behavior.

Historically, violence against women has not been treated as a real crime but rather a private matter between domestic partners. The consequences for domestic violence are often less severe than the penalties for other criminal forms of abuse.

Society tends to misplace the blame for continued abuse, focusing on the victim and criticizing him or her for not leaving the abuser. In many cases women simply do not have physical or financial resources to get out of the relationship. Risks of retaliatory abuse and injury are also factors in staying.

Every year, domestic violence results in approximately 100,000 days of hospitalization and over 28,000 visits to emergency rooms. In these cases, major medical treatment is often required.

Fear of death is another consideration. The possibility of being murdered by an abuser increases to 75 percent if the woman attempts to leave on her own.

For these reasons, outside support networks and services are vital. Yet these resources are often limited.

The lack of resources and shelters are a particular problem in rural areas. In my 66-county district, there are only nine domestic violence and sexual assault shelters. For many women in central and western Kansas, the distance to the closest shelter may be hundreds of miles away. In Kansas, one domestic violence murder occurs 55 minutes and 48 seconds. Proximity to a safe facility can mean the difference between life and death. Ensuring safe havens for women who leave abusive environments is a priority.

Most domestic violence centers rely primarily on grants and local donations. Federal grants made under the Violence Against Women Act provided essential funds for shelter operation and support service. That program has been credited with substantially reducing the levels of violence committed against women and children. We must continue to ensure that our shelters and crisis centers receive adequate funding.

As National Domestic Violence Awareness Month draws to a close, we are reminded that domestic violence is an issue that must be addressed all year long. Only through funding, education and support can America hope to end this terrible crime.

## ANTIBIOTIC RESISTANCE

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Ohio (Mr. BROWN) is recognized for 5 minutes.

Mr. BROWN of Ohio. Mr. Speaker, antibiotic resistance is a major health threat that does not receive the attention it deserves. When bioterrorism is a prevailing concern, we can no longer afford to ignore or downplay the threat of antibiotic resistance.

Introduced in the 1940s, antibiotics gave us a tremendous advantage in our fight against tuberculosis, pneumonia, typhoid, cholera and salmonella and many other long-term killers, but some bacteria exposed to antibiotics are able to survive. These antibiotic-resistant strains then flourish and pose a danger threat to public health.

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We in Congress cannot go home to our districts and say we have taken the steps necessary to prepare for future bioterrorist attacks unless and until we confront the issue of antibiotic resistance.

The links between resistance and bioterrorism are clear. Antibiotic-resistant strains of anthrax and other microbes are recognized to be some of the most lethal forms of biological weapons. These weapons exist today. We know, first, that Russian scientists have developed a strain of anthrax that

is resistant to penicillin and tetracycline. We can only assume that anthrax and other lethal agents will be engineered to resist newer antibiotics like Cipro.

Overuse of antibiotics, misuse of antibiotics will render more microbes resistant to our current stockpile of drugs, potentially leaving the Nation poorly prepared in the event of bioterrorist attacks. As we have seen with the recent anthrax attacks, the broad-scale use of antibiotics associated with bioterrorism compounds the resistance problems, which in turn can render our existing antibiotics ineffective against future attacks. It is an alarming cycle.

To adequately prepare for a bioterrorist attack, surveillance capabilities at the State and local levels are crucial. State and local health departments must be equipped to rapidly identify and respond to antibiotic-resistant strains of anthrax and other lethal agents. To protect our antibiotic stockpile, we must be able to isolate emerging antibiotic-resistant microbes, monitor the ongoing effectiveness of existing antibiotics, and carefully track and discourage overuse and misuse of current antibiotic treatments.

Surveillance also provides the data needed to prioritize the research and the development of new antibiotic treatments. Drug-resistant pathogens are a growing threat to every American. We cannot, we must not continue to treat this threat as a long-term issue and a lesser priority. It is an immediate threat, and we must deal with it now.

Under last year's Public Health Threats and Emergencies Act, sponsored by my colleague, the gentleman from North Carolina (Mr. BURR) and my friend, the gentleman from Michigan (Mr. STUPAK), Congress authorized a grant program that can equip State and local health departments to identify and to track antibiotic resistance. The gentleman from New York (Mr. BOEHLERT) and I are requesting that the Committee on Appropriations include at least \$50 million for this grant program in the Homeland Security supplemental appropriations bill, which we will take up either late this week or early next week.

I urge Members on both sides of the aisle to weigh in on this issue. Let the appropriators know that funding of antibiotic resistance is critical. We must help State and local health agencies combat antibiotic resistance. Our success against bioterrorism absolutely depends on it.

THE AMERICAN AND GERMAN  
NAVIES MEET

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Minnesota (Mr. GUTKNECHT) is recognized for 5 minutes.