

As a background to the soldiers' statues at the Memorial, the images of 2,400 unnamed men and women stand etched into a granite wall, symbolizing the determination of the United States workforce and the millions of family members and friends who supported the efforts of those at war. Looking at the steadfast, resolute faces of these individuals invokes in the viewer a deep admiration and appreciation for their importance to the war effort.

Author James Brady, a veteran of the Korean War, spoke for all those who served in the war when he wrote, "We were all proudly putting our lives on the line for our country. But I would later come to realize that the Korean War was like the middle child in a family, falling between World War II and Vietnam. It became an overlooked war." Mr. Brady conveys the sentiments of many of the veterans who served in this war and underscores our need to give these veterans the recognition they are long overdue.

Today, I salute the courage of those who stood up for democracy while fighting for the freedom of strangers. Through their unselfish display of determination and valor in the battles they endured, they sent an important message to future generations. I thank our Korean War veterans; their bravery reminds us of the value we put on freedom, while their sacrifices remind us that, as it says at the Korean War Memorial, "Freedom is not free."

THE VERY BAD DEBT BOXSCORE

Mr. HELMS. Madam President, at the close of business Friday, June 23, 2000, the Federal debt stood at \$5,646,605,711,994.02 (Five trillion, six hundred forty-six billion, six hundred five million, seven hundred eleven thousand, nine hundred ninety-four dollars and two cents).

One year ago, June 23, 1999, the Federal debt stood at \$5,594,432,000,000 (Five trillion, five hundred ninety-four billion, four hundred thirty-two million).

Five years ago, June 23, 1995, the Federal debt stood at \$4,887,614,000,000 (Four trillion, eight hundred eighty-seven billion, six hundred fourteen million).

Twenty-five years ago, June 23, 1975, the Federal debt stood at \$525,118,000,000 (Five hundred twenty-five billion, one hundred eighteen million) which reflects a debt increase of more than \$5 trillion—\$5,121,487,711,994.02 (Five trillion, one hundred twenty-one billion, four hundred eighty-seven million, seven hundred eleven thousand, nine hundred ninety-four dollars and two cents) during the past 25 years.

TRIBUTE TO LUCY CALAUTTI

Mr. DORGAN. Madam President, here in Washington, DC, administrations come and go, Members of Congress and their staff pass through at an

increasing pace. It often seems that many of the people that we know are on their way to someplace else.

With all this change, we cherish the points of stability in our lives, and among these are the professional staff members who have been with us for the long haul. These are the people who could have gone elsewhere and earned more money, but they chose to stay and work in public service. They are the silent heroes here in Congress. They keep the process moving; their invisible stamp is upon all our work in public policy. We depend upon them more than we like to say.

Lucy Calautti is one of those key staff members who makes things happen here in the United States Senate.

Lucy has worked with me for over 25 years, first in my role as an elected State official in our State Capitol in North Dakota, then in the U.S. House of Representatives and now the U.S. Senate. During much of that time she has been my Chief of Staff.

Lucy goes about her work with an energy, focus, and high-spirited competence that people who deal with her have come to know well. For me, Lucy has been a treasure. I have had the great luxury of knowing that when I leave the office to travel to North Dakota, the work here will continue to be directed by a real leader.

Lucy is a true original. She is practical and idealistic, a patriot and an ardent advocate of women's rights. When she graduated from high school in Queens, New York in the 1960s, she went right into the Navy to serve her country. That was not exactly the most popular thing to do back then. When she left the service she came to North Dakota and enrolled in North Dakota State University to get her Masters degree.

I hired Lucy in 1974, and during all of those years she has brought passion and conviction to her work. No problem has been too small or too big. If it concerned the people of North Dakota and our country, then Lucy would tackle it until it got resolved.

One of Lucy's passions has been Major League Baseball. For years she and her husband, Kent, have taken a weekend or two in February to catch a part of Spring training in Florida. It's true she has suffered over the years as an ardent New York Mets fan. But for years I have watched the autographed baseballs on her desk form a rising pyramid in their plastic cases. I had a sense where this stack was heading.

And now, not surprisingly, Lucy is going to leave my office this week to become the head of Government Relations for Major League Baseball. I am sad, but I am happy, too. America's national pastime is gaining a tireless advocate here in Washington. No one deserves this opportunity more than Lucy, and no one could do a better job.

Such passages are common here in Washington, but that does not make them any easier. I just wanted to take a few moments to express my apprecia-

tion to Lucy Calautti, on behalf of all the people of my state, for a job well done. We wish her well.

CONCLUSION OF MORNING BUSINESS

The PRESIDING OFFICER. Morning business is now closed.

THE DEPARTMENTS OF LABOR, HEALTH AND HUMAN SERVICES, AND EDUCATION, AND RELATED AGENCIES APPROPRIATIONS, 2001

The PRESIDING OFFICER. Under the previous order, the Senate will now resume consideration of H.R. 4577, which the clerk will report.

The legislative clerk read as follows:

A bill (H.R. 4577) making appropriations for the Departments of Labor, Health and Human Services, and Education, and related agencies for the fiscal year ending September 30, 2001, and for other purposes.

Pending:

McCain amendment No. 3610, to enhance protection of children using the Internet.

The PRESIDING OFFICER. The Senator from Mississippi is recognized.

AMENDMENT NO. 3625

(Purpose: To implement pilot programs for antimicrobial resistance monitoring and prevention)

Mr. COCHRAN. Madam President, I send an amendment to the desk and ask that it be stated.

The PRESIDING OFFICER. The clerk will report the amendment.

The legislative clerk read as follows:

The Senator from Mississippi [Mr. COCHRAN], for himself, Mr. KENNEDY, and Mr. FRIST, proposes an amendment numbered 3625.

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

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

The amendment is as follows:

On page 27, before the colon on line 4, insert the following: ", and of which \$25,000,000 shall be made available through such Centers for the establishment of partnerships between the Federal Government and academic institutions and State and local public health departments to carry out pilot programs for antimicrobial resistance detection, surveillance, education and prevention and to conduct research on resistance mechanisms and new or more effective antimicrobial compounds."

Mr. COCHRAN. Madam President, I offer this amendment to H.R. 4577, the Labor, Health and Human Services, and Education appropriations bill to implement pilot programs for antimicrobial resistance monitoring and prevention.

Antimicrobial resistance has become a worldwide problem. Emerging, drug-resistant infections threaten the health and stability of countries across the world. Diseases such as malaria and tuberculosis have become resistant to treatment in many countries, and we are beginning to see these drug-resistant infections reemerging in the United States.

Here in the U.S., resistance is developing in both large, urban areas and rural communities. We are seeing widespread resistance develop to common drugs such as Penicillin. Some microbes are even becoming resistant to our last line of therapy, Vancomycin. We are approaching the point where such common ailments as a sore throat or an ear infection could become life threatening. The problem is not limited to a certain line of microbes. We are seeing the development of resistance in all major groups of microorganisms—viruses, fungi, parasites, and bacteria.

We must address this problem on several levels. We must build our public health infrastructure for both surveillance of and response to resistance and outbreaks. We need to educate practitioners and patients in the responsible use of antimicrobials, and we need to continue to invest in research on the mechanisms of resistance and the development of new treatment.

This amendment begins to address the global threat posed by antimicrobial resistant infections. We must aggressively act over the course of the next several years to avert the situation of a half century ago when infectious diseases were the greatest threat to human health.

Specifically, this amendment provides \$25 million to be available through such centers as the Centers for Disease Control and Prevention for the establishment of partnerships between the Federal Government and academic institutions and State and local public health departments to carry out pilot programs for antimicrobial resistance detection, surveillance, education, and prevention, and to conduct research on resistance mechanisms and new or more effective antimicrobial compounds.

For the information of the Senate, authorizing legislation is being introduced and referred to the Health, Education, Labor and Pensions Committee. The purpose of the new legislation, which is being sponsored here in the Senate by the Senator from Tennessee, Dr. FRIST, and the Senator from Massachusetts, Mr. KENNEDY, will provide a framework of legislative authorization for activities and appropriations of dollars such as that reflected by this appropriations bill amendment. I also am pleased to have the cosponsorship on this specific amendment of Senator KENNEDY and Senator FRIST, as well.

I am hopeful the majority leader will be able to permit us to announce that a vote will occur on this amendment as the next order of business for the Senate. It will not likely occur today but probably tomorrow at sometime to be announced by the leader. I hope we will be able to make that announcement for the information of all Senators very soon.

The funding that is provided as an addition to that included in the bill for microbial research into resistance to diseases, viruses, and illnesses is a

matter that is emerging as one of the most serious challenges we face in medical science today. I am hopeful the Senate will approve this amendment and increase the funding for this important area of inquiry.

Madam President, I ask unanimous consent to proceed as in morning business to discuss two related pieces of legislation for the Department of Education that I will introduce today.

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

(The remarks of Mr. COCHRAN pertaining to the introduction of S. 2788 and S. 2789 are printed in today's RECORD under "Statements on Introduced Bills and Joint Resolutions.")

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

The PRESIDING OFFICER. The clerk will call the roll.

The assistant legislative clerk proceeded to call the roll.

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

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

Mr. REID. Madam President, I send an amendment to the desk and ask for its immediate consideration.

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

Mr. COCHRAN. I object, Madam President.

The PRESIDING OFFICER. Objection is heard.

Mr. COCHRAN. I will find out what is going on, and I may withdraw my objection. So I will reserve the right to object at this point, and I will ask the distinguished Senator a question or two.

There is a consent request that I am told was being circulated on both sides of the aisle to have a vote on the pending amendment that I have offered at a time certain. In fact, it would occur at 9:40 a.m. tomorrow and would provide for some remarks to be made before the vote. I would like to know whether or not we can expect to get consent to that proposed agreement before permitting the amendment to be set aside and proceeding to another amendment and possibly never getting back to the pending amendment. That is the purpose for my concern.

Mr. REID. Madam President, we have the proposed unanimous consent agreement here and we are giving it every consideration. I thought it would be more appropriate, in that we are trying to move the bill along, to try to get some amendments offered and get them out of the way. We have dozens of amendments on this bill of which we need to try to dispose. We in the minority certainly have no problem with having a vote in the morning. It is just that we have some people to check with before we agree to the unanimous consent request. We would be happy to schedule votes on my amendments. We are not trying to avoid votes. We are happy to get votes.

Mr. COCHRAN. Why don't we get consent on the agreement—

Mr. REID. Because I don't have authority to offer my approval of the agreement at this time.

Mr. COCHRAN. I don't have the authority to set aside my amendment and proceed to other matters until we get consent. So we have a problem.

The PRESIDING OFFICER. Objection is heard.

Mr. REID. Madam President, I also want to make sure everyone understands that we are trying to offer amendments to move the bill along. We don't want people to be complaining that people are trying to slow up movement of this bill. There is no problem at all with having the vote sometime tomorrow. As you know, there are scores of amendments that are going to be offered. We need to have a number of votes. What about if we had that vote at noon tomorrow rather than 9:40? Would the Senator agree to that?

Mr. COCHRAN. Madam President, I don't have any indication from our leadership as to what alternatives would be available to substitute for the consent being circulated.

Mr. REID. If my friend will check, that would be good.

Mr. COCHRAN. We will find out an answer and get back to you.

Mr. HARKIN. If the Senator will yield, I just saw the unanimous-consent request, I might say, and there is a part in there—I don't mind the time, but there is a clause that says "with no second-degree amendments in order." I am checking to find out whether or not that is going to be standard fare for the remainder of this bill. I support the Senator's amendment, but if we have a unanimous consent where some don't get an opportunity to offer second degrees and others do—we ought to play under the same rules is what I am saying. I ask the minority whip whether or not we are going to do that.

Mr. REID. Madam President, that certainly is a question. That is one of the reasons we were holding off agreeing to this. I say to my friend from Mississippi, it appears we can agree to his amendment. It appears what is happening here is the majority wants a vote sometime tomorrow morning. If we agree to the Senator's amendment, how about having a vote on one of my amendments in the morning?

Mr. COCHRAN. If the Senator will yield, he is negotiating with the wrong guy. He is down the hall. I will show you the direction how to get there. I am the author of this amendment and that is about as high as I get in this discussion. I appreciate Senator REID's support for the amendment, and also Senator HARKIN's support. If it were up to the three of us, we could probably get this worked out.

Mr. REID. Maybe we can have our very competent staff walk down the hall and discuss that. In the meantime, I will speak about my amendment, and if it is appropriate at a subsequent time to offer it, I will do so.

I also extend my appreciation to the Senator from Mississippi, who is always so cordial and easy to work with. I recognize that we all have things to do, sometimes over which we have no control. It happens to me all the time.

I have spent a lot of time in hospitals in the last 10 or so years because of the illness of my wife. She is doing very fine now, but she has spent a lot of time in the hospital. Last August, she spent 18 days in the hospital. Prior to that, she spent a month in the hospital.

During her hospitalizations, the one thing I recognized more than anything else was the extremely important work of nurses. I understand how we depend on the doctors and that they are lifesavers, to say the least. But the personnel who are underappreciated and undercompensated are nurses. They work so hard and do so much for so little. We need to do more to protect nurses, and the amendments that I am going to offer, when I have that opportunity, relate to nurses.

First of all, I am going to offer an amendment that is going to recognize how dangerous nurses' work is. Nurses spend every day of their lives afraid that they are going to be stuck by mistake with a needle.

One of my amendments would allow the Secretary of Labor to amend OSHA's blood-borne pathogen standard to require that employers use needleless or safe needles and to require that employers create a sharp injury log to keep detailed information about on-the-job needle-stick injuries.

My second amendment would establish a new clearinghouse within the National Institutes of Occupational Safety and Health to collect data on engineered safety technology designed to prevent the risk of needle sticks. I have worked with the Senator from California, Mrs. BOXER, for a number of years on this problem. This amendment would relate directly to that problem.

Keep in mind that needle sticks occur routinely. About 600,000 needle sticks occur in America every year—not 60,000, not 600—600,000. Every 39 seconds, a nurse in America is accidentally stuck with a needle. This is a tremendously difficult problem. We could give example after example. I know we don't want to do that. But I am going to give a couple of examples.

In October 1997, a woman from Reno, NV, by the name of Lisa Black, a registered nurse, was nursing a man who had a terminal case of AIDS when a needle that had been used on him accidentally stuck her. Today, she is a very sick woman. She is infected not only with HIV, but she also has hepatitis C. Lisa Black, who was a totally healthy person prior to that day in October 1997 when she was accidentally stuck in the hand with a needle, now takes 22 pills a day to keep her HIV infection from progressing to full-blown AIDS and to delay the effects of hepatitis C.

Karen Daley is a nurse from Massachusetts. In fact, she is presently in a

nurses association in Massachusetts. She had been a nurse for more than 20 years when she sustained a needle-stick injury when she reached her gloved hand into a needle box to dispose of the needle from which she had drawn blood. She was stuck with another needle.

Just last week, in testimony before the House Subcommittee on Workforce Protection, Karen Daley described how the needle-stick injury caused her to contract both hepatitis C and HIV, which changed her life. I quote from part of her testimony.

In the first year of my treatment I took a daily regimen that consisted of 21 pills a day and an injection that caused a wide range of side effects, among them: weight loss, nausea, loss of appetite, hair loss, headaches, skin rashes, severe fatigue and bone marrow depression. To say these side effects interfered with my normal day-to-day routine is a gross understatement. The single moment when my injury occurred 18 months ago has changed many other things for me. In addition to the emotional turmoil it has created for myself, my family, my friends, my colleagues—it has cost me much more than I can ever describe in words. As a result of my injury, I have given up direct nursing practice, work that I love.

Karen Daley did everything in her power and took all the necessary precautions—including wearing gloves and following proper procedures—to reduce risk of exposure to bloodborne pathogens. Her injury did not occur because she was careless or distracted or not paying attention to what she was doing.

These needlesticks just occur. Karen Daley has good reason to believe that had a safer needle and disposal system been in place at her hospital, she would not be sick today. According to the CDC, eighty percent of all needlestick injuries can be prevented through the use of safer needles.

Senator BOXER and I have introduced legislation that would dramatically reduce the risk of needlestick injuries by requiring hospitals and health-care facilities to use safe needles and keep better track of needlestick injuries.

When I offered this bill as an amendment last year, many of my colleagues, including the chairman of the HELP Committee, assured me that they were concerned about this problem and were committed to working on it.

Another year has passed, and still, nothing has been accomplished.

In the year since I offered this amendment, there have been approximately 600,000 accidental needle wounds—that is one injury every 39 seconds.

If we don't do something this coming year, there will be 600,000 more needle sticks, and a number of them will wind up as did Karen Daley and Lisa Black—infected with HIV, hepatitis C, and other debilitating diseases.

The actual number of needlestick injuries is probably much higher, because these injuries are considered to be widely under-reported. Several studies show needlestick under-reporting rates of between 40 and 90 percent.

We could have over 1 million needle sticks every year instead of every 39 seconds and every 15 seconds. Some people do not report their injuries.

The longer we wait, the more people—nurses, housekeeping staff, and anyone who handles blood, blood products, and biological samples—will be at risk of contracting a number of debilitating, if not deadly, diseases.

There are more than a score of diseases we know of to which nurses and other related personnel are subject to being infected. I mentioned HIV. Hepatitis B and C and malaria may be transferred from just a speck of blood—a very small amount of blood.

Despite the fact that safer devices have been available since the 1970s and that we know that more than 80 percent of needlestick injuries can be prevented through their use, fewer than 15 percent of U.S. hospitals have switched over to these safer devices, except in states that have enacted laws requiring them.

My amendments would ensure that the necessary tools—better information and better medical devices—are made available to front-line health care workers in order to reduce the injuries and deaths that result from needle sticks.

My amendment would establish a new clearinghouse within NIOSH to collect data on engineering safety technology designed to help prevent the risk of needle sticks, would allow the Secretary of Labor to amend OSHA's blood-borne pathogen standard to require employers to use needleless or safe needles, and would require that employers create a sharp injury log to keep data on on-the-job needle-stick injuries.

The companion measure Senator BOXER and I sponsored in the House received overwhelming support. To date, it has 181 cosponsors. In the Senate, we also have support for our legislation, in addition to Senator BOXER and the Senator offering the amendment at this time.

Protecting the health and safety of our front-line health care workers should not be a partisan issue.

I urge my colleagues to work with me to have the amendments agreed to so that injuries and deaths from needle-stick injuries can be avoided.

Again, having spent time in hospitals and seeing how hard the nurses work, I had not realized that in America every 15 to 30 seconds women or men working as nurses stab themselves accidentally and subject themselves to these terrible diseases.

I ask the Senator from Mississippi if we have any word from down the hall yet.

Mr. COCHRAN. Madam President, if the Senator will yield, I am advised that we have not received any word from down the hall yet. I am not in a position to consent to the request at this time.

Mr. REID. I understand that.

I say to the Senator from Iowa, who was not on the floor at the time, that

I want him to understand we are doing the best we can, along with the majority, about this bill. Remember that I had two amendments to offer, but we weren't able to offer them because of a procedural problem.

I hope we can move this bill along quicker. There are lots of amendments.

I think the Senator has already talked to the Appropriations Committee, and we would agree to getting a list of who wants to offer amendments so we have a finite number. We are doing what we can.

Mr. HARKIN. I respond by saying to my whip that we are trying to get a finite list of amendments together so we know how many we have. Hopefully, we can dispose of those in the next couple of days.

We are definitely open for business. I want to start moving amendments. Hopefully, we will get an agreement shortly to offer amendments to be lined up to vote tomorrow.

Mr. REID. My friend has done such a tremendous job of comanaging this very difficult piece of legislation. We agree to accept the amendment of the Senator from Mississippi and vote on my amendment.

Madam President, Senator BOXER is to be listed as cosponsoring this bill. As I have stated, she has been stalwart in working with this. She is the main sponsor of the underlying amendment, the bill last year. We are both working on this amendment. She should be listed as a cosponsor.

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

THE BREAST AND CERVICAL CANCER TREATMENT ACT OF 1999

Mr. HARKIN. Madam President, I would like to take this opportunity to speak about S. 662, the Breast and Cervical Cancer Treatment Act of 1999. I urge the distinguished majority leader, Senator LOTT, to act quickly to bring this bill to the floor. We have no excuse for delay in providing life-saving treatment to women who have been diagnosed with breast and cervical cancer.

As many of you in this body know, this is an issue I take very seriously. My only two sisters both had breast cancer and died from the disease. Sadly, they contracted breast cancer at a time when regular mammograms and improved treatment methods were not widely used or available.

Over the past several years, we have made a great deal of progress against breast cancer, but there is still a long way to go. In particular, we've been able to secure significant increases in funding of research to understand the causes and find treatments for breast cancer.

Look how far we have come. Almost a decade ago, when I looked into the issue of breast cancer research, I discovered that barely \$90 million was spent on breast cancer research.

That is why in 1992, I offered an amendment to dedicate \$210 million in

the Defense Department budget for breast cancer research. This funding was in addition to the funding for breast cancer research conducted at the National Institutes of Health. My amendment passed and—overnight—it doubled federal funding for breast cancer research.

Since then, funding for breast cancer research has been included in the Defense Department budget every year.

Today, I am proud to say, between the DoD and NIH, over \$600 million is being spent on finding a cure for this disease.

Scientific researchers are making exciting discoveries about the causes of breast cancer and its prevention, detection, diagnosis, treatment, and control. These insights are leading to real progress in our war against this devastating disease. We know better than ever before how a healthy cell can become cancerous, how breast cancer spreads, why some tumors are more aggressive than others, and why some women suffer more severely and are more likely to die of the disease.

For example, discovery of the BRCA1 gene has led us to better identify women who are at risk of breast cancer, so the disease can be caught early and treated. And of course the development of cancer-fighting drugs like tamoxifen owes a great deal to our federal research investment.

But our success in building our research enterprise will be pointless if breakthroughs in diagnosis, treatment, and cures are not available to the public.

That is why, a decade ago, as chairman of the Senate Labor, Health and Human Services, and Education Appropriations Subcommittee, I worked to create a program, run by the Centers for Disease Control and Prevention, to provide breast and cervical cancer screening for low-income, uninsured women.

This program is run nationwide and is tremendously successful. In Iowa, almost 9,000 women have been screened.

Nationally, more than one million low-income American women have been screened. Of these, more than 6,000 were diagnosed with breast cancer and 500 with cervical cancer.

This program is a great success. But it is only the first step. Congress must now provide the next critical piece: funding for treatment services once a woman has been diagnosed with breast or cervical cancer. Too often, women diagnosed through this program are left to scramble to find treatment solutions.

I recently heard about this terrible problem from one of my constituents. Her name is Barbara. Five years ago, Barbara was diagnosed with breast cancer through the CDC's program. Uninsured, she struggled to find treatment. Several doctors refused to treat her because she lacked insurance. Eventually, through a hodgepodge of sources and some volunteer services in Iowa she was able to receive chemotherapy.

But today, she owes over \$70,000 in medical bills. She writes, "My bills are so high I often wonder if I should quit treatment so I will not saddle myself and my family with so much debt."

Barbara is one of the lucky ones. Many women who have been diagnosed through this program do not get treated at all.

The Breast and Cervical Cancer Treatment Act has 70 Senate cosponsors from both parties.

Its companion bill, H.R. 4386, has passed the House of Representatives with a vote of 421-1. There is no excuse for any further delay in the Senate. We should get this legislation through, combine it with the House bill, and get it to the President for his signature as soon as possible.

I note for the record, the original cosponsor of this bill was our now departed colleague, Senator John Chafee. He was the original sponsor. It has 70 cosponsors. Those who worked so long with John Chafee admired him so much. I think it would be a fitting tribute to him to get this bill through as soon as possible and get it to the President for his signature.

This is S. 662, the Breast and Cervical Cancer Treatment Act of 1999. As I said, its companion bill passed the House 421-1. I think we should pass it as soon as possible. That is why I am taking this time to talk about it, to encourage our distinguished majority leader to bring it to the floor as soon as possible.

THE DEPARTMENTS OF LABOR, HEALTH AND HUMAN SERVICES, AND RELATED AGENCIES APPROPRIATIONS, 2001—Continued

Mr. HARKIN. Madam President, this morning I was invited to the White House for a truly historic announcement. Through the collaboration of government and private sector efforts, scientists have completed the first rough map of the human gene. I believe history will prove this the most significant scientific development of our generation. Its implications for improving the health and well-being of people are truly astounding.

Today's announcement was especially fulfilling for me. In 1989, when I served as chair of the subcommittee responsible for this bill, I began the funding for the Human Genome Center at NIH, and the race to map the genome began in earnest. At that time, many criticized the move, saying it was a waste of time and money and couldn't be done in our lifetimes.

I listened very carefully to Dr. James Watson, the Nobel Prize winner who first discovered the double helix of our DNA, and he was the first director of the genome center. He talked to us at great length about the possibilities of not only mapping the human genome but sequencing the entire human genomic code. At that time a lot of us were captivated by this concept, that we could actually have the blueprint of