

NATIONAL DAY OF RECOGNITION
FOR THE HUMANITARIAN EF-
FORTS OF DIANA, PRINCESS OF
WALES

Mr. HATCH. Mr. President, today I am offering for myself, Senator LEAHY, Senator SPECTER, Senator LANDRIEU, Senator MIKULSKI, and I am sure others, a resolution that designates Saturday, September 6, 1997, as a National Day of Recognition for the Humanitarian Efforts of Diana, Princess of Wales.

Death is always difficult to accept. It is, however, more difficult when it captures someone in the prime of her life as it has Princess Diana. It is safe to say that events surrounding her death will make us all take a closer look at the handling of this event by the press, its responsibilities, and the role it should play in the future.

As a mother, humanitarian, and a goodwill ambassador, Princess Diana was an inspiration to many people throughout the world who admired her strength in adversity, her dedication to those less fortunate, and her devoted love to her children.

The extraordinary outpouring of grief and affection is a true testament to the legacy that she leaves. The stunning array of flowers, candles, and notes in front of the British Embassy is just one indication of the high esteem in which the Princess was held here in the United States. Our country rejected a monarchy a long time ago, but we know a true friend when we see one.

In a town accustomed to the art of issue advocacy, the Princess of Wales was clearly one of the most persuasive and compelling advocates to have graced our Nation's Capital. Much has already been said about her efforts to raise awareness and attention to breast cancer and AIDS. She recently took up the cause of banning the deployment of antipersonnel landmines. She was informed and articulate and committed to these causes.

Many people can make speeches, and many people can throw gala benefits. What set Diana apart from others working for these same causes was the gentleness of her spirit. To break the back of intolerance and to help to dispel unfounded notions about AIDS, Diana broke tradition, and held babies afflicted with AIDS in her arms and to offer her hands to comfort AIDS patients.

We understood that she participated in these activities not just out of a sense of duty but because she genuinely cared. She delighted in children, commiserated with the rank and file, and listened to the elderly or less fortunate. Her vulnerability was also her strength. She could connect with people like few people ever could. She was indeed the people's Princess.

Although she was a symbol of glamour and celebrity, she taught us all that the quality of life is measured by what you do for others and how you treat others. By that measure, Diana's all too short life was very rich indeed.

Her warmth and joie de vivre transcended wealth and power.

Along with my fellow Utahns and millions of people around the world, Elaine and I were shocked and saddened to hear the tragic news of her untimely and tragic death. We want to extend our sincere and heartfelt condolences and sympathy to her family, and especially to her two sons, Prince William and Prince Harry.

In offering this resolution, Mr. President, Senator LEAHY and I believe it is appropriate to extend the sympathy of all Americans to the people of the United Kingdom on the death of such an extraordinary lady.

Mr. President, we expect to pass this today and I urge the support of all of our colleagues.

This is a sad event. This was a sad day. This is a tremendous loss for the world. And this is the least we can do.

I yield the floor.

Mr. LEAHY addressed the Chair.

The PRESIDING OFFICER. The Senator from Vermont.

Mr. LEAHY. Mr. President, I am proud to cosponsor with the senior Senator from Utah this resolution that designates September 6, 1997, as a National Day of Recognition for the Humanitarian Efforts of Diana, Princess of Wales.

What we try to do with this resolution is to convey a sense of the tremendous sorrow that Americans—indeed, people around the world—felt at the shocking news of her death in Paris.

I was with my wife in Vermont, and was called out of a gathering to be given the preliminary news of the accident. The two of us went back to our home that evening praying that the injuries were not life threatening. Of course, within a matter of hours we learned that she had died.

We have all been moved by the outpouring of affection by people everywhere, who remember the Princess of Wales as an extraordinary humanitarian who gave voice to the most vulnerable people. I remember the conversations I had with her about the scourge of landmines. This was an issue that I was honored to work with her on. She and Elizabeth Dole, the wife of our former distinguished majority leader and President of the American Red Cross, and myself and others, held a fundraiser for the victims of landmines earlier this year, and raised over half a million dollars for people who had lost arms and legs or their eyesight from landmines. She could do that, by simply spending an evening talking about the plight of landmine victims. She said about her trip to Angola, "Before I went to Angola, I knew the facts but the reality was a shock." I wish more people would go see what she saw, and walk where she walked. Landmines would be banned tomorrow.

A lot of us can give speeches about landmines. Many people around the world have worked to stop the scourge of landmines, but Diana brought a human face to the crusade to ban

them. She gave a voice to landmine victims. When she visited them, in Angola, or Bosnia, the whole world saw those victims. When she held in her arms a child maimed by a landmine, the whole world saw that child. And when they saw her walk into a minefield, the whole world saw the danger so many people face every day.

There was never a question in my mind, in my conversations with her, about the sincerity of her compassion. She saw the victims of landmines through the eyes of a mother, a mother who cared not only for her own two sons, but for the sons and daughters of those dying worldwide.

This week and next week nations of the world meet in Oslo to take the final steps toward an international treaty banning landmines. I hope each of them will think of what this woman did, in calling attention to the victims of landmines. There would be no more fitting memorial to this great woman than a treaty that bans anti-personnel landmines from this Earth forever.

I thank my distinguished colleague. I have appreciated working with him on this. He spoke about the many other humanitarian causes the Princess was involved in. I mentioned landmines, of course, because I saw first-hand how she became involved not as a Princess but as a mother, a mother who knew how other mothers suffered when their children suffered. She spoke for all of us.

I yield the floor.

DEPARTMENTS OF LABOR,
HEALTH AND HUMAN SERVICES,
AND EDUCATION, AND RELATED
AGENCIES APPROPRIATIONS
ACT, 1998

The Senate continued with the consideration of the bill.

AMENDMENT NO. 1056

The PRESIDING OFFICER (Mr. ABRAHAM). Under the previous order, the Senate will now vote on amendment No. 1056 offered by the Senator from Arizona. The yeas and nays have been ordered. The clerk will call the roll.

The bill clerk called the roll.

Mr. NICKLES. I announce that the Senator from Arkansas [Mr. MURKOWSKI] is necessarily absent.

The PRESIDING OFFICER. Are there any other Senators in the Chamber who desire to vote?

The result was announced—yeas 25, nays 74, as follows:

[Rollcall Vote No. 213 Leg.]

YEAS—25

Allard	Gramm	McCain
Ashcroft	Hatch	McConnell
Breaux	Helms	Nickles
Brownback	Hutchinson	Roberts
Cochran	Hutchison	Sessions
Coverdell	Inhofe	Shelby
Faircloth	Kyl	Thurmond
Feinstein	Lott	
Gorton	Mack	

NAYS—74

Abraham	Durbin	Lieberman
Akaka	Enzi	Lugar
Baucus	Feingold	Mikulski
Bennett	Ford	Moseley-Braun
Biden	Frist	Moynihan
Bingaman	Glenn	Murray
Bond	Graham	Reed
Boxer	Grams	Reid
Bryan	Grassley	Robb
Bumpers	Gregg	Rockefeller
Burns	Hagel	Roth
Byrd	Harkin	Santorum
Campbell	Hollings	Sarbanes
Chafee	Inouye	Smith (NH)
Cleland	Jeffords	Smith (OR)
Coats	Johnson	Snowe
Collins	Kempthorne	Specter
Conrad	Kennedy	Stevens
Craig	Kerrey	Thomas
D'Amato	Kerry	Thompson
Daschle	Kohl	Torricelli
DeWine	Landrieu	Warner
Dodd	Lautenberg	Wellstone
Domenici	Leahy	Wyden
Dorgan	Levin	

NOT VOTING—1

Murkowski

The amendment (No. 1056) was rejected.

Mr. SPECTER. Mr. President, I move to reconsider the vote.

Mr. HARKIN. I move to lay that motion on the table.

The motion to lay on the table was agreed to.

The PRESIDING OFFICER. The Senate will please come to order so the Senator from Pennsylvania may be recognized.

Mr. SPECTER. Mr. President, after consulting with the majority leader, it is our intention to proceed with a series of amendments and to have perhaps two stacked votes at about 7 o'clock. We have next up an amendment that will just take a moment or two, a very brief amendment by Senator MCCAIN. Then we are going to follow that with a brief amendment by Senator NICKLES.

Will that require a rollcall vote, Senator NICKLES? It will.

Then we have an amendment by Senator LIEBERMAN, and then we will be in a position to, we hope, have a list of amendments which will be limited so we can proceed to see precisely how we will finish the bill.

Mr. WARNER. Mr. President, will the Senator entertain a unanimous-consent request, a brief one?

Mr. SPECTER. Yes.

Mr. WARNER. I thank the manager.

The PRESIDING OFFICER. The Senator from Virginia.

EXPLANATION OF ABSENCE—VOTE ON
AMENDMENT NO. 1057

Mr. WARNER. Mr. President, I was absent this morning during the vote on the Harkin amendment. Had I been here, I would have voted with the distinguished Senator from Iowa. I was at the funeral of a friend, an employee of 35 years, who passed on, and I was privileged to give the eulogy.

The PRESIDING OFFICER. The Senator from Minnesota.

Mr. WELLSTONE. Mr. President, I have an amendment I would send to the desk on behalf of myself and Senator MCCAIN.

The PRESIDING OFFICER. Is there objection to setting aside the pending amendment?

Mr. WELLSTONE. I ask unanimous consent the pending amendment be set aside.

The PRESIDING OFFICER. Without objection, it is so ordered.

AMENDMENT NO. 1074

(Purpose: To provide for the establishment of a program for research and training with respect to Parkinson's disease)

The PRESIDING OFFICER. The clerk will report the amendment.

The assistant legislative clerk read as follows:

The Senator from Minnesota [Mr. WELLSTONE], for himself, Mr. MCCAIN, Mr. CRAIG, Mr. BURNS, Mr. DURBIN, Mr. FORD, Mr. D'AMATO, Mr. BREAUX, Ms. MOSELEY-BRAUN, Mr. SANTORUM, Mr. JOHNSON, Ms. SNOWE, Mr. REID, Mr. HOLLINGS, Mr. TORRICELLI, Mr. FAIRCLOTH, Mr. LEVIN, Mr. LAUTENBERG, Mr. HATCH, and Mr. BRYAN, proposes an amendment numbered 1074.

Mr. WELLSTONE. Mr. President, I ask unanimous consent that the reading of the amendment be dispensed with.

The PRESIDING OFFICER. Without objection, it is so ordered.

The amendment is as follows:

At the appropriate place, insert the following:

SEC. . PARKINSON'S DISEASE RESEARCH.

(a) SHORT TITLE.—This section may be cited as the "Morris K. Udall Parkinson's Research Act of 1997".

(b) FINDING AND PURPOSE.—

(1) FINDING.—Congress finds that to take full advantage of the tremendous potential for finding a cure or effective treatment, the Federal investment in Parkinson's must be expanded, as well as the coordination strengthened among the National Institutes of Health research institutes.

(2) PURPOSE.—It is the purpose of this section to provide for the expansion and coordination of research regarding Parkinson's, and to improve care and assistance for afflicted individuals and their family caregivers.

(c) PARKINSON'S RESEARCH.—Part B of title IV of the Public Health Service Act (42 U.S.C. et seq.) is amended by adding at the end the following:

"PARKINSON'S DISEASE

"SEC. 409B. (a) IN GENERAL.—The Director of NIH shall establish a program for the conduct and support of research and training with respect to Parkinson's disease (subject to the extent of amounts appropriated under subsection (e)).

"(b) INTER-INSTITUTE COORDINATION.—

"(1) IN GENERAL.—The Director of NIH shall provide for the coordination of the program established under subsection (a) among all of the national research institutes conducting Parkinson's research.

"(2) CONFERENCE.—Coordination under paragraph (1) shall include the convening of a research planning conference not less frequently than once every 2 years. Each such conference shall prepare and submit to the Committee on Appropriations and the Committee on Labor and Human Resources of the Senate and the Committee on Appropriations and the Committee on Commerce of the House of Representatives a report concerning the conference.

"(c) MORRIS K. UDALL RESEARCH CENTERS.—

"(1) IN GENERAL.—The Director of NIH shall award Core Center Grants to encourage

the development of innovative multidisciplinary research and provide training concerning Parkinson's. The Director shall award not more than 10 Core Center Grants and designate each center funded under such grants as a Morris K. Udall Center for Research on Parkinson's Disease.

"(2) REQUIREMENTS.—

"(A) IN GENERAL.—With respect to Parkinson's, each center assisted under this subsection shall—

"(i) use the facilities of a single institution or a consortium of cooperating institutions, and meet such qualifications as may be prescribed by the Director of the NIH; and

"(ii) conduct basic and clinical research.

"(B) DISCRETIONARY REQUIREMENTS.—With respect to Parkinson's, each center assisted under this subsection may—

"(i) conduct training programs for scientists and health professionals;

"(ii) conduct programs to provide information and continuing education to health professionals;

"(iii) conduct programs for the dissemination of information to the public;

"(iv) separately or in collaboration with other centers, establish a nationwide data system derived from patient populations with Parkinson's, and where possible, comparing relevant data involving general populations;

"(v) separately or in collaboration with other centers, establish a Parkinson's Disease Information Clearinghouse to facilitate and enhance knowledge and understanding of Parkinson's disease; and

"(vi) separately or in collaboration with other centers, establish a national education program that fosters a national focus on Parkinson's and the care of those with Parkinson's.

"(3) STIPENDS REGARDING TRAINING PROGRAMS.—A center may use funds provided under paragraph (1) to provide stipends for scientists and health professionals enrolled in training programs under paragraph (2)(B).

"(4) DURATION OF SUPPORT.—Support of a center under this subsection may be for a period not exceeding five years. Such period may be extended by the Director of NIH for one or more additional periods of not more than five years if the operations of such center have been reviewed by an appropriate technical and scientific peer review group established by the Director and if such group has recommended to the Director that such period should be extended.

"(d) MORRIS K. UDALL AWARDS FOR EXCELLENCE IN PARKINSON'S DISEASE RESEARCH.—The Director of NIH shall establish a grant program to support investigators with a proven record of excellence and innovation in Parkinson's research and who demonstrate potential for significant future breakthroughs in the understanding of the pathogenesis, diagnosis, and treatment of Parkinson's. Grants under this subsection shall be available for a period of not to exceed 5 years.

"(e) AUTHORIZATION OF APPROPRIATIONS.—For the purpose of carrying out this section, there are authorized to be appropriated \$100,000,000 for fiscal year 1998, and such sums as may be necessary for each of the fiscal years 1999 and 2000."

Mr. WELLSTONE. Mr. President, I could talk at some length about this amendment, and I will not. I will just make a few introductory comments, and then my colleague, Senator MCCAIN, will speak on this.

We have, I believe, close to 66, or thereabouts, cosponsors. This amendment, which I am very proud to offer today, is really an amendment that is

named after Mo Udall, who was a very distinguished Representative in the House of Representatives and somebody that many people here have a great deal of love and respect for.

This amendment would call for 10 Parkinson's research centers. This would be \$100 million a year. The reason for this amendment is that Parkinson's disease is a devastating neurological disease. Probably my colleagues are very familiar with it. They may have had a loved one who suffered from it. I had two parents who suffered from Parkinson's disease.

Mr. President, what happens with people with Parkinson's is that there is a tremendous problem with shaking, people have difficulty walking, and many people have really found it difficult to be, if you will, their own lobbyist. People have found it difficult to speak for themselves.

But what has happened in the last several years is that there has been a wonderful group of people who have come here. The Udall family has been very, very important in this whole struggle. In addition, Joan Samuelson, with the Parkinson's Action Network, has been really critical to this. They have come here and I think have met with Senators, Democrats and Republicans alike. This is a bipartisan effort we have on the floor of the Senate. They have essentially said to all of us, "Time is not on our side. We have the research that we can point to. It is such promising research. We are on the cusp of major breakthroughs, but if we do not at least increase this funding for research for many of us, we really will not have that much of a future."

Mr. President, there are a million people in our country, men and women who struggle with Parkinson's disease. Up to now, we have been spending about \$30 per person. It is a really shamefully low amount of money that we have spent. Very little has been invested.

But now these men and women, this community, has come to the Nation's Capital. They have met with all of us, and they have made their case. I am very honored to offer this amendment with Senator McCain. I hope we will get very, very strong support.

Mr. President, I ask unanimous consent to add as original cosponsors to this amendment Senator CRAIG, Senator BURNS, Senator DURBIN, Senator FORD, Senator D'AMATO, Senator BREAUX, Senator MOSELEY-BRAUN, Senator SANTORUM, Senator JOHNSON, Senator SNOWE, Senator HARRY REID, Senator HOLLINGS, Senator TORRICELLI, Senator FAIRCLOTH, Senator LEVIN, and Senator LAUTENBERG.

The PRESIDING OFFICER. Without objection, it is so ordered.

AMENDMENT NO. 1074, AS MODIFIED

Mr. WELLSTONE. Mr. President, I ask unanimous consent to send a modification to the desk, along with the cosponsors.

The PRESIDING OFFICER. The Senator has a right to modify his amend-

ment, the yeas and nays not having been ordered.

The amendment, as modified, is as follows:

At the appropriate place, insert the following:

SEC. . PARKINSON'S DISEASE RESEARCH.

(a) SHORT TITLE.—This section may be cited as the "Morris K. Udall Parkinson's Research Act of 1997".

(b) FINDING AND PURPOSE.—

(1) FINDING.—Congress finds that to take full advantage of the tremendous potential for finding a cure or effective treatment, the Federal investment in Parkinson's must be expanded, as well as the coordination strengthened among the National Institutes of Health research institutes.

(2) PURPOSE.—It is the purpose of this section to provide for the expansion and coordination of research regarding Parkinson's, and to improve care and assistance for afflicted individuals and their family caregivers.

(c) PARKINSON'S RESEARCH.—Part B of title IV of the Public Health Service Act (42 U.S.C. 284 et seq.) is amended by adding at the end the following:

"PARKINSON'S DISEASE

"SEC. 409B. (a) IN GENERAL.—The Director of NIH shall establish a program for the conduct and support of research and training with respect to Parkinson's disease (subject to the extent of amounts appropriated under subsection (e)).

"(b) INTER-INSTITUTE COORDINATION.—

"(1) IN GENERAL.—The Director of NIH shall provide for the coordination of the program established under subsection (a) among all of the national research institutes conducting Parkinson's research.

"(2) CONFERENCE.—Coordination under paragraph (1) shall include the convening of a research planning conference not less frequently than once every 2 years. Each such conference shall prepare and submit to the Committee on Appropriations and the Committee on Labor and Human Resources of the Senate and the Committee on Appropriations and the Committee on Commerce of the House of Representatives a report concerning the conference.

"(c) MORRIS K. UDALL RESEARCH CENTERS.—

"(1) IN GENERAL.—The Director of NIH shall award Core Center Grants to encourage the development of innovative multidisciplinary research and provide training concerning Parkinson's. The Director shall award not more than 10 Core Center Grants and designate each center funded under such grants as a Morris K. Udall Center for Research on Parkinson's Disease.

"(2) REQUIREMENTS.—

"(A) IN GENERAL.—With respect to Parkinson's, each center assisted under this subsection shall—

"(i) use the facilities of a single institution or a consortium of cooperating institutions, and meet such qualifications as may be prescribed by the Director of the NIH; and

"(ii) conduct basic and clinical research.

"(B) DISCRETIONARY REQUIREMENTS.—With respect to Parkinson's, each center assisted under this subsection may—

"(i) conduct training programs for scientists and health professionals;

"(ii) conduct programs to provide information and continuing education to health professionals;

"(iii) conduct programs for the dissemination of information to the public;

"(iv) separately or in collaboration with other centers, establish a nationwide data system derived from patient populations with Parkinson's, and where possible, com-

paring relevant data involving general populations;

"(v) separately or in collaboration with other centers, establish a Parkinson's Disease Information Clearinghouse to facilitate and enhance knowledge and understanding of Parkinson's disease; and

"(vi) separately or in collaboration with other centers, establish a national education program that fosters a national focus on Parkinson's and the care of those with Parkinson's.

"(3) STIPENDS REGARDING TRAINING PROGRAMS.—A center may use funds provided under paragraph (1) to provide stipends for scientists and health professionals enrolled in training programs under paragraph (2)(B).

"(4) DURATION OF SUPPORT.—Support of a center under this subsection may be for a period not exceeding five years. Such period may be extended by the Director of NIH for one or more additional periods of not more than five years if the operations of such center have been reviewed by an appropriate technical and scientific peer review group established by the Director and if such group has recommended to the Director that such period should be extended.

"(d) MORRIS K. UDALL AWARDS FOR EXCELLENCE IN PARKINSON'S DISEASE RESEARCH.—The Director of NIH shall establish a grant program to support investigators with a proven record of excellence and innovation in Parkinson's research and who demonstrate potential for significant future breakthroughs in the understanding of the pathogenesis, diagnosis, and treatment of Parkinson's. Grants under this subsection shall be available for a period of not to exceed 5 years.

"(e) AUTHORIZATION OF APPROPRIATIONS.—For the purpose of carrying out this section and section 301 and title IV of The Public Health Service Act with respect to direct Parkinson's disease research, there are authorized to be appropriated a total of \$100,000,000 for fiscal year 1998, and such sums as may be necessary for each of the fiscal years 1999 and 2000.

Mr. WELLSTONE. I defer to my colleague from Arizona, and I thank him for his—I am not going to use the word "leadership" because many people always talk about Senator McCain's leadership—but for his emotional and personal involvement. He is a Senator who is very connected to people. I thank him for all of his work. I hope we will get a good, strong vote.

Mr. MCCAIN addressed the Chair.

The PRESIDING OFFICER. The Senator from Arizona.

Mr. MCCAIN. Mr. President, I thank my friend from Minnesota. He is a man of great spirit, a man of great commitment. When the Senator from Minnesota gets involved in an issue, he is heard from. I believe his involvement in this issue is important and, indeed, critical. I don't think it is inappropriate to mention that the life of the Senator from Minnesota has been touched in the most graphic and dramatic fashion by this disease we are discussing today. I thank the Senator from Minnesota.

Mr. President, I support Senator WELLSTONE's amendment. Scientists have made tremendous new discoveries and progress in regard to Parkinson's disease, which clearly illustrates how close we are to finding a cure and treatment for this deadly disease. According to a wide array of experts, we

are on the verge of substantial, groundbreaking scientific discoveries in the next few years regarding the cause and potential cure of Parkinson's disease.

The most recent scientific discovery of a gene abnormality that causes some cases of Parkinson's disease has provided researchers with a powerful new tool for understanding Parkinson's disease. This is the kind of breakthrough that makes a strong case for ensuring adequate funding for Parkinson's research.

I don't come to the floor very often on a situation like this, but there is a gross inequity here and one that needs rectification. I find it gravely disturbing that despite the significant progress scientists are making in the field of Parkinson's, the National Institutes of Health continuously fail to provide an appropriate amount of funding for Parkinson's research, which is why the Senator from Minnesota and I are here.

During fiscal year 1996, the National Institutes of Health spent \$32 million for direct Parkinson's research. That is about \$32 for each of the approximately 1 million Parkinson's patients—\$32 for each of the approximately 1 million Parkinson's patients. Compare this to the \$2,143 per AIDS victim; \$338 per cancer victim; or \$200 per breast cancer victim; or \$81 per Alzheimer's victim; \$74 per heart disease victim, not including the additional funding just adopted as an amendment to this bill.

Obviously, funding for Parkinson's research is grossly inadequate compared to support which other diseases receive at NIH. By failing to provide scientists with adequate funding, we are potentially letting a cure for this dreadful disease slip further and further into the future. This amendment will ensure that our scientific researchers have available the necessary funding and support to proceed as quickly as possible to combat Parkinson's.

Mr. President, the Senator from Minnesota has described what this legislation would do, including the establishment of 10 Morris K. Udall Centers for Research on Parkinson's Disease throughout the Nation, create a national Parkinson's disease clearinghouse and other things.

Approximately 1 million Americans are afflicted with Parkinson's disease. Parkinson's is a debilitating, degenerative disease which is caused when nerve centers in an individual's brain lose their ability to regulate body movements. People afflicted by this disease experience tremors, loss of balance and repeated falls, loss of memory, confusion and depression. Ultimately, this disease results in total incapacity of an individual, including the inability to speak. This disease knows no boundaries, does not discriminate and strikes without warning.

This amendment is supported by the National Parkinson's Foundation, the American Parkinson's Disease Association and Parkinson's Action Network.

These organizations, as well as many other individuals involved in grassroots support activities, have worked long and hard to achieve widespread support for this authorization bill in both the House and Senate.

The Mo Udall Parkinson's Research and Education Act, which is the basis for this amendment, has 64 cosponsors in the Senate and approximately 240 cosponsors in the House. Mr. President, we cannot afford to lose this opportunity to continue the momentous progress in finding the cause for a cure for this terrible illness. On behalf of the millions of Americans afflicted with Parkinson's and their families and friends, I urge my colleagues to support this measure.

Mr. President, I ask unanimous consent that Senator HATCH be added as an original cosponsor of the amendment.

The PRESIDING OFFICER. Without objection, it is so ordered.

Mr. MCCAIN. Mr. President, finally, I would like to thank the people that I mentioned earlier—the National Parkinson's Foundation, the American Parkinson's Disease Association, and Parkinson's Action Network. Without the help of these organizations, we would not be here today.

Finally, I know sometimes amendments have a tendency to be dropped in conference. The Senator from Minnesota and I feel very strongly about this amendment, and that is why we feel it is necessary that we have a roll-call vote on this issue. I hope that the managers of the bill will see the way clear to preserve this amendment in conference, as it is supported by, as I mentioned, now 65 of our colleagues in the Senate and over 240 Members of the House.

Mr. President, I ask for the yeas and nays.

The PRESIDING OFFICER. Is there a sufficient second?

There is a sufficient second.

The yeas and nays were ordered.

Mr. MCCAIN. I yield the floor.

Mr. WELLSTONE addressed the Chair.

The PRESIDING OFFICER. The Senator from Minnesota.

Mr. WELLSTONE. Mr. President, I want to add one final word to what my colleague, Senator MCCAIN, has had to say. Above and beyond the organizations that Senator MCCAIN recognized for their fine work, and above and beyond Mo Udall, this amendment comes from legislation which, as I said, is really named after Mo Udall, for reasons I don't need to explain to any colleague. I also would like to thank, but I want to do this carefully, Muhammad Ali, who has been very courageous, and I use that word carefully. Muhammad Ali struggles with Parkinson's, and he could have chosen to have had the world or the country have only seen him as he was when he was in his prime as a boxer. Instead, he has been very public, very visible and a very, very strong advocate, not just for himself but for many, many other people.

Mr. President, I say to my colleagues, and I know that my colleague from Indiana is going to have a second-degree amendment which I think really adds strength to this and he has some very thoughtful and important questions to raise or comments to make, but I am going to end on a personal note. I want to say to everybody here that we really do need to have a strong vote, and we need to keep this in conference.

When Senator MCCAIN was talking about this disorder and what it does to people, I remember when L-Dopa, the first drug, came out. My father was in the original pilot group. For a while, L-Dopa helped, but then it reached the point where it did not. With my father, Leon Wellstone, at the very end, he not only could not walk, and he was a writer and his hand would shake and he could not type, but, in addition, he could not even speak.

It can be so ravaging to people. It can be so devastating. The reason we have brought this amendment to the floor is that it is an equity question. So precious little has been invested in Parkinson's research at the very time when there is such potential for big breakthroughs.

I want to make it clear to everybody that we have had the Parkinson's community come here to Washington, and they have come year after year for the last 3 or 4 years that they have been working on this. Each time, we make progress, and then at the very end, for some reason, they get shut out.

So I make a plea to people on the basis of please vote for this funding. It is just a matter of elementary fairness and justice. It is just a matter of equity. Please don't shut people out. I just don't want to see people who have been so courageous and who have come here and have struggled so hard not be successful in this Senate and in this House of Representatives. We have to pass this legislation. It really would be a wonderful vote, and it really would make a huge difference in the lives of many of our neighbors and many of our friends who are men and women of enormous worth and enormous dignity and enormous substance. Nothing I say is said out of pity, it is said out of respect for the dignity of people. I just would like to say one more time, I hope we will get a huge vote for this amendment. I yield the floor.

Mr. SPECTER addressed the Chair.

The PRESIDING OFFICER. The Senator from Pennsylvania.

Mr. SPECTER. Mr. President, this amendment to provide a statutory program for research and training with respect to Parkinson's, I think, is well founded.

We have worked within the subcommittee to increase the funding for the National Institute of Neurological Disorders and Stroke which included language in the Senate report highlighting the importance of further activity on Parkinson's disease research. And the activities of the sponsors of

this amendment, whom I commend, will direct greater intensive effort on Parkinson's, which is a horrible disease. It has afflicted many, many people.

With the enactment of this amendment, I think we will be taking a firm stand to show the emphasis that the Senate, hopefully, ultimately the full Congress, will place on additional research and resources being directed against Parkinson's.

There is a great deal that could be said. We have a number of other amendments, so I will limit my comments to those brief remarks.

Mr. HARKIN addressed the Chair.

The PRESIDING OFFICER. The Senator from Iowa.

Mr. HARKIN. I want to concur with what the chairman just said about this amendment. Obviously, all of us are very concerned about the lack of, shall we say, appropriate funding levels for research into the causes and interventions and cures of Parkinson's disease. This is something that I have been very close to for the last several years. I know that both Senator MCCAIN and Senator WELLSTONE have been leaders on this issue in the Senate. And I congratulate them and commend them for their leadership on the issue of proper funding for Parkinson's research.

There have been some recent breakthroughs in the causes of Parkinson's, some recent breakthroughs in genetic tracing, some recent breakthroughs in possible interventions, early interventions for those who are detected early with the onset of Parkinson's disease.

This is a quantum increase. It is not out of bounds. Certainly the incidents of Parkinson's disease in this country and around the globe warrants the type of investment in research that the amendment anticipates. It remains to be seen whether or not we can accommodate this huge increase within the confines of the conference. I can assure the authors of the amendment that this Senator, and I am sure that Senator SPECTER, will do what we can to maintain this type of a level for Parkinson's research. What the disposition will be on the House side, obviously, we have no control over that. But I want to commend both Senator MCCAIN and Senator WELLSTONE for their leadership on this issue and hope that we can do what we can in conference to keep the funding level up for Parkinson's research.

I yield the floor.

Mr. COATS addressed the Chair.

The PRESIDING OFFICER. The Senator from Indiana.

Mr. COATS. Mr. President, I want to add my support to this. I have been a supporter of additional funds for Parkinson's. But in the process of all of this, and serving on the committee, I have raised, on a number of occasions, my concerns that we are making decisions about which diseases, which research centers at NIH receive the funds. We are making that decision, I think, in well-intended ways, in ways

that we hope will direct funds to provide breakthroughs and better research and hopefully cures for some of these diseases, yet I have been concerned we are doing it on a piecemeal basis.

I am concerned that those organizations which have the greatest lobbying clout, who have been able to contact the most Senators or Congressmen, the ones who have generated the most support at home or who are best organized have become those that are rewarded by passage of legislation like this, and that those who do not have the lobbying expertise, the lobbying clout, do not have the same kind of friends in Congress that others have and end up being shorted. As a consequence, we are making decisions on the basis of anecdotal evidence—and some scientific evidence—but on the basis of political decisions as much as scientific decisions.

Medical research is a complicated field. NIH is a wonderful organization that attempts to direct funds in ways that will ensure that research dollars are going into those areas where the best results can be obtained. And yet, in my visits to NIH, and talking with a number of people out there, and my observation of the process here, it is clear that those funds are not always directed in the most expeditious manner, not always directed in ways that provide the most hope in terms of finding breakthroughs and in finding cures.

Having said that, there is no question that Parkinson's research over the years has been shorted. In 1994, it had a funding rate of \$26 per patient, the lowest of all the major diseases, yet it affects one million or more Americans. Its direct funding in 1994 was only \$26 million, the lowest dollar number of all the major diseases.

So I think it is important that we recognize that here is a debilitating disease that affects a million or more Americans, that has had a personal impact on many of us and our families, that has generated a very effective organization that supports research, increased funding for research, but at the same time I think we have to acknowledge or we should acknowledge and recognize that this is not the best way to go about allocating funds for research at NIH, that the lobby group that is the most effective or the Members who are in the best position to direct the funds because of their committee positions or whatever, that is not the way that we ought to be allocating research dollars.

We ought to be doing it on a meritorious basis, one that is supported by medical science, one that receives the recommendation of independent researchers or an independent body or medical experts that certainly have more expertise in this area than we do. I say that because if you look at the list of diseases and the centers and the way we fund those, there is clearly an imbalance. We clearly are directing funds to areas where research is unnecessary or is duplicated. We clearly are

not directing funds to areas where we need research.

I have discussed this with NIH officials. I have been told—and will not quote any names—but I have been told by people who are in a position to know, they are duplicating and in some cases tripling the amount of funds going into the same research simply because they are directed by the Congress to fund that specific disease. And, of course, any duplication or triplication or every excess dollar that has to be spent because it is politically directed to be spent and not medically necessary or scientifically required and going to meritorious studies is a dollar that does not go into some other research, whether it is direct research or indirect research, that could offer potentially life-saving breakthroughs in other diseases.

Just an example or two. All of us have heard about Parkinson's, and we are going to increase Parkinson's here. And I am going to support that increase. I will say this. This is the last specific research dollar increase that I am going to support until we have an outside organization that can give us some recommendations as to how to allocate our money. This "disease of the month" or who has the best lobby or who has the most influential friends in Congress is not the way that we ought to be directing research funds. But I have been a long-time supporter of Parkinson's.

They have made their case. But I have told them I am not going to continue on this basis. I will support the bill this year, but I am going to be adding shortly an amendment that Senator FRIST will speak to, of which I would like to add him as a cosponsor, which will initiate this study so that we would have a report so that in next year's appropriations process we have before us the information we need in order to make rational decisions, meritorious decisions rather than just simply political decisions. I don't mean just simply political decisions, but decisions that are not wholly supported by medical science.

Very few people have heard of polycystic kidney disease, PKD. I had not heard of it until I was visited by a friend of mine who introduced me to the disease. PKD receives a ridiculously low appropriation, and yet PKD is a disease that affects 500,000 Americans. It affects their kidneys in a way that they do not function. And yet, as a Government, because kidney dialysis is covered under Medicaid and Medicare, we spend untold millions of dollars in paying the bills for kidney dialysis when we provide virtually nothing for research in an area where some amazing advances are possible, according to the medical researchers, that can eliminate this disease and save the taxpayer literally billions of dollars.

But because PKD is something that has not generated a huge lobbying effort, does not have influential friends in Congress in key positions, PKD continues to get the short end of the stick

in terms of research dollars. And yet, if there was ever an area where we ought to be directing research funds, if the medical science says we have an opportunity here to utilize these effectively and provide research, if there is ever an area that can free up funds that we can use for more research, in Parkinson's and other areas, or to help with the Medicare funding or Medicaid funding or Medicare funding, it ought to be in polycystic kidney disease, because the Government, we have agreed we are going to pay for transfusions on dialysis, we are going to pay for those out of Federal funds. And so year after year after year we pay billions of dollars to provide very costly and very difficult relief for people suffering from this disease, and yet we give them virtually nothing in terms of their research.

As a consequence of all that, and through discussions we have had in committee with some NIH scientists and researchers, I think we are coming to a consensus here that we ought to initiate a process by which we can coordinate our research dollars in a way that it gives us an effective use of those dollars and gives us the best chance to provide the best research in the best ways.

This amendment that I am going to offer shortly would require a comprehensive review of NIH and congressional policies and procedures for establishing priorities for research dollars. And that review has to be independent of the agency. The amendment requires that the agency contract with the Institute of Medicine, which I think is a highly respected and reputable institution, to conduct the study according to the statutory specifications, and requires a report to Congress within 6 months so that the authorizing and the appropriating committees for next year's cycle will have that information before them before they make their decisions.

It raises critical questions about how we ought to direct research dollars, talks about how much funding that would be appropriate, and the statutory changes that will be needed to change NIH policies and procedures.

The Institute of Medicine is particularly directed to focus on the factors and criteria used by NIH to make disease funding allocations, to focus on the process by which the funding decisions are made, the mechanisms for public input and the impact of congressional statutory directives.

Again, as I said, Dr. Olonow, from NIH, who testified before our committee, thought that this was an appropriate way to proceed. The funding is drawn from NIH's general administrative funds. None of these funds will come from existing research dollars. This amendment is not opposed by NIH. I think it will give us a means of making wiser decisions about how we appropriate dollars in the future.

AMENDMENT NO. 1075

(Purpose: To provide for the conduct of a comprehensive, independent study of National Institutes of Health research priority setting)

Mr. COATS. Mr. President, I now offer this amendment by sending it to the desk, and ask unanimous consent that Senator FRIST be added as an original cosponsor.

The PRESIDING OFFICER. Without objection, it is so ordered.

Is there objection to setting aside the pending amendments so the Coats amendment would be considered as a first-degree amendment?

Mr. WELLSTONE. We have no objection.

The PRESIDING OFFICER. Without objection, it is so ordered. The clerk will report the amendment.

The legislative clerk read as follows:

The Senator from Indiana [Mr. COATS], for himself and Mr. FRIST, proposes an amendment numbered 1075.

Mr. COATS. Mr. President, I ask unanimous consent that further reading of the amendment be dispensed with.

The PRESIDING OFFICER. Without objection, it is so ordered.

The amendment is as follows:

On page 49, after line 26, add the following:

COMPREHENSIVE INDEPENDENT STUDY OF NIH
RESEARCH PRIORITY SETTING

SEC. . (a) STUDY BY THE INSTITUTE OF MEDICINE.—Not later than 30 days after the date of enactment of this Act, the Secretary of Health and Human Services shall enter into a contract with the Institute of Medicine to conduct a comprehensive study of the policies and process used by the National Institutes of Health to determine funding allocations for biomedical research.

(b) MATTERS TO BE ASSESSED.—The study under subsection (a) shall assess—

(1) the factors or criteria used by the National Institutes of Health to determine funding allocations for disease research;

(2) the process by which research funding decisions are made;

(3) the mechanisms for public input into the priority setting process; and

(4) the impact of statutory directives on research funding decisions.

(c) REPORT.—

(1) IN GENERAL.—Not later than 6 months after the date on which the Secretary of Health and Human Services enters into the contract under subsection (a), the Institute of Medicine shall submit a report concerning the study to the Committee on Labor and Human Resources and the Committee on Appropriations of the Senate, and the Committee on Commerce and the Committee on Appropriations of the House of Representatives.

(2) REQUIREMENT.—The report under paragraph (1) shall set forth the findings, conclusions, and recommendations of the Institute of Medicine for improvements in the National Institutes of Health research funding policies and processes and for any necessary congressional action.

(d) FUNDING.—Of the amount appropriated in this title for the National Institutes of Health, \$300,000 shall be made available for the study and report under this section.

Mr. COATS. Mr. President, I appreciate the support and the efforts that Senator WELLSTONE has provided. We have discussed this matter on a number of occasions. He is, I believe, will-

ing to accept the amendment and supports what we are trying to do.

I know Senator FRIST and maybe others would like to speak on the Coats amendment. I yield the floor.

The PRESIDING OFFICER (Ms. COLLINS). The Senator from Minnesota.

Mr. WELLSTONE. Madam President, could I add Senator BRYAN as an original cosponsor of the Wellstone-McCain amendment.

The PRESIDING OFFICER. Without objection, it is so ordered.

Mr. WELLSTONE. I thank my colleague from Indiana and also my colleague from Tennessee for their thoughtful and important amendment, and I thank them for their support.

The PRESIDING OFFICER. The Senator from Tennessee is recognized.

Mr. FRIST. I rise to commend my colleagues, Senators WELLSTONE and MCCAIN, for their excellent leadership on this issue and their commitment to improving the lives of patients suffering from Parkinson's disease.

I would like to recognize at this time the important efforts of all of the advocacy groups who have done such a wonderful job in educating people broadly, increasing the awareness about the devastation of this disease, and the continued need for research, and to the causes and to the treatments and to the eventual cure of Parkinson's disease. It is in large part due to these efforts, this broad effort at the grassroots level across this country that there has been increased focus on Parkinson's disease and Parkinson's research at the National Institutes of Health.

I want to reiterate and support the words of my colleague from Indiana who has expressed some concern with regard to the process of how these decisions are made and are brought forward, and thus our amendment which he has put forward. As chair of the subcommittee on public health and safety that has jurisdiction over the majority of the public health agencies, including the National Institutes of Health, I must state today, because I believe we should not be placing authorizing legislation on an appropriations bill but should rather be considering this particular bill within the overall NIH reauthorization process.

I, along with my fellow committee members, Senators JEFFORDS and COATS, have discussed at length the critical role our public health agencies play in improving the health and well being of American citizens. We have a strong commitment to push forward authorization legislation for each of the National Institutes of Health's vital programs, but we have to do this in a systematic way through a coherent process, one in which we would be able to give thoughtful review and comparative review to the programs that we establish.

Thus, although I am very supportive of increasing funding in support for Parkinson's research, my preference very clearly would have been to work

with my colleague and to include this bill within our overall NIH reauthorization bill that would address the various concerns.

I also want to reiterate what my colleague from Indiana has said, that we have to be very careful because once again we are falling into this risky area of establishing a precedent that once again we take a disease either of the week or of the month or of the year or in reflection or in response to a very strong advocacy group and react to that individual disease without consideration of this larger process.

Every week people come to my office with multiple voices requesting more funds to be allocated to research in a variety of diseases. It might be heart disease, lung disease, kidney disease or pancreatic disease or neurological research. Again, each comes forward making a very strong case. As a physician, and as one who is empathetic and who has treated many of these diseases, my initial response is to say we should increase funding, and if we do increase funding we will find a cure, better treatment or relieve suffering.

The problem is that is exactly the way the system works today. I am concerned that if we continue to appropriate as we are today, disease by disease, we are sending an inaccurate or wrong message to our patient groups. Therefore, we come in today with this amendment, to have a comprehensive study of talking, of discussing exactly how these decisions of prioritization, of research, should be made.

As a physician and as a researcher, I understand the many, many complex factors that must be considered in determining the priorities for research and the enormous difficulty that exists in making decisions of heart disease versus lung disease versus renal disease versus pancreatic disease versus Parkinson's disease. Indeed, each of us in this Chamber, if you came and asked us, would have different priorities based on our own personal circumstances, who we know who has come to see us, who in our family has suffered from a particular disease, and then we are asked to turn around and vote on particular pieces of legislation to be supported by the available research dollars.

My fellow members of the Senate Labor Committee and I have discussed the issue of the priority-setting process within the NIH in two hearings, one on May 1 and the other on July 24. In those hearings we engaged the various committee members in the dialog about the process at the National Institutes of Health regarding funding allocation decisions and what should be the appropriate congressional role in directing Federal biomedical research dollars. Our committee members have expressed concern, as again so well articulated by the Senator from Indiana, that Congress should take caution in micromanaging biomedical research by establishing legislative mandates for specific areas of research without a

thorough comparative review of other diseases, of other interests.

We have to be honest with ourselves that there is genuine disagreement among various constituencies about how NIH funds should be distributed among the various institutes and agencies at the NIH. Indeed, there has been much discussion over the need for increased Parkinson's research, and I recognize that disputes have taken place regarding over what the exact amount of research dollars currently spent on Parkinson's disease should be.

As legislators, we have a responsibility, an obligation to the American people to assess the overall strategy, the overall system, the overall process of prioritizing our research dollars. We must do that to ensure the public trust in the decisionmaking process as the NIH addresses the health needs of the Nation.

However, we must ensure that we are funding the best scientific opportunities through the appropriate process. I believe we all have the same goal, to use our resources in the very best way possible to reduce the burden of illness and human suffering. Our challenge is to figure out the system, the process, the path for best achieving that goal. I believe the best way to answer these questions is to ensure that the process at the NIH is working, that the public has a vote in that process.

The amendment we are offering today supports a study to be undertaken by the Institute of Medicine of the National Academy of Science to conduct a comprehensive independent study of the policies and the processes used by the NIH to determine how they allocate funds for biomedical research. The study will look at those factors or criteria that are used to determine funding allocations for disease research, the process by which these research funding decisions are made, the mechanisms for public input into the priority-setting process, to make sure we hear from the public, and lastly, the impact of the statutory directives on research funding decisions.

The report of the study will set forth the findings and the recommendations and the conclusions of the Institute of Medicine for improvements in this process, and the Institute of Medicine will submit the report to both the Senate and the House authorizing committee and Appropriations Committees within 6 months.

I believe this is the best way to address this challenge of prioritizing research. It is my goal that we ensure that the process and the policies at the NIH appropriately address funding allocation and research decisions. The scientific community is equipped to help set the Nation's research priorities.

In conclusion, I again want to state my preference on the underlying amendment would have been to work with my colleagues in the Senate within the overall NIH reauthorization process to resolve the various issues rather than legislating on the appro-

priations bill today. However, I do support the underlying bill to support the increase in Parkinson's research, and I urge my colleagues to support our amendment to initiate this comprehensive independent study of NIH policies and processes for making funding decisions in the future.

I yield the floor.

The PRESIDING OFFICER. The Senator from Vermont is recognized.

Mr. JEFFORDS. I speak in favor of the Coats amendment and I urge its adoption. I do have problems with the underlying amendment. On the other hand, I recognize that the large majority of Members desire to tell NIH what they should be doing with respect to Parkinson's disease. I also recognize it is a serious problem for those that have Parkinson's disease, and many of my friends across the country do so.

I think the Coats amendment is an important addition to let NIH know that they have to at least be more forthcoming with respect to the processes they use in determining how they should expend the money in research. I, therefore, commend Senator COATS for bringing this to our attention, and as a way to prevent the need for amendments such as the underlying amendment as we move toward the future.

I yield the floor.

The PRESIDING OFFICER. The Senator from Pennsylvania is recognized.

Mr. SPECTER. Parliamentary inquiry. What is the status of the pending issue before the Senate?

The PRESIDING OFFICER. The pending question is the Coats amendment numbered 1075.

Mr. SPECTER. Further inquiry, Madam President. Has the amendment offered by Senator MCCAIN and Senator WELLSTONE been set aside?

The PRESIDING OFFICER. It has been set aside.

Mr. SPECTER. Madam President, the amendment offered by the distinguished Senator from Indiana is acceptable to this side of the aisle. It calls for a study which I think is well-founded, and we are prepared to accept it.

I commend my colleague from Indiana for offering the amendment.

The PRESIDING OFFICER. The question is on agreeing to amendment numbered 1075, offered by the Senator from Indiana.

The amendment (No. 1075) was agreed to.

Mr. SPECTER. Madam President, if we can proceed with sequencing, I have just discussed with the Senator from Indiana a subsequent amendment which he intends to offer and he is prepared to accept a 20-minute time limit, equally divided, so we can proceed to a vote on that amendment in relatively short order.

I believe we will have to get concurrence from my colleague, Senator HARKIN.

I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

Mr. SPECTER. I ask unanimous consent that the order for the quorum call be rescinded.

The PRESIDING OFFICER. Without objection, it is so ordered.

Mr. SPECTER. I think we will be able to work out a time agreement, 20 minutes equally divided, but we have to check on the other side of the aisle.

Why do we not proceed at this time, and then we will work on that time agreement. I suggest my colleague from Indiana proceed with his 10 minutes at this time.

Mr. COATS. If I could state to the Senator, before we have an agreement, why do I not just, while we are working on the agreement, why do I not begin? I could probably pretty much make my statement, and I might not need the full 10 minutes in the agreement. I will be glad to yield back. There are a certain amount of things I want to say. Until we hear from the other side—

Mr. HARKIN. I think if we might, the Senator from Indiana would go ahead and make some remarks and at least at the beginning outline what his amendment is about. That will certainly alert offices. If we do not hear, in a decent amount of time, that some people are objecting to a time limit, we will go ahead with an agreement.

Mr. SPECTER. I think that arrangement is acceptable.

Why do we not proceed on that basis, with the Senator from Indiana proceeding with his argument, and we will try to solidify that time agreement as we hotline it or allow Members to know what we are doing generally.

The PRESIDING OFFICER. The Senator from Indiana is recognized.

Mr. COATS. The amendment I will offer, and I will hold offering it until such time as an agreement can be at least reached on the other side, this amendment is something that we have debated before. I think it is an important debate. I think it does not require that we make a lengthy debate because it has been discussed and debated.

I want to make sure that each Senator is aware of a certain practice and the implications of that practice before they cast their final vote on the Parkinson's research or any other research that might involve the use of fetal tissue. The amendment says, briefly, notwithstanding any other provision of law, none of the amounts subject to the provisions of subsection (e) of the Morris K. Udall Parkinson's Research Act of 1997 may be expended for any research which utilizes human fetal tissues, cells, or organs obtained from a living or dead embryo or dead fetus during or after an induced abortion. The subsection does not apply to human fetal tissues, cells, or organs obtained from a spontaneous abortion or an ectopic pregnancy.

We just debated, and I believe will vote tonight or tomorrow, and certainly it will pass and I will vote for it, the provision offered by the Senator from Minnesota to increase funding for Parkinson's research. I was pleased the

Senate accepted the amendment I just offered to provide a study which will give us guidance in terms of how we can direct research funds in the future.

But on the question of Parkinson's research, it is important that we address an issue that a lot of people do not like to talk about but it is an issue that I think is relevant and one that is important, and that is that in certain research—and I believe it is very limited research, and fortunately it is research that is much more limited than it was in the past because it has not shown that much promise—the implantation of human fetal tissue has been one of the means by which researchers have attempted to address the symptoms of Parkinson's disease.

Now, from a practical standpoint it is important to understand that the amendment here only affects use of fetal tissue, the use of funds to provide fetal tissue research for Parkinson's disease. There are a number of other diseases, diabetes and others, that use fetal tissue research, and that is a subject for a separate time. This only applies to that particular section of the Udall bill and it simply says that funds that we will appropriate cannot be used for fetal tissue research. It does not affect research in other areas. It does not affect indirect research that affects Parkinson's.

Frankly, I do not know that this should even be an issue in Parkinson's, and I cannot speak with scientific authority, but to the best of my knowledge fetal tissue research has held very little and is diminishing in importance in terms of Parkinson's research.

The Parkinson's Action Network has issued a statement, and I will quote from that statement that says:

Even those involved with fetal tissue research readily acknowledge that the result of their research will not use human fetal tissues. Current work is intended only to demonstrate the capability. Ultimately, another source of fetal material must be found.

That is the statement from the Parkinson's Action Network.

So we are not even talking about direct use here as a potential cure or alleviation of circumstances of Parkinson's. One of the reasons for that is that human tissue has consistently been found to be unsanitary or not fit for clinical use.

Now, the good news is that there are other sources of tissue that have shown some promise that are not from induced abortions. There are xenografts, fetal pig tissue, that at this time and to my understanding are believed to be more useful than human tissue.

There are human cell lines that are more promising sources of tissue than tissue derived from abortions. Genetically engineered cell research has shown significant promise. And tissue that is derived from miscarried pregnancies is now being utilized as a substitute for utilizing fetal tissue from induced abortions.

So I want my colleagues to understand, we are not trying to impede sig-

nificant research on Parkinson's from the limited amount of research that does come from fetal tissue. There are alternative means of obtaining tissue, whether it is animal tissue, whether it is human cell lines, whether genetically engineered, or whether it is actual fetal tissue, but fetal tissue obtained from miscarriages, from spontaneous abortions, which are miscarriages, but also from ectopic pregnancies.

So there are alternatives to obtain the material necessary for this research.

In addition, the research seems to be moving away from fetal tissue and even new tissue toward more promising areas of research in Parkinson's disease. Implanted brain stimulators work for some but obviously do not work for all. Surgical pallidotomies, proton therapy, genetic-based therapy—these are all alternatives to the fetal tissue research.

So, therefore, just from a practical standpoint, regardless of how you feel about the ethical question, I think there is a real basis to avoid the controversy and to avoid the profound ethical questions and concerns that arise from the utilization of human fetal tissue through induced abortions.

What are those ethical questions that we ought to be asking ourselves? Many of us in the Senate—I am included in this—either have parents, children, spouses, relatives, friends, or colleagues who have, unfortunately, incurred a neurological disease in which fetal tissue transplantation has offered some hope of treatment. So it is not a subject that we ought to lightly dismiss.

I just outlined why I think in the area of Parkinson's research that it is really not even a major issue any more. But I think we have to address the question of the wrenching dilemma that it ought to pose—that is posed—by the issue of human tissue research. Therefore, I think we ought to be searching for a path that serves both public health needs and concerns and the questions of moral principle, a path that offers hope for breakthroughs in research, for cures, for alleviating symptoms, but a path which also shows ethical insight.

Scientific research does not occur in a moral vacuum. I think it has to be guided by something that is more than just practically possible or feasible research. It has to be guided by some ethical considerations that I think each of us need to ask ourselves.

In this regard, the ethical questions, I believe, are the following:

Question No. 1: Will the use of tissue from elective abortions create an irreversible economic and an institutional bond between abortion centers and biomedical science?

Just think for a minute. If medical research becomes dependent on widespread abortion, a vested interest would clearly be created in a substantial uninterrupted flow of human fetal

tissue. Medical science would be dependent on continued legal abortion on demand. Does that create an ethical dilemma? I would argue that it does. The reason that it does is that there is no way that we could provide sufficient tissue from spontaneous abortions, miscarriages, or ectopic pregnancies because we know that if tissue transplants are the cure for diabetes, Parkinson's, Alzheimer's, and other neurological trauma, then we are talking about between 34 million and 20 million fetuses a year necessary to supply the need for the fetal tissue to address the problem.

So just on this basis alone, it seems that we need to look at alternative ways to generate fetal tissue without elective abortions—to look at cell cultures, use of animal tissue, and other research that I have just mentioned. We have an ethical nightmare, a potential ethical nightmare that we will face if we can't address ourselves to alternatives.

Another question is: By what right is this fetal tissue obtained? Certainly the remains of the fetus in elective abortions are not donated in the traditional sense of the word. The fetus can't give consent. It is instead provided by the very people who have made the decision to end the life of the fetus. Can the person who ends the life be morally permitted to determine the use of the organs in the life that that person just ended?

Mr. SPECTER. If the distinguished Senator will yield for a moment.

Mr. COATS. I would be happy to yield to the Senator.

Mr. SPECTER. Madam President, we have been checking with various Senators to see if we could reach a unanimous-consent agreement, and it now appears that we will not be able to make that determination very fast. Senators are waiting to find out what is going to happen with respect to the vote and we had earlier talked about stacked votes at 7. It now appears we cannot have stacked votes. So we will set the vote at 7 o'clock by agreement with the other side of the aisle on the Wellstone-McCain, McCain-Wellstone amendment so we will at least proceed with that vote at that time, and by 7 we should be in a position to know what we will be able to do about a unanimous-consent agreement here and further scheduling.

I thank my colleague from Indiana for yielding.

The PRESIDING OFFICER. Does the Senator make a request that the vote occur at 7 p.m.?

Mr. COATS. Yes.

The PRESIDING OFFICER. Is there objection?

Mr. WELLSTONE. Madam Chair, I will not object, but might I inquire, the amendment that we have introduced, Wellstone-McCain, McCain-Wellstone, this precludes a second-degree amendment, I gather. Is that correct?

Mr. SPECTER. Madam President, parliamentary inquiry as to whether it precludes a second-degree amendment.

The PRESIDING OFFICER. The present agreement would not preclude a second-degree amendment.

Mr. WELLSTONE. Madam Chair, I ask unanimous consent that this vote at 7 preclude a second-degree amendment.

Mr. SPECTER. I agree with that modification, Madam President.

The PRESIDING OFFICER. Without objection, it is so ordered.

Mr. COATS addressed the Chair.

The PRESIDING OFFICER. The Senator from Indiana.

Mr. COATS. Madam President, I regret that we were not able to obtain an agreement. I will finish my statement very shortly here and then offer the amendment. I certainly would agree to set it aside so that the Senator from Pennsylvania can continue with what other business he has. We obviously will have to address this issue in greater detail at another time, either later this evening or tomorrow.

Mr. SPECTER. Madam President, I think it may still be possible to have a time agreement, but we could not get that determination. Rather than await that determination to get back-to-back votes, I decided we ought to get the vote set at 7 and perhaps we could have a time agreement entered into after that. We will decide when to have the vote, but perhaps we can have a time agreement. We have a great many amendments pending, and to the extent we can have limited time agreements, we ought to try to do that.

I thank my colleague from Indiana.

Mr. COATS addressed the Chair.

The PRESIDING OFFICER. The Senator from Indiana is recognized.

Mr. COATS. Let me return to the question of the ethical dilemma that is posed with utilization of fetal tissue in research. There is a broad ethical question that affects all neurological research or any research that utilizes human fetal tissue. I have tried to raise some of the questions that I think ought to give all of us pause before we sign off on the use of human fetal tissue in medical research.

Does it create an irreversible economic and institutional bond between abortion centers and biomedical science? That is a legitimate question. Because if the cure or alleviation of symptoms for neurological diseases, diseases including Alzheimer's and Parkinson's and diabetes and other neurological trauma, is dependent on utilization of human fetal tissue, then we are talking about the need to supply fetal tissue patches or pieces from up to 20 million abortions, induced abortions a year. That poses a profound ethical question.

Second, the question is, by what right will we obtain this fetal tissue? We obtain it with the consent of the very person who has made the decision to end the life of the fetus from which the fetal tissue will be derived. So there is no such thing as consent of the human species, the human being, the human person whose life is ended to

provide the fetal tissue in the name of medical science.

And is it really possible to separate the practice of abortion from its use in biomedical research? Are researchers merely using the results of abortion, or are they dictating its practice?

There are real concerns about how fetal tissue is derived, how it is procured. A report issued by the University of Minnesota Center for Bioethics has stated that in Sweden, "Doctors say they have obtained brain tissues with a forceps before the fetus was suctioned out of the mother. That raises the question of whether the fetus was killed by the harvesting of brain tissue or by abortion."

Janice Raymond, professor of women's studies and medical ethics at the University of Massachusetts, has testified that doctors are already altering the methods of abortion in order to get the tissue that they desire, and I quote from her.

Doctors who are eager to get good tissue samples must put women at additional risk of complication by altering the methods of performing abortions and by extending the time it takes to perform the conventional abortion procedure.

Dorie Vawter of the Center for Bioethics at the University of Minnesota has reaffirmed this observation, noting that some clinics currently alter abortion methods for tissue harvesting—slowing down the abortion procedure, reducing the pressure of the suction machine, and increasing the size of dilation instruments, all practices which place women at additional risk.

And so in the harvesting of human tissue, the human tissue has to be at a certain condition. I talked a few moments ago about how much of this tissue is unfit for effective use in Parkinson's research or other neurological research. And now we have testimony of people who are altering the procedures of obtaining the human fetal tissue so that the human fetal tissue is in a better condition for this research. But in doing so they place the health of the woman who is carrying the child, from whom the fetal tissue is derived, at greater health risk.

And then I think we have to ask probably the most difficult of questions, and that is, are we encouraging abortion by covering it with a veneer of compassion?

Dr. Kathleen Nolan, formerly of the Hastings Center, writes,

Lifesaving cures resulting from the use of cadaveric material might make abortion, and fetal death, seem less tragic. Enhancing abortion's image could thus be expected to undermine efforts to make it as little needed and little done procedure as possible.

This is a very real concern because often people come up to me and say: Why do you offer amendments? Why do you think that utilization of fetal tissue should be restricted to noninduced abortions, because it does so much good, it holds so much potential.

Look at the ethical question involved. Is taking a life, is killing a

fetus in order to obtain material that is useful in providing research which offers promising health benefits to individuals, is that not one of the most profound ethical and moral questions that we have to face?

And so I think when we look at a question like this, we clearly have to understand, as Stephen Post said,

Ultimately, it is the specter of a society whose medical institutions are inextricably bound up with elective abortion and whose people come to believe that for their own health they have every right to feed off the unborn, that gives pause.

Arthur Caplan of the University of Minnesota expresses these concerns in another way.

This is the ultimate issue of generational justice. You're not just asking for the pocketbooks of the young—you're asking for their body parts.

Now, fortunately, Madam President, we have alternatives available to us. I have listed those alternatives. In the case of Parkinson's, and that is the issue we are facing here—we will address the other issue at another time—but in the case of Parkinson's research, we are learning that fetal tissue research is of diminishing importance and of diminishing effectiveness.

We are learning that there are more viable alternatives that hold far greater benefit and hope for breakthroughs in treating Parkinson's than fetal tissue. And so while I think it is appropriate that we are focusing on increasing funds for research in Parkinson's, I believe it is also appropriate that we place this most limited of restrictions on this research, both for practical reasons because it offers very little hope of any research breakthroughs and because this tissue can be obtained by other alternatives without taking human life, without inducing abortions. Fetal tissue cells from human fetuses can be obtained through miscarriages, spontaneous abortions, ectopic pregnancies, but the other forms of research, the xenografts from animal tissue, which are now being found to be more useful than human tissue, human cell lines, genetically engineered cells, and then all the other more promising means of research in Parkinson's, I think allow us to say that at least in this area we will not pursue and we do not need to pursue the utilization of human fetal tissue.

AMENDMENT NO. 1077

(Purpose: To prohibit the use of funds for research that utilizes human fetal tissue, cells, or organs that are obtained from a living or dead embryo or fetus during or after an induced abortion)

Mr. COATS. So with that, Madam President, I send my amendment to the desk and ask for its consideration with the understanding that it may be possible to enter into an agreement that would limit the time.

The PRESIDING OFFICER. Is there objection to setting aside the pending amendment? Hearing no objection, it is so ordered.

The clerk will report the amendment.

The legislative clerk read as follows:

The Senator from Indiana [Mr. COATS], for himself and Mr. NICKLES, proposes an amendment numbered 1077.

Mr. COATS. Madam President, I ask unanimous consent that reading of the amendment be dispensed with.

The PRESIDING OFFICER. Without objection, it is so ordered.

The amendment is as follows:

At the appropriate place, insert the following:

SEC. . LIMITATION ON USE OF FUNDS.—Notwithstanding any other provisions of law, none of the amounts subject to the provision of subsection (e) of the "Morris K. Udall Parkinson's Research Act of 1997" may be expended for any research that utilizes human fetal tissue, cells, or organs that are obtained from a living or dead embryo or fetus during or after an induced abortion. This subsection does not apply to human fetal tissue, cells, or organs that are obtained from a spontaneous abortion or an ectopic pregnancy.

Mr. COATS. Madam President, I yield the floor.

Mr. HARKIN. Madam President, I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

Mr. KENNEDY. Will the Senator withhold.

Mr. HARKIN. I withdraw that.

The PRESIDING OFFICER. The Senator from Massachusetts is recognized.

PRIVILEGE OF THE FLOOR

Mr. KENNEDY. Madam President, I ask unanimous consent that Susan Hammersten, a fellow in my office, be granted the privilege of the floor during the pending Labor, HHS appropriations bill.

The PRESIDING OFFICER. Without objection, it is so ordered.

Mr. KENNEDY. Madam President, I strongly support the amendment that Senator MCCAIN and Senator WELLSTONE have offered. More research is clearly needed if we are to conquer this debilitating disease that afflicts more than a million Americans.

I strongly disagree, however, that this is an appropriate place to revisit the issue of fetal tissue research, and I urge the Senate to defeat the Coats amendment.

The earlier ban on fetal research was lifted 4 years ago, and that action was deeply justified. The ban was lifted by the administration and Congress after careful consideration and exhaustive debate.

Research involving fetal tissue holds the potential to provide tremendous advances in treatments and cures for a long list of debilitating conditions such as Parkinson's disease, Alzheimer's disease, Huntington's disease, diabetes, multiple sclerosis, epilepsy, blindness, leukemia, hemophilia, sickle cell anemia, spinal cord injuries, deficiencies of the immune system, birth defects, and certain conditions causing intractable pain. The list goes on and on.

It is no wonder, then, that opposition to a ban on fetal tissue research is supported by a wide range of organizations dedicated to improving the health of

Americans, including the Alzheimer's Association, the Epilepsy Foundation of America, the Cystic Fibrosis Foundation, the Parkinson's Disease Foundation, and the Society for Pediatric Research.

Four years ago, Congress decided that the benefits of this research far outweighed the unsubstantiated fears and concerns that the need for fetal tissue would lead to increases in abortions. The vote in the Senate to lift the ban was a resounding 93 to 4.

The bill enacted in 1993 established rigorous standards to safeguard against any possibility that fetal tissue research would influence individual decisions about abortion. Those safeguards are in place and they are working—and working well.

A 1997 GAO study of the safeguards reports that "the act's documentation requirements were met" and that "there have been no reported violations in the acquisition of human fetal tissue for use in transplantation."

The safeguards are working not just in research on Parkinson's disease, but in all research involving fetal tissue. It is irrational and inappropriate to revisit this debate by singling out research on Parkinson's disease for excessive restrictions.

Since 1993, the NIH has awarded more than \$23 million in grants for research involving the study, analysis, and use of human fetal tissue. The research that is being carried out today is producing effective solutions that can end the suffering associated with a wide variety of illnesses, and it makes no sense, no sense at all, to restrict it.

One other point should be made. The research being conducted today with fetal tissue is also providing new techniques such as specialized cell lines and genetically engineered cells. In fact, the development of these new technologies may well eliminate the need for using fetal tissue for research purposes. Ironically, the best way to achieve the goal of the Coats amendment is to defeat the Coats amendment, and I urge the Senate to do so.

My Republican colleagues have argued that women will decide to have an abortions in order to donate tissue for research.

These claims are unfounded and uncorroborated. The substantial history of fetal tissue research—extending back at least 30 years to the development of the polio vaccine—shows no evidence—and no evidence has been presented here to the Senate this evening—that the results have encouraged abortion.

American women for various personal and entirely unrelated reasons choose to have over 1 million legal abortions each year. These legal abortions will continue to be performed in the future, regardless of the extent of fetal tissue research.

Congress enacted stringent safeguards to address this claim. No woman can know in advance if the remains from her abortion would or even

could be used for research purposes. A woman may not be approached for consent to donate the aborted tissue until after she has made the decision to have an abortion.

Safeguards established by the NIH have eliminated any potential incentives for abuse. No profit can be derived from providing the tissue for research. No family member or friend can benefit from a woman's abortion. A woman may not designate who will be the recipient of the tissue.

This issue has been reviewed and studied as to the effectiveness of the rules and regulations which have been established. It is effectively working and working well. This amendment would have an adverse impact in terms of the real potential for making significant progress in areas of research, and it would not be justified in terms of providing the kind of restrictions that are included in the Coats amendment. For that reason, I hope the Coats amendment will not be accepted.

Madam President, I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The bill clerk proceeded to call the roll.

Mr. WELLSTONE. Madam President, I ask unanimous consent that the order for the quorum call be rescinded.

The PRESIDING OFFICER. Without objection, it is so ordered.

AMENDMENT NO. 1074, AS MODIFIED

Mr. WELLSTONE. Madam President, on the Wellstone-McCain/McCain-Wellstone amendment, I ask unanimous consent that Senator BOXER be added as a cosponsor.

The PRESIDING OFFICER. Without objection, it is so ordered.

Mr. WELLSTONE. Madam President, I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The bill clerk proceeded to call the roll.

Mr. WELLSTONE. Madam President, I ask unanimous consent that the order for the quorum call be rescinded.

The PRESIDING OFFICER. Without objection, it is so ordered.

Mr. WELLSTONE. Mr. President, I ask unanimous consent that Senator ROBB be listed as a cosponsor of the Wellstone-McCain / McCain-Wellstone amendment.

The PRESIDING OFFICER (Mr. BROWNBACK). Without objection, it is so ordered.

Mr. WELLSTONE. I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The bill clerk proceeded to call the roll.

Mr. WELLSTONE. Mr. President, I ask unanimous consent that the order for the quorum call be rescinded.

The PRESIDING OFFICER. Without objection, it is so ordered.

The question is on agreeing to amendment No. 1074, as modified. The yeas and nays have been ordered. The clerk will call the roll.

The bill clerk called the roll.

Mr. NICKLES. I announce that the Senator from Alaska [Mr. MURKOWSKI] is necessarily absent.

Mr. FORD. I announce that the Senator from Hawaii [Mr. INOUE] is necessarily absent.

The result was announced—yeas 95, nays 3, as follows:

[Rollcall Vote No. 214 Leg.]

YEAS—95

Abraham	Feingold	Lugar
Akaka	Feinstein	Mack
Allard	Ford	McCain
Baucus	Frist	McConnell
Bennett	Glenn	Mikulski
Biden	Gorton	Moseley-Braun
Bingaman	Graham	Moynihan
Bond	Gramm	Murray
Boxer	Grassley	Nickles
Breaux	Gregg	Reed
Brownback	Hagel	Reid
Bryan	Harkin	Robb
Bumpers	Hatch	Roberts
Burns	Helms	Rockefeller
Byrd	Hollings	Roth
Campbell	Hutchinson	Santorum
Chafee	Hutchison	Sarbanes
Cleland	Inhofe	Sessions
Coats	Johnson	Shelby
Cochran	Kempthorne	Smith (NH)
Collins	Kennedy	Smith (OR)
Conrad	Kerrey	Snowe
Coverdell	Kerry	Specter
Craig	Kohl	Stevens
D'Amato	Kyl	Thomas
Daschle	Landrieu	Thompson
DeWine	Lautenberg	Thurmond
Dodd	Leahy	Torricelli
Domenici	Levin	Warner
Dorgan	Lieberman	Wellstone
Durbin	Lott	Wyden
Faircloth		

NAYS—3

Ashcroft	Enzi	Jeffords
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NOT VOTING—2

Inouye	Murkowski
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The amendment (No. 1074), as modified, was agreed to.

Mr. WELLSTONE. I move to reconsider the vote.

Mrs. FEINSTEIN. I move to lay that motion on the table.

The motion to lay on the table was agreed to.

Mr. CRAIG. Mr. President, each year a small portion of the Medicare budget is devoted to HCFA's Office of Research and Demonstrations for Activities that help guide Medicare policymaking on coverage, financing and other operational issues. This year the Appropriations Committee has approved \$47 million for this purpose, an increase, of \$3 million over the last year.

The Appropriations Committee has urged the Secretary of Health and Human Services to use a portion of this research budget to conduct a 2-year demonstration project on coverage of medical nutrition therapy by registered dietitians under Medicare part B. I would like to take this opportunity to reiterate my support for this project and to urge the Secretary to move expeditiously to initiate this program.

Research has shown that medical nutrition therapy is an effective way to save health care dollars and improve patient outcomes. By reducing and shortening hospital admission, preventing and controlling medical com-

plications and limiting the need for physician follow-up visits, medical nutrition therapy can lower the cost of treating a variety of diseases. Of particular note are the savings that have been documented for patients with diabetes and cardiovascular disease, two ailments that account for a staggering 60 percent of all Medicare expenditures.

As we continue efforts to modernize and improve the Medicare Program, we should not overlook medical nutrition therapy as an important way to save program dollars and improve patient treatment options. A demonstration project in this area will help us understand how we can best integrate this important service into any future Medicare improvements.

AMENDMENT NO. 1057

Mr. MOYNIHAN. Mr. President, earlier today I voted to support Senator HARKIN's amendment to fund the Food and Drug Administration's "Youth Tobacco Initiative" regulations. When this amendment was first offered on July 23, 1997, I voted to table it. I was concerned at that time that the offset was a tax; taxes fall under the jurisdiction of the Ways and Means and Finance Committees. I am pleased that Senator HARKIN changed the offset so that I was able to vote for the amendment today. I am a strong supporter of the Food and Drug Administration's efforts to reduce the number of young people who begin smoking cigarettes each year. I believe that the money designated for that purpose today is crucial to the success of those efforts.

The PRESIDING OFFICER. Who seeks recognition?

Mr. WELLSTONE addressed the Chair.

The PRESIDING OFFICER. The Senator from Minnesota.

Mr. WELLSTONE. Mr. President, I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The assistant legislative clerk proceeded to call the roll.

Mr. LOTT. Mr. President, I ask unanimous consent that the order for the quorum call be rescinded.

The PRESIDING OFFICER. Without objection, it is so ordered.

FOOD AND DRUG ADMINISTRATION MODERNIZATION AND ACCOUNT- ABILITY ACT OF 1997

Mr. LOTT. Mr. President, I ask unanimous consent the Senate now turn to the consideration of S. 830, the FDA reform bill.

The PRESIDING OFFICER. Is there an objection?

Mr. DASCHLE. On behalf of Senator KENNEDY, I object.

The PRESIDING OFFICER. The objection is heard.

MOTION TO PROCEED

CLOTURE MOTION

Mr. LOTT. I move to proceed to S. 830, and I send a cloture motion to the desk.