

very popular. It passed by only one vote in the House and one vote in the Senate, and it gave the American people confidence that Congress would make some tough decisions. It increased some taxes—not many but some.

It cut some spending, and we had a new plan—a new direction. The country moved in the new direction.

The American people had confidence that things were going to change. Our economy rests on a mattress of confidence. If people are confident about the future, they do things that manifest that confidence. They buy a house and they buy a car. They do the things that represent their confidence in the future. If they are not confident, they decide not to do those things, and the economy then contracts.

The point is that we have an economic plan in this country that has worked very well. The results are self-evident.

The question is: What is the plan for the future?

That is why we have this Congress. We have debates in Congress about what to do about the future.

Some say: Well, we expect 10 years of budget surpluses for the next 10 years. I don't know of a group of economists in this country that has been right for 5 years, let alone 10 years.

We would be very wise in this country, in my judgment, to take the conservative course on the question of what we do in fiscal policy. Economists don't know what is going to happen in the next year or in 3, 5, or 10 years from now.

We ought to establish as a priority paying down the Federal debt first. If during tough times you run the Federal debt up, it seems to me that during good times you ought to pay down the Federal debt.

I inquire whether that is a continuing resolution. If it is, I will suspend.

**MAKING FURTHER CONTINUING APPROPRIATIONS FOR FISCAL YEAR 2001**

The PRESIDING OFFICER (Mr. AL LARD). The continuing resolution just arrived. The clerk will report.

The legislative clerk read as follows: A joint resolution (H.J. Res 118) making further continuing appropriations for the Fiscal Year 2001, and for other purposes.

There being no objection, the Senate proceeded to consider the joint resolution.

The PRESIDING OFFICER. The joint resolution having been considered read the third time, the question is, Shall the joint resolution pass?

Mr. LOTT. Mr. President, I ask for the yeas and nays on passage of the resolution.

The PRESIDING OFFICER. Is there a sufficient second?

There is a sufficient second. The clerk will call the roll. The legislative clerk called the roll.

Mr. NICKLES. I announce that the Senator from Missouri (Mr. ASHCROFT), the Senator from Missouri (Mr. BOND), the Senator from Montana (Mr. BURNS), the Senator from Colorado (Mr. CAMPBELL), the Senator from Minnesota (Mr. GRAMS), the Senator from North Carolina (Mr. HELMS), the Senator from Texas (Mrs. HUTCHISON), the Senator from Oklahoma (Mr. INHOFE), the Senator from Vermont (Mr. JEFFORDS), the Senator from Arizona (Mr. KYL), the Senator from Indiana (Mr. LUGAR), the Senator from Arizona (Mr. MCCAIN), the Senator from Kentucky (Mr. MCCONNELL), the Senator from Oklahoma (Mr. NICKLES), the Senator from Delaware (Mr. ROTH), the Senator from Alabama (Mr. SESSIONS), the Senator from Wyoming (Mr. THOMAS), the Senator from Mississippi (Mr. COCHRAN), the Senator from Idaho (Mr. CRAPO), and the Senator from Washington (Mr. GORTON) are necessarily absent.

I further announce that if present and voting, the Senator from Montana (Mr. BURNS) and the Senator from North Carolina (Mr. HELMS) would each vote "aye."

Mr. REID. I announce that the Senator from California (Mrs. BOXER), the Senator from Louisiana (Mr. BREAUX), the Senator from Nevada (Mr. BRYAN), the Senator from Illinois (Mr. DURBIN), the Senator from California (Mrs. FEINSTEIN), the Senator from South Carolina (Mr. HOLLINGS), the Senator from Wisconsin (Mr. KOHL), the Senator from New Jersey (Mr. LAUTENBERG), the Senator from New Jersey (Mr. TORRICELLI), the Senator from Minnesota (Mr. WELLSTONE), and the Senator from Connecticut (Mr. LIEBERMAN) are necessarily absent.

I further announce that, if present and voting, the Senator from Illinois (Mr. DURBIN) would vote "aye."

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

The result was announced—yeas 67, nays 2, as follows:

[Rollcall Vote No. 291 Leg.]

**YEAS—67**

Abraham	Feingold	Moynihan
Akaka	Fitzgerald	Murkowski
Allard	Frist	Murray
Baucus	Graham	Reed
Bayh	Gramm	Reid
Bennett	Grassley	Robb
Biden	Gregg	Roberts
Bingaman	Hagel	Rockefeller
Brownback	Harkin	Santorum
Bunning	Hatch	Sarbanes
Byrd	Hutchinson	Schumer
Chafee, L.	Inouye	Shelby
Cleland	Johnson	Smith (NH)
Collins	Kennedy	Smith (OR)
Conrad	Kerrey	Snowe
Craig	Kerry	Specter
Daschle	Landrieu	Thompson
DeWine	Levin	Thurmond
Dodd	Lincoln	Voinovich
Domenici	Lott	Warner
Dorgan	Mack	Wyden
Edwards	Mikulski	
Enzi	Miller	

**NAYS—2**

Leahy	Stevens
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**NOT VOTING—31**

Ashcroft	Gorton	Lugar
Bond	Grams	McCain
Boxer	Helms	McConnell
Breaux	Hollings	Nickles
Bryan	Hutchison	Roth
Burns	Inhofe	Sessions
Campbell	Jeffords	Thomas
Cochran	Kohl	Torricelli
Crapo	Kyl	Wellstone
Durbin	Lautenberg	
Feinstein	Lieberman	

The joint resolution (H. J. Res. 118) was passed.

Mr. LOTT. Mr. President, I move to reconsider the vote, and I move to lay that motion on the table.

The motion to lay on the table was agreed to.

**FIGHTING FOR FUNDAMENTAL FAIRNESS**

Mr. REID. Mr. President, I rise today to attempt to put some transparency on what is going on around here.

This summer, the Republicans very successfully convinced the American people that their party was for estate tax relief and marriage penalty relief and that the Democrats were not. Well, my friends, that is simply not the case. The Democrats are for eliminating the estate tax for small businesses and family farms valued at \$8 million and for all other estates worth \$4 million. And, Mr. President, it is the Democratic plan for marriage penalty relief that completely eliminates the marriage penalty found in 65 provisions in the tax code.

So, isn't it a bit frightening that the Republicans have so successfully twisted the debate so as to mislead the American people into thinking that they are actually the party supportive of tax cuts. Reality is, however, that they are the party of political rhetoric and political maneuvering. If the Republicans really wanted to give the American people estate tax relief and marriage penalty relief, they could have—they had many, many opportunities for sending the President real relief. Instead of giving the American people empty rhetoric—we could be sitting here today with elimination of the estate tax and marriage penalty tax relief for virtually all Americans.

Now, why do I bring all this up. Because it is happening over and over again. The Republicans are misleading the American people on a host of critical pieces of legislation, including: patients bill of rights, prescription drug coverage, minimum wage increase, tax cuts, health insurance coverage and education.

Instead of actually providing the American people with real relief—this year—the Republicans prefer the politics.

I have heard from constituents who ask me—"If both Republicans and Democrats want patients bill of rights, then why can't the Republicans and Democrats just work together to get something done?" That is an excellent question. Why?

Why is it that we cannot just reach agreement? Is it that we are missing

some magical force here in Washington to bring bipartisanship to all? Unfortunately, the answer is that the Republicans want the rhetoric—and the Democrats want real reform. So, until the Republicans stop pandering and posturing and start sincerely and openly working together, there can be no agreements. You see, the Republicans have a more difficult time even working with each other—there is nothing partisan or bipartisan about that. Yet they have misled the American people to think that the Democrats—not the Republicans—are the ones holding up the works and refusing to work in a bipartisan manner. Mr. President, that is truly overstepping the bounds of the reality of what is going on up here.

Our efforts to fight for fundamental fairness in health, education and tax cuts, are being twisted into political pandering and posturing by the Republicans. But all we are doing is fighting for the fundamental fairness that the American people have fought for by working hard every day of their lives.

Let me illustrate this by highlighting the differences between the policies of the Republicans and the Democrats with respect to the bill that we have before us.

The Democrats are fighting to ensure that we do as much as possible to meet America's need for safe and modern schools.

Democrats solution—enact the bipartisan Rangel-Johnson proposal to finance \$25 billion in bonds to construct and modernize 6,000 schools.

Republican's bill—is thoroughly inadequate—it provides no guaranteed funding for urgent school repairs, provides only \$16 billion in bonds, and does not include the important Davis-Bacon provision to ensure that the construction workers who build and repair our nation's schools receive a fair wage for their work.

Result of their plan—the arbitrage provision encourages delay in urgently needed school construction and would disproportionately help wealthy school districts.

The Democrats are fighting to ensure that we promote bipartisanship in health care by coupling both the Republican and Democrat priorities on health care and long-term care.

Democrats solution—our FamilyCare proposal would expand coverage to 4 million uninsured parents at a cost of slightly over \$3,000 per person.

Republican's bill—provides additional coverage to one-seventh of the people at \$18,000 per person—that is one-seventh of the people at 6 times the cost. Their approach is inequitable, inefficient, and counterproductive to health care policy.

Result of their plan—completely ignores a proposal to cover millions of uninsured, working Americans and jeopardizes the insurance coverage of those individuals currently receiving employer-based coverage. In fact, on the Republican health deduction, the

Joint Tax Committee estimates that while over 26 million individuals would receive benefits under the proposal, only 1.6 million individuals would be newly insured as a result. In contrast, the Democrats in Congress and the Clinton-Gore Administration plan would expand coverage to 5 million uninsured Americans.

The Democrats are fighting to ensure that we help the families who care for our nation's elderly.

Democrats solution—accept the Republicans deduction for long-term care insurance in exchange for inclusion of a proposal to provide a \$3,000 tax credit for long-term care costs.

Republican's bill—provide a health care deduction for long-term care costs.

Result of their plan—they provide half of the benefits of the long-term care credit that the Democrats provide.

The Democrats are fighting to ensure that all Americans are insured.

Democrats solution—bipartisan policies for health insurance options for children with disabilities, legal immigrant pregnant women and children, and enrolling uninsured children in schools, needed payment increases to hospitals, academic health centers, home health agencies and other vulnerable providers.

Republican's bill—provides over one-third of the cost of their medicare bill to the HMOs.

Result of their plan—there is no accountability to prevent excessive payment increases to HMOs and failure to address the urgent health needs of seniors, people with disabilities, and children.

The Democrats are fighting to ensure that we encourage medical research and expand vaccine distribution to proactively approach medicine.

Democrats solution—a bipartisan tax credit for vaccine research and purchases for malaria, tuberculosis, HIV/AIDS and any infectious disease that causes over 1 million deaths annually.

Republican's bill—nothing.

Result of their plan—this is a failure to address a problem of serious ramifications. These diseases cause almost half of all deaths worldwide of people under age 45, killing over 8 million children each year and orphaning millions more.

The Democrats are fighting to ensure that low and middle income individuals save and invest for their future.

Democrats solution—provide savings incentives to low and middle income individuals through retirement savings accounts.

Republican's bill—they specifically dropped this provision from the bipartisan Senate Finance Committee bill.

Result of their plan—a failure to address the lack of pension coverage for 70 million people. I want to just add one point here. Every year, through tax incentives, private pensions cost the fisc \$76 billion. Yet 75 percent of American households in the 15 percent tax bracket—that means income of

about \$30,000—receive little or no tax incentive on their IRA or pension contribution.

The Democrats are fighting to ensure that we meet our current obligations before we promise new programs for distressed communities.

Democrats solution—fully fund the currently existing empowerment zones to spur economic development in distressed communities.

Republican's bill—create new renewal communities without meeting our promise to the existing empowerment zone communities.

Result of their plan—irresponsible pandering to wealthy business owners who will benefit from their new renewal communities at the expense of low and middle income entrepreneurs.

The Democrats are fighting to ensure that we don't turn our backs on those areas most in need.

Democrats solution—provide an economic activity credit to encourage business investment in jobs for the residents of Puerto Rico.

Republican's bill—they specifically rejected this provision.

Result of their plan—this equates to turning their backs on the hard working people of Puerto Rico. Even while at an historical low of about 10.1 percent, the unemployment rate in Puerto Rico continues to remain well above that of any state; the per capita income in Puerto Rico, which was \$9,908 in FY 1999, is less than half that of any state; and well over 50 percent of the labor force in Puerto Rico are within \$1.00 of the current minimum wage.

The Democrats are fighting to ensure that we encourage adoption of special needs children from foster care programs.

Democrats solution—change a few words in the current tax code to ensure that families who adopt children from foster care can benefit from the same tax credit which is available to parents who adopt international children.

Republican's bill—specifically ignored a more inclusive approach.

Result of their plan—the Republicans turned their backs on those children with the greatest needs.

Let's look at some of those who do benefit under the Republican plan for example—the Texas State Universities. Now, stay with me on this. The Republicans—well I should say only about 4 or 5 Republicans, in their closed door, secret meetings included a couple of interesting rifle shots in their tax bill. The one, interestingly enough, would provide a specific exception just for the Texas state universities, that would make their interest on bonds non-taxable. The American people are giving the Texas state universities a \$4 million gift—while our public elementary and high school students are learning in trailers.

The bottom line is that the Republicans want to help big business and the HMOs. The Democrats reject this approach. The Democrats are fighting for fundamental fairness for the American people—our children, our elderly,

and all individuals of every race, color, and creed.

Mr. HATCH. Mr. President I rise again today to urge President Clinton not to veto the Commerce, Justice, State appropriations bill that the Senate passed yesterday.

President Clinton has threatened a veto because we did not include his so-called Latino fairness act. But have included something much better—the Legal Immigration Family Equity Act, the LIFE Act. This act reunites families and restores due process to those who have played by the rules. Our proposal does not pit one nationality against another, nor does it pit one race against another. Our legislation provides relief to immigrants from all countries. A veto of CJS would be a blow against immigrant fairness.

But a veto would do far more than that. A veto would cut off funding for some of our most important programs.

CJS appropriations allocates: \$4.8 billion for the INS and an additional \$15.7 million for Border Patrol equipment upgrades, \$3.3 billion for the FBI, and \$221 million for training, equipment, and research and development programs to combat domestic terrorism, \$4.3 billion for the federal prison system; \$1.3 billion for the Drug Enforcement Administration; and \$288 million for the Violence Against Women Act program—legislation that I have strongly supported and that provides assistance to battered women and children.

Actions have consequences. If President Clinton vetoes this bill, he's putting the public's safety and well-being at risk both at home and abroad, and he's doing this all in an effort to play wedge politics. The President's veto threats ring especially hollow because this appropriations bill provides many proposals to help immigrants. The President himself has stated that he wants "to keep families together and to make our immigration policies more equitable." Well, this is exactly what the LIFE Act does.

So, please, I ask Mr. Clinton, sign CJS appropriations so we can keep all of these programs funded for the American people.

Mr. FRIST. Mr. President, I am pleased the Senate has passed, H.R. 2598, the Public Health Improvement Act of 2000, a bill which combines a number of critical bills improving the health of our citizens.

Title I of this measure contains a bill which passed the Senate Health, Education and Pensions Committee on June 14, 2000, the Public Health Threats and Emergencies Act of 2000. This important legislation, which I drafted with my colleague, Senator KENNEDY, is the culmination of three hearings and forums and a GAO report over the last two years which demonstrated the need to improve our public health infrastructure and address the growing threats of antimicrobial resistance and bioterrorism.

The conclusion is clear: we need to improve our public health infrastruc-

ture to be able to respond in a timely and effective manner to these and other threats. For too long, we have not provided adequate funding to maintain and improve the core capacities of our nation's public health infrastructure. As the GAO report found, many State and local public health agencies lack even the basic equipment of a fax machine or answering machine to assist in their work and improve communications.

Besides improving our core public health capacity, this Act addresses two specific problems faced by the nation: antimicrobial resistance and bioterrorism.

The first, antimicrobial resistance is a growing public health problem. As a heart and lung transplant surgeon, I know all too well that the most common cause of death after the transplantation of a heart or lung is not rejection, but infection. One hundred percent of transplantation patients get infections following surgery. Infection is the most common complication following surgery, the leading cause for rehospitalization, and the most expensive aspect of treatment post-transplantation. Antibiotics are a mainstay of treatment, yet we are seeing increasingly resistant bacteria which are not killed by most first-line antimicrobials.

The second issue addressed by this act, bioterrorism, poses a significant threat to our country's strategic well-being. As a nation we are presently more vulnerable to bioweapons than other more traditional means of warfare. Bioweapons pose considerable challenges, different from those of standard terrorist devices, including chemical weapons.

The mere term "bioweapon" invokes visions of immense human pain and suffering and mass casualties. Pound for pound, ounce for ounce, bioagents represent one of the most lethal, but also covert, weapons of mass destruction known. Victims of a covert bioterrorist attack do not necessarily develop symptoms upon exposure to the bioagent as the onset may be delayed for days after the bioweapon is dispersed.

As a result, exposed individuals will likely show up in emergency rooms, physician offices, or clinics with non-descript symptoms or ones that mimic the common cold or flu. Physicians and other health care providers will likely not attribute these symptoms to a bioweapon. If the bioagent is communicable, such as small pox, many more people may be infected in the interim, including our health care workers. As Stephanie Bailey, the Director of Health for Metropolitan Nashville and Davidson County pointed out in our hearing on bioterrorism, "many localities are on their own for the first 24 to 48 hours after an attack before Federal assistance can arrive and be operational. This is the critical time for preventing mass casualties."

If experts are correct in their belief that a major bioterrorist attack is a

virtual certainty, then it is no longer a question of "if" but rather "when". In fact, my home town of Nashville last year joined an ever-increasing number of cities to receive and respond to a package suspected to contain anthrax. Thankfully, this was a hoax.

The Public Health Threats and Emergencies Act provides greater resources and coordination to improve our public health infrastructure and bolster our preparedness against antimicrobial resistance and bioterrorism.

To strengthen public health infrastructure's ability to fulfill its core functions and respond to emerging threats and emergencies, the bill authorizes the establishment of voluntary performance goals for public health systems, grants to public health agencies for assessments and core capacity building, and funding to rebuild and remodel the facilities of the Centers for Disease Control and Prevention, CDC.

To combat antimicrobial resistance, the bill authorizes a task force to coordinate Federal programs related to antimicrobial resistance and to improve public education on antimicrobial resistance; National Institutes of Health (NIH) research into new therapeutics against and improved diagnostics for resistant pathogens; and grants to detect, monitor, and combat antimicrobial resistance.

To prevent and respond to bioterrorism, the bill authorizes: two interdepartmental task forces to address the joint issues of research needs and the public health and medical consequences of bioterrorism; NIH and CDC research on the epidemiology of bioweapons and the development of new vaccines or therapeutics for bioweapons; and grants to improve the ability of public health agencies, hospitals, and health care facilities to detect, diagnose, and respond to bioterrorism.

We must act now to improve our basic capacities to address all public health threats, including antimicrobial resistance and bioterrorism. This legislation provides State and local public health agencies the necessary resources so that we better protect the health and well-being of our Nation's citizens.

The Public Health Improvement Act also improves our nation's medical research infrastructure through two bills that I co-authored: the Clinical Research Enhancement Act and the Twenty-First Century Research Laboratories Act.

As a physician, I am aware of the need to translate laboratory discoveries into advances in patient care, but I was troubled by numerous reports and analyses showing insufficient support for patient-oriented research in the United States. The "Clinical Research Enhancement Act," which I also drafted with Senator KENNEDY, addresses this issue by establishing intramural and extramural clinical research fellowship programs and a continuing

education clinical research training program at the NIH. In addition, the bill provides grants for the establishment of general clinical research centers, which provide the infrastructure for clinical research, including clinical training and career enhancement.

The "Twenty-First Century Research Laboratories Act," which I drafted with Senator HARKIN improves our research infrastructure that is central to our continued leadership in medical research. Unfortunately, many research facilities are outdated, and future increases in federal funding for the NIH must include support for the renovation and construction of extramural research facilities and the purchase of state-of-the-art laboratory instrumentation. To renovate biomedical and behavioral research facilities, the bill authorizes grants or contracts to public and nonprofit private entities to expand, remodel, renovate, or alter existing research facilities or construct new research facilities, including centers of excellence. In addition, it provides grants to public and non-profit private entities for the purchase of high-end, state-of-the-art laboratory instrumentation.

The "Public Health Improvement Act" also includes important public health bills such as the "Cardiac Arrest Survival Act," the "Rural Access to Emergency Devices Act," the "Lupus Research Act," the "Prostate Cancer Research and Protection Act," as well as important critical pieces of legislation improving organ donation and procurement.

The "Cardiac Arrest Survival Act," which Senator GORTON introduced, allows the Secretary of HHS to make recommendations with respect to placing automated external defibrillators, AEDs, in federal building and to expand liability protection to persons or organizations who use AEDs. The "Rural Access to Emergency Devices Act," which Senator COLLINS introduced would improve access to AEDs in small communities and rural areas to boost the survival rates of individuals in those communities who suffer cardiac arrest. In many small and rural communities limited budgets and the fact that so many rely on volunteer organizations for emergency services can make acquisition and appropriate training in the use of these life-saving devices problematic. This legislation is intended to increase access to AEDs and trained local responders for smaller towns and rural areas where those first on the scene may not be paramedics or others who would normally have AEDs. With more than 700 people dying of sudden cardiac arrest each day, up to 30 percent of which could be saved through immediate medical attention, including defibrillation and cardiopulmonary resuscitation, it is my hope this provision will lead to increased placement and use of this life saving equipment.

Senator BENNETT introduced the Lupus Research Act, to require the Di-

rector of the National Institute of Arthritis and Musculoskeletal and Skin Diseases to expand and intensify research and related activities of the Institute regarding lupus. Lupus is a disorder of the immune system that affects between 1,400,000 and 2,000,000 Americans. Many with the disease are either misdiagnosed or not diagnosed at all. Lupus is often life threatening and is nine times more likely to affect women than men. The symptoms of lupus make diagnosis difficult because they are sporadic and imitate the symptoms of many other illnesses. If diagnosed properly, the majority of lupus cases can be controlled with proper treatment. This measure will increase research into this disease so that it may be more effectively diagnosed and treated.

Title VI of the Public Health Improvement Act contains the Prostate Cancer Research and Protection Act, which I introduced last year. Each year an estimated 37,000 American men will die, and 179,300 will be diagnosed with prostate cancer, the second leading cause of cancer-related death in American men. Cancer of the prostate grows slowly, without symptoms, and thus is often undetected until it's in its most advanced and incurable stage. It is critical that men are aware of the risk of prostate cancer and take steps to ensure early detection. The "Prostate Cancer" bill expands the authority of the CDC to carry out activities related to prostate cancer screening and overall awareness and surveillance of the disease. The bill also extends the authority of the NIH to conduct basic and clinical research in combating prostate cancer.

Finally, I would like to talk about provisions of great personal significance to me relating to organ procurement and donation. Last year, more than 21,000 lives were saved through transplantation in the United States. However, the demand for transplants has more than tripled in the past ten years, and 16 people die each day before they can receive a transplant. As a transplant surgeon, I can't express enough to my colleagues and the nation how important organ donation is. That is why the "Public Health Improvement Act" includes a resolution recognizing the need for increased organ and tissue donation and the important role that families play in the process. The resolution designates November 23, 2000, Thanksgiving Day, as a day to "Give Thanks, Give Life" and to discuss organ and tissue donation with other family members. It encourages families to use the time of Thanksgiving, a time dedicated to spending time with one another, to discuss this critical life-saving issue among themselves so that they may make informed decisions should the occasion to donate arise. Thanksgiving is a time to reflect on our blessings, and it represents the perfect opportunity for family members to discuss this simple act that can give life to those most in need.

The bill also includes the "Organ Procurement Organization Certification Act," which was drafted by Senators COLLINS and DODD. Organ Procurement Organizations, OPOs, approach families regarding organ donation and arrange transportation of organs and transplant surgery logistics. They must currently be recertified every two years by the Health Care Financing Administration, HCFA, in order to qualify for Medicare reimbursement. This bill requires HCFA to change the standards for recertification to account for variation in the number of potential donors in a given state and extends the current certification cycle from two to four years.

Mr. President, I am pleased that the Senate has passed this bill, which represents the work of many Senators which I have mentioned in my remarks. I am thankful to all my colleagues for their support and willingness to help improve the public health of this nation. I would especially like to thank Senators JEFFORDS and KENNEDY and Representatives Tom BLILEY, MICHAEL BILIRAKIS, JOHN DINGELL and SHERROD BROWN, and their excellent staffs for all the hard work and dedication that has gone into negotiating this package of bills. I would also like to thank Mr. Bill Baird and Ms. Daphne Edwards of the Office of Senate Legislative Counsel, for their tireless work and great expertise in drafting this bill. I would like to thank my Staff Director of the Public Health Subcommittee, Anne Phelps, and my Health Advisors Dave Larson and Mary Sumpter Johnson for their work in making this bill possible. Finally, I would like to thank the many groups who have worked on the various provisions in this bill for their support, and I look forward to enactment of this bill this year.

Mr. President, I ask unanimous consent to place in the record a summary of the Public Health Improvement Act and letters of support for the Public Health Threats and Emergencies Act, which is incorporated in the Public Health Improvement Act.

There being no objection, the material was ordered to be printed in the RECORD, as follows:

THE PUBLIC HEALTH IMPROVEMENT ACT OF  
2000

TITLE I—EMERGING THREATS TO PUBLIC HEALTH

Most Americans live longer, healthier lives today than ever before. However, the nation also faces grave new threats that, if unmet, will imperil the extraordinary medical progress made in recent decades. These emerging threats include new or resurgent infectious diseases, dangerous microbes resistant to antibiotics, and bioterrorist attacks. The provision under this Title strengthens the nation's capacity to detect and respond to these serious public health threats by:

Improving the capacity of national, state, and local public health agencies to detect and respond effectively to infectious disease outbreaks and other public health emergencies;

Enhancing the nation's ability to detect and control the spread of disease-causing microbes that are resistant to antibiotics; and

Upgrading the nation's preparedness for the public health and medical consequences of bioterrorist attacks.

*Improving the Capacity of Public Health Agencies to Combat Disease Emergencies*

Drug resistant diseases such as malaria and tuberculosis continue to claim millions of lives across the world and will pose an increasing danger to this country in years to come. The recent outbreak of West Nile Fever in the Northeast is an ominous warning of emerging infectious diseases. New plagues like Ebola virus pose new threats to population around the world, including the United States.

To respond effectively to these growing threats, we must strengthen the capacity of our public health agencies to detect, diagnose, and contain infectious disease outbreaks. Many of these agencies lack the basic computer equipment to share data electronically on disease outbreaks and cannot perform simple lab tests to diagnose infections. Most agencies don't have a complete assessment of their current capacities and needs. To meet these challenges, Title I establishes grant programs to allow state and local public health agencies to:

Assess their current capacities and identify their areas of greatest need.

Upgrade the ability of public health labs to identify disease-causing microbes.

Improve and expand electronic communication networks.

Develop plans to respond to public health emergencies.

Train public health personnel.

*Revitalizing Centers for Disease Control and Prevention*

The mission of the federal Centers for Disease Control and Prevention (CDC) is to prevent and control disease, injury, and disability. However, most of CDC's laboratory facilities are in a state of disrepair and require immediate modernization. If nothing is done, these facilities may be severely out-matched by undiscovered biological threats encountered in the future. To better defend against and combat the public health threats of the 21st century, this bill authorizes funding to CDC for construction and renovation of facilities.

*Combating Antimicrobial Resistance*

The widespread use of antibiotics beginning in the 1940's provided—for the first time in history—effective treatments for infectious diseases. These miracle drugs have saved countless lives, but today they are increasingly prescribed or used inappropriately. Antibiotics that once had the power to cure dangerous infections are now often useless, because microbes have become resistant to all but the newest and most expensive drugs. Some "superbugs" are impervious to any current pharmaceutical treatment.

Resistance to antibiotics takes a heavy toll on patients across the nation. The World Health Organization (WHO) estimates that 14,000 Americans per year, or one American every 38 minutes, die from drug-resistant infections. The financial burden of antibiotic resistance is also staggering. WHO estimates that the United States spends \$10 billion a year treating antibiotic-resistant infections—and this burden will grow heavier as more and more microbes become resistant. To meet the grave and growing problem of antimicrobial resistance, the provisions under Title I:

Directs HHS to conduct a nationwide campaign to educate patients and doctors about the appropriate use of antibiotics;

Authorizes HHS initiatives to monitor and contain the spread of resistant microbes;

Authorizes grants for public health agencies to combat antimicrobial resistance;

Establishes demonstration grants for hospitals and clinics to promote the judicious use of antibiotics and to control the spread of resistant infections.

*Protecting the Public Health Against Bioterrorist Attacks*

The Office of Emergency Preparedness estimates that 40 million Americans could die if a terrorist released smallpox into the population. An Anthrax attack could kill 10 million people. The nation must be prepared to resist these threats as vigorously if they were an invading army. To enhance the ability of the nation's public health agencies to respond to acts of bioterrorism against the civilian population, the provisions under Title I:

Establishes grants to train health care professional in recognizing and treating illnesses caused by such attacks;

Improves coordination among federal agencies to develop public health countermeasures against bioterrorism, such as stockpiles of necessary drugs; and

Reauthorizes an existing provision that allows the Secretary of HHS to protect the public health in the event of a bioterrorist attack or other disease emergency.

TITLE II—CLINICAL RESEARCH ENHANCEMENT

Clinical research is needed to translate the discoveries made in the laboratory into advances in patient care. Numerous reports and analyses have proven that there is insufficient support for patient-oriented research in the United States. Title II will address these issues by:

Establishing intramural and extramural clinical research fellowship programs and a continuing education clinical research training program at NIH.

Providing statutory authority to the Director of the National Center for Research Resources to award grants for the establishment of general clinical research centers. These centers provide the infrastructure for clinical research, including clinical training and career enhancement. The activities of the GRCs will be expanded through the increased use of telecommunications and telemedicine.

Establishing the Mentored Patient-Oriented Research Career Development Awards. These grants support clinical investigators in the early phases of their independent careers by providing salary and other support for a period of supervised study.

Establishing the Mid-Career Investigator Awards in Patient-Oriented Research. These grants provide support for mid-career level clinicians to allow them protected time to devote to clinical research and to act as mentors for beginning clinical investigators.

Establishing the Graduate Training in Patient-Oriented Research Awards. These two-year grants provide stipend, tuition, and institutional support for individuals in advanced degree programs in clinical research.

Creating a clinical research educational loan repayment program to encourage recruitment of new clinical investigators.

TITLE III—RESEARCH LABORATORY INFRASTRUCTURE

The National Institutes of Health (NIH) is the principal source of federal funding for medical research at research institutions in the United States. The infrastructure of our research institutions is central to our continued leadership in medical research, but many research facilities are outdated and inadequate. Future increases in federal funding for the NIH must include increased support for the renovation and construction of extramural research facilities and the purchase of state-of-the-art laboratory instrumentation.

To renovate biomedical and behavioral research facilities, Title III authorizes the Di-

rector of the National Center for Research Resources (NCRR) at the NIH may make grants or contracts to public and nonprofit private entities to expand, remodel, renovate, or alter existing research facilities or construct new research facilities, including centers of excellence. In addition, the provision under this Title would also provide grants to public and non-profit private entities for the purchase of high-end, state-of-the-art laboratory instrumentation.

TITLE IV—CARDIAC ARREST SURVIVAL

More than 700 people die each day from sudden cardiac arrest, but immediate medical attention could save up to 30 percent of these victims through immediate medical response, including defibrillation and cardiopulmonary resuscitation. Title VI will increase public awareness about automated external defibrillators and encourage their use.

Part A—Recommendations for Federal Buildings

*Placement of AEDs in Federal Buildings*

The Secretary of HHS shall make recommendations with respect to placing automated external defibrillators (AEDs) in federal buildings that include procedures for:

Implementing appropriate nationally recognized training courses in performing CPR and in using AEDs;

Proper maintenance and testing of the devices, according to manufacturer guidelines;

Ensuring direct involvement of a licensed medical professional and coordination with EMS in the oversight of training and notification when the devices are used; and

Ensuring that the local EMS agent is notified regarding the location and type of device.

*Extending Good Samaritan Protections*

This legislation establishes Good Samaritan protection for any person who provides emergency medical care through the use of an AED unless the person engages in willful or wanton misconduct, gross negligence, reckless misconduct or a conscious, flagrant indifference to the rights or safety of the victim. This legislation does not supersede any existing or future law of any state.

Organizations that purchase for defibrillators are extended the same Good Samaritan protection unless they are grossly negligent or engaged in willful or wanton misconduct, if (1) they have notified local emergency personnel regarding the placement of the device; (2) the AED is properly maintained and tested in accordance with the manufacturer's guidelines; and (3) employees of the acquirer who are expected users received proper training.

Part B—Rural Access to Emergency Devices

This legislation is intended to improve access to automated external defibrillators (AEDs) in small communities and rural areas to boost the survival rates of individuals in those communities who suffer cardiac arrest. In many small and rural communities limited budgets and the fact that so many rely on volunteer organizations for emergency services can make acquisition and appropriate training in the use of these life-saving devices problematic. This legislation is intended to increase access to AEDs and trained local responders for smaller towns and rural areas where those first on the scene may not be paramedics or others who would normally have AEDs.

Under this legislation, the Secretary of HHS, acting through the Rural Health Outreach Office of the Health Resources and Services Administration (HRSA), shall award grants to community partnerships consisting of local emergency responders, police and fire departments, hospitals and

other community organizations to enable them to purchase AEDs and to provide defibrillator and basic life support training through the American Heart Association, the American Red Cross, or other national recognized training courses. The bill authorizes \$25 million a year over three years for this purpose.

TITLE V—LUPUS RESEARCH AND CARE

Lupus is a disorder of the immune system that affects between 1,400,000 and 2,000,000 Americans and many more with the disease are either misdiagnosed or not diagnosed at all. Lupus is often life threatening and is nine times more likely to affect women than men. The symptoms of lupus make diagnosis difficult because they are sporadic and imitate the symptoms of many other illnesses. If diagnosed properly, the majority of lupus cases can be controlled with proper treatment.

Provisions under this Title would require the Director of the National Institute of Arthritis and Musculoskeletal and Skin Diseases to expand and intensify research and related activities of the Institute regarding lupus. Requires the Director to coordinate such activities with similar activities conducted by other national research institutes and agencies of NIH; and conduct or support research to expand the understanding of the causes of, and to find a cure for, lupus, including research to determine the reasons underlying the elevated prevalence of the disease among African-American and other women. The provisions also creates grants for the establishment, operation, and coordination of effective and cost-efficient systems for the delivery of essential services to individuals with lupus and their families.

TITLE VI—PROSTATE CANCER RESEARCH AND PREVENTION

This year 37,000 American men will die, and 179,300 will be diagnosed with prostate cancer, the second leading cause of cancer-related death in American men. Cancer of the prostate grows slowly, without symptoms, and thus is often undetected until its most advanced and incurable stage. It is critical that men are aware of the risk of prostate cancer and to take steps to ensure early detection.

The provisions under this Title expands the authority of the Centers for Disease Control and Prevention (CDC) to carry out activities related to prostate cancer screening and overall awareness and surveillance of the disease. The bill also extends the authority of the National Institutes of Health to conduct basic and clinical research in combating prostate cancer.

TITLE VII—ORGAN PROCUREMENT AND DONATION

Last year, there were almost 22,000 transplants, nearly double the roughly 13,000 transplants performed ten years ago. Unfortunately, the demand for transplants has more than tripled in the past ten years from 19,095 in 1989 to 72,255 in 1999.

Last year, 6,125 patients were removed from the OPTN waiting list due to death, an increase of over 350% in the last ten years. Moreover, since 1988, 38,574 patients have died before they could receive a transplant, and the yearly figures only continue to increase. OPOs are organizations that approach families regarding organ donation and arrange transportation of organs and transplant surgery logistics. (OPOs are not responsible for the allocation of organs.) Each state has one or two OPOs that cover non-overlapping geographic regions. Currently, OPOs must be recertified every two years by the Health Care Financing Administration (HCFA) in order to qualify for Medicare reimbursement. Because Medicare funds make up a large percentage of OPO budgets,

decertification essentially shuts down an OPO.

Requires HCFA to change the standards for recertification to account for variation in the number of potential donors in a given state, extends the current certification cycle from two to four years, ensures rights of OPOs, and reinstates certification for all OPOs who were decertified in April.

The bill also recognizes the need for increased organ and tissue donation and the important role that families play in the process—noting that designation as an organ donor on a driver's license or similar instrument does not ensure donation. The provision designates Thanksgiving as a day to "Give Thanks, Give Life", and encourages families to use the time of Thanksgiving to discuss organ and tissue donation to foster informed decisions among family members if the occasion to donate arises.

TITLE VIII—ALZHEIMER'S CLINICAL RESEARCH AND TRAINING

To address the devastating disease of Alzheimer's, the provisions under this Title would authorize NIH to establish a program to enhance clinical research relating to the treatment of individuals with Alzheimer's disease. The provisions would also provide support to clinicians for research, study, and practice at centers of excellence in Alzheimer's disease research and treatment.

TITLE IX—SEXUALLY TRANSMITTED DISEASE CLINICAL RESEARCH AND TRAINING

In an effort to develop treatment for sexually transmitted diseases, the provisions under this Title would authorize NIH to establish a program to enhance clinical research relating to the treatment and care of individuals with sexually transmitted diseases. The provisions would also provide support to promising clinicians for research, study, and practice at centers of excellence in sexually transmitted disease research and treatment.

TITLE X—MISCELLANEOUS PROVISIONS

Technical amendment to the Children's Health Act of 2000 which corrects an inaccurate citation to a provision in the Code of Federal Regulations.

SEPTEMBER 21, 2000.

Re The Public Health Threats and Emergencies Act

U.S. SENATE,  
*Washington, DC.*

DEAR SENATOR: Senators Bill Frist and Ted Kennedy have joined in introducing a bipartisan bill that addresses a pressing issue in public health. The organizations below join in urging you to cosponsor S. 2731, "The Public Health Threats and Emergencies Act," and to support its prompt passage.

Our nation faces grave new health threats in the 21st century. New or resurgent infectious diseases, such as West Nile virus, hantavirus, and Lyme disease, are on the upswing, and the globalization of our economy makes the importation of threatening new microorganisms highly likely. An increasing number of microbes that cause serious disease have developed resistance to existing antibiotics, so that formerly treatable infections, such as staphylococcus and tuberculosis, may rapidly become incurable. In addition, our national security is directly threatened by biological weapons, such as smallpox and anthrax, which could devastate large populations if used for terrorism and mass destruction.

Our public health system, a collaboration among federal, state and local governments, who must work closely with private medical providers, bears the awesome responsibility for protecting the population from these serious threats. However, the public health

system is not uniformly well prepared to detect disease outbreaks rapidly or respond to them effectively. Preparing our nation to address these threats requires revitalizing public health agencies with trained personnel, up-to-date equipment and technology, and development of new systems to monitor and respond to disease.

The Public Health Threats and Emergencies Act authorizes steps that are widely agreed to be essential to preparing for new public health threats. It enjoys bipartisan support in both the Senate and the House and the endorsement of leading experts in public health and bioterrorism. Please cosponsor S. 2731 and enable the public health system to respond effectively to deadly public health threats before they strike on a widespread basis.

Sincerely,

American College of Preventive Medicine, American Lung Association, American Public Health Association, American Society for Microbiology, American Thoracic Society, Association of American Medical Colleges, Association for Professionals in Infection Control and Epidemiology, Association of Public Health Laboratories, Association of Schools of Public Health, Association of State and Territorial Health Officials, Council of State and Territorial Epidemiologists, Food and Environment Program, Union of Concerned Scientists, Infectious Disease Society of America, National Association of Counties, National Association of County and City Health Officials, National Association of Local Boards of Health, National Association for Public Health Statistics and Information Systems, National Environmental Health Association, Partnership for Prevention, Physicians for Social Responsibility, Research! America.

ASSOCIATION OF  
AMERICAN MEDICAL COLLEGES,  
*Washington, DC, September 19, 2000.*

Hon. BILL FRIST,

*U.S. Senate, Washington, DC.*

DEAR SENATOR FRIST: The Association of American Medical Colleges strongly supports the Public Health Threats and Emergencies Act of 2000, S. 2731. The AAMC represents the nation's 125 allopathic medical schools, nearly 400 major teaching hospitals and health care systems, more than 87,000 faculty in 91 professional and scientific societies, and the nation's 67,000 medical students and 102,000 residents.

This legislation is needed to strengthen the nation's public health infrastructure and improve our preparedness at a time when we are confronted by significant threats to the health of the American people: new and re-emerging infectious diseases; increasing antimicrobial resistance, and the growing menace of bioterrorism. We must take steps now to restore and strengthen the capacity of our public health system, which has been eroded by inadequate funding. This legislation will provide the resources to revitalize our ability to respond to these public health emergencies with trained personnel, state-of-the-art equipment and technology, and the development of new systems to monitor and combat these deadly diseases. The bill also authorizes needed funding to rebuild and remodel the facilities of the Centers for Disease Control and Prevention. In addition, this bill will coordinate federal research and education efforts, and provide grants to improve the capacity of institutions to detect and respond to antimicrobial resistance and bioterrorism.

We commend you and Senator Kennedy for your leadership in sponsoring this legislation

that addresses a critical set of issues affecting the health and safety of the American people, and urge the Senate to pass S. 2731 before the end of the current session.

Sincerely,

JORDAN J. COHEN, M.D.

NATIONAL ASSOCIATION OF  
COUNTY AND CITY HEALTH OFFICIALS,  
Washington, DC, July 13, 2000.

Senator BILL FRIST,

*Subcommittee on Public Health, Health, Education, Labor, and Pensions, Committee, U.S. Senate, Washington, DC.*

DEAR SENATOR FRIST: The National Association of County and City Health Officials (NACCHO) is very pleased to support S. 2731, the "Public Health Threats and Emergencies Act" that you have introduced. This groundbreaking proposal provides a vigorous and rational approach to improve our nation's public health system and its preparedness to meet the public health threats of the 21st century. You are doing a great service by recognizing that strengthening the underlying infrastructure of public health is essential to protecting the health of all Americans.

NACCHO is the organization representing the almost 3000 local public health agencies—in cities, counties and towns—that serve on the front lines in protecting and promoting the nation's health. We are extraordinarily grateful for your keen understanding of public health threats and your commitment to addressing them skillfully and constructively. NACCHO looks forward to working with you to ensure that the promise of your legislation is fulfilled. Thank you for your continuing foresight and leadership.

Sincerely,

STEPHANIE B.C. BAILEY, MD, MSHSA,  
*President, NACCHO and Director of Health.*

ASSOCIATION OF PUBLIC LABORATORIES,  
Washington, DC, August 3, 2000.

Re "Public Health Threats and Emergencies Act", S. 2731

Hon. WILLIAM H. FRIST,  
*U.S. Senate, Senate Dirksen Office Building, Washington, DC.*

Hon. EDWARD M. KENNEDY,  
*U.S. Senate, Senate Russell Office Building, Washington, DC.*

DEAR SENATORS FRIST AND KENNEDY: The Association of Public Health Laboratories (APHL) supports S. 2731 introduced June 14, 2000 to amend Title III of the Public Health Services Act for enhancing the Nation's capacity to address public health threats and emergencies. APHL is a professional association organized to promote the role and contributions of public health laboratories in support of the public health objectives of disease prevention and health promotion.

Public health laboratories represent a first line of defense in the rapid recognition and prevention of the spread of communicable diseases. These public health laboratories provide essential services for disease surveillance and prevention as well as identification of new and re-emerging infectious disease agents that threaten the public's health and welfare. Besides the 56 State and Territorial Public Health Laboratories, and the Federal (CDC) laboratories, nearly 1,000 local health departments also provide some level of direct public health laboratory services.

All sectors of the public health infrastructure (disease control and prevention, maternal and child health, environmental health, epidemiology, emergency preparedness and response) are critically linked to the local, state and federal public health laboratory "system". These public health laboratories provide early warning signals of health risks,

compile data to solve outbreak investigations, and identify causes of disease to aid in treatment and prevention. This leadership, through science and through service, promotes health and quality of life by preventing and controlling disease, birth defects, disability and death resulting from interactions between people and their environment. Clearly, the nation's public health laboratories play a vital role in disease prevention programs and are central to the national public health infrastructure. The loss of these laboratories, or the diminishment of their abilities, will surely create a serious public health crisis.

As new public health challenges arise, the effectiveness of the national public health system's response will depend on the efficacy of public health laboratories. It is evident that the advent of new or re-emerging diseases and outbreaks (including West Nile Fever Virus, Hantavirus infection, HIV/AIDS, Legionellosis, Lyme Disease, antimicrobial-resistant communicable disease agents, genetic disorders, *E. coli* O157:H7 infections, environmental exposures and potential bioterrorism activities) presents a tremendous challenge to the public health system, and particularly to public health laboratories. Facing these challenges will require critical development or enhancement of the functions, responsibilities, staffing and capability of these laboratories.

The public health laboratory must maintain expertise and flexibility to investigate disease outbreaks; conduct special disease surveillance activities; determine immunity levels for a variety of vaccine preventable diseases; and to provide laboratory support as part of the state's disaster preparedness plan for response to emergencies. This includes ensuring that a well trained and equipped cadre of personnel are available to quickly respond to public health emergencies and on-going laboratory surveillance activities at the local, state and federal levels.

APHL also supports the revitalization of laboratories within the Centers for Disease Control and Prevention (CDC) as an important component of this bill as these laboratories have been, and will remain, a critical partner with state and local laboratories in disease prevention and diagnosis.

We applaud the proactive stance taken through this bill to evaluate and enhance the public health laboratories infrastructure to protect the health and welfare of our nation's population and look forward to working with you on this effort. Please feel free to contact APHL's executive director, Scott J. Becker, at 202-822-5227 as needed.

Sincerely,

RONALD L. CADA, DrPH,  
*President, APHL.*

NATIONAL FOUNDATION FOR  
INFECTIOUS DISEASES,  
Bethesda, MD, August 2, 2000.

Hon. WILLIAM FRIST,  
*U.S. Senate, Dirksen Building, Washington, DC.*

DEAR SENATOR FRIST: The National Foundation for Infectious Diseases (NFID) is a national, not-for-profit organization whose mission is professional and public education about, and support of research into the causes, treatments, and prevention of infectious diseases. I am writing on behalf of the NFID Board of Directors and Board of Trustees to endorse S. 2731, the Public Health Threats and Emergencies Act of 2000. This bill, introduced by you and Senator Kennedy, seeks to strengthen the public health infrastructure in the United States by improving surveillance, recognition, treatment, control, and prevention of infectious diseases. The bill specifically, and importantly,

singles out antimicrobial resistance and bioterrorist threats, and outlines programs to address these growing public health concerns.

As you are aware, infectious diseases now are the third most common cause of death in the United States. National and global infectious diseases threats continually emerge, highlighted most recently by the epidemic of West Nile Virus in New York City last summer. However, one need look no farther than the devastating human immunodeficiency virus pandemic to recognize the vulnerability of human populations to emergent microbial pathogens. The alarming rise in antimicrobial resistance and the possibility of bioterrorist attacks upon the civilian population have increasingly captured the attention of public health officials, clinicians, legislative officials, and the general public.

It is within the context of these concerns that the NFID wholeheartedly supports the efforts taken by you and Senator Kennedy. Building the capacity to respond to natural and intentional infectious diseases threats will require substantial funding and your commitment to increase the needed support is to be lauded.

The NFID is pleased to work with you to accomplish your goals and would be happy to continue to be involved as S. 2731 moves forward. If I can be of assistance in the future, please do not hesitate to call me at (301) 656-0003 X 13 or fax at (301) 907-0878.

Sincerely yours,

WILLIAM J. MARTONE, M.D.,  
*Senior Executive Director.*

AMERICAN SOCIETY FOR MICROBIOLOGY,  
Washington, DC, July 5, 2000.

Hon. WILLIAM FRIST,  
*U.S. Senate, Dirksen Building, Washington, DC.*

DEAR SENATOR FRIST: The American Society for Microbiology (ASM), which represents over 42,000 microbiologists and infectious disease experts, is writing to endorse S. 2731, the Public Health Threats and Emergencies Act of 2000.

The ASM applauds the initiative which you and Senator Kennedy have taken to respond to emerging public health threats, particularly the alarming trend toward antimicrobial resistance among pathogenic microorganisms. Your commitment to significantly strengthening the public health system to respond to the potential threat of bioterrorism is very reassuring for the country and the microbiological community. The Society especially commends your efforts in drafting legislation to increase needed support for the public health needs of the nation. Public Health Agency plans to address antimicrobial resistance and improve the public health infrastructure urgently require additional funding to be successful.

The ASM is pleased to work with you towards achieving this goal. The ASM would like to continue to be involved in the process as S. 2731 moves forward. Please do not hesitate to call on the ASM at anytime. We stand ready to be of assistance to you and your staff.

Sincerely,

GAIL H. CASSELL, Ph.D.,  
*Chair, Public and Scientific Affairs Board.*

AMERICAN SOCIETY OF TROPICAL  
MEDICINE AND HYGIENE,  
Boston, MA, August 8, 2000.

Hon. WILLIAM FRIST,  
*U.S. Senate, Russell Senate Office Building, Washington, DC.*

DEAR SENATOR FRIST: The American Society of Tropical Medicine and Hygiene commends you and your colleague Senator Edward Kennedy for introducing S. 2731, "The Public Health Threats and Emergencies Act

of 2000," legislation that will bolster the public health infrastructure and the national response to new and re-emerging health threats.

The American Society of Tropical Medicine and Hygiene is a professional society of 3,500 researchers and practitioners dedicated to the prevention and treatment of infectious and tropical infectious diseases. The collective expertise of the Society is in the areas of basic molecular science, medicine, vector control, epidemiology, and public health.

The Society believes a strong federal commitment to domestic and international research, prevention and treatment activities targeted towards infectious and tropical infectious disease, whether naturally occurring or resulting from a deliberate terrorist act, is absolutely critical to protecting our nation's health and national security interests. S. 2731 represents an important step in protecting the public from the most serious health and security threats of the 21st Century—*infectious disease, antimicrobial resistance, and bioterrorism*—by providing resources and the leadership mechanism across federal agencies to launch a comprehensive, coordinated attack against these killers.

The American Society of Tropical Medicine and Hygiene strongly supports S. 2731 and looks forward to working with you to advance this initiative and pursue additional prevention strategies to control these health threats from exacting a greater burden on domestic and global health.

Thank you for your ongoing efforts to address these critical public health issues.

Sincerely,

DYANN F. WIRTH, Ph.D.,  
*Past President.*

SMITHKLINE BEECHAM,  
*Philadelphia, PA, June 20, 2000.*

Hon. WILLIAM FRIST,  
*U.S. Senate,  
Washington, DC.*  
Hon. EDWARD M. KENNEDY,  
*U.S. Senate,  
Washington, DC.*

DEAR SENATORS FRIST AND KENNEDY: I am writing on behalf of SmithKline Beecham to commend you upon introduction of your legislation, "The Public Health Threats and Emergencies Act", designed to address the threat of antibiotic resistance, public health emergencies and bioterrorist attacks. As emphasized this week in a new report by the World Health Organization, resistance to antibiotics is increasing rapidly, threatening to recreate the preantibiotic era when bacterial infections killed and maimed routinely.

While antibiotics are a crucial tool to fighting disease, it is important that they be prescribed judiciously. To this end, SmithKline Beecham has worked in partnership with medical and public health organizations, such as the U.S. Centers for Disease Control and Prevention, in an effort to ensure that antibiotics are prescribed appropriately, and that attention is paid to prescribing antibiotics that are most effective against the most prevalent disease-causing bacteria. We note that your bill furthers this type of activity by encouraging federal agencies and professional organizations and societies to develop and implement educational programs fostering public awareness of the threat of resistance and the prudent use of antibiotics.

America must do its part to help preserve the effectiveness of our current pharmaceutical arsenal against infection and our country must quickly develop an effective strategy against this growing public health threat. The Public Health Threats and Emergencies Act is a major step toward accom-

plishing this important goal. For our part, SmithKline Beecham is committed to investing heavily in state of the art approaches to new antibiotic discovery in order to have the best possible chance of combating antibiotic resistance. We feel that more needs to be done to foster research and development of new lines of defense against resistance microbes.

We look forward to working with you on this important issue. I thank you for the opportunity to comment on your bill, and applaud you for your initiative.

Sincerely,

JEAN-PIERRE GARNIER, Ph.D.  
*Chief Executive Officer.*

Mr. KENNEDY. Mr. President, the Public Health Improvement Act of 2000 will bring far-reaching benefits to the health of millions of Americans. I commend my colleagues, Senator JIM JEFFORDS and Senator BILL FRIST, for their leadership in bringing this important measure to the Senate floor today. The leadership of our colleagues in the House was also essential in developing this groundbreaking bill, and I thank Representatives TOM BLILEY, JOHN DINGELL, MICHAEL BILIRAKIS, and SHERROD BROWN for their dedication and skillful work in bringing this legislation forward.

The Act will help the nation meet many of the health challenges we face at the beginning of the 21st century. Few of these are more grave than the ominous threat of attack with a biological weapon. Like the lethal mushroom cloud of a nuclear bomb, a haze of anthrax spores released by a terrorist over one of our major cities could bring death and disease to millions of Americans. Chilling revelations from the former Soviet Union and other nations have revealed extensive and sophisticated programs to use deadly microbes as weapons of mass destruction. Just this week, we heard alarming news from Uganda about the deadly outbreak of Ebola fever. Yet viruses like Ebola were a subject of research in bio-weapons programs whose aim was to make these viruses even deadlier and more contagious.

Senator FRIST and I have held numerous hearings in the Public Health Subcommittee on these public health threats. Witness after witness testified that the best way to defend the nation against these deadly biological weapons threats is to strengthen the ability of public health agencies to respond at the local, state and national levels. Given the importance of these agencies in safeguarding the health of the nation, we were appalled to hear that many public health agencies are underfunded, ill-equipped and poorly prepared to respond to these modern disease threats. In this electronic era, when we can send an e-mail message from Cape Town to Cape Cod in the blink of an eye, our nation's public health agencies often lack equipment as basic as a fax machine. At a time when scientists have deciphered the entire DNA sequence of the human genetic code, many of the nation's public health laboratories cannot conduct simple genetic tests to identify deadly

microbes rapidly and accurately. Yet, in a disease emergency, swift action can keep a local outbreak from becoming a national epidemic. A few lost hours can mean thousands more lost lives.

To counter the threat of infectious disease outbreaks—whether naturally occurring or resulting from bioterrorist attacks—we must strengthen our public health defenses. Expert testimony provided to our committee showed how much work needs to be done. We must begin by defining and assessing the capacities that public health agencies need to fight infectious diseases. Our bill authorizes grants to these agencies to enable them to assess their ability to respond effectively to infectious disease threats.

Once assessments have been completed, state and local public health agencies will become eligible to receive grants to strengthen their capacity to fight infectious disease threats. While only a few states that have already completed capacity assessments will be eligible for these grants in the first year of this program, more and more states will become eligible in the years to come.

Strengthening the nation's public health agencies will also assist in countering the threats posed by microbes that have become resistant to antibiotics. Not long ago, doctors were confident that most microbes could be easily treated with antibiotics. In recent years, however, this confidence has been shaken by the rise of deadly infections that cannot be cured by antibiotics. The World Health Organization estimates that 14,000 Americans die every year from drug-resistant infections, and that fighting these infections costs the United States \$10 billion per year. These figures are distressing, and they are sure to become even more alarming in the future, as the number of resistant infections increases.

We must clearly do more to halt that upward spiral. If we act now to contain the spread of antibiotic resistance, we can buy enough time for new antibiotics to be developed that provide additional defenses against microbes that are becoming increasingly resistant to the current generation of drugs. This legislation supports efforts to use existing drugs more carefully, monitor drug-resistant infections more diligently, and conduct research to find the next generation of antimicrobial treatments.

The existing interagency task force on antimicrobial resistance has made a good start in tackling these problems. This group has carefully brought together federal agencies with special responsibilities in areas related to antimicrobial resistance, and has sought the advice of experts in formulating its Action Plan. Our legislation provides statutory authorization for this task force to continue its essential work. The activities already underway or planned by the task force will do much

to invigorate federal efforts to fight antimicrobial resistance, and our committee will watch carefully to make sure that these promising plans are translated into effective action.

The Food and Drug Administration has a special responsibility to protect the public from the growing threat of drug-resistant microbes in our nation's food supply. Numerous scientific studies have provided compelling evidence that there is a link between the overuse of antibiotics in food animals and the alarming increase in drug-resistant microbes found in meat and poultry. The FDA deserves credit for carefully gathering information about the risk of using antibiotics in food animals. The agency now has an opportunity to act decisively on this information, by setting regulatory thresholds for the presence of drug-resistant microbes in food at levels which will protect the public health. Both consumers and producers will benefit if the nation can be assured that its food supply is safe and uncontaminated. I am sure that many members of our committee and our colleagues in Congress will pay close attention to the decisions that the FDA makes on this important issue in the months to come.

Countering emerging public health threats is only one part of this important legislation. The Act also includes important provisions to strengthen clinical research. These provisions, which the Senate approved last November as the Clinical Research Enhancement Act, will begin to reverse the alarming decline in the number of health professionals who conduct research directly related to the needs of patients. These provisions will also provide clinical researchers with the facilities they need to conduct their important work.

Numerous expert reports and analyses have proven that support for patient-oriented research is inadequate in the United States. Too often, talented health professionals are deterred from careers in clinical research because of inadequate grant funding or the extreme financial pressure of high educational debt. In addition, there are too few clinical research centers which conduct high quality patient-oriented research. The Act addresses these deficiencies by authorizing grants for clinical researchers throughout their careers, by providing relief from the education debt burden that keeps many health professionals from pursuing careers in clinical research, and by authorizing grants to establish general clinical research centers.

This legislation is not intended to single out any individual area of medical research for special study or emphasis. Instead, it provides broad support for clinical research so that clinical researchers can pursue whichever avenues of medical research have the greatest medical need or offer the most promising opportunities. In introducing and passing this legislation, it is our strong view that awards under

the Act should be granted to investigators who show the greatest promise and who are conducting research of the greatest scientific or health value, regardless of the specific diseases or conditions they may be studying.

The Clinical Research Enhancement Act will bear fruit now and in the coming years as new medical advances move more rapidly from the laboratory of the researcher to the bedside of the patient. The skill and dedication of the nation's clinical researchers deserve this support, and it is long overdue.

The Act will also revitalize the nation's biomedical research facilities. Continued progress in medicine depends on modern and well-maintained research facilities—yet the nation's basic biomedical research facilities are in an alarming state of disrepair. To restore and rebuild the nation's biomedical research infrastructure, the Act incorporates the provisions originally passed in the Senate last year as the Twenty-First Century Research Laboratories Act. I commend Senator HARKIN for his leadership on these needed provisions. I also commend our colleague, Representative MICHAEL BILIRAKIS, for introducing and championing this legislation in the House.

Earlier this year, the National Science Foundation conducted a comprehensive study of the nation's research facilities. The shocking facts uncovered by the analysis demonstrate the need for this important legislation. Over 60 percent of the universities and research institutions studied by the NSF had inadequate laboratory space in the biomedical sciences. The NSF found that 5 percent of the laboratory space at the nation's research institutions is in such poor condition that it needs immediate replacement. An additional 18 percent—or 4.6 million square feet of lab space—needs major repairs and renovations. Funding for such construction has not kept pace with the significant budget increases provided to the NIH in recent years. As a result, 54 percent of all research institutions have had to defer needed construction for research and development due to insufficient funding, resulting in a backlog of more than \$2.1 billion in deferred construction.

Funding from state, local and institutional sources can meet a significant proportion of this shortfall. But federal resources are needed too, to revitalize the nation's biomedical research laboratories. Under this legislation, NIH will be authorized to provide merit-based grants for construction or revitalization of essential laboratory facilities.

The Act also authorizes grants to institutions to purchase the sophisticated scientific instruments that are increasingly required to conduct top quality biomedical research. As scientists learn more and more about the fundamental processes of life, advances in research rely increasingly on complex and expensive scientific instruments. In a matter of moments, an ad-

vanced DNA sequencer can find out vital information about the genes that affect health and disease. New microscopes and imaging devices can provide snapshots inside the body or within a single cell.

The Federation of American Societies for Experimental Biology recently released a detailed survey about the needs of the nation's biomedical research institutions for scientific equipment. Over 80 percent of NIH grant recipients believed that shared scientific equipment and core facilities are essential to their research—but more than half felt that NIH's grant support is inadequate for purchases of this needed equipment. Future progress in medicine will increasingly depend on sophisticated and expensive equipment. Congress has a responsibility to accelerate this progress by providing adequate federal support for equipment.

The Act also includes the House-passed Lupus Research and Care Amendments of 2000. These provisions authorize new resources for lupus research and new programs for treating this cruel disease. Lupus disproportionately affects women, and it affects African-American women in particular. Patients with lupus suffer a debilitating variety of symptoms that include inflammation of the joints, kidney failure, painful skin rashes, neurological impairments and many other painful conditions. While lupus is rarely fatal, it can often result in a lifetime of pain or disability for persons with the disease. There is no known cure for lupus, but the Act will advance our understanding of this disease, and provide assistance to persons who suffer from its consequences.

The Act will also improve the treatment and detection of prostate cancer, by incorporating the provisions of the Prostate Cancer Research and Prevention Act that was passed by the Senate last November. Too often, men with prostate cancer go untreated because they fail to take advantage of screening procedures that detect the early symptoms of this deadly disease. Early detection is the key to surviving prostate cancer, and these provisions will assist the efforts of the Department of Health and Human Services to promote widespread screening for this disease.

The Act also reflects the nation's commitment to improving the treatment and understanding of Alzheimer's disease and sexually transmitted diseases, by authorizing fellowships for clinical scientists conducting research in these areas. Large numbers of Americans today have friends or relatives who suffer from the terrifying loss of mental abilities brought on by Alzheimer's disease. We have made a significant investment in basic research, and we must ensure that the new treatments produced by research are brought rapidly to patients suffering from this disease. I commend my colleague from Massachusetts, Representative ED MARKEY, for introducing the Alzheimer's Clinical Research and

Training Awards Act of 2000, which has been incorporated into this Act. This measure authorizes clinical research awards to health professionals for research, study and practice at centers of excellence for Alzheimer's disease research and treatment. The Act includes a similar provision to increase support for health professionals engaged in clinical research on sexually transmitted diseases, which will improve the understanding and treatment of these disorders.

Taken together, the provisions of the Public Health Improvement Act of 2000 will improve the lives of millions of Americans and help safeguard the nation's health in the years ahead. This significant legislation will help revitalize the capacity of the nation's public health agencies to respond effectively to public health emergencies, such as infectious disease outbreaks or bioterrorist attacks. It will help bridge the gap between discoveries made in the laboratory and improvements in patient care by providing new support for talented health professional to pursue careers in patient-oriented clinical research. This legislation will help rebuild the nation's laboratory infrastructure, which is in an alarming state of decay and disrepair. The Act also gives new emphasis to research into the causes and treatment of lupus, prostate cancer, Alzheimer's disease and sexually transmitted diseases. The Public Health Improvement Act of 2000 can help lay a firm foundation for more effective public health in a wide variety of areas, and I urge my colleagues to approve this much needed legislation.

#### AMENDING SECTION 319

Mr. FRIST. Mr. President, the Public Health Improvement Act of 2000 incorporates provisions that I originally introduced with my colleague, Senator KENNEDY, as the Public Health Threats and Emergencies Act. The Act reauthorizes and amends Section 319 of the Public Health Service Act. This Section reauthorizes the "Public Health Emergency Fund," from which the Secretary of Health and Human Services may expend funds in the event of a public health emergency. The Public Health Emergency Fund is a separate and distinct fund from the existing Public Health and Social Services Emergency Fund, which is now used to fund other programs within the Department of Health and Human Services. It is our intent that the provisions of Section 319 of the Public Health Service Act apply to the Public Health Emergency Fund, and not to the Public Health and Social Services Emergency Fund.

Since public health emergencies may present unanticipated costs, the sponsors of the Act did not specify a dollar amount in authorizing appropriations for the Public Health Emergency Fund. However, we believe that a fund should exist from which expenditures can be made in the event of a public health emergency and appropriations made

accordingly, so that monies need not be diverted from existing programs when emergencies arise, as is often now the case.

Mr. KENNEDY. I thank my colleague, Senator FRIST, for his thoughtful remarks regarding the Public Health Threats and Emergencies Act, and I agree with them strongly.

#### WEAPONS OF MASS DESTRUCTION

• Mr. SESSIONS. Mr. President, I would like to engage the distinguished Senator from Tennessee in a brief colloquy to clarify language in the Public Health Improvement Act of 2000 as it pertains to public health countermeasures to a bio-terrorist attack.

I commend my colleague for bringing such an important measure to the Senate floor. His legislation addresses several weaknesses that persist today in the pre-crisis and consequence management phases of an attack by a terrorist using a weapon of mass destruction, WMD. Since the end of the cold war, our nation has strived to address how we might cope with an event the likes of which we have never seen on our soil; an event that could easily produce thousands of civilian casualties. To this end the government has taken some steps to train responders, provide them needed equipment, and in rare cases created exercises to test systems and response capabilities. The nation is making strides, and government is spending billions on all sorts of related programs. Yet, I think we remain adrift and ill-prepared to address both the cause and effect of a WMD event, particularly one involving a biological weapon.

American's Public Health system is second to none. It has the inherent capacity to thoroughly plan, properly train, and expertly execute tasks associated with a crisis. My colleague's experience in the field of medicine takes the need for planning and training for a bio-terrorist event to the next level by requiring the establishment of two interagency working groups. Each is designed to bring the expertise resident in the government today forward in a constructive manner which will allow agencies to set in motion processes that will result in increased planning, preparedness and most importantly response.

One of the failures of WMD programs found elsewhere in the nation and elsewhere in the government is the unnecessary proliferation of new bureaucracies created to manage new programs, grants, and training programs at the expense of producing qualified graduates. Therefore, I believe in this instance that it is extremely important to use existing Public Health Service training facilities, particularly those with WMD training programs in place whenever practical to respond to the training needs of medical professionals outlined in this legislation. Does the Senator from Tennessee agree that these PHS facilities, which already have the infrastructure in place to implement weapons of mass destruction

training and related activities, should be considered as an eligible applicant of any grants or new training initiatives initiated by the Secretary?

Mr. FRIST. The Senator from Alabama is correct. Using current facilities and training programs would provide our health care professionals the most efficient way of training as many medical personnel as possible in the shortest amount of time.

Mr. SESSIONS. Mr. President, I would like to thank my colleague for his hard work on this issue. I, too, look forward to working with my friend from Tennessee and other colleagues on this important issues.●

#### UPCOMING ELECTION AND THE FEDERAL COURTS

Mr. LEAHY. Mr. President, it is not often that the President of the United States, the editorial board of the Washington Times, People for the American Way and Gary Bauer all agree. They all do about the importance of the upcoming election to the rights of Americans in the decades ahead because of its impact on the third branch of the Federal Government, our federal judiciary.

This first national election of this new century will give the American people a choice—a clear choice for President and for Congress. Also at stake is the third branch of our Federal Government, the judiciary. It is this branch of government, headed by the Supreme Court, that is the guardian of our rights under the Constitution.

The next President is likely to nominate not only the next Justice on the United States Supreme Court, but possibly as many as four of the nine members of the Supreme Court over the course of his term. The next Senate will be called upon to vote to confirm or reject the President's nominations to the Supreme Court and the federal courts throughout the country.

These are the judges who can give meaning to the Bill of Rights in cases they decide every day or who can take away our rights and the authority of our elected representatives and impose their own narrow view of our Constitution. The rights of free speech, to practice any religion or no religion as we choose, the right to be treated equally by the government, the right to privacy and a woman's right to choose are fundamental rights that require constant vigilance and protection. This new century will pose challenges to our fundamental rights. Will we have a President and a Senate who will combine to provide judges to protect those rights, or ideologues who will erode them?

Nothing is more sharply at stake this November than the future of our constitutional rights.

Five-to-four—five-to-four is how closely the Supreme Court is now dividing on fundamental issues. One or two votes on the Supreme Court can, for the next half century, tip the balance away from the right to choose,