85TH ANNIVERSARY OF THE FIRST SCOUTS OF AMERICA

HON. KAREN McCARTHY

OF MISSOURI

IN THE HOUSE OF REPRESENTATIVES

Sunday, November 9, 1997

Ms. MCCARTHY. Mr. Speaker, I rise today to celebrate the 85th anniversary of an organization that helps to develop our Nation's future leaders: The Girl Scouts of America. On November 14, 1997, I will join with Girl Scouts from the 5th District of Missouri in a nationwide camp-out to mark this important occasion. By working to develop the self-esteem and skills of girls at an early age, this group empowers these young women to make a successful transition to adulthood. I still carry with me the values I learned as a Girl Scout and credit many of my achievements to these early lessons. Whether it was learning the value of a hard-earned dollar through the sales of Girl Scout cookies, or how to make new friends and keep the old, my memories as a Girl Scout are some of my fondest. Girl Scouting provides a classroom without walls, and teaches girls compassion, leadership, and citizenship through community service embodied in its pledge: ''On my honor, I will try: to serve God and my country. To help people at all times, and to live by the Girl Scout law. I will do my best: to be honest and fair, friendly and helpful, considerate and caring, courageous and strong, responsible for what I say and do, and to respect myself and others, respect authority, use resources wisely to make the world a better place, and to be a sister to every Girl Scout.'' Mr. Speaker, please join with me in honoring the success of the Girl Scouts on their 85th anniversary, a truly American institution that brings out the very best in our young people.

ADVANCEMENT OF WOMEN IN SCIENCE, ENGINEERING, AND TECHNOLOGY DEVELOPMENT ACT

HON. CONSTANCE A. MORELLA

OF MARYLAND

IN THE HOUSE OF REPRESENTATIVES

Sunday, November 9, 1997

Mrs. MORELLA. Mr. Speaker, in an effort to support women in our changing economy, I am introducing the Commission on the Advancement of Women in Science, Engineering, and Technology Development Act. Women account for more than 45 percent of the U.S. labor force; yet in the fields of science, engineering, and technology, they are underrepresented and face barriers in recruitment, retention, and advancement.

According to the Department of Labor, only 8.7 percent of electrical engineers are women. That's lower than the percentage of female clergy, 11 percent. Among technology jobs, computer programming attracts the most women; 29 percent are female.

High-technology companies are part of the fastest-growing U.S. industry, which dominates both domestic and world markets. Yet these companies are battling a very serious shortage of skilled high-technology professionals. If the lack of women hinders the growth of this industry, then it will hold back the Nation's economy.

Statistics show that the percentage of degrees awarded to women in science at the bachelors, masters, and doctoral level is higher than the percentage of women actually pursuing careers in science. Women make up about a third of science students, but only a fifth of science professionals. Consequently, women are still a great, untapped source of creative science thinking as the United States moves into the next century. Science needs to increase its percentage of women professionals.

The American Medical Association reports that the number of women physicians has quadrupled in the last 20 years. While women are becoming more commonplace in the medical profession, they still are nudged away from technology, from attitudes at colleges and universities to the cultural drawbacks in computer companies.

While we, as a nation, are growing more aware of problems that beset women in the fields of science, engineering, and technology, few policies have been implemented to combat the problems women are facing in these occupations. Now, more than ever, we need a broad research project to consolidate information and identify intervention models that work.

The Advancement of Women in Science, Engineering, and Technology Development Act would set up a commission to study the barriers that women face in these fields. The commission would identify and examine the number of women in science, engineering, and technology and the specific occupations where they are underrepresented. The commission also would describe the practices and policies of employers relating to the recruitment, retention, and advancement of women scientists and engineers. The commission then would determine if these practices and policies are comparable to their male counterparts, and issue recommendations to government, academia, and private industry based on successful programs.

In addition, the bill directs the National Science Foundation [NSF] to conduct a study of the educational opportunities available to women who want to enter the fields of science, engineering, and technology. The NSF then must report its findings within 1 year and issue recommendations to Congress on how to improve educational opportunities for women who wish to enter the fields of science, engineering, and technology.

Mr. Speaker, the Advancement of Women in Science, Engineering, and Technology would be a first step in countering the roadblocks for women in our rapidly evolving high-technology society. This bill would help women break through the ''Glass Ceiling'' and the ''Silicon Ceiling'' in the fields of science, engineering, and technology, and would bring our Nation closer to creating a highly effective high-technology economy for the 21st century.

INTRODUCTION OF THE CLINICAL RESEARCH ENHANCEMENT ACT OF 1997

HON. NITA M. LOWEY

OF NEW YORK

IN THE HOUSE OF REPRESENTATIVES

Sunday, November 9, 1997

Mrs. LOWEY. Mr. Speaker, I am pleased to introduce today the Clinical Research Enhancement Act of 1997. This legislation will better enable us to translate basic science discoveries into improvements in medical treatment. I am pleased to be joined by Congresswoman NANCY JOHNSON as the primary cosponsor of this important legislation.

The difficulties faced by clinical researchers and their patients threaten progress in medicine and our country's international competitive edge in biomedical science. We are losing a generation of physician scientists because of limited research funding, medical tuition indebtedness, and obstacles created by our increasingly competitive health care system. While the Clinical Research Enhancement Act of 1997 cannot address all these problems, it can help us to recruit and retain talented clinical investigators to insure that advances in basic biomedical science are more readily translated into improvements in patient care.

In 1994, the Institute of Medicine [IOM] issued a groundbreaking report outlining the crisis facing clinical research. The IOM report found that numerous obstacles confront clinical researchers at various points in their careers. Furthermore, the IOM concluded that we simply are not training the number of clinical scientists necessary to address the rapid discoveries occurring in basic biomedicine. Studies by the National Research Council, National Academy of Sciences, and the National Institutes of Health have also highlighted the problems facing clinical research.

The Clinical Research Enhancement Act of 1997 will improve Federal support of clinical research by:

Improving the peer review process for clinical research grants and establishing innovative science awards that will be reviewed by scientists who are particularly knowledgeable about clinical research;

Strengthening the general clinical research centers [GCRC's] which now serve as the hub of NIH-supported extramural clinical research activity;

Enhancing the career development of clinical scientists by creating new awards that will be similar to existing NIH career awards but focused on clinical investigators who pursue initial research projects with a mentor prior to independent pursuit of research;

Creating innovative medical science awards for more established researchers in order to improve funding for projects involving potential clinical applications of a basic discovery which are tested on a small number of patients;

Providing support for scientists seeking advanced degrees in clinical investigation in order to address the need for structured, academic training in clinical investigation; and

Expanding the existing loan repayment program available to clinical researchers who are based at the NIH campus to make it available to NIH-supported clinical scientists at centers around the country.

The Clinical Research Enhancement Act of 1997 has the support of over 100 medical, scientific, and academic organizations. I want to especially commend the American Federation for Medical Research for their leadership on this important issue.

I urge my colleagues to cosponsor this legislation which will help to ensure that our Federal investment in basic biomedical science is translated into improvements in medical care.

I request that the accompanying materials be included in the RECORD.

As a coalition of organizations concerned about improving the quality of health care,

the National Health Council strongly supports the Clinical Research Enhancement Act. As you know, it has been more than three years since the Institute of Medicine (IOM) documented the major challenges confronting clinical research in our country. Your bill would implement a number of the IOM recommendations for addressing these problems. It is critically important that the NIH move forward as rapidly as possible with these initiatives.

The NIH is the major funding source in the United States for basic biomedical research. However, the major dividends from this investment are discoveries that improve our ability to prevent, effectively treat, and cure disease and disability. The NIH must foster not only the basic research that begins this process but also the translational research through which a basic science discovery is applied to a medical problem. There is generous industry support for clinical research and clinical trials aimed at the development of new products. However, private funding is extremely limited for initial translational research that may have little or no commercial product potential. Examples of such research include studies of nutritional therapies, new approaches to disease prevention, transplantation techniques, behavioral interventions, and studies of off-label uses of approved drugs. In the past, such research was often subsidized from patient care revenues to academic medical centers. However, competition in the health care marketplace has begun to erode this source of funding; therefore, NIH must play an expanded role in providing support for this research. The Clinical Research Enhancement Act would foster NIH funding opportunities for this type of research through the establishment of ''innovative medical science awards.'' Such studies will focus on translating basic research discoveries into tools that health care professionals can use to cure disease and relieve suffering.

In addition, we support provisions of the bill that would foster opportunities for physicians to pursue careers in clinical research. There is ample evidence that American physicians are opting out of careers in science for a variety of reasons. Steps must be taken to rebuild our nation's supply of well-trained physician scientists if the United States is to continue its leadership of the world in medical science.

Finally, the bill would direct the NIH to improve the peer review of patient-oriented research. Studies have documented the fact that clinical research proposals are at a disadvantage when reviewed by NIH study sections because of NIH's primary focus on basic biomedical research. This must be changed, as proposed in your bill, so that scientific opportunities to improve medical care are not lost.

The undersigned organizations are extremely grateful for your leadership in addressing the problems confronting clinical research. We support your initiative to assure that the NIH invests in the translational research that holds the key for patients around the country who are waiting for a cure. We are pleased to endorse the Clinical Research Enhancement Act.

Alzheimer's Association, American Autoimmune Related Diseases Association, American Diabetes Association, American Kidney Fund, American Paralysis Association, Digestive Diseases National Coalition, Epilepsy Foundation of America, Foundation Fighting Blindness, Juvenile Diabetes Foundation International.

Glaucoma Research Foundation, Myasthenia Gravis Foundation, National Alopecia Areata Foundation, National Multiple Sclerosis Society, National Osteoporosis Foundation, National Tuberous Sclerosis Association, Paget Foundation, Sjogren's Syndrome Foundation, Tourette Syndrome Association.

AMERICAN FEDERATION FOR MEDICAL RESEARCH,
Washington, DC, November 7, 1997.

Hon. NANCY JOHNSON,
Hon. NITA LOWEY,
U.S. House of Representatives, Washington, DC.

DEAR REPRESENTATIVES JOHNSON AND LOWEY: I write to express the strong support of the American Federation for Medical Research for the legislation you will introduce to enhance clinical research programs at the National Institutes of Health. The AFMR is a national organization of 6,000 physician scientists engaged in basic, clinical, and health services research. Most of our members receive NIH support for their basic research but are finding it increasingly difficult to obtain public or private funding for translational or clinical research—studies through which basic science discoveries are translated to the care of patients. In the past, academic medical centers provided institutional support for this research through revenues generated by patient care activities. However, as the health care marketplace has become increasingly competitive, academic centers have all but eliminated internal subsidies, clinical research or the training of clinical investigators. In fact, the Association of American Medical Colleges has estimated that these institutions have lost approximately $800 million in annual ''purchasing power'' for research and research training within their institutions. In this context, the $60 million in spending entailed in your legislation (representing less than one-half of one percent of the NIH budget) would seem an extremely modest investment in a much-needed program to reinvigorate our nation's clinical research capabilities.

The Clinical Research Enhancement Act is a conservative approach to a severe problem. The Institute of Medicine (IOM) expressed alarm about the challenges confronting clinical research in a 1994 report, and your bill is based on the initiatives recommended by the IOM:

The IOM recommended that the General Clinical Research Centers program be strengthened. Your bill would codify this program, which has existed since the late 1950's, so that the Congress will have greater discretion over GCRC funding.

The IOM recommended enhanced career development in clinical investigation, and your bill proposes such awards.

The IOM noted problems with the NIH peer review of clinical research. Your bill directs the NIH to improve the peer review process for such research and establishes ''innovative science awards'' that will be reviewed by scientists knowledgeable in clinical investigation.

The IOM recommended programs to relieve the tuition debt of physicians pursuing clinical research careers. Your bill would expand an existing NIH intramural program for this purpose to the extramural community.

The IOM recommended structured, didactic training in clinical investigation. Your bill authorizes funding for advanced degree (master's and Ph.D) training in clinical research as successfully initiated at several institutions around the country.

The list of almost 150 organizations that support the Clinical Research Enhancement Act indicates the consensus of scientific, medical, consumer, and patient organizations that steps must be taken as soon as possible to stop the deterioration of the U.S. clinical research capacity, to reinvigorate the clinical research programs of academic medical centers, and to assure that the American people and the American economy benefit from the translation of basic science breakthroughs to improved clinical care and new medical products. The American Federation for Medical Research is pleased to have the opportunity to express its strong support for your legislation.

Sincerely,

JEFFREY KERN, M.D.,
President.

THE ADVANCE PLANNING AND COMPASSIONATE CARE ACT OF 1997

HON. SANDER M. LEVIN

OF MICHIGAN

IN THE HOUSE OF REPRESENTATIVES

Sunday, November 9, 1997

Mr. LEVIN. Mr. Speaker, the Advance Planning and Compassionate Care Act of 1997 seeks to improve the medical care of individuals nearing the end of their lives so that they and their families can have confidence that this care respects their own desire for autonomy and dignity.

The compassionate care bill builds on the Patient Self-Determination Act enacted in 1990. The Patient Self-Determination Act requires health care facilities to distribute information to patients regarding existing State laws on living wills, medical powers-of-attorney, and other advance directives, which enable individuals to document the type of care they would like to receive at the end of their lives. Since passage of that legislation, there has been an increase in the number of individuals who have an advance directive, but a recent Robert Wood Johnson study found that many people do not understand the importance of discussing their advance directives with family members and their health care provider. For example, while 20 percent of hospitalized patients had an advance directive, less than half of those patients had talked with any of their doctors about having a directive and only about one-third had their wishes documented in their medical record.

The compassionate care bill takes another important step in raising public awareness of important end-of-life medical issues and improving the quality of the care individuals receive during this period.

The bill improves the type and amount of information available to consumers by making sure that when a person enters a hospital, nursing home, or other health care facility, there is, when requested, a knowledgeable person available to discuss end of life care. This will facilitate good decisionmaking on medical care based on the patient's own needs and values. The bill requires that if a person has an advance directive it must be placed in a prominent part of the medical record where all the doctors and nurses can clearly see it. It also establishes a 24-hour hotline and information clearinghouse to provide consumers with information.

The bill also ensures that an advance directive which is valid in one State will be honored in another State, as long as the contents of the advance directive do not conflict with the laws of the other State. In addition, the bill requires the Secretary of Health and Human Services to gather information and consult with experts on the possibility of a uniform advance directive for all Medicare and Medicaid