can help relieve the symptoms of fibromyalgia. This is very good news, but there is a lot of work still left to be done.

I respectfully call upon my colleagues on both sides of the aisle to recognize the severity of the issue of fibromyalgia, to support individuals affected by fibromyalgia through public awareness and education, to recognize the leadership of the Arthritis Foundation, CDC, and the States in developing the National Arthritis Action Plan, which includes strategies to address all forms of arthritis, including fibromyalgia, and to recognize the importance of committing resources to the Arthritis Foundation, the CDC, NIAMS, and the relevant Federal research institutions helping to pinpoint the cause of fibromyalgia, and eventually find a cure for fibromyalgia.

Before I finish, I would like to share with my colleagues a story of a constituent of mine, Lin Kisslinger, from Oklahoma City, who was diagnosed with fibromyalgia 9 years ago. Lin is an extremely courageous woman who has gone to great lengths to promote an awareness of fibromyalgia in my home State of Oklahoma and throughout the country. Lin successfully helped establish a statewide fibromyalgia awareness day in Oklahoma, and she played an integral role in finding the Fibromyalgia Support Group of South Oklahoma City.

With Lin Kisslinger's continued dedication to promote the awareness of fibromyalgia, combined with the efforts of the Oklahoma City and Tulsa chapters of the National Arthritis Foundation, the National Arthritis Foundation itself, the CDC, and NIAMS, I am confident that a cure for fibromyalgia will be discovered sooner, rather than later.

I respectfully urge my colleagues to support my House Resolution on fibromyalgia.

SUSPEND CLINTON-CASTRO MAY 1995 MIGRATION ACCORD

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Florida (Mr. DIAZ-BALART) is recognized for 5 minutes.

Mr. DIAZ-BALART. Madam Speaker, I rise to call for the immediate suspension by the Clinton administration of the May 1995 Migration Accord with the Cuban dictatorship and to urge the adoption of a serious U.S. policy of assistance to the Cuban internal opposition, and other steps to accelerate the liberation of Cuba and an end to the refugee tragedy, as well as to the threats to U.S. national security posed by the Castro dictatorship, all of which are being covered up and ignored by the Clinton administration.

This administration's policy towards Cuba can no longer hold. The administration cannot continue to sweep the Cuban crisis under the carpet. The Cuban crisis and the tragedy of the oppression of the Cuban people must no longer be treated as an immigration issue. We must address the issue comprehensively as one of vital U.S. national security, including the need to stop Cuban narcotrafficking, a congressional hearing on which will take place very soon.

Madam Speaker, I want to thank the gentleman from Indiana (Mr. BURTON) and the gentleman from New York (Mr. GILMAN) and their staffs for their critical work on this very serious matter.

We also have to realize that this problem, the problem of the Cuban dictatorship, is one of biological weapons development, of promotion of international terrorism, of destabilization of the Western Hemisphere, of alliances with rogue states in furtherance of anti-American interests, and of the promotion of international criminal activity.

The way to solve the immigration problem is to solve the national security problem and the tragedy of the oppression of the Cuban people. Before Castro's takeover of Cuba in 1959, never, even during the worst poverty of the economic depression of the 1930s, not only were there no rafters, there was not even 1 year when the U.S. quota allotment of immigrant visas for Cuba was filled. The Cuban people are not an emigrant people. They are desperately seeking freedom today due to the totalitarian oppression and economic destruction caused by the Castro dictatorship.

Yesterday, off the coast of Miami Beach, we saw an unfortunate demonstration of the profoundly unacceptable nature of the Clinton policy of focusing on the Cuban tragedy as an immigration issue. The policy is deeply flawed.

The United States should immediately, one, first suspend the immoral and illegal Clinton-Castro Migration Accord of May 1995, which violates the generous tradition of the American people with regard to refugees from Soviet Bloc countries and also violates the Cuban Adjustment Act of 1966.

Secondly, inform Castro with all clarity that any attempt to fabricate a new crisis for the United States, such as by attempting to send massive amounts of refugees, shall be responded to with immediate U.S. action which would include a naval blockade of Cuba, not only of refugees which would be returned to the Cuban shore, but also of all oil shipments to the island.

And, thirdly, initiate a serious and vigorous program of assistance to the Cuban internal opposition and other steps to hasten the demise of the Cuban dictatorship and the reestablishment of democracy and the rule of law in Cuba.

The time has come, Madam Speaker, to end the suffering and oppression of Cuba, not to fire water cannons and pepper spray on defenseless Cuban refugees trying to swim to freedom.

HEALTH OF THE AMERICAN PEOPLE

The SPEAKER pro tempore. Under the Speaker's announced policy of January 6, 1999, the gentleman from Pennsylvania (Mr. GEKAS) is recognized for 60 minutes as the designee of the majority leader.

Mr. GEKAS. Madam Speaker, we ought to begin this presentation with proposing a toast, and perhaps we can raise our glasses to propose a toast to the health of the American people, because that is what this special order is all about, the health of the American people.

For a long time now, many of us in the House have been about the business of trying to double, over a period of 5 years, the funding for the National Institutes of Health. In doing so, we are focusing directly on the reason for the toast that we made to start the proceedings, namely preventive medicine for the health of the American people, remedies for some of the maladies that afflict the American people, and long-term strategies to bring about a world safer for our people, and to rid the world eventually of all of our diseases that so ravage the lives of so many people.

So doubling the funding for the NIH, for the National Institutes of Health, is a worthy goal and it accomplishes so many facets of goals for the American people, and for the citizens of the world, for that matter, that sometimes we wonder why there is not more support than there sometimes is shown. But last year, last session, we were successful, those of us who participate in this endeavor, in making the first downpayment on the doubling effort over a period of 5 years by succeeding in having our appropriators list $2 billion into the then budget, the downpayment on the doubling.

We are now in the posture where we must do the same thing in order to maintain the momentum by bringing about increased funding for the NIH for the current session. In doing so we have introduced H. Res. 89, I believe it is, which asks our Congress, our House of Representatives, to consider doubling the funding for NIH.

Madam Speaker, I submit for the RECORD the copy of H. Res. 89, which takes care of what we are after in the funding for the National Institutes of Health.

H. RES. 89

Whereas past investments in biomedical research have resulted in better health, an improved quality of life for all Americans, and a reduction in national health care expenditures;

Whereas the Nation's commitment to biomedical research has expanded the base of scientific knowledge about health and disease and revolutionized the practice of medicine;

Whereas the Federal Government represents the single largest contributor to biomedical research conducted in the United States;

Whereas biomedical research continues to play a vital role in the growth of this Nation's biotechnology, medical device, and pharmaceutical industries;

Whereas the origin of many of the new drugs and medical devices currently in use is based on biomedical research supported by the National Institutes of Health;

Whereas women have traditionally been underrepresented in medical research protocols, yet are severely affected by diseases including breast cancer, which will kill over 43,900 women this year; ovarian cancer which will claim another 14,500 lives; and osteoporosis and cardiovascular disorders;

Whereas research sponsored by the National Institutes of Health is responsible for the identification of genetic mutations relating to nearly 100 diseases, including Alzheimer's disease, cystic fibrosis, Huntington's disease, osteoporosis, many forms of cancer, and immune deficiency disorders;

Whereas many Americans still face serious and life-threatening health problems, both acute and chronic;

Whereas neurodegenerative diseases of the elderly, such as Alzheimer's and Parkinson's disease, threaten to destroy the lives of millions of Americans, overwhelm the Nation's health care system, and bankrupt the medicare and medicaid programs;

Whereas 4,000,000 Americans are currently infected with the hepatitis C virus, an insidious liver condition that can lead to inflammation, cirrhosis, and cancer, as well as liver failure;

Whereas 250,000 Americans are now suffering from AIDS and hundreds of thousands more with HIV infection;

Whereas cancer remains a comprehensive threat to any tissue or organ of the body at any age, and remains a top cause of morbidity and mortality;

Whereas the extent of psychiatric and neurological diseases poses considerable challenges in understanding the workings of the brain and nervous system;

Whereas recent advances in the treatment of HIV illustrate the promise research holds for even more effective, accessible, and affordable treatments for persons with HIV;

Whereas infants and children are the hope of our future, yet they continue to be the most vulnerable and underserved members of our society;

Whereas approximately one out of every six American men will develop prostate cancer and over 49,200 men will die from prostate cancer each year;

Whereas diabetes, both insulin and non-insulin forms, afflicts 15,700,000 Americans and places them at risk for acute and chronic complications, including blindness, kidney failure, atherosclerosis, and nerve degeneration;

Whereas the emerging understanding of the principles of biometrics has been applied to the development of hard tissue such as bone and teeth as well as soft tissue, and this field of study holds great promise for the design of new classes of biomaterials, pharmaceuticals, and diagnostic and analytical reagents;

Whereas research sponsored by the National Institutes of Health will map and sequence the entire human genome by 2005, leading to a new era of molecular medicine that will provide unprecedented opportunities for the prevention, diagnosis, treatment, and cure of diseases that currently plague society;

Whereas the fundamental way science is conducted is changing at a revolutionary pace, demanding a far greater investment in emerging new technologies and research training programs, and in developing new skills among scientific investigators; and

Whereas most Americans show overwhelming support for an increased Federal investment in biomedical research: Now, therefore, be it

Resolved,

SECTION 1. SHORT TITLE.

This resolution may be cited as the ''Biomedical Revitalization Resolution of 1999''.

SEC. 2. SENSE OF THE HOUSE OF REPRESENTATIVES.

It is the sense of the House of Representatives that funding for the National Institutes of Health should be increased by $2,000,000,000 in fiscal year 2000 and that the budget resolution appropriately reflect sufficient funds to achieve this objective.

Mr. GEKAS. Madam Speaker, I also want to enter into the RECORD the list of our cosponsors for the resolution, which reads like a who's who of our current membership in the House of Representatives.

H. RES. 89

Sponsor: Rep Gekas, George W. (introduced 03/02/99).

Cosponsors (58):

Rep. Bentsen, Ken—03/02/99.
Rep. Callahan, Sonny—03/02/99.
Rep. Nethercutt, George R., Jr.—03/02/99.
Rep. Stearns, Cliff—03/04/99.
Rep. Green, Gene—03/04/99.
Rep. Frost, Martin—03/04/99.
Rep. Moakley, John Joseph—03/10/99.
Rep. Horn, Stephen—03/10/99.
Rep. Gonzalez, Charles A.—03/10/99.
Rep. Cooksey, John—03/10/99.
Rep. Ose, Doug—03/10/99.
Rep. Lofgren, Zoe—03/11/99.
Rep. Baldacci, John Elias—03/11/99.
Rep. Slaughter, Louise McIntosh—03/17/99.
Rep. Gordon, Bart—03/17/99.
Rep. Carson, Julia—03/23/99.
Rep. Goss, Porter J.—03/25/99.
Rep. Lewis, John—04/13/99.
Rep. Cummings, Elijah E.—04/13/99.
Rep. Bilirakis, Michael—04/13/99.
Rep. Hooley, Darlene—04/13/99.
Rep. Phelps, David D.—04/13/99.
Rep. Brady, Robert—04/15/99.
Rep. Gejdenson, Sam—04/27/99.
Rep. Wynn, Albert Russell—04/27/99.
Rep. Watt, Melvin L.—05/04/99.
Rep. Sanchez, Loretta—05/26/99.
Rep. Lantos, Tom—06/08/99.
Rep. Forbes, Michael P.—06/22/99.
Rep. Pelosi, Nancy—03/02/99.
Rep. Porter, John Edward—03/02/99.
Rep. Morella, Constance A.—03/04/99.
Rep. Shows, Ronnie—03/04/99.
Rep. McCarthy, Carolyn—03/04/99.
Rep. Pryce, Deborah—03/10/99.
Rep. Cunningham, Randy (Duke)—03/10/99.
Rep. Blagojevich, Rod R.—03/10/99.
Rep. Etheridge, Bob—03/10/99.
Rep. Bachus, Spencer—03/10/99.
Rep. Frank, Barney—03/10/99.
Rep. Nadler, Jerrold—03/11/99.
Rep. King, Peter T.—03/11/99.
Rep. Clement, Bob—03/17/99.
Rep. McIntyre, Mike—03/23/99.
Rep. Price, David E.—03/23/99.
Rep. Hoeffel, Joseph M.—03/25/99.
Rep. Mink, Patsy T.—04/13/99.
Rep. Bilbray, Brian P.—04/13/99.
Rep. Capps, Lois—04/13/99.
Rep. Coyne, William J.—04/13/99.
Rep. Wamp, Zach—04/13/99.
Rep. Eshoo, Anna G.—04/15/99.
Rep. LaFalce, John J.—04/27/99.
Rep. English, Phil—04/27/99.
Rep. Miller, Gary—05/04/99.
Rep. Capuano, Michael E.—06/08/99.
Rep. Borski, Robert A., Jr.—06/10/99.
Rep. McGovern, James P.—06/23/99.

Mr. GEKAS. And, Madam Speaker, I also wish to add to the RECORD a statement that I have prepared for this special order in which the title, quite appropriately, is ''Doubling NIH Budget in Five Years—Taking the Second Step Toward Doubling.'' That is exactly what we are talking about.

''DOUBLING NIH BUDGET IN FIVE YEARS—TAKING THE SECOND STEP TOWARD DOUBLING''

1. Doubling funding for the National Institutes of Health over the next five years. Is this a reasonable goal? Can we and should we obtain this goal?

What is the current budget situation for the NIH? The Congress has a history of doubling the NIH budget over ten years, so we are suggesting that we accelerate the pace of discovery by increasing health research from the usual 7% or 8% increase to a 15% increase per year for five years. This is a reasonable and obtainable goal given our past funding experience and the future potential for health discoveries. We are suggesting that the NIH FY'2000 budget contain a $2 billion increase rather than the $1 billion increase the Congress would usually provide.

The result is that NIH will go from a funding level of $15.6 billion in FY'99 to $17.6 billion in FY'2000. This would be the second step toward doubling because we added $2 billion increase to the NIH budget last year. The second step should be easier than the first. We would take the NIH from a $14 billion budget to a $28 billion budget.

When I say we would make these increases I am referring to my colleagues, 56 other Members of the House who are committed to this same doubling goal and taking the second step by cosponsoring H. Res. 89. I am introducing for the RECORD the list of the 56 cosponsors, the ''Dear Colleague'' letter circulated by the Co-Chairs of the Congressional Biomedical Research Caucus: Reps. Callahan, Pelosi and Bentsen, joined by Reps. Porter and Nethercutt, along with a copy of the bill.

Can we make this goal this year? Certainly those in the Congress who know the operations of the NIH the best support us in the effort, including the Chairman of the authorizing Committee, Rep. Bilirakis and the Chairman of the appropriations Committee, Rep. Porter. I am pleased that both have committed to the goal and joined H. Res. 89.

We also have Senate support for the NIH doubling goal in five years from by fellow Pennsylvanian, Senator Specter, who has introduced a similar bill, S. Res. 19, to accomplish the same goal. He was joined in a bipartisan manner by his ranking Member on the Appropriations Subcommittee, Senator Harkin. We certainly have the political will to go forward with the second downpayment, if we call upon it. I am asking all of my colleagues to join us on this mission and cosponsor H. Res. 89, so we can call upon our leaders and show that we support this important funding priority.

2. I may have convinced you that we have the ability to meet this goal, but you may ask why we should? Here we stand in June 22nd, 1999, on the brink of the next millennium, very different, healthier people because of health research, than the cruel and short lived lives of individuals that witnessed the dawn of this past 1000 years. Despite the progress that we have made in health research, we still face major global health challenges. Because the U.S. is the world leader in biomedical research, we have a special duty to transfer the benefits of our discoveries to the people of the world. Although this is an altruistic statement, we also know that our own quality of life and security will be enhanced if infectious diseases are controlled. The spread of infectious disease is the number one global health issue

that we all face, according to a recent report of the World Health Organization, infectious diseases killed 11 million people globally in 1998 and killed 180,000 people in the U.S., the third leading killer in the U.S. The NIH is taking the lead in confronting this global health problem by establishing a new center for vaccine development. Vaccines that immunize people against the HIV virus, new highly infectious strains of TB and against malaria the killer of children in sub-Sahara Africa are all possible, if we have the resources.

I feel very strongly about the global effort to transfer the benefits of NIH research through communication efforts such as the Internet and through commerce such as vaccine type drug therapies and prevention strategies. We will ultimately strengthen the economies of the developing world by attempting to eradicate disease. Last Congress I introduced a bill to establish a National Goals Commission with this purpose as its mission and I invite all of my colleagues to join me as original cosponsors of a new bill that also focuses on encouraging increased Internet conferencing on biomedical research and the control of infectious diseases through increases in vaccine development.

We are truly at a new frontier with the end of World War II, the end of the Cold War, where now former enemies in Europe work together to eliminate despotic state action that had once been tolerated, earlier in this Century. The U.S. has mobilized its resources to accomplish these goals and we can now harness and mobilize our scientists in all disciplines to assist the world effort to eliminate disease. This should be our highest priority for a national goal.

3. The increased funding we were able to provide the NIH last year has had a real impact on new priorities for the NIH with expanded activities in the following areas:

Expanding clinical research funding through better translation of research from the bench to the patient.

Accompanying expanded clinical research is promoting more PH.D/M.D. Researchers, which are on the decline, as the number of PH.Ds grows.

Expanding opportunities for collaboration with other science disciplines such as computer science and physics to work better at the molecular level.

Interpreting the human genome, which will be completed within the next two years.

4. Congressional Biomedical Research Caucus Briefings for the Congress have educated the attendees on the latest, cutting edge research. There have been over 90 briefings for the Congress since 1990. The 1999 Caucus Series was particularly instructive of the advances we are making in health care because of increased funding for research. For example, last week Dr. Solomon Snyder from Johns Hopkins University, told us that the role of Nitic Oxide in many human body functions such as heart pressure and as a neurotransmitter was only discovered in 1990. Since that time, medications such as Viagra, for male impotence have been developed in less than a decade. The pace of discovery has truly accelerated.

5. Emergency Spending-outside the 1997 budget caps: There is a global killer on the prowl killing 11 million people around the world and killing 180,000 people in the U.S. The World Health Organization just sounded an altert that we must controll this killer before it is completely out of control. Emergency spending has been found to assist in the Kosovo Campaign and I submit that this is no less important.

Madam Speaker, the 56 cosponsors are intent on having people like the gentleman from Illinois (Mr. PORTER) and the gentleman from Florida (Mr. BILIRAKIS) use their influence as chairmen of respective committees vital to this effort, who are also cosponsors, and I offer at this time the written remarks of the gentleman from Florida (Mr. BILIRAKIS), of whom I just spoke, on this subject.

Mr. BILIRAKIS. Madam Speaker, I rise in support of increasing the federal government's commitment to biomedical research through the National Institutes of Health. As Chairman of the Health and Environment Subcommittee of the House Commerce Committee, I am a strong advocate of this agency's vital mission. I have joined many of my colleagues in supporting efforts to double federal funding for the NIH.

The NIH is the primary federal agency charged with the conduct and support of biomedical and behavioral research. Each of its institutes has a specialized focus on particular diseases, areas of human health and development, or aspects of research support. When we consider its role as one of the worlds's foremost research centers, it is amazing to remember that the NIH actually began its existence as a one-room Laboratory of Hygiene in 1887.

Medical research represents the single most effective weapon against the diseases that affect many Americans. The advances made over the course of the last century could not have been predicated by even the most farsighted observers. It is equally difficult to anticipate the significant gains we may achieve in years to come through increased funding for further medical research.

Last year, Congress gave a substantial increase in funding to the NIH. The fiscal year 1999 omnibus appropriations law provided $15.6 billion for the NIH—an increase of almost $2 billion or 15 percent over the previous fiscal year. This increase represents a sizable down payment toward the goal of doubling its funding over five years. This year, I am hopeful that we can make similar progress in that regard.

As we work to increase federal funding, I am also sponsoring legislation to encourage private support for NIH research efforts. My bill, H.R. 785, the Biomedical Research Assistance Voluntary Option or ''BRAVO'' Act, would allow taxpayers to designate a portion of their federal income tax refunds to support NIH research efforts. I introduced the bill on a bipartisan basis with the Ranking Member of the Health and Environment Subcommittee, Mr. BROWN of Ohio.

Madam Speaker, every dollar invested in research today will yield untold benefits for all Americans in years to come. Indeed, our own lives might some day depend on the efforts of scientists and doctors currently at work in our nation's laboratories. I urge all Members to join me in supporting a strong federal commitment to biomedical research.

Mr. GEKAS. And so, Madam Speaker, we see we have an appropriator and a chairman of relevant committees, as well as many other Members who are interested in seeing this effort succeed.

And the question arises, well, who is interested in this besides the people at NIH? Every American citizen ought to be interested in it. It has to do with the health of the household. Mr. and Mrs. America and the children and the other residents of the household can hope for nothing better than for clean, healthy lives so that they can fulfill their destiny with as little as possible disruption by ravaging disease and ill health.

So this is our effort, all of us. And it is that simple. Do we want reduction in health costs? Of course we do. Do we want less hospitalization for our people? Of course we do. Do we require fewer and fewer spaces in the future for nursing homes and more people to be able to remain at home? Of course we do.

All of this is within the scope of what we are trying to do. Because every effort that the National Institutes of Health makes on research, biomedical research and other kinds of findings that they can make, all of that goes to the prevention of disease and the curing of disease. And not only do we save lives but we save money. That is why we have to consider the doubling of the effort as being one of an investment in eventually reducing costs, because we will reduce costs along the way.

The gentleman from California (Mr. BILBRAY) has been one of the chief supporters of this effort, Madam Speaker, and I would like to yield to him at this time.

Mr. BILBRAY. Madam Speaker, it is an honor to stand in support of the gentleman's resolution.

Some of our colleagues stood up here today and praised the President for coming across with the support for helping to finance the cost of pharmaceuticals for our seniors, and the issue of Social Security being taken off budget.

And I would like to say that I think those of us on the Republican side praise the President for coming over and supporting some of the concepts that Congress took action on not too long ago, this month, in saying that Social Security is a trust fund, not a slush fund. The gentleman from California (Mr. THOMAS) has been trying to reach consensus on what we should be able to work out some time within the near future, and that is the ability of seniors to be able to have their pharmaceutical drugs paid for.

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So I, for one, am going to stand up here today not only with the chairman but also to praise the President for coming across and supporting a lot of congressional priorities. But I think the issue of pharmaceutical drugs with Medicare is still treating symptoms of the problem, and that is we have these diseases which continue to be a problem in our society.

The resolution of the chairman really, as we would say, is an investment in the future. Because if we can avoid or reduce diseases such as heart disease, cancer, Alzheimer's disease, if we can reduce stroke, then we can reduce the cost of having to treat problems related to those diseases.

This resolution really says that it is time that America makes a commitment to investing in our public health

just as we invest in our infrastructure, roads, bridges, and canals.

I would strongly support the contention of the chairman that we need to double our investment. In fact, I would say clearly by comparison that Americans one day are going to wake up to the fact that in 1960 President Kennedy stood up and challenged this country to put a man of the Moon within 10 years, and at that time we increased the funding to a level that would be about 10 times what we spend on public health research, in the process of putting somebody on the Moon.

That kind of national commitment was made possible by strong leadership but really the big point was that level of commitment resulted within 10 years in the fulfillment of the promise and fulfillment of the commitment, and the fulfillment of the goal of placing a man on the Moon.

I think we can all agree, when it comes down to affecting our families, our children, our grandchildren, our great grandchildren's lives, that the one thing that really could totally dwarf placing somebody on the Moon is the ability to end cancer as we know it, to end heart disease as we know it, to make Alzheimer's a thing of the past, such as polio has become practically in our society, to take things like stroke and put it in the category of smallpox.

This is really a chance for us to make that commitment, with all the resources we have available, not by buying from this group or that special group or promising this group that we are going to give them more money. This is a promise to all Americans, the globe, all humans, that America at this time and this place is making the type of commitment to public health that was made back in the 1960s for space exploration.

The fact is this is our chance to be able to make a commitment. Let us just say this resolution is just a first step at saying we are going to put forth more effort and, hopefully, achieve more of the successes we are going to see in districts like mine.

Madam Speaker, San Diego County has one of the most aggressive health research facilities in the world. We are doing the human mapping program that not only allows us to understand what causes heart disease or causes Alzheimer's, but is allowing us to know why the body does what it does so that we can someday avoid these diseases rather than just treat them as we are talking today on the Medicare issue.

I want to stand again as not only a San Diegan who has many of these research facilities in his district but also as somebody who has the privilege of serving on the Committee on Health and the Environment and has oversight for many of these operations. I want to thank the chairman, and I want to stand here today and say, all America should be looking at this type of commitment. I want to thank the author of the resolution. Let us move forward and let us rise to the challenge.

Just as America rose to the challenge of John Kennedy, I think the resolution of the chairman deserves our commitment to rise and fulfill the promise that our public health strategies can actually provide for America.

Mr. GEKAS. Madam Speaker, I very much appreciate the commentary of the gentleman.

I now yield to the gentleman from Washington (Mr. NETHERCUTT) who has been stalwart in most of the efforts surrounding the problems of continued funding for medical research.

Mr. NETHERCUTT. Madam Speaker, I thank the gentleman from Pennsylvania (Mr. GEKAS) very much not only for his leadership on this issue of increasing medical research funding in the Government but for his leadership on so many issues.

I am grateful to have a chance to talk for a few minutes to acknowledge not only his work but to acknowledge the need for additional medical research through the National Institutes of Health and other agencies of Government which conduct medical research.

It is not a small matter that is defined and distributed to the National Institutes of Health for research only. It is a very big issue for not only the human condition in our country but also for other agencies that coordinate with the National Institutes of Health and in doing some very, very important research to try to cure diseases in this country.

I happen to have a very serious interest in diabetes and recognize fully the cost of diabetes to society. Twenty-five to twenty-six cents out of every Medicare dollar goes for paying for the consequences of diabetes in our society.

So, to the extent that the gentleman from Pennsylvania (Mr. GEKAS) and others in this body, both Democrats and Republicans, engaged in adding preventive care to the Medicare legislation that we set back in 1997 to allow for diabetes education and diabetes test strips, to allow for mammographies and colorectal exams and prostate exams for people in the Medicare population, that is a money saver.

So with the preventive care effort that is undertaken by Congress, combined with the research that is being done at the National Institutes of Health, not only on diabetes but on many other diseases, we can reduce this cost to the Medicare system.

So it is in our national best interest, in my judgment, that we devote more resources to the National Institutes of Health research and medical research through the National Science Foundation, through the VA Hospital system, through the Department of Defense, and other agencies of Government, the Centers for Disease Control, for example, and others, if we are going to help the human condition.

I want to thank the gentleman from Pennsylvania (Mr. GEKAS) for his work, and I am very serious about the hard work he has done to make increasing medical research funding a reality in our country. It is a wise expenditure of money, of the taxpayers' dollars, because it helps all of us.

Diabetes, for example, is indiscriminate in touching not only minority races but the Caucasian population. It hits all ages and stages. It hits native American populations disproportionately to the rest of the populations in our country, and it is a cruel disease that affects so many people. Sixteen million Americans in our country have diabetes, and some 7 or 8 million of them do not know they have it. So not only diabetes but cancer and Alzheimer's and all those diseases that touch people's lives need to be cured.

I would say to the gentleman from Pennsylvania (Mr. GEKAS) I was out at the National Institutes of Health just last week and met with the Director Dr. Varmus and the other directors of the Institutes talking not only about diabetes but increasing funding. I mentioned to them at the time that I felt the President's budget, which I think is around 2.3 percent, is just inadequate. I know we did an extraordinary increase last year in the appropriations process, and I am proud to be on the Committee on Appropriations and supported it. But we want to do better than 2.3 percent so that we take advantage of these great opportunities for research and cure some of these serious diseases that affect all of us.

Mr. GEKAS. Madam Speaker, the gentleman has touched on an important aspect of what we are trying to do. The more we are able to prevent disease or cure the existing diseases, the more beneficial will be our Treasury as well as the lives of our citizens.

This chart that we have here shows heart disease, cancer, Alzheimer's, mental disorder, arthritis, depression, stroke, osteoporosis, etc. Altogether, these cost us $500 billion a year as a society. That is what it costs us.

Now, insofar as research can settle in and provide a cure for one or all of these, billions of dollars every year can be saved, not to mention the lives that will be happier and safer and more fully destined for fulfillment than under the present conditions.

So we are not only spending money when we invest in the National Institutes of Health, we are saving money.

Mr. NETHERCUTT. Madam Speaker, if the gentleman would yield for one moment more, the gentleman is absolutely right.

If we add diabetes into that, that is some $80 billion or $90 billion more in cost to our country, not to say anything of the issue of lost productivity.

A person who has Alzheimer's today is most likely an unproductive part of our society. If we can prevent that Alzheimer's or cure it, that person, that sufferer and that family that suffers with that person will be more productive and it will save money long-term.

Just in the diabetes research, I should say the diabetes test strips and diabetes education money or provisions

that were set forth for the Medicare program, my memory is that it was about a $31 million savings the first year of having that preventive component to health care.

So I thank the gentleman for his good work. I am proud to be his partner in all of this. We will have to just work hard and persevere and help humanity by curing some of these diseases through research.

Mr. GEKAS. Madam Speaker, I yield to the gentlewoman from Maryland (Mrs. MORELLA) recognizing that she is the heart and soul of the National Institutes of Health, because she has never breathed a day's worth of breath without considering the NIH.

Mrs. MORELLA. Madam Speaker, I thank the gentleman from Pennsylvania (Mr. GEKAS) for yielding.

Madam Speaker, I want to commend my very good friend the gentleman from Pennsylvania (Mr. GEKAS) for scheduling this special order and for charts and for the work that he does prior to and even after this special order. He has such a tremendous commitment to biomedical research and to the National Institutes of Health.

I am also pleased to identify myself with the comments made by the gentleman from Washington (Mr. NETHERCUTT) too. We do have a good, solid group of Members of Congress who do believe very strongly in biomedical research.

I am proud to join with the gentleman from Pennsylvania (Mr. GEKAS) in renewing our bipartisan commitment to double the funding for the National Institutes of Health over a 5-year period.

Madam Speaker, the NIH has been called ''the only crown jewel of the Federal Government.'' Well, it is indeed a world-renowned institution. It is located in Montgomery County, Maryland, which happens to be the district I represent. It is considered the leading force in mankind's continuing war against disease.

In fact, it is located in Bethesda, Maryland; and I think that Bethesda was appropriately named for the Biblical Pool of Bethesda, which had healing qualities. And so does NIH.

The Federal commitment to biomedical, behavioral, and population-based research is responsible for the continued development of an ever-expanding base that has contributed to medical advances that have profoundly improved the length and quality of life for millions of Americans.

Information gained from NIH research is revolutionizing the practice of medicine and the future direction of scientific inquiry. With this research, we have learned that disease is a complex and evolving enemy.

Despite the extraordinary progress that has been made in the fight against many diseases, there are still serious challenges that remain. Infectious diseases continue to pose a significant threat as new human pathogens are discovered and previously known and controlled microorganisms acquire antibiotic resistance. The risk of bioterrorism also necessitates new research on diagnostics, vaccines, and therapeutic agents.

The number of Americans over age 65 will double in the next 30 years to more than 69 million. So research is needed to help reduce the enormous economic and social burdens posed by chronic diseases, as were mentioned, osteoporosis, arthritis, Parkinson's, Alzheimer's disease, cancer, heart disease, and stroke.

As a matter of fact, one of the figures I saw recently is that, if we can just hold back the advent of Alzheimer's disease for 5 years, we can save $40 billion. This is an example of how we save money as well as enhance the quality of life.

□ 1700

NIH funded research into many of these diseases is the foundation underlying the search for answers. Without the essential role that the NIH is playing in our health care equation, we as a Nation will fail to achieve the goal of a healthy, more productive Nation. The American people want increased funding for medical research. There was a Wall Street Journal/CNN poll that indicated that more than two-thirds of those who were surveyed support doubling the NIH budget within 5 years.

The clock on this commitment began ticking in 1998 when we successfully enacted a 15 percent increase in the NIH appropriation to $15.6 billion in fiscal year 1999. Again this year we are requesting another 15 percent increase for fiscal year 2000 as the second step in achieving our goal of doubling the NIH budget by 2003.

Madam Speaker, the 15 percent increase in the current fiscal year has enabled funding of close to 10,000 new grants. That is an increase of 2,400 over the fiscal year 1998. It is not by chance that the United States is the undisputed world leader in high tech medical science and drug development. It is in large part because the Federal Government has made a commitment to fund basic biomedical research for over 50 years and create a strong partnership with the private sector to bring new life-saving techniques and treatments to patients throughout the world.

I want to mention some examples of new preventive strategies against disease which is changing the lives of millions of Americans:

Breast cancer is the second leading cause of cancer deaths in American women, claiming the lives of more than 43,000 women each year. The NIH-sponsored breast cancer prevention trial tested the use of tamoxifen, a drug that was used for 20 years to treat breast cancer, as a breast cancer prevention agent. Tamoxifen reduced the incidence of breast cancer for more than 5 years by 49 percent in women at high risk for the disease.

Another example is tuberculosis. TB is the most common infectious disease worldwide. One-third of the world's population is infected with the bacterium that causes this serious disease. TB causes devastating lung disease and weight loss in patients and often attacks the nervous system and the kidneys as well. Moreover, the greatest known risk for development of TB infection is HIV infection. NIH and CDC, the Centers for Disease Control, supported scientists collaborated with researchers in Uganda where a study was conducted to test different drug regimens for their ability to prevent TB in HIV-infected adults. The researchers found that a 6-month course of an anti-TB drug reduced the risk of TB by 67 percent in HIV-infected adults. The findings from this research led the World Health Organization's global tuberculosis program to further evaluate whether TB prevention programs for high-risk groups in developing nations are an effective and economical way to reduce the risk of TB infection to the individual and the community.

Another example, Madam Speaker, is the recent evidence that kidney damage from diabetes is reversible. We have just had a discussion with the gentleman from Pennsylvania (Mr. GEKAS) and the gentleman from Washington (Mr. NETHERCUTT) about diabetes. One of the many serious complications that patients with diabetes encounter is damage to their kidneys. Despite improved patient survival and regulation of blood sugar, this disease continues to be the major factor of kidney failure. Researchers have known that after many years with the disease, diabetic patients gradually develop scarring in the kidney that filters the body's waste produced from the blood. As the scarring progresses, the kidneys fail, leaving the patient dependent on dialysis. Now researchers are making progress. By studying patients who had received a pancreas transplant, researchers found that kidney disease was actually reversed in some diabetic patients who had maintained normalized blood sugar levels over a 10-year period. This research will help not only diabetic patients receiving pancreas transplants but also will guide treatment strategies for other diabetic patients who are now at risk for kidney disease. Now, not only can we prevent kidney damage in patients with diabetes, but in some cases the damage can be reversed.

Madam Speaker, scientific advances resulting from NIH-supported research mean improved health and reduced suffering, job creation in biomedical research and biotechnology, and far-reaching economic benefits touching every State through major universities, government laboratories and research institutes. In global competition, biomedical research and biotechnology are areas of strong American leadership and commitment. Continued strong support for NIH will ensure that American scientific excellence continues as we enter the next century. We can afford to do no less for

this generation and for generations to come.

Before I yield back to the gentleman from Pennsylvania who has been so kind about giving me this time, I want to extol the benefits, also, of the creation of the Office of Research on Women's Health. I and other Members of Congress were involved in that a number of years ago. We now have it codified, and so women are included in all clinical trials and protocols. Thanks to the Members of this Congress with the gentleman from Pennsylvania at the helm and others, we have now been able to put far more money into all elements of research, and in the Office on Research on Women's Health for breast cancer, ovarian cancer, cervical cancer, osteoporosis, AIDS in women, lupus and all of the other diseases. We also have made some advances in research for prostate cancer, kind of the equivalent of breast cancer in terms of the number of people who are diagnosed with it each year and the number who die of that disease. This is so important that we do this special order and that we carry through with our goal of doubling the budget by 2003 of the National Institutes of Health. It has been an honor to be here with the gentleman from Pennsylvania.

Mr. GEKAS. Madam Speaker, I thank the gentlewoman very much.

Before I yield to the gentleman from Texas whom I see has arrived for participation in this event, Madam Speaker, I include for the RECORD several letters from important entities in our country supporting our effort for doubling the funding for the NIH. I will quickly read off the titles:

The American Heart Association.

The BIO organization, which is the Biotechnology Industry Organization.

The Ad Hoc Group for Medical Research Funding. Just to give my colleagues an idea, to give our audience, the American public, a feel for how many people, how many organizations are deeply involved in the health of our country, the Ad Hoc Group for Medical Research Funding, which is made up of dozens of organizations like the American Geriatrics Society, the American Society for Investigative Pathology, American Society of Transplantation, just to get an idea of all the various things that affect our households; Corporation for the Advancement of Psychiatry, Friends of the National Library of Medicine, Massachusetts Institute of Technology. My gosh, they cover every facet of our lives. National Caucus of Basic Biomedical Science Chairs, Oakwood Healthcare System, Primary Health Systems, and on and on and on. This is our fellow Americans joining in certain entities to advance our health care.

Joint Steering Committee for Public Policy.

AMERICAN HEART ASSOCIATION,
Washington, DC, June 22, 1999.

Hon. GEORGE GEKAS,
U.S. House of Representatives, Washington, DC.

DEAR REPRESENTATIVE GEKAS: The American Heart Association applauds your continuing initiative and leadership in the bicameral, bipartisan effort to double funding for the National Institutes of Health by the year 2003. The historically large funding increase received by the NIH for FY 1999 represented a significant step toward that goal.

Your ongoing efforts and those of the 56 cosponsors of H. Res. 89, expressing the sense of the House that the federal investment in medical research should be increased by $2 billion in FY 2000, are vital in securing the next installment to double funding for the NIH. The American Heart Association strongly supports your hard work in making funding for the NIH a top priority in the FY 2000 appropriations process.

Recent state-based polls show that an overwhelming majority of Americans favor doubling federal spending on medical research by the year 2003. NIH research reduces health care costs, provides cutting-edge treatment and prevention efforts, creates jobs and maintains America's status as the world leader in the biotechnology and pharmaceutical industries.

In addition, an overwhelming majority of Americans want Congress to increase funding for heart and stroke research. According to an April 1999 national public opinion poll, 81 percent of Americans want Congress to increase funding for heart research and 78 percent support increases for stroke research. The fight against heart disease—America's No. 1 killer—and stroke—America's No. 3 killer—requires innovative research and prevention programs. However, these programs to help advance the battle against heart disease and stroke are contingent on a significant increase in funding for the NIH. Now is the time for NIH to capitalize on progress and pursue promising opportunities that could lead to novel approaches to diagnose, treat, prevent or cure heart disease and stroke.

The American Heart Association commends you for your outstanding leadership and steadfast commitment to double funding for the NIH by the year 2003. Thank you.

Sincerely,

VALENTIN FUSTER, M.D., PH.D.
President.

BIOTECHNOLOGY INDUSTRY ORGANIZATION,
Washington, DC, June 21, 1999.

Hon. GEORGE W. GEKAS,
House of Representatives, Washington, DC.

DEAR CONGRESSMAN GEKAS: I am writing to indicate BIO's strong support for your efforts to double the budget of the national Institutes of Health (NIH) by 2003, as called for in H. Res. 89. We commend you for organizing speeches on this subject and ask that you read from our statement and/or include it in the printed record.

We support these increases in NIH appropriations because of their importance to the development of tomorrow's cures for the most deadly and disabling diseases, including AIDS, Parkinson's, cancer, Alzheimer's, and diabetes. Apart from helping patients, NIH funding also plays a crucial role in generating hundreds of thousands of high-wage jobs in our industry and billions of dollars in economic activity

Many of BIO's 840 members have collaborative agreements and licenses with NIH and its grantees. The dynamic division of labor between NIH, focusing on basic research, and our industry, focusing on applied research, has been a powerful catalyst for change and progress. These partnerships are the cornerstone of America's preeminence in biomedical research.

We are witnessing an explosion of new products to treat patients. In 1998, 22 new products and vaccines were approved by the Food and Drug Administration (FDA) pushing the biotech industry's total approved drugs and biologic projects to over 80. Furthermore, biotechnology companies currently have over 300 biotech drugs and biologics in the pipeline in second and third stage human clinical trails at the FDA.

In terms of economic benefits, 2,214 new companies have been formed since 1980 that were based in part on licenses from NIH and its grantees. And in FY 1997, $28.7 billion of U.S. economic activity can be attributed to the results of academic licensing the (majority of which resulted from NIH-sponsored research), supporting at 245,930 jobs.

Past investments in NIH has helped make America the undisputed world leader in the medical sciences and drug development. The fact that America produced half of the worlds new medicines over the last ten years clearly demonstrates America's world leadership. Doubling the NIH's budget by 2003 will further strengthen America's leadership in these fields and create new medicines for patients while generating new high-wage jobs.

Finally, we wish to praise you for your superb leadership of the Biomedical Research Caucus. We have attended many of the educational events you have sponsored and believe they have contributed to the developing consensus in favor of doubling NIH's research budget.

If I or my staff at BIO can help you in your efforts to double the NIH budget, please do not hesitate to call.

Sincerely,

CHUCK LUDLAM,
Vice President for Government Relations.

THE AD HOC GROUP FOR MEDICAL RESEARCH FUNDING,
Washington, DC, June 21, 1999.

Hon. GEORGE W. GEKAS,
U.S. House of Representatives, Washington, DC.

DEAR MR. GEKAS: On behalf of the over 300 member organizations of the Ad Hoc Group for Medical Research Funding, I write to commend you for your leadership in the effort to double the NIH budget in five years. The Ad Hoc Group firmly believes that if our nation is to continue to translate the promise of scientific discovery into a reality of better health and an improved quality of life for all Americans, Congress must maintain the commitment begun last year to double the NIH budget.

Our investment in medical research over the past decades has produced a revolution in science that has transformed the practice of medicine and significantly improved the health of our citizens. The explosion of new scientific knowledge has led to major strides in our understanding of disease at the cellular and molecular levels. This in turn has catalyzed the development of new strategies for the prevention, diagnosis, and treatment of disease. The following are some recent examples.

NIH-sponsored research has lead to the approval of tamoxifen—a drug used for twenty years to treat breast cancer—as an agent to prevent breast cancer in women at high risk for the disease. Tamoxifen reduced the incidence of breast cancer for five years by 49 percent in women at high risk for the disease. A new prevention study, scheduled to begin this year, will examine whether raloxifene also is effective in preventing invasive breast cancer in women who have not had the disease.

Autoimmune diseases, such as diabetes, rheumatoid arthritis, and lupus, are conditions where the immune system attacks the body's own cells and tissues. Basic scientists have discovered the mechanisms by which common infections can trigger some autoimmune diseases by producing proteins that are normally found in the body. Understanding how this ''molecular mimicry''

works may allow us to prevent the devastating effects of autoimmune diseases.

One-third of world's population is infected with the bacterium that causes tuberculosis (TB). Scientists supported by the NIH and the Centers for Disease Control and Prevention collaborated in a study that revealed a new preventive strategy to reduce the incidence of TB in HIV-infected patients. They found that a six-month course of the anti-TB drug isoniazid reduced the risk of TB by 67 percent in HIV-infected adults.

In addition, new avenues in the development of therapeutics have opened, including new hope for the treatment and cure of Hepatitis C and the first evidence that the kidney damage from diabetes is reversible.

Advances such as these in the diagnosis, treatment, and prevention of disease depend on the development and testing of new ideas, which requires resources. Our nation still faces many health challenges. The more new ideas our scientists can generate and explore, the quicker we can conquer these challenges.

Despite the progress that had been made, infectious diseases still pose a significant threat as new human pathogens are discovered and previously known and controlled microorganisms acquire antibiotic resistance.

The baby boom generation is aging with the number of Americans over 65 years of age expected to double in the next 30 years. Research on chronic diseases as osteoporosis, arthritis, Parkinson's and Alzheimer's diseases, and heart disease will help reduce the enormous economic and social burdens on our nation.

Today, there are still too many infants and children who suffer needlessly from diseases, such as asthma and cystic fibrosis, injury, abuse or a host of societal problems. More research is needed to identify and promote the prerequisites of optimal physical, mental, and behavioral growth and development through infancy, childhood and adolescence.

The U.S. population is growing increasingly diverse. Eliminating or reducing the disproportionate share of disease and disability among minorities and the socioeconomically disadvantaged will improve the quality of life for many and also benefit the U.S. economically.

The Ad Hoc Group firmly supports the effort to double the NIH budget by FY 2003. As a second step toward the bipartisan goal of doubling the NIH budget, the Ad Hoc Group endorses an FY 2000 appropriation of $18 billion, a $2.3 billion (15%) increase, for the NIH.

Attached is a list of the more than 300 organizations that have endorsed the Ad Hoc Group proposal for FY 2000. The patients, families, scientists, health care professionals, and companies represented by these organizations and institutions stand ready to work with you and all of the supporters of medical research on Capitol Hill to realize the goal of doubling the NIH budget by FY 2003.

Sincerely,

RICHARD M. KNAPP, PH.D.,
Chairman.

Attachment.

ORGANIZATIONS ENDORSING THE FY 2000 PROPOSAL AS OF JUNE 21, 1999

Academy of Clinical Laboratory Physicians and Scientists.
Academy of Osseointegration.
Academy of Radiology Research.
Administrators of Internal Medicine.
Advocate Health Care.
Albany Medical College.
Albert Einstein College of Medicine.
Alliance for Aging Research.
Alton Ochsner Medical Foundation.
Alzheimer's Association.
Ambulatory Pediatric Association.
American Academy of Allergy, Asthma and Immunology.
American Academy of Child and Adolescent Psychiatry.
American Academy of Dermatology.
American Academy of Neurology.
American Academy of Ophthalmology.
American Academy of Optometry.
American Academy of Orthopaedic Surgeons.
American Academy of Otolaryngology—Head and Neck Surgery.
American Academy of Pediatrics.
American Academy of Physical Medicine—Rehabilitation.
American Association for Cancer Research.
American Association for Dental Research.
American Association for the Study of Liver Diseases.
American Association for the Surgery of Trauma.
American Association of Anatomists.
American Association of Chairs of Departments of Psychiatry.
American Association of Colleges of Nursing.
American Association of Colleges of Osteopathic Medicine.
American Association of Colleges of Pharmacy.
American Association of Dental Schools.
American Association of Immunologists.
American Association of Pharmaceutical Scientists.
American Association of Neurological Surgeons.
American Board of Pediatrics.
American Cancer Society.
American Chemical Society.
American College of Allergy, Asthma and Immunology.
American College of Clinical Pharmacology.
American College of Neuropsychopharmacology.
American College of Physicians—American Society of Internal Medicine.
American College of Preventive Medicine.
American College of Rheumatology.
American Federation for Medical Research.
American Foundation for AIDS Research.
American Gastroenterological Association.
American Geriatrics Society.
American Heart Association.
American Lung Association.
American Medical Association.
American Neurological Association.
American Optometric Association.
American Pediatric Society.
American Physiological Society.
American Podiatric Medical Association.
American Psychiatric Association.
American Psychological Society.
American Psychiatric Nurses Association.
American Red Cross.
American Social Health Association.
American Society for Biochemistry and Molecular Biology.
American Society for Bone and Mineral Research.
American Society for Cell Biology.
American Society for Clinical Nutrition.
American Society for Clinical Pharmacology and Therapeutics.
American Society for Investigative Pathology.
American Society for Microbiology.
American Society for Nutritional Sciences.
American Society for Pharmacology and Experimental Therapeutics.
American Society for Reproductive Medicine.
American Society of Addiction Medicine.
American Society of Clinical Oncology.
American Society of Hematology.
American Society of Human Genetics.
American Society of Nephrology.
American Society of Pediatric Nephrology.
American Society of Transplantation.
American Society of Tropical Medicine and Hygiene.
American Thoracic Society.
American Urogynecologic Society.
American Urological Association.
American Veterinary Medical Association.
Americans for Medical Progress.
America's Blood Centers.
Association for Academic Surgery.
Association for Medical School Pharmacology.
Association for Research in Vision and Ophthalmology.
Association of Academic Departments of Otolaryngology—Head and Neck Surgery.
Association of Academic Health Centers.
Association of Academic Health Sciences Libraries.
Association of Academic Physiatrists.
Association of American Cancer Institutes.
Association of American Medical Colleges.
Association of American Universities.
Association of American Veterinary Medical Colleges.
Association of Chairs of Physiology Departments.
Association of Independent Research Institutes.
Association of Medical and Graduate Departments of Biochemistry.
Association of Medical School Immunology and Microbiology Chairs.
Association of Medical School Pediatric Department Chairs.
Association of Medical School Psychologists.
Association of Minority Health Professions Schools.
Association of Ohio Children's Hospitals.
Association of Pathology Chairs.
Association of Population Centers.
Association of Professors of Dermatology.
Association of Professors of Medicine.
Association of Program Directors in Internal Medicine.
Association of Schools of Public Health.
Association of Schools and Colleges of Optometry.
Association of Subspecialty Professors.
Association of Teachers of Preventive Medicine.
Association of University Anesthesiologists.
Association of University Professors of Neurology.
Association of University Professors of Ophthalmology.
Association of University Radiologists.
Barnes Jewish Hospital.
Baylor College of Medicine.
Berkshire Medical Center.
Biotechnology Industry Organization.
Campaign for Medical Research.
Cancer Research Foundation of America.
Carolinas Medical Center.
Case Western Reserve University School of Medicine.
Children's Hospital Medical Center of Cincinnati.
Children's Hospital of Michigan.
Children's Hospital of Wisconsin.
Children's Mercy Hospital.
Children's National Medical Center.
Citizens for Public Action.
CJ Foundation for SIDS.
Clerkship Directors in Internal Medicine.
Coalition for American Trauma Care.
Coalition for Heritable Disorders of Connective Tissue.
Coalition of Patient Advocates for Skin Disease Research.
College on Problems of Drug Dependence.
Columbia University.
Columbia University College of Physicians and Surgeons.

Conference of Boston Teaching Hospitals.
Congress of Neurological Surgeons.
Consortium of Social Science Associations.
Cooley's Anemia Foundation.
Corporation for the Advancement of Psychiatry.
Council of Emergency Medicine Residency Directors.
Council of Graduate Schools.
Council of University Chairs in Obstetrics and Gynecology.
Creighton University School of Medicine.
Crohn's and Colitis Foundation of America.
Cystic Fibrosis Foundation.
Dartmouth Medical School.
Digestive Disease National Coalition.
Duke University Medical Center.
Dystonia Medical Research Foundation.
Eastern Virginia Medical School.
Emory University School of Medicine.
Emory University, Woodruff Health Sciences Center.
ESA, Inc.
Federation of American Societies for Experimental Biology.
Federation of Animal Science Societies.
Fred Hutchinson Cancer Research Center.
Friends of the National Institute of Dental and Craniofacial Research.
Friends of the National Library of Medicine.
Genetics Society of America.
Glaucoma Research Foundation.
H. Lee Moffitt Cancer Center and Research Institute.
Hackensack University Medical Center—Institute for Biomedical Research.
Huntington Memorial Hospital.
Illinois Neurofibromatosis, Inc.
Immune Deficiency Foundation.
Indiana University School of Medicine.
Inova Institute of Research and Education.
International Psycho-Oncology Society.
Johns Hopkins University.
Johns Hopkins University School of Medicine.
Joint Council of Allergy, Asthma and Immunology.
Juvenile Diabetes Foundation International.
Krasnow Institute for Advanced Studies.
Lehigh Valley Hospital and Health Network.
Louisiana State University Medical Center—Shreveport.
Loyola University—Chicago, Stritch School of Medicine.
Lymphoma Research Foundation of America.
Magee Womens Hospital and Research Institute.
Massachusetts Institute of Technology.
Medical College of Georgia.
Medical College of Ohio.
Medical Library Association.
Medical University of South Carolina.
Michigan State University College of Human Medicine.
Morehouse School of Medicine.
Mount Sini School of Medicine.
National Alliance for Eye and Vision Research.
National Alliance for the Mentally Ill.
National Alopecia Areata Foundation.
National Association for Biomedical Research.
National Association of Children's Hospitals.
National Association of State Universities and Land-Grant Colleges.
National Caucus of Basic Biomedical Sciences Chairs.
National Coalition for Cancer Research.
National Committee to Preserve Social Security and Medicare.
National Foundation for Ectodermal Dysplasias.
National Health Council.
National Jewish Medical and Research Center.
National Marfan Foundation.
National Medical Association.
National Multiple Sclerosis Society.
National Organization for Rare Disorders.
National Osteoporosis Foundation.
National Perinatal Association.
National Sleep Foundation.
National Vitiligo Foundation.
Neurofibromatosis Inc., Mass Bay Area.
New York University.
New York University Medical Center.
Northeastern Ohio Universities College of Medicine.
Oakwood Healthcare System.
Oncology Nursing Society.
Orthopaedic Research Society.
Palmetto Health Alliance.
Paralyzed Veterans of America.
Parkinson's Action Network.
Parkland Health and Hospital System.
Pharmaceutical Research Manufacturers of America.
Plastic Surgery Research Council.
Population Association of America.
Primary Health Systems, Inc.
Rehabilitation Institute of Chicago.
ResearchAmerica.
Research Society on Alcoholism.
RESOLVE, the National Infertility Association.
Rush Medical College.
Rush Presbyterian—St. Luke's Medical Center.
Rush University.
Saint Francis Hospital and Medical Center.
Scleroderma Foundation Central New Jersey Chapter.
Scleroderma Research Foundation.
Scott and White Memorial Hospital.
Society for Academic Continuing Medical Education.
Society for Academic Emergency Medicine.
Society for Gynecologic Investigation.
Society for Investigative Dermatology.
Society for Neuroscience.
Society for Pediatric Research.
Society for the Advancement of Women's Health Research.
Society of Academic Anesthesiology Chairs.
Society of Gynecologic Oncologists.
Society of Surgical Chairs.
Society of Toxicology.
Society of University Surgeons.
Society of University Urologists.
Southern Illinois University School of Medicine.
Stanford University of Medicine.
State University of New York at Buffalo, School of Medicine and Biomedical Sciences.
State University of New York at Stony Brook Health Center School of Medicine.
State University of New York Health Science Center of Brooklyn.
State University of New York Health Science Center at Syracuse.
Stratton VA Medical Center.
Sudden Infant Death Syndrome Alliance.
Texas Tech University Health Sciences Center.
The American Dermatological Association.
The Children's Hospital of Philadelphia.
The Endocrine Society.
The Genome Action Coalition.
The George Washington University Medical Center.
The Jeffrey Modell Foundation.
The Protein Society.
Thomas Jefferson University.
Tourette Syndrome Association, Inc.
Tuffs University School of Medicine.
Tulane University School of Medicine.
United States and Canadian Academy of Pathology.
University of Alabama at Birmingham.
University of Alabama School of Medicine.
University of California, Davis, School of Medicine.
University of California, San Diego, School of Medicine.
University of California, San Francisco, School of Medicine.
University of Cincinnati College of Medicine.
University of Colorado School of Medicine.
University of Florida Health Science Center and College of Medicine.
University of Iowa.
University of Kentucky Center—College of Medicine.
University of Louisville.
University of Maryland School of Medicine.
University of Massachusetts Medical School.
University of Massachusetts Memorial Medical Center.
University of Medicine and Dentistry of New Jersey.
University of Medicine and Dentistry of New Jersey—New Jersey Medical School.
University of Miami School of Medicine.
University of Michigan Medical School.
University of Missouri Hospitals and Clinics.
University of Missouri—Kansas City School of Medicine.
University of Nevada School of Medicine.
University of North Dakota School of Medicine and Health Sciences.
University of Puerto Rico.
University of Rochester Medical Center.
University of Alabama College of Medicine.
University of South Carolina School of Medicine.
University of South Dakota School of Medicine.
University of Tennessee, Memphis.
University of Texas-Houston Medical School.
University of Utah School of Medicine.
University of Washington Academic Medical Center.
UPMC Health System.
Vanderbilt University Medical Center.
Virginia Commonwealth University.
Wake Forest University School of Medicine.
Wayne State University School of Medicine.
Weill-Cornell Medical College.
Wright State University School of Medicine.
Yale University School of Medicine.

JOINT STEERING COMMITTEE
FOR PUBLIC POLICY,
Bethesda, MD, June 22, 1999.

Hon. GEORGE GEKAS,
United House of Representatives,
Washington, DC

DEAR REPRESENTATIVE GEKAS. On behalf of the Joint Steering Committee for Public Policy, representing 25,000 basic biomedical researchers, thank you for your leadership in organizing a Special Order on June 22 to discuss doubling the NIH budget in five years. We also thank you for introducing H. Res. 89, which calls for the same.

We wish to recognize your outstanding efforts through the Congressional Biomedical Research Caucus to educate the Congress about the National Institutes of Health and its ability to effectively utilize a 15%, $2 billion increase in this year's appropriation. We recognize that under current budget caps it will be difficult to achieve this goal, but we are confident that through your leadership and that of Congressman Porter, health research will be accelerated by this visionary investment.

As you well know, our country leads the world in biological science, enabled by a farsighted national policy of federal funding for

research at our Nation's colleges and universities through the NIH and other agencies. The NIH is the major source of funds for critical research in laboratories throughout the U.S., on Alzheimer's disease, cancer, diabetes, AIDS and many other devastating diseases. This investment will provide a significant boost to those important efforts by translating the promise of scientific discovery into better health.

Through this second down payment towards doubling the NIH budget, we look forward to enhanced research in some of the research areas that have been presented at the Congressional Biomedical Research Caucus briefings this year. For instance, Dr. Robert Langer discussed ''designer tissues''. It was clear from his presentation that we are on the threshold of major discoveries that will enable the development of human tissue that will benefit those who have been injured or born with certain disabilities. Similarly, the discussion of hearing and deafness by Dr. A. James Hudspeth demonstrates how quickly treatments are moving forward from research to application in this area. It is our hope that through the 1999 Caucus briefing series, Members will see the great need for funding this important work.

Thank you for your support of biomedical research and basic science.

Sincerely yours,

ERIC S. LANDER, PH.D.,

Chair, Joint Steering Committee for Public Policy, Member, The Whitehead Institute for Biomedical Research, Professor of Biology, The Massachusetts Institute of Technology, Director, The Whitehead/MIT Center for Genome Research.

Madam Speaker, I yield to the gentleman from Texas (Mr. BENTSEN) who is one of the cochairs of our Biomedical Research Caucus.

Mr. BENTSEN. I thank my colleague from Pennsylvania for yielding and also want to commend him for convening this special order.

I want to, Madam Speaker, rise today in strong support of H. Res. 89 which was a sense of the House Resolution that the House of Representatives should provide an additional $2 billion for the National Institutes of Health budget for the fiscal year 2000. This $2 billion additional investment would be the second down payment on a 5-year effort to double the NIH's budget.

As one of the four cochairs of the Congressional Biomedical Caucus, I have strongly supported providing maximum resources for biomedical research conducted at the NIH, the National Science Foundation, and the Department of Defense research budget. This $2 billion investment in NIH's budget will help save lives and improve our international competitiveness. Our Nation's biomedical research is the envy of the world, but we must continue this investment to ensure that we maintain this preeminence.

This resolution would help to ensure more scientists have the resources they need to conduct cutting-edge research. Today, only one-third of NIH peer-reviewed, merit-based grants are funded. This additional investment would help us increase the number of grants awarded each year and ensure that young scientists continue to have the funds they need to discover new treatments for such life-threatening diseases as heart disease, diabetes, Alzheimer's, cancer and AIDS.

For many Americans, these life-threatening diseases are a very real challenge they face each day. Last week, I had the opportunity to meet with a remarkable young woman from Houston, Texas who lives in my district, Miss Caroline Rowley, who is fighting to control her juvenile diabetes. Caroline is 9 years old and must monitor and maintain her blood sugar every day to prevent life-threatening complications. In our meeting, Caroline told me how often she must prick her fingers every day in order to monitor the insulin level in her body. If she does not maintain her insulin, she can go into hypoglycemic shock and must be rushed to the emergency room to prevent complications. Clearly, Caroline believes that doubling the NIH's budget would help find a cure for her juvenile diabetes and result in a better life for her and millions of other children. I can just say as a father of two young daughters, the very sight of having to see a young girl, or any young child, have to go through this on a daily basis is not one that I cherish, and I think it is every reason why we should work hard to try and defeat that crippling disease.

I am also convinced that doubling the NIH's budget can be used wisely and will produce impressive results in biomedical research. The NIH budget currently supports the work of more than 50,000 scientists within the United States, yet many of these scientists are struggling to keep the research funding they currently receive. In this age of managed care, our Nation's teaching hospitals and academic health centers are facing challenges in meeting their mission of providing high quality care in a research-based setting. Conducting cutting-edge clinical research requires additional resources to help pay for the clinical trials and protocols conducted at academic health centers. Yet many managed care health plans are not willing to pay for these added costs. The NIH is critically important to helping our Nation's premier research centers to continue to fulfill their missions of high quality health care in an academic setting.

I also believe that investment in biomedical research is cost-effective for taxpayers. A recent National Science Foundation study found that government investments in research and development has produced big results, totaling about $60 billion a year. This study found that more than 70 percent of scientific papers identify government funding, not private research funding, as critical to new patents and biomedical discoveries.

This legislation is also consistent with the recommendations of our Nation's scientists. The Federation of American Societies of Experimental Biology recommend an NIH budget of $18 billion, an increase of 15 percent above this year's budget of $15.6 billion. This resolution would provide $2 billion more for the NIH, well on our way to meeting our goal of doubling the NIH budget over the 5-year period.

I also believe that investing in NIH helps our economy to grow. For every dollar spent on research and development, our national output is permanently increased by 50 cents or more each year. The government funds the basic research which biotechnology and pharmaceutical companies use to create therapies and treatments for cancer, diabetes and heart disease, to name just a few.

As the representative of the Texas Medical Center, one of our Nation's premier medical research centers, I have seen firsthand that this investment is yielding promising new therapies and treatments for all Americans. Earlier this year, it was announced that Baylor College of Medicine in my district will be one of three centers around the Nation that will map the human genome and accelerate the time line for completion of this project. With this new genetic map, researchers hope to understand the genetic basis for disease and provide new therapies by fixing genetic abnormalities.

As a member of the Committee on the Budget, I coauthored an amendment to add $2 billion to the NIH budget for fiscal year 2000. Although this amendment was not successful, I believe it is critically important to continue to remind our colleagues of the potential for successes with more investment in biomedical research. For many families, maximizing the NIH budget is an important part of their effort to fight and beat chronic diseases such as heart disease and diabetes. Recent NIH-sponsored research has shown that we have identified some of the genes responsible for diseases such as Huntingdon's disease and cystic fibrosis. As we learn more about the molecular basis for disease, we can bring new tools to defeat diseases and save lives.

As part of the Congressional Biomedical Caucus, we have also sponsored numerous meetings to discuss biomedical topics in Congress.

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These highly successful luncheons have helped to educate Congress and staff about cutting edge research and being conducted through NIH-sponsored grants. With this new understanding, Congress can learn exactly how their investment is being used and where to focus new resources. I strongly urge the House of Representatives to support and become a cosponsor of H. Res. 89, legislation that would provide $2 billion more for the NIH budget as part of the Fiscal Year 2000 process. I commend the gentleman from Pennsylvania (Mr. GEKAS).

Mr. GEKAS. Mr. Speaker, I thank the gentleman.

Before I recognize the next one of our colleagues, I want to do some housekeeping here.

GENERAL LEAVE

Mr. GEKAS. Mr. Speaker, I ask unanimous consent that all Members may

have 5 legislative days within which to revise and extend their remarks on the subject of this special order.

The SPEAKER pro tempore (Mr. KUYKENDALL). Is there objection to the request of the gentleman from Pennsylvania?

There was no objection.

Mr. GEKAS. We have been joined by the gentleman from Florida (Mr. STEARNS) who is in his own way a leader in various fields in health care and who joins us for this effort for which we are grateful. I yield to him.

Mr. STEARNS. Mr. Speaker, I thank my distinguished colleague from Pennsylvania. I am also pleased to participate in this special order and support of doubling the NIH budget. Last year my colleagues will remember we were successful in our efforts to increase funding for the NIH. We all know how valuable the research being conducted by this institution is to our Nation's future, including its economic well-being. Advances in medical research to prevent, cure, or at least minimize the degree of financial devastation caused by such diseases is reason enough for us to fund this vital research project.

As my colleagues know, I would like to speak from a little parochial point of view, from Florida's point of view. I know how many of my constituents know how important NIH is, and in fact in 1998 the Sixth Congressional District in Florida received $53 million in funding from NIH. I want to share with my colleagues the results of an unreleased poll that came through the Research America and Alliance for Discoveries in Health. This results, I think, which I am going to speak on are pretty much conclusive and support my colleague from Pennsylvania and what he is trying to do, and I commend him for his long term effort on this project to make the public aware how important NIH is and how important this research is.

When I asked the people in the poll: Do we receive value for Federal dollars spent on medical research, 65 percent said we do get value for dollars spent. Fifteen percent responded they do not know, while 20 percent said we do not receive a value for dollars spent. When I asked: Do you support, and this is a basic thrust here, oppose a proposal to double total national spending on government sponsored medical research over 5 years, the results were very positive. In fact, I have a little graph here. From the spring of 1998 through the spring of 1999 the people who supported this doubling rose from 60 percent in the spring of 1998. In the summer of 1998 it went to 63 percent. In the spring of 1999 it went to 68 percent. So it is pretty conclusive when you talk to people in Florida how they feel about supporting or opposing a proposal to double national spending on government sponsored medical research. They overwhelmingly support it with 68 percent. When asked if Florida is a leader in medical research, the results are not quite so stellar. Thirty-six percent think Florida is a leader while 36 percent in Florida leads moderately. Seventeen percent said they do not even know, and 11 percent responded that they did not believe Florida was a leader. When I asked how important is it for Florida to be a leader in medical research, 93 percent responded that it is very, very important, and that is remarkable.

I agree with my fellow Floridians, and that is why I am here tonight, and that is why I am a cosponsor and supporter of the resolution to double NIH funding.

I also want to place in the RECORD an article by Wayne McCall who is a neighbor of mine. He is President of the National Alumni Association in which he talks all about this funding. So I would like to put this article into the RECORD:

[From the Alumni Scope]

WE CAN'T AFFORD TO LIMIT UNIVERSITY RESEARCH

Some in Florida feel that state university faculty should focus primarily on their role as teachers. They feel research is secondary—if not a complete waste of time. They argue that research, by its very nature, is successful only through inefficient and exorbitant expenditures of time, energy and money.

Such a view is short sighted. Research is critical to the future of our country and the world. The majority of the world's technological and medical breakthroughs are founded on university-based research. New ideas link university scientists and scholars to businesses. Today's scientific breakthrough achieved through university research becomes tomorrow's miracle drug.

Creative activities are an essential link in the university's mission of teaching, research and service.

And, the University of Florida excels in research. In 1992, its faculty attracted more than $235 million in research contracts and grants. The College of Engineering, Institute of Food and Agricultural Sciences and College of Liberals Arts and Sciences won major portions, as did medical researchers in UF's Health Science Center.

The health center's $57-million-per-year research program is a vital seedbed of discoveries that yields leads for improved diagnostic tests and treatments for disease. Research findings during 1992 and 1993, reported in many of the world's leading scientific journals, include potential advances for better health care for us all.

For example, UF researchers have successfully restored limited limb movement in cats with spinal cord damage. A UF neuroscientist has found evidence that structural abnormalities in the brain region covering language comprehension may be linked to dyslexia. Florida scientists recently discovered a method to deliver hormones that govern communication between the brain and body cells through the blood-brain barrier to aid treatment of certain brain diseases, including Alzheimer's.

Perhaps the most exciting development in the university's medical research mission is the new UF Brain Institute. An $18-million federal grant has been awarded and will be matched with other funds to construct a $58-million facility in which scientists will work to probe the mysteries of the brain.

There are countless other examples of economic and consumer research, agricultural advances, discoveries in chemistry, psychology and engineering that help keep us more productive, healthier and safer.

Historically, Florida has gotten more quality from its universities for less money than any other state in the country. But this accomplishment is in danger if Florida's legislative leaders continue their recent trend of failing to fund higher education adequately. Since 1989, UF alone has lost more than $50 million in state funding. By the time you read this, the 1993 legislative session may have ended, and that toll could be even higher.

In a state with the fourth-largest population and the fifth-largest economy in the country, Florida's legislative leaders must protect what previous generations have built. University research is an important and worthwhile part of that investment.

WAYNE MCCALL,
President, National Alumni Association.

This article points out that the many success stories in the State of Florida in university based research, none is more important nor more exciting than development in the university's medical research mission than the Brain Institute that is at the University of Florida in which scientists will work to search out the entire mysteries of the brain.

So, my colleague from Pennsylvania is doing yeoman service here in his effort to double the NIH budget, and, as he knows, I and others have been a long advocate, that the dollars we provide for research today will reap vast savings in the future, and I think that is a key to this whole solution. That is why I am also original cosponsor of the gentleman's biomedical research revitalization resolution of 1999, and I commend him for his efforts here, and I hope more of my colleagues will support him this year, in the 106th Congress. We can make an effort to accomplish this task.

Mr. GEKAS. We thank the gentleman for his contribution to this special order.

We now recognize the gentleman from New York (Mr. LAZIO) who has been vocally in support of our efforts ever since he has been in the Congress, so we yield to him.

Mr. LAZIO. I want to thank the gentleman from Pennsylvania for his leadership, for allowing us to display our commitment to the doubling of the National Institute of Health budget, including the budget for the National Cancer Institute. I want to say this is one of the most exciting times to live in America. We have an explosion of research that brings great promise. We are seeing that through the efforts of the National Cancer Institute new efforts in terms of mapping the human being through the human genome project. Angiogenesis analysis and inhibitors, the increase of clinical trials and molecular therapy are all exciting and promising areas of discovery. If we can just reach out and redouble our efforts, we can bring the promise of a cure and of our understanding that much closer than would otherwise be the case.

I also want to send acknowledgements to somebody very close to me, my wife, Patricia, who happens to be a

breast cancer advocacy unit leader who it is our anniversary today as well, and she is back in New York, but I want to commend her for her great work on behalf of cancer victims throughout our region.

Let us focus, if we can right now, on the invaluable benefits that biomedical research makes to the quality of life and to the promise of preserving human life. It makes necessary the sustained significant commitment to research efforts at NIH, our Nation's premier research institution, and reaffirms the commitment and the professionalism of the great NCI team headed by Dr. Richard Clauzner. Increasing the budget of the NCI will enable extraordinary opportunities for research success and real progress in cancer prevention, detection, treatment and survivorship. Current Federal funding for cancer research, however, is inadequate to make the kind of difference in the lives and the one in two American men and one in three American women who will develop cancer over his or her lifetime. We must dramatically increase our Federal investment in cancer research a relatively paultry 2.3 percent of the total cost of cancer in these United States at a mere $10.75 per person.

Cancer is quickly becoming the number one killer in America. Five 747 jumbo jets crashing every day for a year equals the 563,000 Americans who will die this year from cancer. Conservative estimates project that by 2010 and 11 short years cancer will become the leading cause of death as incidents increases 29 percent and mortality 25 percent and an annual cost of over $200 billion. These statistics indicate that much more aggressive effort is required to combat cancer and to reduce human suffering and lives lost to cancer, and yet while cancer is a greater threat than ever, only 31 percent of approved cancer research projects receive funding today. We must seize this opportunity to quicken the pace of research by funding the most research initiatives possible, and we know what that brings:

For example, I have had the pleasure of holding forums as the founder and chairman of the House Cancer Awareness Working Group, and I want to thank so many Members for playing a role in this. We know that through a commitment through NCI for childhood cancer we have increased mortality rates for one of the most devious and troubling forms of cancer, and that is cancer for effecting children. But we also know by getting children into NIH protocol hospitals and by ensuring that they are in clinical trials we are saving more children. We need to bring that same promise to adults.

We must do it for Enri Nuss of New York and all those like her who are fighting lymphoma today. We must do it for the Judy Lewises of the world who are fighting breast cancer today. We must do it for Jeffrey Theobold, a young man I am proud to have called a friend who died just recently from cancer at the young age of 8. We do it for all the family members who suffer with cancer and are victims on a daily basis.

The costs, both human and economic of cancer in this country are catastrophic. Our national investment in cancer research is the key to reduce spiraling health care costs. Research has shown that for every dollar invested in research, $13 in health care costs is saved; for every dollar invested in research, $13 saved. But it is more important to give cancer victims and their families the peace of mind that everything possible is being done to cure this devastating disease.

I want to thank my colleagues here in Congress who have been advocating for increased funding, and particularly the gentleman from Pennsylvania (Mr. GEKAS) who has been just a stalwart and a leader on this issue, and I am so pleased and proud to serve with him over the last few years. I am glad that we are going to resist the President's recommended budget on NIH who advocates a mere 2.4 percent increase this year for the National Cancer Institute and a 2.1 percent for NIH as a whole. This is no time to withhold resources for medical research, Mr. President.

I want to concur with the gentleman from Pennsylvania and encourage all of our colleagues to support doubling of the budgets of NIH and NCI because it is the right thing to do for America, and it is the right thing to do for the economy, it is the right thing to do to restrain health care costs, and certainly the right thing to do for America's families and the victims of cancer throughout our country.

I want to thank the gentleman for giving me this opportunity to join you today and to be your partner and to discuss this vitally important topic.

Mr. GEKAS. We welcome your continued contribution, and we thank you for your participation today.

We now yield just for a moment before we get to the gentleman from Florida to the gentleman from Texas (Mr. BARTON) who wants to make an introduction.

Mr. BARTON of Texas. I just want to say that I have the Russell Thomas children with me, Becca, Anna, Rachel and their niece, and they are learning about democracy firsthand, and thank you for your courtesy to let me introduce them.

Mr. GEKAS. By all means, and welcome the young people because part of what we are discussing here today right now has to do with maintaining healthy lives for the children of our country.

Mr. BARTON of Texas. And you are doing an outstanding job in that.

Mr. GEKAS. We thank you for that.

And now I yield to the gentleman from Florida (Mr. MICA) who has been waiting patiently in the wings and has heard our colleagueswho have participated in this project proceed. The gentleman from Florida (Mr. MICA).

Mr. MICA. Thank you for recognizing me for just a few minutes to talk about the subject that you are involved in here tonight, and that is adequate funding for research. I think it is very fitting that I be here tonight representing the State of Florida, and the State of Florida today is in mourning. We are in mourning for the wife of our Lieutenant Governor who passed away at 2:20 on Sunday afternoon, Mary Brogan. Anyone who knew Mary Brogan knew she was a fighter, knew she was always at her husband's side even when he was the Commissioner of Education in the State of Florida and through his election as Lieutenant Governor with our current Governor Jeb Bush. Today they held a memorial service in our State capital for Mary Brogan. Mary Brogan fought breast cancer. How important it is that we continue our fight for research, for adequate funding, for the National Institute of Health, for cancer research, so that we do not have to have another memorial service for another beautiful lady like Mary Brogan. She was only 44 years old, but she left behind many great memories. She even, when she was diagnosed with breast cancer and even before, became a strong advocate for research, for work such as you are dedicated here tonight.

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We miss Mary Brogan. We salute her fine work, her courage right to the end, and I think it is a fitting memorial to Mary Brogan and others who have been victims of cancer that we pick up the responsibility of seeing that there is adequate funding, that there is adequate research, and that these agencies go forward to find a cure for a horrible disease.

So I thank the gentleman from Pennsylvania (Mr. GEKAS) for his work, for his efforts tonight, and for allowing me to spend just a moment memorializing a wonderful lady with a wonderful smile who I will always remember.

I am grateful for the work of the gentleman.

Mr. GEKAS. Mr. Speaker, we thank the gentleman from Florida (Mr. MICA) for his comments.

The chart that we have here, before I introduce the next speaker on our list here, is entitled, The Promise of NIH Research for Health. Every one of our colleagues spoke about a particular subject in which they were interested or in which they saw progress, and that is what the NIH does. Every single investigation that the NIH conducts into a known disease, or an unknown disease for that matter, results in improvement in our body politic as far as the health of our citizens is concerned and helps preserve and protect our treasury as well.

Just to give an idea of some of the subject matters that were touched upon by our colleagues, earlier detection of cancer with new molecular technologies, that falls right into place with some of the subject matter; medications for the treatment of alcoholism and drug addiction; new ways to relieve

pain; earlier detection of cancer, which we heard so much about incidents of cancer from our colleagues, with new molecular technologies, et cetera. Everything that NIH does touches upon every family.

The next chart, please. In the meantime, I will offer into evidence the written documentation that backs the charts that we are presenting here.

History has demonstrated that government initiatives and support for research and development can reduce the time required to bring benefits to the American public. The benefits of this national investment in biomedical and behavioral research are realized on several levels: reducing pain and suffering; improving the quality of life; advancing the diagnosis, treatment, and prevention of disease and disability; and contributing to a stronger economy through health care cost savings and increased productivity of our citizens.

1998 health care costs for the major diseases are estimated as follows: Heart Disease: $128 billion; Cancer: $104 billion; Alzheimer's Disease: $138 billion; Mental Disorders: $148 billion; Arthritis: $65 billion; Depression: $44 billion; Stroke: $30 billion; and Osteoporosis: $10 billion.

The National Institutes of Health (NIH) plays a critical role in facilitating innovations that lead to significant reductions in health care costs. In a series of case studies published in 1993, the NIH identified 34 examples of clinical trials and applied research studies that have resulted in savings in treatment costs and reductions in lost productivity due to disease, disability, and premature death. Together, the examples yield an estimated annual potential savings ranging from $8.3 billion to $12 billion.

THE PROMISE OF NIH RESEARCH FOR HEALTH

Identify genetic predispositions and risk factors for heart attack and stroke.

New approaches to treating and preventing diabetes and its complications.

Genomic sequencing of disease-causing organisms to identify new targets for drug development.

Earlier detection of cancer with new molecular technologies.

New ways to relieve pain.

Diagnostic imaging for brain tumors, cancers, chronic illnesses.

Assess drugs for their safety and efficacy in children.

Medications for the treatment of alcoholism and drug addiction.

Rigorous evaluation of CAM practices (complementary and alternative medicine).

Clinical trials database—help public gain access to information about clinical trials.

Understand the role of infections in chronic diseases.

Vaccines for preventing HIV infection, middle ear infection, typhoid, dysentery, TB, E. coli food contamination

Human genome sequence to assess predisposition to disease, predict responses to drugs and environmental agents, and design new drugs

New means of detecting and combating agents of bioterrorism

New ways to repair/replace organs, tissues, and cells damaged by disease and trauma

Understand and ameliorate health disparities

Improved interventions for lead poisoning in children

New interventions for neonatal hearing loss

Safer, more effective medications for depression and other mental illnesses

New approaches to preventing rejection of transplanted organs, tissues, cells

New treatments and preventive strategies for STDs (sexually transmitted diseases)

New approaches to restoring function after spinal cord injury

EMERGENCY FUNDS NEEDED FOR THE NATIONAL INSTITUTES OF HEALTH

THERE ARE SERIAL KILLERS LOOSE!

Killers also known as tuberculosis (TB), malaria and aids.

''These killers took six times as many lives in the past 50 years, as wars over the same period.'' (World Health Organization June, 1999 Report).

Victims of all infectious diseases: Number 1 killer in the world; number 3 killer in the U.S.; 11 million killed globally in 1998; and 180,000 killed in the U.S. in 1998.

''I am confident that a major pandemic will be repeated, even through the world is better equipped to deal with it.'' (Nobel Laureate Joshua Lederberg—Future Speaker at Biomedical Research Caucus Briefing on 10/20/99, ''Biological Warfare.'')

THE CONGRESSIONAL BIOMEDICAL RESEARCH CAUCUS

We organized a biomedical research caucus ten years ago for the purpose of informing members and staff about the latest development in biomedical research and the treatment of diseases.

We now have nearly 100 members and have had 80 briefings.

First, Dr. Harold Varmus and now Dr. Michael Bishop, chancellor, University of California at San Francisco have been our advisors and recommended speakers and subjects to us.

We have covered a great number of topics, including cancer, alzheimer's, diabetes, learning disorders, and I want to include in the RECORD at this point the eight caucus topics we have scheduled for this year. And I will note that we will be hearing about stem cell research, heart failure and biology warfare.

These caucuses are sponsored by the Joint Steering Committee for Public Policy which is chaired by Dr. Eric Lander of the Whitehead Institute at MIT. Four scientific societies, the American Society for Cell Biology, the American Society for Biochemistry and Molecular Biology, the Biophysical Society and the Genetics Society of America make up the steering committee.

Also, we have been offered the opportunity to bring these caucus briefings to interested people throughout the country through knowledge television broadcasts. This will provide cutting edge research information to our constituents so that they can understand the hard decisions we must make on NIH funding.

CONGRESSIONAL BIOMEDICAL RESEARCH CAUCUS

1999 SCHEDULE OF EVENTS

March 3, 1999—Designer Tissues, Robert Langer, The Massachusetts Institute of Technology.

March 24, 1999—Hearing & Deafness, A. James Hudspeth, The Rockefeller University.

April 21, 1999—Learning Disorders, Paula Tallal, Rutgers University.

May 19, 1999—The Sequence of the Worm Genome: What it Means for Human Biology, Martin Chalfie, Columbia University.

June 16, 1999—Nitric Oxide: The Serious Side of Laughing Gas, Solomon Snyder, The Johns Hopkins University.

September 15, 1999—The Potential of Stem Cell Research, John Gearhart, The Johns Hopkins University.

October 6, 1999—New Approaches to the Study of Heart Failure, Eric Olson, University of Texas Southwestern Medical Center.

October 20, 1999—Biological Warfare, Joshua Lederberg, The Rockefeller University.

Before we go to the next one, we recognize the gentleman from Michigan (Mr. EHLERS), who himself has been a stalwart defender of the faith, as it were, in our efforts on behalf of doubling the funding for NIH.

Mr. EHLERS. Mr. Speaker, will the gentleman yield?

Mr. GEKAS. I yield to the gentleman from Michigan.

Mr. EHLERS. Mr. Speaker, I thank the gentleman from Pennsylvania (Mr. GEKAS) for yielding and congratulate him for organizing this particular discussion.

Everyone knows what a tremendous asset the National Institutes of Health has been to our Nation. It is truly one of the jewels of the research effort within this nation. I appreciate the gentleman yielding time for this particular discussion and for the comments that I have to make, because I wish to broaden the discussion, not just from the National Institutes of Health and their dependence upon biological knowledge but some of the background for that knowledge and where it comes from and how that relates to our research efforts today.

As we have heard, biological knowledge is in the midst of an explosion that is generating tremendous advances in our knowledge and technological capabilities, and particularly in developments for health care. Specifically, we are making very rapid progress in the tools that we have at our disposal for the treatment of disease and other medical afflictions.

The National Institutes of Health has, to a large extent, been our steward through this astounding growth phase of the life sciences. The leadership at NIH has been deliberate and patient in its investment in fundamental research projects which have matured to produce knowledge we can use to improve diagnostic tests, choose more effective treatments or even design new drugs to target specific diseases.

With the completion of the Human Genome Project, we may soon move toward a medical environment where particular forms of disease are treated with therapies customized to an individual's genetic makeup and clinical manifestations. However, the NIH has not been the only supporter of such novel and groundbreaking research. Nor has biomedical science been the sole source of our medical advances.

In fact, the recent surge in biological research has evolved through a synergistic relationship between all scientists, and that is the point I wish to make this evening. As a physicist, for example, I can point to a number of contributions from my field that have enhanced our biomedical capabilities in the laboratory and the doctor's office.

Significantly, the medical applications of these projects were not foreseen at the time they were funded and that illustrates the importance of supporting and sponsoring basic research, which eventually does result in such beneficial effects to the human race.

As an example, the discovery of x-rays, which is a curiosity over 100 years ago when discovered by Rsntgen, as we know x-rays have tremendous medical applications today. It is hard to find any one of us who has not had numerous x-rays.

At the same time, what many of us do not know is that x-ray crystallography, which allows us to examine the details of protein structure as well as electromicroscopy, which allows us to look inside the cell and its working components, the organelles, both have been extremely important in also helping improve health care and diagnosis and treatment.

I have also described on the floor before another important tool, that is, Magnetic Resonance Imaging, MRI, which is a fascinating development because it shows the importance of basic research in very esoteric fields of physics.

In this particular case, nuclear magnetic resonance developed in the early 1950s, resulting in Nobel prizes for Ed Purcell and Felix Bloch, was a completely esoteric field, of interest only to those studying nuclear structure. It allows us to measure nuclear magnetic moments, electric quadrupole moments, as well as nuclear spins.

Another esoteric development at that time was developing data gathering and analysis techniques for discovering elementary particles in physics, totally unrelated esoteric fields within physics and yet they combine to result in MRI, which is the most advanced and superb diagnostic tool we have available today and certainly essential to the work done at NIH in other areas.

Beyond physics and chemistry, biology is dependent upon seemingly unrelated fields to support its growth. A prime example today is computer science. Digital analysis of tissue samples, rapid dissemination of information, both in the form of raw data between scientists and education information for public health uses, data bank compilation and analysis, and biological modeling programs, are all examples of how progress in biomedical research is sustained by growth in other scientific disciplines.

As was recommended in the Science Policy Report prepared by the Committee on Science last fall, adopted by them, and then adopted by this House as H. Res. 578, the Federal Government has an irreplaceable role to play in the Nation's basic research endeavors through stable and substantial funding reports.

I just want to make certain that everyone understands we have a responsibility to ensure that our cumulative research portfolio is balanced among the various disciplines, and I support Dr. Harold Varmus for his fine work in this and his recognition of our dependence upon many other sciences.

I'd like to thank the gentleman from Pennsylvania for yielding time to me to participate in this important discussion of the research priorities facing our nation as we enter the 21st century.

As we have heard, biological knowledge is in the midst of an explosion that is generating tremendous advances in our knowledge and technological capabilities. Specifically, we are making rapid progress in the tools that we have at our disposal for the treatment of disease and other medical afflictions.

The National Institutes of Health (NIH) has, to a large extent, been our steward through this astounding growth phase in the life sciences. The leadership at NIH has been deliberate and patient in its investment in fundamental research projects which have matured to produce knowledge we can use to improve diagnostic tests, choose more effective treatments, or even design new drugs to target specific diseases. With the completion of the Human Genome Project, we may soon move toward a medical environment where particular forms of disease are treated with therapies customized to an individual's genetic make-up and clinical manifestations.

However, the NIH has not been the only supporter of such novel and groundbreaking research. Nor has biomedical science been the sole source of our medical advances. In fact, the recent surge in biological research has evolved through a synergistic relationship of all the sciences.

As a physicist, I can point to several contributions from my field that have enhanced our biomedical capabilities in the laboratory and the doctor's office. Significantly, the medical applications of these projects were not foreseen at the time they were funded. I have described one of these tools to you on this floor before, that of Magnetic Resonance Imaging—a result of studies in nuclear and particle physics—crystallography, which allows us to examine the details of protein structure, and electron microscopy, which allows us to look inside the cell at its working components, the organelles.

Beyond physics and chemistry, biology is dependent upon other seemingly unrelated fields to support its growth. A prime example today is computer science. Digital analysis of tissue samples, rapid dissemination of information (both in the form of raw data between scientists and education information for public health nurses), data bank compilation and analysis, and biological modeling programs are all examples of how progress in biomedical research is sustained by growth in other scientific disciplines.

As recommended in the Science Policy Report released by the Committee on Science last fall, and adopted by this body as H. Res. 578, the Federal Government has an irreplaceable role to play in the Nation's basic research endeavors through stable and substantial funding support. However, we also have a responsibility to ensure that our cumulative research portfolio is balanced among the disciplines to sustain the overall health of our research investment.

I would like to close with a quote from Dr. Harold Varmus, the Director of NIH. Speaking at the Centennial Meeting of the American Physical Society this past March, Dr. Varmus stated that ''one of [his] convictions about medical research [was] that the NIH can wage an effective war on disease only if we—as a nation and a scientific community, not just a single agency—harness the energies of many disciplines, not just biology and medicine.''

I agree with Dr. Varmus, and I also agree with the gentleman from Pennsylvania (Mr. GEKAS) and my other colleagues. We should capitalize on the advances which our past research investments are yielding in the health-related fields by increasing funding, but we must do so responsibly. We must not sacrifice today's fundamental research projects for quick advances in one field. Rather, we should concurrently nurture today's biomedical success while investing in tomorrow's unknown promises.

Mr. BACHUS. Mr. Speaker, will the gentleman yield?

Mr. GEKAS. I yield to the gentleman from Alabama.

Mr. BACHUS. Mr. Speaker, I thank the gentleman from Pennsylvania (Mr. GEKAS) for yielding, I want to commend him for having this special order.

Mr. Speaker, I want to say this to the Members: America has always been up to the challenge, whether it was building the transcontinental railroad to unite our West Coast with the rest of the Nation after the civil war; putting a man on the moon; or soldiers coming back from a war; devising a GI bill; the interstate system.

Now, Mr. Speaker, we are confronted with the biggest challenge of all and that is the challenge that confronts each of us daily, and that is the challenge of disease. So I am proud to be a part of this effort in combatting it.

I did want to mention two people, Dr. Beatrice Hahn of UAB, who has actually, as a result of an NIH grant, traced over a 20-year period the origins of AIDS; and also Dr. Robert Castleberry and Dr. Peter Emmanuel, who have found the origin of a very rare form of childhood leukemia which only affects children under the age of 5. That is all as a result of NIH funding.

Mr. Speaker, I would like to mention two teams of University of Alabama in Birmingham (UAB) researchers both of which have made progress in conquering or controlling two of our most prolific diseases, AIDS and Leukemia. The first team, led by Dr. Beatrice Hahn and her husband Dr. George Shaw, have waged a 20 year quest which resulted in the discovery of the origin of HIV1.

THE ORIGIN OF HIV–1: UAB RESEARCHERS LEAD DISCOVERY EFFORT

(Synopsis Research News, Feb. 2, 1999)

UAB scientists have discovered the origin of Human-Immunodeficiency Virus Type 1 (HIV–1), the virus that causes AIDS in humans. This finding by an international team of scientists led by Beatrice H. Hahn, MD, of UAB, solves a 20-year-old puzzle regarding the beginnings of the AIDS epidemic, which now afflicts some 30 million people worldwide. Dr. Hahn presented her study on January 31 at the 6th Conference on Retroviruses and Opportunistic Infections in Chicago. A paper detailing the discovery appears in the February 4 issue of the journal Nature.

Dr. Hahn, a professor of medicine and microbiology at UAB, is senior author of the paper. Feng Gao, MD, research assistant professor of medicine at UAB, is the paper's lead author.

The researchers identified a subspecies of chimpanzee *(Pan troglodytes troglodytes)* native to West-Central Africa as the natural reservoir for HIV–1. ''We have long suspected a virus from African primates to be the cause of human AIDS. However, exactly

which animal species was responsible was unknown,'' says Dr. Gao. Viruses related to HIV–1 had previously been found in chimpanzees and were given the designation SIVcpz (for Simian Immunodeficiency Virus). However, only three such infected animals were identified, and one of these harbored a virus so different from HIV–1 that most scientists questioned a direct relationship to the human virus.

SOPHISTICATED MOLECULAR TECHNIQUES

The recent breakthrough came when Dr. Hahn and her colleagues identified a fourth SIVcpz infected chimpanzee and used sophisticated molecular techniques to analyze all four viruses and the animals from which they were derived. The researchers found that three of the four SIVcpz strains came from chimpanzees that belonged to the *Pan troglodytes troglodytes* subspecies. The fourth virus strain, which was genetically divergent from the other three, came from an animal that belonged to a different chimpanzee subspecies, termed *Pan troglodytes schweinfurthi,* native to East Africa. The scientists then discovered that all known strains of HIV–1, including the major group M (responsible for the global AIDS epidemic), as well as groups N and O (found only in West-Central Africa), were closely related only to SIVcpz strains infecting *Pan troglodytes troglodytes.*

The puzzle's final piece was put in place when the researchers realized that the natural habitat for *Pan troglodytes troglodytes* overlaps precisely with the region in West-Central Africa where all three groups of HIV–1 (M, N, and O) were first recognized. Based on these findings, Dr. Hahn and her colleagues concluded that *Pan troglodytes troglodytes* is the origin of HIV–1 and has been the source of at least three independent cross-species transmission events of SIVcpz.

While the origin of the AIDS epidemic has been clarified, an explanation for why the epidemic arose in the mid-20th century, and not before, remains a matter of speculation. ''Chimpanzees are frequently hunted for food, especially in West-Central Africa, and we believe that HIV–1 was introduced into the human population through exposure to blood during hunting and field dressing of these animals,'' says Dr. Hahn. And she believes that, while incidental transmissions of chimpanzee viruses to humans may have occurred throughout history, it was the socioeconomic changes in post-World War II Africa that provided the particular circumstances leading to the spread of HIV–1 and the development of the AIDS epidemic. ''Increasing urbanization, breakdown of traditional lifestyles, population movements, civil unrest, and sexual promiscuity are all known to increase the rates of sexually transmitted diseases and thus likely triggered the AIDS pandemic,'' adds Dr. Hahn.

''The importance of the current findings could be far reaching,'' says George Shaw, MD, PhD, a Howard Hughes Medical Institute Investigator at UAB and a principal author of the paper. ''Chimpanzees are identical to humans in over 98% of their genome, yet they appear to be resistant to the damaging effects of the AIDS virus on the immune system. By studying the biological reasons for this difference, we may be able to obtain important clues concerning the pathogenic basis of HIV–1 in humans and possibly new strategies for treating the disease more effectively.'' He further adds that a better understanding of exactly how the chimpanzee's immune system responds to SIVcpz infection compared to that of humans is likely to lead to the development of more effective strategies for an HIV–1 vaccine.

BUSH-MEAT TRADE

Finally, the authors of the paper note that transmission of SIVcpz could still be ongoing. ''The bushmeat trade—the hunting and killing of chimpanzees and other endangered animals for human consumption—is a common practice in West-Central Africa and represents an ongoing risk for humans,'' says Dr. Hahn. ''Subsistency hunting has always been a part of West-Central African culture, but increasing logging activities in the past decade have provided unprecedented access to remote forest regions and have led to the commercialized killing of thousands of chimpanzees, gorillas, and monkeys. It took us 20 years to find where HIV–1 came from, only to realize that the very animal species that harbors it is at the brink of extinction.''

''We cannot afford to lose these animals, either from an animal conservation or a medical investigative standpoint,'' she says. ''It is quite possible that the chimpanzee, which has served as the source of HIV–1, also holds the clues to its successful control.'' Dr. Hahn and her colleagues hope that, as a consequence of their research, there will be additional measures taken to discourage chimpanzee poaching and to preserve this and other endangered primate species.

The team of scientists responsible for the AIDS discovery include UAB's Ya-Lu Chen, Cynthia Rodenburg, and Scott Michael, as well as Paul Sharp and Elizabeth Bailes from the University of Nottingham in England; David Robertson from the Laboratory of Structural and Genetic Information in Marseilles, France; Larry Cummins from the Southwest Foundation for Biomedical Research in Texas; Larry Arthur from the Frederick Cancer Research and Development Center in Frederick, Maryland; and Martine Peeters from the Laboratory of Retroviruses at ORSTOM in Montpellier, France.

The research was funded by the National Institute of Allergy and Infectious Diseases and the Howard Hughes Medical Institute.

The second team led by Dr. Peter Emanuel and Dr. Robert Castleberry, were involved in a 13 year effort to save our youngest citizens. Dr. Peter Emanuel at UAB is one of the first recipients of the K24 awards. The K24 award is an individual grant to aid in patient-oriented research and to allow the individual to mentor younger trainees. Dr. Emanuel and his colleague, Dr. Robert Castleberry, also at UAB, have been investigating for over a decade a rare but very deadly form of childhood leukemia which affects children under the age of five. Over their thirteen years of research in this disorder they have emerged as the world's leaders for this childhood leukemia, have led the investigations revealing the cellular and genetic mechanisms which cause this leukemia, and have discovered new therapies for this dreaded leukemia. As a result of this K24 award and other grants from the NIH and the Leukemia Society of America, Drs. Emanuel and Castleberry are about to start a new treatment protocol for this childhood leukemia which will cover all of North America. This treatment protocol will include chemotherapy, bone marrow transplantation, an experimental drug, and a vitamin A derivative, the latter two being developed as a result of discoveries made in the laboratory and taken to the patient bedside, so-called ''Translational Research.'' This protocol, being conducted in close conjunction with the National Cancer Institute (NCI), will begin in the coming months. In addition, a North American registry and a web site for families and physicians alike are all in the works.

Mr. GEKAS. Mr. Speaker, we want to acknowledge the presence of the gentleman from Indiana (Mr. BURTON), but we have no time to yield to him but we thank him for his participation.

Mr. Speaker, I ask unanimous consent for another 3 hours so we can complete our message but I do not think I will get it. I see some heads shaking over there, but we thank everyone for the time that has been accorded us.

Mrs. MINK of Hawaii. Mr. Speaker, I rise to express my support for H. Res. 89, calling for a $2,000,000,000 increase in the Federal investment in biomedical research in fiscal year 2000. Such an increase is vital to ensure that Congress fulfills the commitment it made last year to double the budget of the National Institutes of Health over five years.

I support H. Res. 89 with the hope that this increase will enable the National Institutes of Health to accelerate its research efforts in two particular areas that I feel have been neglected in the past. The first area is Ovarian Cancer. Each year more than 14,000 women die of Ovarian Cancer in the United States. There are no reliable methods for early detection so most women are diagnosed in the late stages when the five-year survival rate is only 15–20 percent. Even more tragic is the fact that a large portion of these women are only in their 20's and 30's when struck with this disease.

While the general population has grown more and more familiar with some cancers in recent years, ovarian cancer continues to fall below the radar of the general public. Until recently, little research was done exclusively on ovarian cancer, and to date, no early detection method for ovarian cancer has been developed. As a direct result, mortality rates for Ovarian Cancer have remained the same for the past 50 years. This is truly disheartening.

Such destruction compelled me to introduce legislation to address these research inadequacies. Every year since 1991, I have introduced legislation to promote and advance the ovarian cancer research and public education effort. In this Congress I have introduced H.R. 961, the Ovarian Cancer Research and Information Amendments of 1999.

The Ovarian Cancer Research and Information Amendments of 1999 has three components. First, it authorizes $150 million of ovarian cancer research, one half to be spent on basic cancer research and one half on clinical trials and treatment. Of this research, the bill requires that priority be given to: developing a test for the early detection of ovarian cancer; research to identify precursor lesions and research to determine the manner in which benign conditions progress to malignant status; research to determine the relationship between ovarian cancer and endometriosis; and appropriate counseling, for women who participate as subjects in research, including counseling about the genetic basis of the disease.

Second, the bill provides for a comprehensive information program to provide the patients and the public information regarding screening procedures; information on the genetic basis to ovarian cancer; any known factors which increase risk of getting ovarian cancer; and any new treatments for ovarian cancer.

Finally, it requires that the National Cancer Advisory Board include one or more individuals who are at high risk for developing ovarian cancer.

It is time that we commit to ovarian cancer research the resources it deserves and give women a fighting chance in the war against ovarian cancer.

Doubling the budget for NIH will also strengthen our commitment to research in eye disease and vision disorders conducted at the National Eye Institute (NEI).

Given the demographics of the American population, blinding eye and vision disorders pose a tremendous challenge to our health care system and income support programs. By the year 2030, the elderly population in the United States is expected to double and more than 66 million Americans will be at risk for blinding eye disorders. Cataracts afflict 29 percent of Americans between ages 65 and 74; glaucoma afflicts over 2 million Americans and is the leading cause of blindness in African Americans; age-related macular degeneration afflicts 1.7 million Americans; and diabetic retinopathy is the most frequent cause of new blindness in our working population between the ages of 24 and 74. The incidence of these diseases promises to increase as the 'baby-boomers' age.

Today, eye and vision disorders cost society $38 billion every year. This cost will grow exponentially unless existing research opportunities are vigorously pursued.

For these reasons I urge my colleagues to remain firmly committed to doubling the NIH budget, and furthermore, to ensure that the National Eye Institute receives a corresponding increase. Unfortunately, an analysis of funding trends over time indicates that the increases in the NEI budget have not kept pace with the increases received by the NIH. Since 1985, the NIH budget has grown by 60 percent while the NEI budget has grown by only 24 percent. When the appropriations over the past five years are averaged, the NEI has received the second smallest increase of the NIH programs. This is appalling given the serious diseases afflicting the aging eye. I am concerned about the commitment to eye and vision research reflected in this trend and have introduced legislation, H.R. 731, calling for a doubling of the NEI's budget over a five-year period. I invite all of my colleagues to join me in co-sponsoring this legislation.

When asked what sense do you fear losing the most, a majority of Americans respond that it is their vision. We, as representatives, have an obligation to make our commitment to eye and vision research at the NEI as strong as our commitment to the biomedical research enterprise at NIH. I urge my colleagues to support a 15 percent increase for NIH and NEI in Fiscal Year 2000, which will keep this Congress on track to doubling the budget of these institutions.

I urge my colleagues to make biomedical research a priority and support doubling the research efforts at the National Institutes of Health and to support increasing research efforts at the National Eye Institute and for Ovarian Cancer at the National Cancer Institute.

Mr. MOAKLEY. Mr. Speaker, I thank the gentleman from Pennsylvania, Mr GEKAS, for arranging this Special Order, and I rise in strong support of Mr. GEKAS' House Resolution 89, calling for the doubling of the NIH budget by Fiscal Year 2003. As a member of the Biomedical Research Caucus and as someone who has personally benefited from the advances in biomedical research, I urge my colleagues to support this important resolution.

Mr. Speaker, there isn't an American today that has not benefited from the ground-breaking medical advances made by the National Institutes of Health. Future investments in NIH hold the key to long-awaited breakthroughs in life-threatening diseases and ailments that plague our society. Biomedical research is not only responsible for improving the lives of Americans and savings in health care, but it is also vital to our economic competitiveness. America is the leader in medical technology and that is why it is so important that we continue to invest in research so we do not lose our competitive advantage in this critical field.

In my district in Boston, several teaching hospitals and academic research facilities are leaders in producing biomedical research advances that have improved health care and the quality of life for patients, not only in the Commonwealth of Massachusetts, but throughout the world. This vital research produces new knowledge and technology, and it also provides the knowledge necessary for developing earlier, cost-effective diagnosis, less invasive surgical procedures, more effective rehabilitation and improved patient care. In 1998, Massachusetts teaching hospitals received $421 million in funding from the NIH, which represents 47 percent of total NIH funding to independent teaching hospitals throughout the country. The NIH funding to teaching hospitals and universities in Massachusetts makes my home state the medical Mecca of the world.

Increasing the NIH budget will enable the medical community to continue its breakthroughs in finding cures for heart disease, AIDS, cancer, diabetes, cystic fibrosis, Alzheimer and many other life-threatening diseases. Increased funding is also critical to attracting our best and brightest students into the medical research field. It is vital that the government foster an environment in which medical research can flourish.

With increased investment in the NIH, more grants and research centers will be funded and NIH will be able to direct funds to previously underfunded areas of biomedical research. One area that I hope we will renew our nation's commitment to is eye and vision research. I am increasingly concerned about the impact of blinding disorders on our nation as America ages. One out of every four Americans 75 years of age and older suffers from serious vision loss which is not correctable with glasses. For example, mascular degeneration is an irreversible loss of central vision and is the leading cause of visual impairment among the elderly. Also, diabetic retinopathy is an inevitable complication in patients with long term Type 1 and Type 2 diabetes and is the leading cause of blindness among Americans aged 25–74. Given the demographics in the American population, eye research is critical. Over the next thirty years, the number of Americans aged 75 and over will double. Unless we develop medical cures for these ailments, millions of Americans will lose their independence because of eye disorders.

In recent years, our nation's investments in eye and vision research conducted through the National Eye Institute (NEI) has just not measured up to the strength of our commitment in other areas of biomedical research at NIH. The NEI has received the second smallest increase of all NIH programs when you look at the average of appropriations from the last five years. Since 1985, NIH has grown more than 60 percent, while NEI has grown by only 24 percent. I fear if this trend continues, it will result in a disastrous situation when the demographics of the next millennium are considered.

In order to reverse this trend I have joined my colleagues, Congresswoman PATSY MINK, as a cosponsor of her legislation, H.R. 731, which specifically calls for a doubling of the NEI budget over five years. I urge all of my colleagues to support in these efforts to increase funding in biomedical research and to continue to make solid investments in the health and well-being of our citizens.

Mr. Speaker, I thank my colleague, Representative GEORGE GEKAS for his leadership and commitment to biomedical research.

Mr. CALLAHAN. Mr. Speaker, in American dramatist Tennessee Williams' play of the 1950's, ''Cat On a Hot Tim Roof'', ''Big Daddy,'' fearing that a tumor found in his body is cancerous, speaks of ''a man not having a pig's advantage.'' He refers to the human race's unique ability to conceive of its own mortality. Truly, the number of men and women throughout the world daily battling illness and disability is a constant reminder of the reality that humanity is at war with disease and death. What Big Daddy did not acknowledge, and also what most of us often fail to recognize, is that the human ability to conceive of our mortality does not confine us to the status of the disadvantaged. Instead, it affords us an advantage in terms of our capacity to treat and even cure disease should we focus our resources—combining our intellectual faculties with financial and technological resources in the biomedical field—toward the common goal of fighting disease.

The National Institutes of Health (NIH) is the organization in the U.S. where such resources are directed toward the discovery of treatments and cures for illnesses. Research at the NIH ranges from various forms of cancer to disorders which are cardiovascular, psychological, and neurological in nature. It extends also from immune deficiency disorders to diabetes and cystic fibrosis.

Because the NIH seeks to protect, treat, and preserve what is common to all humans—life—the benefits of NIH research are not confined to any specific race, sex, religion, or geographic region. Some of the major advances of the NIH in the past fifty years which serve the public include vaccines against polio, hepatitis B, and many other infectious agents; penicillin and other antibiotics; recommendations for health-promoting diet and lifestyle, including simple amens to lower the incidence of heart disease; replacements for many hormone and vitamin deficiencies; new methods for contraception; tests to protect the blood supply from hepatitis B and C viruses and HIV; new surgical methods, including organ transplantation and implantation of pacemakers and artificial joints; effective therapies for certain leukemias and cancers; drugs effective against mental illnesses; new therapeutics, such as blood cell growth factors, from recombinant DNA technologies; in vitro fertilization methods; and genetic testing for many inherited diseases. Needless to say, the list could go on forever. As our nation has historically been a leader in biomedical research, increasing Congressional funding to support the work of NIH would be a proactive step to continue our commitment to fight humanity's war against disease. Increasing the federal investment in biomedical research by $2,000,000,000 in fiscal year 2000 would provide the scientific and medical communities

the resources necessary to continue to improve the quality of life for Americans and human beings worldwide.

As an original co-sponsor of House Resolution 89 and as co-chair of the Biomedical Research Caucus, I think the fact that the 106th Congress has witnessed for the first time in over 20 years an Administration's request for civilian R&D to exceed that for defense is just one reflection of the escalated need to prioritize biomedical research in the next century. We are presently at the close of a century which the average life expectancy in the United States has increased by nearly thirty years. As stated by Dr. Harold Varmus, director of NIH, such statistics make victory over disease and disability a goal that is realistic. For example, research sponsored by the NIH will map and sequence the entire human genome by 2005, leading to a new era of molecular medicine that will provide unprecedented opportunities for the prevention, diagnosis, treatment, and cure of diseases that currently plague society.

However, while we commend the medical field for the developments over the 20th century which have prolonged life for Americans, we must also recognize that the work is far from complete. With the aging of our nation's population, neurodegenerative diseases, such as Alzheimer's and Parkinson's disease, threaten to destroy the lives of millions of Americans, overwhelm the Nation's health care system, and bankrupt the medicare and medicaid programs. Incidentally, NIH researchers will inevitably face new puzzles about the human body, heredity, environmental insults, and infectious agents.

The bottom line is that the 25 institutes and centers of the NIH, each focusing on particular diseases or research areas inhuman health, receive their funding primarily from Congress. Ninety percent of NIH's budget is already committed to multi-year grant recipients for research, as well as the infrastructure of the Institutes and Centers. New scientific opportunities and earmarks compete for the remaining 10 percent, and these scientific inquiries would likely benefit public health. While overall funding for R&D has been reduced in recent years, biomedical funding at the NIH has nearly doubled over the last decade. Still however, about 75% of the research grant proposals submitted to NIH do not receive funding, leaving many scientists no choice but to find other careers. New discoveries in biomedical sciences require individual experimentation, and the prospect of winning the victory over disease becomes narrower and narrower as more scientists cease exploring for explanations, treatments, and cures.

In order to fully understand this issue, it is important to keep in mind the larger repercussions of the work of the National Institutes of Health. A present commitment to medical research in the U.S. means an eventual reduction in health care expenditures. Thus, allocating funds to the NIH is an investment that has the potential to yield favorable returns not only in terms of the quality of human life, but in economic terms as well. Furthermore, ''since our country leads the world in pharmaceuticals and research, in [the] development of technologies and biomedical advancement'' required to ''hone in on the eradication of disease, not only will we be steadily moving towards the goal of preventing'' and curing disease, but ''at the same time we will fashion a new leadership, economic worldwide leadership, for our country in producing the wherewithal by which to fight those diseases. What that means is more jobs, more enterprise, more prosperity, while helping save humanity from the ravages of the diseases in every corner of the world,'' even those too often unattended.

A discussion of a budget of billions of dollars for one organization can make the NIH funding issue seem impersonal, when it is exactly the personal level which makes the need for increased federal funding for NIH most clear. The debilitating and devastating effects of RETT syndrome, a neurological disorder which leaves little girls physically and mentally handicapped by three years of age, is just one example of a medical mystery in which the thousands of diagnosed individuals and their families must place all their hope in the NIH. Girls with the disorder show normal development until 6–18 months of life, then appear to arrest in development or regress in previously acquired skills. Traditional testing methods for the disease are inadequate because the inflicted child can not speak or gesture. In the early stages of the disorder, girls may exhibit the autistic features of withdrawal and isolation. Cognitive functioning appears to be severely impaired, but true understanding and intelligence are difficult to measure due to apraxia: the desire to move and respond, but incapability of directing movements.

The percentage of girls with RETT syndrome (about 50 percent who are able to walk are lucky. However, they do so in a broad based gait, which is often accompanied by shakiness of the limbs and torso. Other symptoms include: spasticity, curvature of the spine, and poor circulation of the legs causing loss of mobility. Many girls have abnormal breathing patterns such as hyperventilation and breath holding.

RETT syndrome has only recently been recognized in the United States. Several thousand people have been diagnosed with RETT syndrome this year, and it is estimated that many thousands more have gone undiagnosed. The prevalence of RETT syndrome is reported to be from one in ten thousand to one in fifteen thousand live female births.

There is currently no test for RETT syndrome. The girls must meet certain clinical criteria for diagnosis. Extensive laboratory investigations have not revealed a cause. But there is a suggestion that as the syndrome is confined to girls, a genetic basis may be indicated. More research is needed by many areas of the National Institutes of Health to give further insight into the disease in hopes of finding a cause, treatment, prevention, and cure. It is also well-documented that the research of RETT syndrome has an impact on similar neurodegenerative diseases and disorders such as Parkinson's disease, Alzheimer's disease, Huntington's disease, and the obvious autism and cerebral palsy. Clearly, increasing funding for NIH research and development would be instrumental in learning more about these diseases to help the victims, the families who care for and love them, and for all of us, who inevitably have a genetic predisposition for a disease or an environmental or lifestyle factor that places us at risk to develop an illness or disability for which we will one day place all hope in the NIH.

House Resolution 89 expresses Congressional approval of a federal expenditure of which every American would be a beneficiary. Whether it be through the prevention, diagnosis, treatment, or cure of one's own disease, or that of a family member; whether it be through positive repercussions for the nation's health care system; whether it be through the creation of jobs and enterprise through the medical industry—in some way or another, each and every citizen benefits from an investment in biomedical research. Should the 106th Congress increase funding for the NIH, the U.S. will continue to lead the world in biomedical research.

Mr. FORBES. Mr. Speaker, the United States is the world's leader in medical research. We spend more each year on research to cure and prevent disease than any other nation, and we are at the forefront of developing new and innovative treatments for diseases ranging from heart disease to breast cancer to AIDS.

Funding for the National Institutes of Health (NIH) is a vital part of the Federal government's effort to improve the health of all Americans. Recognizing this fact, both Congress and the Administration have pledged to work together in a bipartisan way to double NIH's funding over the next several years.

But, we need to match action with words. While I have strongly supported efforts in the past to increase NIH's funding, and I will continue to do so in the future. Yet, there is great uncertainty over whether Congress can fulfill this commitment and maintain the fiscal discipline demanded of us by the balanced budget agreement.

The fact is, we must fulfill this commitment. Medical research is not only economically expedient, it is necessary to bring an end to the suffering of millions of Americans who have debilitating and terminal conditions. it is only through continued and expanded biomedical research that this Nation can hope to understand, prevent and cure the diseases that threaten our lives and the lives of our children.

We have already accomplished great things, in the field of biomedical research as I previously mentioned. But what we have accomplished yesterday will pale in comparison to what we can accomplish tomorrow. There is no doubt about it, we are on the cusp of a revolution in biomedical research. We can either embrace the revolution crush it before it begins.

The choice should be obvious. It is simply common sense that the most cost-effective way to treat diseases is to either cure them or prevent them. Prevention, while ideal, is not going to be completely effective. Experience has taught us that disease will occur no matter what steps are taken to prevent it.

So, we need to find a cure. Only by performing research into the nature of disease can we hope to unlock their secrets. Once a cure is discovered, it becomes a simple matter of administering the medication/vaccine. The difficult part is finding the cure. Research is the key and without dollars there can be no research.

I urge all my colleagues to renew and strengthen their commitment to making biomedical research a top priority as we enter the next millennium. Our children and their children will thank us as they live longer, and healthier lives.

Mr. PORTER. Mr. Speaker, I want to thank the gentleman from Pennsylvania (Mr. GEKAS) for organizing this special order and for his

tireless efforts to educate our colleagues on the importance of biomedical research.

I stand today as one of what I am pleased to say is a growing number of members of this body who believe that biomedical research must be one of Congress' highest priorities in allocating scarce federal funding.

The role of such research in combating disease is well known. Federally-supported biomedical research creates high-skill jobs, helps retain U.S. leadership in biomedical research and development, and supports an industry which generates a positive balance of trade for our country. Research provides great hope for effectively treating, curing and eventually preventing disease and thereby saving our country billions of dollars in annual health care costs. For example, in terms of health care savings, the development of the polio vaccine alone—one of thousands of discoveries supported by NIH funding—has more than paid for our country's five decades of investment in federal biomedical research.

I serve as Chairman of the Appropriations Subcommittee which funds NIH—as well as the departments of Education, Health & Human Services and Labor—and I have made funding for biomedical research one of my highest priorities. For fiscal year 1999 (FY99), Congress was able to provide a 15 percent increase for the NIH. This increase raised the total appropriation for NIH to $15.65 billion which is $2 billion above the level provided for fiscal year 1998 and $850 million above the amount that the President requested. I believe this to be the necessary appropriation for the NIH to adequately fund their vital and life-saving work.

Last year's appropriation was the first installment of what we hope will be a five year effort to double funding for the NIH through such annual increases of approximately 15 percent. In my judgment, it is clear that incredible opportunities presently exist for progress on a host of diseases and that such a commitment of resources is fully justified. Unfortunately, the President's fiscal year 2000 budget request for NIH includes an increase of less than two percent, an amount that would not even keep place with inflation. And the balanced budget agreement of 1997 also imposes very tight caps on discretionary spending that will make it hard for Congress to find the necessary resources.

Notwithstanding these difficulties, we must all actively work to build support in Congress for a second 15% increase and to find the resources necessary to make this funding level a reality in the coming year. Such priority treatment for the NIH is wise and appropriate. For quite literally, the health of our economy, of our people and our future prosperity all ride on the dividends that this research pays.

Mr. CAPUANO. Mr. Speaker, I would like to take a moment to thank my colleague from Pennsylvania, Mr. GEKAS, for arranging tonight's Special Order. It is essential that Congress moves forward in its commitment to double the medical research budget at the National Institutes of Health (NIH). Researchers at the NIH are developing cutting-edge treatments for hundreds of diseases from cancer to Alzheimer's to diabetes. Increased funding for NIH research and development will allow millions of Americans to lead healthier lives. I would like to submit for the record letters from researchers in my District that have benefited from NIH-sponsored initiatives.

HARVARD MEDICAL SCHOOL,
Boston, MA, June 21, 1999.

Hon. MICHAEL E. CAPUANO,
U.S. House of Representatives,
Washington, DC.

DEAR REPRESENTATIVE CAPUANO: I am writing to thank you for the opportunity to meet with you and your staff last week, as one of a group of young scientists I was pleased to be able to discuss with you issues concerning biomedical research and funding in this country. I greatly appreciate both your interest and concern in these matters and hope that you will be able to participate in the Special Order, scheduled for Tuesday, June 22nd, to discuss the need for doubling funding to the National Institutes of Health (NIH) over the next five years.

My training in the department of Molecular Medicine at Cornell University was supported by the Federal Government through an Institutional Training Grant in Pharmacology awarded by the NIH. As a Postdoctoral Fellow in the department of Medicine at Beth Israel Deaconess Medical Center. I am currently the recipient of a National Research Service Award. My research regards the regulation of cell growth although very basic this type of work contributes to our understanding of cancer and will hopefully lead to more effective treatments for cancer in the future. it is an exciting time to be involved in biomedical research, the new cross discipline nature of the field allows for biologists, chemists and physicists to come together in multiple areas and has lead to the development of Programs in Chemical Biology such as the new Institute of Chemistry and Cell Biology at Harvard Medical School. These types of collaborative efforts should lead to new drugs and treatments in the future.

The past commitment of our country has brought us to the forefront of biomedical research and medical care in the world. With our investment leading to new technologies and a highly trained work force we are now in a position to make this financial commitment payoff. The federal government's contribution to biomedical research has brought us to a new time of molecular approaches to medicine and with the human genome project well under way it seems feasible that we will soon be able to prevent, treat, and even cure many diseases from which our society suffers. As the single largest contributor to biomedical research the federal governments continued commitment is critical to realizing these goals and should allow for an improved quality of life for Americans and of course lead to a decrease in the expenditures for national health care in the country. Additionally expenditures for biomedical research on the governments part stimulate economic growth in the private sector creating jobs in the Biotechnology and Pharmaceutical Industries, this is of particular relevance in the 8th district.

It seems clear that staying to the goal of doubling the NIH funding in five years (H. Res. 89) we must find a way to increase the proposed $320 million increase to $2 billion in fiscal year 2000. Although current budget caps make this difficult I believe that the peoples interest would be served by a continued commitment to biomedical research by the federal government. The bipartisan support that this issue receives and the support of the public should justify the requested increased funding to keep us on track.

Please feel free to contact me if I can be of any assistance to you and your staff on issues requiring scientific expertise or if you would like to form a scientific advisory committee to deal with complex scientific issues I would be happy to participate. Again thank you for your time and consideration in this important matter.

Sincerely,

JUDITH A. GLAVEN, PH.D.

TUFTS UNIVERSITY,
June 18, 1999.

Hon. MICHAEL E. CAPUANO,
U.S. House of Representatives, Washington, DC.

DEAR REPRESENTATIVE CAPUANO: Thank you for taking the time to meet with me last Wednesday regarding our efforts towards doubling the National Institutes of Health (NIH) and National Science Foundation (NSF) budgets over 5 years. As a Department of Defense (DOD) Breast Cancer Research Predoctoral Fellow at Tufts University in Boston, my research and academic pursuits have benefited greatly from the appropriations made to funding agencies such as the NIH, NSF and DOD. While at Tufts, DOD and NIH funding enabled my doctoral research on the inhibition of breast cancer growth and metastasis to go forward. Consequently, my coworkers and I have been able to demonstrate that the introduction of a soluble form of an important receptor on the breast cancer cell surface can competitively inhibit the binding of this receptor to its target, which is located in the matrix surrounding the cancer cell. By cutting off this interaction, we have slowed the ability of cancer cells to grow and migrate through the surrounding milieu, thereby inhibiting tumor growth and metastasis of breast cancer cells in a mouse model system.

This work has exciting implications, but without the continued support of the NIH through grants to the laboratory of my doctoral mentor, Dr. Bryan Toole at Tufts University, and the DOD predoctoral grants to the students in his laboratory, the continued development of this research could be lost. Furthermore, there is so much remaining to be understood regarding the growth and movement of the many different kinds of cancer cells. Since the work of Dr. Toole and his coworkers has the potential to be generalized to many different types of cancer, as evidenced by the fact that several tumor types appear to contain this important receptor at the surface of their cells, this research could be important to inhibiting the growth and movement of many types of cancer cells. Still, a great deal of work remains so that we may truly understand the mechanism behind this inhibition in order to manufacture therapeutics that specifically target tumor cells without damaging surrounding normal tissues. Therefore, the support of NIH and DOD programs is integral to the progression of our own cancer research, as well as to the work in other laboratories across the country. It is through the continued support of many different federally-funded laboratories that we will come to a collective understanding of the communication systems within the tumor cells themselves, thereby enabling us to find more efficient ways of attacking and exploiting these pathways in order to eradicate this fatal disease.

Even though the majority of the funding from federal agencies goes directly to Tufts laboratories doing basic science and fundamental biomedical research, there are a number of notable research and education programs that benefit from grants to the university from the NIH and the NSF as well. One exciting educational program, funded by the National Heart, Lung and Blood Institute (under NIH) and led by Dr. Claire Moore, is the Summer Research Program for Undergraduate Minority Students, where minority students from around the country are brought to Tufts University to do summer research and participate in enrichment activities, such as field trips and seminars on basic biomedical and

translational research. In addition to their one-on-one interaction with the research faculty at Tufts, minority students are also exposed to fundamental laboratory techniques and are given guidance on how to apply for graduate study in science, as well as to professional schools for medicine and dentistry. Training grants from the NIH are also very important to funding the work of graduate students in the majority of programs at the Sackler School of Graduate Biomedical Sciences, as well as the M.D/Ph.D. program (Medical Scientist Training Program) at Tufts University, since they promote cross-over research between several biomedical and clinical disciplines. Furthermore, Tufts University offers a unique Pathobiology Course, under the direction of Dr. Irwin Arias, for basic scientists that involves patients, pathology, and hospital-based learning. This course helps bridge the gap between basic research and clinical diseases and promotes a better understanding of pathobiology and disease-related processes for Ph.D. graduates.

As you can see, increased support of the NIH, NSF and other federally funded programs is essential to ensuring that these research efforts and educational programs continue to thrive. In the United States, and internationally, there exists a highly educated work force dedicated to their research and the training of others. Doubling the NIH budgets will safeguard their important investigations and bring us one step closer to understanding the basis of life and the diseases that threaten it. Steady and increased levels of support to these programs will keep research on track by promoting cross-disciplinary research that brings scientists together across different fields and towards finding the answers to the difficult questions we face. I urge you and all members of Congress to embrace this course of action and secure an additional 15% increase to the NIH this year. The students, post-doctoral researchers and principal investigators in Massachusetts and across the country remain committed to their scientific pursuits and to ensuring that others will be appropriately trained to continue the fight against disease. All that we ask is that you commit the funds necessary to help us do our jobs and do them well.

Sincerely,

REBECCA MOORE PETERSON, PH.D.,
Cell, Molecular and Developmental Biology,
Tufts University.

Mr. MCGOVERN. Mr. Speaker, I want to begin by commending my colleague from Pennsylvania, Mr. GEORGE GEKAS, for organizing this important discussion about increasing funding for the National Institutes of Health (NIH). NIH is the world's leading biomedical institution. As a strong supporter of NIH, and of biomedical research as a whole, I rise to support the effort to increase the NIH budget by $2 billion for Fiscal Year 2000.

NIH research touches many aspects of our lives. There are twenty-five separate institutes which make up the NIH, each with a specific function and mission. Each institute conducts research about a myriad of diseases and ailments, including diabetes, Alzheimer's disease, muscular dystrophy, and kidney disease. This research is then used to develop treatments and cures. New treatments are currently under development for diseases like AIDS, forms of cancer and muscular skeletal diseases, to name a few. Without the initial research conducted and sponsored by NIH, the treatments we have today would not be available. Our lives are better off today than they would be without biomedical research and the efforts of NIH scientists.

There is a real need to develop treatments and cures for diseases. I don't know anyone who would not want to develop a cure for AIDS or cancer. This movement to increase spending for NIH research is not just a money dump into another federal agency. Rather, it is an investment for our future. Congress needs to ensure that we have the best preventative medicine and treatments available. The best way to move into the 21st Century is to increase NIH funding and to develop treatments and cures that will keep our citizens healthy.

The effort to increase the NIH budget by $2 billion next year is just one piece of our goal to double the NIH budget by 2003. These funds would provide the means for NIH to take advantage of the boom in biomedical technology, to continue to recruit the best and brightest scientists, and to provide the information necessary for medical professionals to use the treatments developed by NIH scientists properly.

Mr. Speaker, I urge all of my colleagues to support H. Res. 89, a bill to express the sense of Congress to increase NIH funding by $2 billion for Fiscal Year 2000. As I, and the rest of my colleagues, have explained tonight, the future health of Americans depends on it.

Mr. CUNNINGHAM. Mr. Speaker, I am grateful to the gentleman from Pennsylvania (Mr. GEKAS) for arranging this special order tonight, to focus on the importance of doubling America's investment in health research over the next five years.

I am honored to be an original cosponsor of H. Res. 89, to double our national investment in health research. This research is the gift of America's hard-working taxpayers to this generation and the next—not just to Americans, but to the world.

Furthermore, for us to take fullest advantage of this investment, we must take care to invest it wisely. So in addition to increasing our work in basic health research at the National Institutes of Health, we should treat in a similar fashion our investment in the Centers for Disease Control and Prevention, and in the programs of the Health Resources Service Administration, which are vital to putting in practice the things we learn through basic health research. As a strong fiscal conservative, and as a member of the House Appropriations Subcommittee on Labor, Health and Human Services and Education, I am committed to working with my colleagues to achieve these goals within a limited federal budget.

Rather than to address this issue myself, I have asked several of my constituents and leaders in the field of health research to address this issue themselves. With the consent of the gentleman from Pennsylvania (Mr. GEKAS), I would like to insert in the RECORD at this point several letters, emails and notes that describe in further detail the importance of doubling our investment in health research.

SAN DIEGO, CA.

DEAR CONGRESSMAN CUNNINGHAM: I am writing in support of your efforts to double the amount of funding to medical research in the next five years. As a person who has suffered through the pain of seeing a father slowly and but surely fade away from the ravages of Alzheimer's disease and as one who is now in a higher risk category as a result, I can only hope that there is a cure or effective treatment by the time I reach my seventies (which is not that far away). I know that the incidence of Alzheimer's disease in this country is supposed to double or triple in the next fifty years. Can we afford to wait any longer to get a handle on this dread disease? I think not . . .

Additonally, my son Pete was struck with grand mal epilepsy four years ago at the age of 24. Needless to say it has drastically changed his life. His seizures, thus far, have not been controlled by any of the medications presently on the market. His wife recently said that when he leaves in the morning she worries whether this will be the last time she sees him alive. He has recently told me he doesn't think he can have children in his uncontrolled state. He said it wouldn't be fair to his wife or the children. He is losing hope . . .

Your proposal to double medical research funding is something that is very personal to me and my family, and I whole heartedly endorse your efforts. Please let me know if there is anything I can do to help.

Thank you for caring,

RON HENDRIX.

SAN DIEGO, CA.

DEAR CONGRESSMAN CUNNINGHAM: I was copied on your email and would like Congressman Cunningham to know how medical research, and in particular arthritis research has helped make my life better.

I acquired rheumatoid arthritis when I was 12 years old. By the time I was 18, the arthritis had damaged my knees so severely that all of the cartilage was worn, causing a tremendous amount of pain with every step so that I could barely walk.

Due to medical research, instead of being relegated to a wheel chair for the rest of my life, I became a candidate for total knee replacement surgery. After both knees were replaced, I could walk pain free for the first time in years. I was able to complete college, and eventually law school, and today I have a very satisfying career as an employment law attorney in a well respected firm.

In addition to being able to support myself, I sit on the board of the local chapter of the Arthritis Foundation and am chair of the Public Policy and Advocacy committee.

Since those first surgeries, I have had a number of other surgeries including total hip replacements and been on a number of arthritis drugs which have also made a tremendous difference in my life. Medical research has allowed me to have a life and to do many things I would not otherwise have been able to do.

But there is still much work to be accomplished. There still is no cure for arthritis, a disease that affects more than 40 million people in the United States and impacts the economy to the tune of over 65 billion dollars a year in lost wages and medical expenses. Although arthritis can strike at any age, the aging of the baby boomers is expected to result in over 60 million Americans with some form of arthritis by the year 2020.

We need to stop this disease now and the only way to do it is to step up our medical research efforts. Thank you for your efforts.

Sincerely,

NANCY KAWANO.

SAN DIEGO, CA.

DEAR REP. CUNNINGHAM: In November 1997, we received the awful news that our beautiful, active 21-year-old daughter, Beth, had been diagnosed with acute myelogenous leukemia. While I had worked with cancer researchers for 10 years, nothing prepares a parent for the magnitude of such a diagnosis.

Beth was immediately hospitalized and started on chemotherapy while her physicians at UCSD Thornton Hospital raced to put her into remission. This is a devastating illness and, in her case, carried with it a low probability for survival. Her best chance for life depended on quickly locating a suitable donor for bone marrow transplantation,

treatment that was only possible thanks to research funding that had been provided to her doctors.

Chances of a parent matching closely enough to be a bone marrow donor for their child are exceedingly small—only 3 percent. Miraculously I matched, though not perfectly. A less-than-perfect match meant Beth's body would reject the life-giving cells. Thanks to new research, however, the physicians were able to employ advanced techniques to purge certain rejection-causing cells, called T cells, from my donated bone marrow before transplanting it into Beth.

After my stem cells were purged and ready for infusion, Beth underwent total body radiation to remove any possible cancer from her body. She was again hospitalized, given more chemotherapy and, several days later, given my stem cells.

It was a difficult journey, but on June 24, 1997, she was given a second chance at life. Now two years later, thanks to the technology and the National Institutes of Health-funded research that preceded her care, she is alive, well and thriving.

We are forever grateful to the UCSD Bone Marrow Transplant team for their tireless efforts. And we appreciate the support of you and your colleagues for increased medical research funding—so that the children of other parents will also be cured, and live the fruitful lives that they were meant to live.

Sincerely,

BEVERLY GONSOWSKI.

DEL MAR, CA, *June 21, 1999.*

Hon. RANDY CUNNINGHAM,
U.S. House of Representatives,
Washington, DC.

DEAR REPRESENTATIVE CUNNINGHAM: There is a war raging within the brain of my twelve year old son, Skyler. His attacker is epilepsy, an insidious neurological disorder for which there is currently no cure. Seizures, ranging from massive convulsions to momentary lapses of attention are the hallmark of this enemy which afflicts an estimated 2.5 million Americans. Epilepsy doesn't discriminate; it can affect anyone, of any gender, ethnicity, at any age, at any time.

My son was a perfectly healthy and normal child until the fateful day eight years ago when he was gripped by his first 'grand mal' seizure. To this day, diagnostic workups have failed to uncover a cause. Systematically, anticonvulsant medications were tried but were unsuccessful in controlling the seizures which over time have continued to increase in severity and frequency, stealing away the health and safety of my child, his capacties to learn and develop; the frequent assaults damaging his developing brain.

Epilepsy is a major unsolved health problem in our country. Despite recent advances, 750,000 cases, like Skyler's are virtually resistant to current drug therapies. For many patients whose seizures are controlled, the side effects of the medications can be debilitating, even fatal. A chronic condition, not only does epilepsy often require a lifetime of continual medical treatment, it provides a formidable barrier to normal life, affecting educational attainment, employment and personal fulfillment. The social and psychological consequences of epilepsy, forever fraught with stereotypes, misunderstanding and negative attitudes, are enormous. The economic burden shouldered by families, local and federal government agencies is estimated to be $12.5 billion in direct and indirect costs.

Mr. Cunningham, all treatment options for my son's epilepsy have been exhausted. Yet he continues to have seizures every day and night of his life. I would gladly sacrifice my life to give Skyler a healthy brain. His health, cognitive functioning, and his life, however, are solely dependent on future breakthroughs in epilepsy research which can only be realized through increased funding to the National Institutes of Health and the National Institute of Neurological Disorders and Stroke. I applaud your support of the goal of doubling the federal medical research investment over the next five years, which I truly believe will bring more effective weapons for the prevention, eradication, detection and management of the heinous disorder, epilepsy. My son's future depends on it.

Sincerely,

TRACEY J. FLOURIE.

AMERICAN PUBLIC
HEALTH ASSOCIATION,
Washington, DC

CONGRESSMAN CUNNINGHAM: Prevention research, in contrast with biomedical or clinical research, takes place after a scientific discovery is made, and seeks to determine whether the discovery is working as intended, or if not, why not. Also, in contrast to biomedical research, which receives more than $15 billion annually in NIH funding alone, prevention research received its first congressional appropriation only this year, at the level of $15 million. The nation's prevention research program is administered by the Centers for Disease Control and Prevention, and actual research takes place at the national level as well as in local research settings, primarily known as prevention research centers. Because prevention research is the ''follow-through'' element of scientific discoveries—ensuring that our new findings are having the intended results—it is highly deserving of federal funding. Following are four specific examples of the integral link prevention research provides with other research and other pieces of the public health continuum:

Measles Elimination—An outbreak of measles across several cities in the late 1980s showed with painful clarity that children were not being effectively vaccinated against this preventable disease. Although we had invested in the discovery and testing of the measles vaccine, we were not achieving the hoped-for result: eradication of the disease. A prevention research campaign was undertaken to ascertain why measles had again taken hold. Two factors were discovered: not enough preschool children were receiving their measles shot, and a single vaccine against measles was, in many cases, insufficient to prevent the disease. Based on this information, CDC adopted a two-dose vaccination policy for all children, and set a nationwide vaccination goal of 90 percent immunization for all two-year-olds. These strategic changes have brought about the highest measles immunization coverage levels ever achieved (91 percent), and the interruption of measles transmission in the United States. In this example, without prevention research, an extremely effective tool—the measles vaccine—would have gone underused because we would not have known the proper dosage for protecting the public health, nor would we have known that the critical age for preventing transmission of the disease is age 2.

Preventing Perinatal HIV Transmission—According to CDC's most recent estimates, each year more than 6,000 HIV-infected women give birth in the United States. An investment in biomedical and clinical research resulted in the finding that zidovudine (ZDV), given during pregnancy, labor and delivery, and to infants after birth, could reduce the risk of mother-to-child HIV transmission by 66 percent. Subsequently, the Public Health Service issued two sets of guidelines: first, that all pregnant women receive HIV counseling and voluntary testing, and second, that ZDV therapy be provided to pregnant infected women. Although these guidelines have had a significant positive impact, nevertheless, about 500 children are still born HIV-infected in the United States annually. Prevention research studies are underway to evaluate the relative contributions of a number of factors—for example, the lack of prenatal care, poor provider adherence to the guidelines, poor patient adherence to the therapy regimen, and ZDV resistance—to the ongoing problem of perinatal HIV transmission.

Breast and Cervical Cancer Early Detection Program. When the need to increase utilization of lifesaving breast and cervical cancer early detection services for underserved women became a priority in the 1980s, the barriers to early detection were believed to be primarily financial, and in fact many women avoided screening, at lest in part because they could not pay for the services. But prevention research has demonstrated that a variety of factors affect women's screening behaviors. Some of these factors are complex, like cultural and individual believes about health and health care. Research also shows that such simple factors as whether physicians recommend screening to their female patients also play an important role in whether women are screened for breast and cervical cancer. CDC now recognizes and incorporates all these findings in its breast and cervical cancer early detection program. Without the benefit of these prevention research discoveries, our investment in the ability to detect and treat breast and cervical cancers would go underutilized among a substantial percentage of the population whom these scientific advances were designed to benefit.

Using New Tools to Understand Old (and New) Diseases. At the CDC research station in western Kenya, scientists are using GPS (global positioning systems) to map 7,500 households, rivers, roads, and medical facilities within a 75-square-mile area. By linking the map to an epidemiologic database, the GIS program (geographic information systems) provides information on how many cases of malaria occurred in each household, whether the malaria strains were drug-resistant, whether mosquito breeding grounds were present, and whether children died. Epidemiologists will use this map to answer questions that couldn't be easily answered before: Does proximity to mosquito breeding grounds increase child mortality? Does proximity to a medical facility decrease child mortality? Is drug resistance spreading in a predictable pattern? Public health officials can also use the map to target intensive vector control measures to households that harbor large numbers of mosquitoes. These same tools can be used to shed light on newly emerging public health issues, as well as persistent problems. This research is clearly not biomedical nor clinical in nature, yet it is as essential to the prevention of disease as is understanding the pathogen itself.

Thank you for the opportunity to provide these examples of prevention research. Please don't hesitate to call if you have questions or wish additional information about any of the items listed here.

Sincerely,

DONNA CRANE,
Director of Congressional Affairs, American Public Health Association, Washington, D.C.

UNIVERSITY OF CALIFORNIA, SAN DIEGO,
La Jolla, CA, June 21, 1999.

Hon. DUKE CUNNINGHAM,
U.S. House of Representatives,
Washington, DC.

DEAR CONGRESSMAN CUNNINGHAM: As the director of the National Partnership for Advanced Computational Infrastructure (NPACI), led by the San Diego Supercomputer Center (SDSC) and the University of California, San Diego (UCSD), I strongly endorse the increase in the budget for medical research as proposed in the bill HR–89 you are cosponsoring. As you no doubt know, the NPACI/SDSC mission is to advance science and we do this through engaging in computational science research and supporting the computational science research community nationwide, including many involved in medical and related research. Researchers associated with NPACI/SDSC are working on solving problems ranging from mining information from large data sets to unlocking the mysteries surrounding Alzheimer's disease. Researchers gain access to NPACI/SDSC resources through the peer review process and requests for access to our computing resources exceed those available by factors of two to four. Excellent computational science at the basic research level is being turned down for lack of available funding and resources.

We are also participating in cutting edge research in enabling technologies for computing such as advanced networking and security, visualization, data-intensive computing, and scalable parallel computing. These technologies now more that ever are the cornerstone for further advances in the applications of medical research.

On a personal note, I have witnessed first hand the results of medical research having severely fractured my leg in a skiing accident several years ago. Through advances in orthopedic medicine and a lengthy physical therapy, I'm now back close to 100% functionality, which was very much in doubt initially. We still have a long way to go in this area however, so I personally reiterate my support for the funding increase.

I can be of any assistance to you as you contemplate this and other legislation in scientific or technological fields, please do not hesitate to contact me at 619–534–5075 or skarin@ucsd.edu.

Sincerely,

SID KARIN.

UNIVERSITY OF CALIFORNIA, SAN DIEGO,
La Jolla, CA, June 20, 1999.

Hon. RANDY ''DUKE'' CUNNINGHAM,
U.S. House of Representatives,
Washington, DC.

DEAR DUKE: As we enter the next millennium we must ask two questions: What do we most want to provide for our children and grandchildren? What should our most important national goals be? I believe that our most important National priority should be to invest in the long-term, and difficult, fight against disease by doubling the budget for biomedical research sponsored by the National Institutes of Health (NIH).

Each year one million or more of our citizens die prematurely of diseases that could be cured if we simply understood more about their origins, causes, and progression, or if we had the knowledge and understanding to construct desperately needed engineered organs and tissues to repair damaged ones. Millions more of our citizens are disabled, or unable to realize their full potential because of the ravages of disease. For them too, hope lies in better understanding of the basis and treatment of disease. Only the Federal government, through its support of the NIH, can win these battles by illuminating the secrets hidden inside human cells, understanding the chemistry and biology of living organisms, and using that information to design cost-efficient and effective preventative and therapeutic measures for disease.

In my view, our society has a moral obligation to aggressively seek the treatments that our desperately ill citizens need. However, in addition to the moral imperative to fight disease and promote health, there is also compelling evidence that solving health problems will be economically beneficial to our Nation. Restoring lost productivity to those incapacitated by disease will save billions of dollars annually, and will also relieve many of the overwhelming financial burdens on Medicare and other health care programs that our society has created to help those who are ill. For example, expensive, and ultimately treatable diseases of the elderly such as Alzheimer's, diabetes, and cancer play a large and growing role in skyrocketing medical costs to our society. Finally, two of the most economically promising long-term industries where our Nation has a substantial competitive advantage are the biotechnology and pharmaceutical industries. These industries are driven by the Federal investment in biomedical research in the public sector, which in turn leads to discoveries that are developed and brought to market by the private sector.

I know how passionately you believe that we must not waiver in our battle against disease. I stand prepared to fight with you to persuade your colleagues in the House and Senate.

Sincerely,

LAWRENCE S.B. GOLDSTEIN, PH.D.

MOLECULAR MEDICINE 2020: A VISION FOR THE FUTURE OF MEDICAL RESEARCH AND HUMAN HEALTH*

What will medical practice and patient care be like in 2020? We believe that ''Molecular Medicine'' can be the basis for human health in 2020, but only if the U.S. expands its investment in biomedical research by significantly increasing funding for the NIH.

The practice of Molecular Medicine will consist of new prevention, diagnosis, and treatment methods that directly target the molecular, cellular, or physiological defects causing disease. These medical methods will be based on precise, non-invasive imaging and diagnostic techniques. They will be implemented with directed, rationally designed molecular and pharmaceutical therapies, and they will be rooted in a deep understanding of normal human cellular and molecular physiology and genetics.

While unimaginable only 25 years ago, Molecular Medicine is now achievable because of recent rapid progress, and an enormous burst of new scientific opportunities emerging from years of sustained public investment in NIH-sponsored basic biomedical research. Thus, we are already beginning to gain ground in our fight against many dreaded diseases, including cancer, cardiovascular disease, and stroke. As we look forward, we can realistically hope to develop increasingly effective treatments and preventive measures for these diseases, as well as for the scourges of Alzheimer's disease, diabetes, obesity, degenerative diseases of aging, and emerging infectious agents. To realize these goals, and to capitalize upon past investments and many recent discoveries, we must renew our National resolve and reinvigorate our research efforts, so that we can accelerate the arrival of the new era of Molecular Medicine.

To hasten the earliest possible development of Molecular Medicine, and to ensure that it becomes a reality by 2020, we must act now to expand the foundation of biomedical research and discovery. This foundation can only be built by: a) Developing new interdisciplinary methods, insights, and understanding; b) Attracting, training, and sustaining the most talented and vigorous young research scientists; and c) Nuturing the vitality of a scientific effort that has never held more promise. This augmented research base will lead directly to ever more precise diagnostic, prevention, and treatment methods based upon research in Biology and Medicine in collaboration with Chemistry, Physics, Engineering, and Computation. Most important, increased investment could launch new and far-reaching initiatives in Functional and Physiological Genomics. These new projects would have the goal of understanding the normal functions of the many genes discovered in the complete genetic blueprints of humans and diverse model organisms by the Human Genome Project. Such an effort will lead to a detailed understanding of normal cellular, molecular, and integrative organismal physiology, which in turn will allow us to create therapies targeted directly to the cellular, genetic, and physiologic defects that cause disease and organ dysfunction. These new efforts will also allow us to defend our citizens against the ever-present and increasing danger of emerging pathogens and viruses by developing the next generations of vaccines and antibiotic drugs. All of these advances will depend upon new partnerships in technology development and clinical translation carried out by outstanding scientists with access to the most innovative and developing instrumentation.

Our country is poised to take full advantage of the last 50 years of steady investment in biomedical research and the many resulting opportunities created from recent rapid progress. Significant new investment now will dramatically accelerate the rate of discovery and lead to the imminent creation of a Molecular Medicine to combat our most dreaded diseases.

*Preamble to a Report from a FASEB Conference on Priorities for an Expanded NIH Budget (http://www.faseb.org/opar/MolecularMedicine.html), chaired by Dr. Lawrence S.B. Goldstein, April, 1998.

SAN DIEGO COUNTY
PREVENTION COALITION,
SAN DIEGO, CA, *June 19, 1999.*

Rep. RANDY ''DUKE'' CUNNINGHAM,
Rayburn Bldg., Washington, DC.

DEAR DUKE: The San Diego County Prevention Coalition wishes to express our support for your goal of doubling our federal medical research investment over the next five years as recommended by H. Res. 89. Most of our 230 organization members who are working with at-risk substance abusers appreciate the wonderful medical research coming from the National Institutes of Health, specifically NIDA. Their research has had a great impact on addicts and many of their families.

We are an alcohol, tobacco and other drug prevention organization with a five-year track record of fighting abuse and the unifying voice of prevention for San Diego County. We have substantial community support from our 310+ members representing 230 local organizations and agencies. We have the support of Senators, Congressmen, the State Deputy Director for Prevention Services, the San Diego County Sheriff, Supervising Juvenile Judge, the County Health Director, the County Board of Supervisors, numerous business and community leaders, law enforcement officers and educational officials.

We thank you for your consideration.

Very truly yours,

ALAN SORKIN,
Executive Director.

PARENTS & ADOLESCENTS RECOVERING TOGETHER SUCCESSFULLY,
San Diego, June, 19, 1999.

Rep. RANDY ''DUKE'' CUNNINGHAM,
Rayburn Bldg., Washington, DC.

DEAR DUKE: Parents and Adolescents Recovering Together Successfully (PARTS) is a non-profit organization dedicated to reducing the number of child addicts and believes that proactive prevention and intervention within the family is the best solution for fighting the devastating long-term effects of teenage substance abuse. Much of what we teach is based on federal medical research.

We wish to support your goal of doubling our federal medical research investment over the next five years as recommended by H. Res. 89. The National Institutes of Health, and specifically NIDA provide valuable medical research to us and impact many of our families.

My Best,

ALAN SORKIN,
Executive Director.

UNIVERSITY OF CALIFORNIA,
SAN DIEGO,
LaJolla, CA, June 21, 1999.

Hon. DUKE CUNNINGHAM,
U.S. House of Representatives,
Washington, DC

DEAR REP. CUNNINGHAM: Thank you for taking the time to highlight the important benefits to patients of the research funded through NIH and other agencies. I believe our gene therapy research outlines the value of that funding.

Recent developments in molecular medicine have made possible the use of gene therapy as a weapon in the fight against cancer. Here at UCSD, we have been able to genetically modify human leukemia cells in a way that induces a powerful, killing response from the immune system. In laboratory experiments, we found that the immune response prompted by the modified cells destroyed active leukemia cells lurking nearby. When we moved from the laboratory to Phase I clinical trials, we focused on patients who have chronic lymphocytic leukemia (CLL), a currently incurable condition afflicting more than 50,000 people per year in the United States.

The Phase I results were very encouraging. Eleven patients were each treated with a single injection of their own modified leukemia cells, and all but one had a significant drop in the number of leukemia cells found in their blood, and a reduction in the size of their lymph nodes. This was the first time that a response this dramatic had been seen in the history of treating this disease with a single treatment. A San Diego Union-Tribune article describing the first phase research—and highlighting some of the ways that breakthroughs in medical research literally shape the lives and futures of our patients—is attached.

We are now working on the larger, Phase II study that will involve multiple injections over time. Although this study has not yet begun, we have already been contacted by about 200 people from around the world seeking to serve as volunteers.

Thanks again for all the help and support of you and your Congressional colleagues for supporting increased medical research funding. These dollars make possible the cutting edge medical research we hope will some day lead to cures of terrible diseases like CLL.

Sincerely,

THOMAS J. KIPPS, M.D., PH.D.

TRIBUTE TO SAMUEL BARNES MOODY

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

Mr. MICA. Mr. Speaker, I rise today to pay tribute to a good friend and great American, Mr. Samuel Barnes Moody. Sam Moody, who was my very special friend and was very special to me personally, was born on June 2, 1920.

Last week, Sam Moody passed away in central Florida. I first met Sam Moody in my civic activities in central Florida some years ago. However, I never really knew much about his background until some years ago when I invited Sam and several other veteran leaders to a small luncheon gathering.

As we sat together, I asked each of the veterans to relate some of their military service recollections after lunch to our group. Sam Moody started off rather hesitantly but he began telling an incredible story.

Let me say a little bit about Sam Moody. He joined the old Army Air Corps on November 15, 1940. After his basic training, he was shipped out to Manila in the Philippines where he arrived on Thursday Thanksgiving Day, 1941. Some 18 days later, World War II broke out. Sam Moody and his group found themselves on Bataan and eventually they ran out of food and supplies in April of 1942.

Sam went on to tell the story that on April 9, 1942, he and more than a thousand others took part in the famous Bataan Death March. Over 10,000 men, women and children died. Somehow God spared Sam Moody.

He was then cast on a ship, a transport. This story is relayed in his autobiography from this event entitled Reprieve From Hell, and I strongly recommend that to every American, particularly every young American. In this transport, hundreds of other Americans were crammed into the hull of a ship that was torpedoed by an American submarine. Many, many, many died. Somehow Sam survived. God spared Sam Moody.

Also as a prisoner of war, Sam Moody served under incredible conditions when he arrived in Japan, under torturous and malnutrition conditions, along with hundreds and hundreds of others. Of 36,000 American servicemen, less than 10 percent survived, but somehow God spared Sam Moody.

In 1946, after his release and return home, Sam Moody went back to Japan to testify for the American government at the International War Crimes trial. Sam was probably the only enlisted survivor to testify in these trials to help bring justice to those who had killed and tortured so many.

At these trials, Sam Moody met Madeleine, who was working for General MacArthur. They married and have two wonderful children, Betty and Steve.

Sergeant Sam Moody leaves behind a wonderful family, to whom I extend my very deepest sympathy. Sergeant Sam Moody also leaves behind a record of incredible service and devotion to our Nation and a country he dearly loved.

Sam Moody also leaves behind an incredible record of his service and survival from World War II and the Bataan Death March, which I recommend again to every Member of Congress and every American. It is called Reprieve From Hell.

☐ 1745

Sam Moody went to be with his Maker last week. We will miss him.

THE NECESSITY OF THE INDEPENDENT COUNSEL STATUTE

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

Mr. BURTON of Indiana. Mr. Speaker, I thank the gentleman from Vermont (Mr. SANDERS), who is from my committee, for allowing me to interrupt his one hour special order.

Mr. Speaker, today the Independent Counsel statute expires. There has been a real heralding by many people in the legal community for the demise of this law. I would like to tonight talk just a little bit about that law and why something like it is absolutely necessary.

For the past 3 years my committee has been investigating illegal campaign contributions. We are now involved in investigating espionage and lack of security at our nuclear laboratories, and the possibility that these things had something in common.

One of the biggest problems that we have had has been a reluctance by the Justice Department, under Janet Reno, to cooperate with our committee. It has been extremely difficult to get the Justice Department to work with us to get to the bottom of these scandals.

If we have an administration that has broken the law, if we have an administration or people in an administration who have become corrupt, and we have an Attorney General who is appointed by the President who is blocking for the administration, how do we administer justice? How do we get to the bottom of illegal activities, if we have an administration that has broken the law and a Justice Department that is controlled by the administration who will not bring those who broke the law to justice?

I think that that is what we have today. We have had a number of people that have taken the Fifth Amendment. Our committee has faced over 121 people who have taken the Fifth Amendment or fled the country in the campaign finance scandal, 121 people. That is unparalleled in American history.

We have asked the Justice Department and Janet Reno time and time and time again to work with us to bring these people before the committee to explain to the American people why Communist China, Macao, Egypt, Taiwan, South American countries, have been giving campaign contributions to the Democrat National