

## NOT VOTING—13

Boucher	DeFazio	Rangel
Carson (IN)	Ford	Rothman
Chambliss	Frost	Wexler
Cooksey	Lowey	
Cubin	Quinn	

□ 1637

Mr. CROWLEY changed his vote from "aye" to "no."

So the bill was passed.

The result of the vote was announced as above recorded.

A motion to reconsider was laid on the table.

#### MUSCULAR DYSTROPHY COMMUNITY ASSISTANCE, RESEARCH AND EDUCATION AMENDMENTS OF 2001

Mr. TAUZIN. Mr. Speaker, I ask unanimous consent to take from the Speaker's table the bill (H.R. 717) to amend the Public Health Service Act to provide for research with respect to various forms of muscular dystrophy, including Duchenne, Becker, limb girdle, congenital, facioscapulohumeral, myotonic, oculopharyngeal, distal, and Emery-Dreifuss muscular dystrophies, with a Senate amendment thereto, and concur in the Senate amendment.

The Clerk read the title of the bill.

The Clerk read the Senate amendment, as follows:

Senate amendment:

Page 17, after line 6 insert:

#### SEC. 7. STUDY ON THE USE OF CENTERS OF EXCELLENCE AT THE NATIONAL INSTITUTES OF HEALTH.

(a) *REVIEW.*—Not later than 60 days after the date of enactment of this Act, the Secretary of Health and Human Services shall enter into a contract with the Institute of Medicine for the purpose of conducting a study and making recommendations on the impact of, need for, and other issues associated with Centers of Excellence at the National Institutes of Health.

(b) *AREAS OF REVIEW.*—In conducting the study under subsection (a), the Institute of Medicine shall at a minimum consider the following:

(1) The current areas of research incorporating Centers of Excellence (which shall include a description of such areas) and the relationship of this form of funding mechanism to other forms of funding for research grants, including investigator initiated research, contracts and other types of research support awards.

(2) The distinctive aspects of Centers of Excellence, including the additional knowledge that may be expected to be gained through Centers of Excellence as compared to other forms of grant or contract mechanisms.

(3) The costs associated with establishing and maintaining Centers of Excellence, and the record of scholarship and training resulting from such Centers. The research and training contributions of Centers should be assessed on their own merits and in comparison with other forms of research support.

(4) Specific areas of research in which Centers of Excellence may be useful, needed, or underused, as well as areas of research in which Centers of Excellence may not be helpful.

(5) Criteria that may be applied in determining when Centers of Excellence are an appropriate and cost-effective research investment and conditions that should be present in order to consider the establishment of Centers of Excellence.

(6) Alternative research models that may accomplish results similar to or greater than Centers of Excellence.

(c) *REPORT.*—Not later than 1 year after the date on which the contract is entered into under subsection (a), the Institute of Medicine shall complete the study under such subsection and submit a report to the Secretary of Health and Human Services and the appropriate committees of Congress that contains the results of such study.

Mr. TAUZIN (during the reading). Mr. Speaker, I ask unanimous consent that the Senate amendment be considered as read and printed in the RECORD.

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

There was no objection.

The SPEAKER pro tempore. Is there objection to the original request of the gentleman from Louisiana?

Mr. WICKER. Mr. Speaker, reserving the right to object, and I certainly shall not object as the sponsor of this legislation. I just wanted to take this opportunity to thank the gentleman from Louisiana (Mr. TAUZIN) and also the gentleman from Florida (Mr. BILIRAKIS) for their hard work and cooperation on this issue, along with expressing my thanks to the ranking members, the gentleman from Michigan (Mr. DINGELL) and the gentleman from Ohio (Mr. BROWN), as well as to my principal cosponsor, the gentleman from Minnesota (Mr. PETERSON).

Mr. Speaker, let me just briefly say that this legislation left this House with a unanimous vote and 310 cosponsors, and it will authorize the Centers of Excellence at the National Institutes of Health as well as an epidemiological survey at the CDC for Duchenne muscular dystrophy and other forms of childhood muscular dystrophy.

I have to say that I cannot think of a better Christmas present during this time between Thanksgiving and Christmas for the tens of thousands of parents whose children suffer from this lethal disease. Duchenne muscular dystrophy, as the gentleman from Louisiana (Mr. TAUZIN) knows, is the most common and most lethal form of childhood genetic disease. By the passage of this legislation tonight, we are giving honest, real hope to the parents of these children and to the entire American people who want to fight this disease. My appreciation goes to everyone.

I have been a strong supporter of NIH and all of the scientists and dedicated professionals at the National Institutes of Health. I want to thank them for their cooperation for helping us write a better bill than I had originally offered. I am grateful to everyone, and my hat is off to the Duchenne muscular dystrophy parents who have actually made this possible.

With those words of thanks and appreciation, I yield to the gentleman from Louisiana under my reservation.

Mr. TAUZIN. Mr. Speaker, I thank the gentleman for yielding, and I want to commend the gentleman for his extraordinary work in this area. Not only will this bill, because of his great work, authorize NIH to do extensive new re-

search on Duchenne muscular dystrophy, but also other forms of childhood muscular dystrophy. What we have learned is when they do extensive research in these areas, very much of it is genetic research and that genetic research yields all sorts of information on other diseases, such as Friedreich's ataxia, which is a disease of my culture, the Cajun culture. We learn a great deal every time we do extensive research into these genetic disease areas and as the gentleman said, not only tens of thousands of parents whose children suffer with these disease, but countless tens and perhaps hundreds of thousands of families who may get an answer to diseases comparable or similar to these may come out of this research.

I want to thank the gentleman for his great work on it; and again, I think not only many families will receive this as a great Christmas gift, but future generations are going to be grateful for the work he has done on this bill.

Mr. WICKER. Mr. Speaker, reclaiming my time under my reservation, I thank my chairman. I will simply conclude by saying it is not often that we are surprised with this legislative business, but I think the speed with which this legislation swept through the House of Representatives and also the other body has taken my breath away. My hat is off to the leadership of the House and to the gentleman from Louisiana (Mr. TAUZIN).

Mr. Speaker, I withdraw my reservation of objection.

The SPEAKER pro tempore. Is there objection to the original request of the gentleman from Louisiana?

There was no objection.

A motion to reconsider was laid on the table.

#### GENERAL LEAVE

Mr. TAUZIN. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days within which to revise and extend their remarks on H.R. 717.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Louisiana?

There was no objection.

#### ACCESS AND OPENNESS IN SMALL BUSINESS LENDING ACT OF 2001

(Mr. MCGOVERN asked and was given permission to address the House for 1 minute and to revise and extend his remarks, and include therein extraneous material.)

Mr. MCGOVERN. Mr. Speaker, I join my colleagues today to introduce the Access and Openness in Small Business Lending Act of 2001, a bill that I hope will dramatically improve lending practices that benefit women and minority-owned small businesses.

This legislation will amend the Equal Credit Opportunity Act and require depository lenders such as banks, credit

unions, and thrifts to collect race and gender information for small business borrowers. But while the Access and Openness Act requires depository institutions to keep such records, it does not require borrowers to disclose race and gender information if they do not want to.

The Access and Openness Act will effectively eliminate the Federal Reserve's regulation B, which prohibits lenders from collecting data regarding an applicant's gender and race.

The guiding principle behind this bill is time-tested and simple: sunshine is the best disinfectant. Without the specific knowledge of the demographic composition of small business borrowers, including those that apply but do not get approval, we will never be able to unmask discriminatory lending practices or systematically monitor programs that advance women and minority business ownership.

The Access and Openness Act is modeled after the Home Mortgage Disclosure Act, which requires banks to report demographic data on home mortgage lending. It is my hope that this bill will move banks to operate as effectively in the women and minority small business lending market as they have in the home mortgage market where the collection of demographic data has opened lending to underserved communities.

Mr. Speaker, I will include at this point in the RECORD the following supporting material:

ACCESS AND OPENNESS IN SMALL BUSINESS  
LENDING ACT OF 2001

SUPPORTING ORGANIZATIONS

National Women's Business Council, a federal commission, Association for Women's Business Centers, Women's Business Development Center, Milken Institute, National Community Reinvestment Coalition, Hispanic Economic Development Corporation, and Alternatives Federal Credit Union.

Southern Rural Development Initiative, National Congress for Community Economic Development, Cabrillo Economic Development Corporation, Pittsburgh Community Reinvestment Group, Chelsea Neighborhood Housing Services, Rural Opportunities, and Greater Holyoke Community Development Corporation.

Community Action Committee of the Lehigh Valley, Texas Community Reinvestment Coalition, Charlotte Organizing Project, Common Wealth Development, Wisconsin, Western New York Law Center, and California Reinvestment Committee.

Rural Housing Institute, National Neighborhood Housing Network, Vermont Slauson Economic Development Corporation, Los Angeles, Lawyers' Committee for Civil Rights Under Law, Coastal Enterprises, Inc., and Mon Valley Initiative.

NATIONAL COMMUNITY  
REINVESTMENT COALITION,

Washington, DC, June 21, 2001.

Hon. JAMES P. MCGOVERN,  
House of Representatives, Cannon House Office  
Building, Washington, DC.

DEAR CONGRESSMAN MCGOVERN: The National Community Reinvestment Coalition (NCRC) strongly supports "the Access and Openness in Small Businesses Lending Act of 2001" as essential to the efforts of lending institutions, community organizations, and

local public agencies to increase access to capital and credit for women- and minority-owned businesses. NCRC's 800 member organizations—community groups and local public agencies—around the country also commend the leadership of Representatives McGovern and Morella in sponsoring this bill.

The Access in Small Business Lending Act of 2001 would amend the Equal Credit Opportunity Act (ECOA) to require banks, thrifts, and credit unions to report the race and gender of the small businesses from which they receive applications and to which they make loans. This data is to be disclosed regardless of whether the application is made in person, over the phone, or received via mail or the Internet.

This data disclosure requirement promises to greatly increase access to credit for minority and women-owned businesses. Working together, community groups, lending institutions and local public agencies would analyze publicly available small business data and identify the small business owners and neighborhoods that remain underserved. Stimulated by data disclosure, these types of community-lenders partnerships are a win-win: bankers seize upon untapped markets and find additional profitable lending opportunities; community organizations and small businesses receive more access to private sector credit with which to revitalize their neighborhoods and expand their commercial base.

An amendment to HMDA (Home Mortgage Disclosure Act) data in 1990 to require the reporting of race and gender of applicants unleashed a tremendous increase in lending to traditionally underserved populations. From 1993 to 1999, for example, the number of conventional home purchase loans increased 119 percent for African-Americans, 116 percent for Latinos, and only 42 percent for whites.

Unfortunately, the state of affairs is not as sanguine in the small business area. The truncated CRA small business data (which only reveals the census tract in which a loan is made) suggests that much progress needs to be made. From 1996 to 1999, the number of small business loans increased 39 percent overall but only 8 percent in low-income census tracts. As a result, the percent of small business loans made in low- and moderate-income tracts declined from 21 percent to 18 percent, despite \* \* \*

WORLD AIDS DAY

(Mrs. CLAYTON asked and was given permission to address the House for 1 minute and to revise and extend her remarks.)

Mrs. CLAYTON. Mr. Speaker, I would like first to thank the gentlewoman from California (Ms. LEE) for asking us to really speak out on this worldwide issue. In fact, we have an opportunity to speak out on this issue 2 days before what we call World AIDS Day. As this day approaches, we are faced with the grim statistics about the spread of HIV/AIDS. From the rural South in my area of North Carolina to South Africa, greater efforts have to be made to fight the spread of AIDS. We hear these statistics. They do not even prick our consciousness. We have got to find a way to make sure that these statistics do not become just sheer rhetoric.

A recent story on the AP wire reports that the AIDS epidemic is spreading across eastern Europe, with HIV infection rates rising faster in the Soviet

Union than anywhere else in the world. I would like to submit this article for the RECORD.

There has been more than 75,000 new cases of HIV in Russia as compared to 56,000 cases last year. Here in the United States, HIV infections among U.S. women have increased significantly over the last decade, especially in communities of color.

We must do more. We have an opportunity to do more. The United States must provide more resources for the global AIDS fund of the United Nations. We can do this by providing the resources and being a leader. We must develop long-term strategies to make sure that we rid the world of HIV infections.

REPORT: AIDS SWEEPING EASTERN EUROPE

(By Mara D. Bellaby)

MOSCOW (AP).—The AIDS epidemic is sweeping across Eastern Europe, with HIV infection rates rising faster within the former Soviet Union than anywhere else in the world, according to the latest U.N. report on AIDS, published Wednesday.

The combination of economic insecurity, high unemployment and deteriorating health services in the region are behind the steep rise, which shows no signs of abating, said U.N. officials, in Moscow to launch the report.

Worldwide, "HIV/AIDS is unequivocally the most devastating disease we have ever faced, and it will get worse before it gets better," Peter Pilot, executive director of the Joint U.N. Program on HIV/AIDS wrote in the report, which is updated annually ahead of World AIDS Day, held every Dec. 1.

In Russia, more than 75,000 new cases of HIV infection were reported by early November, compared to 56,000 new cases last year.

"That works out to about 10,000 new cases every month," said Gennady Onishchenko, Russia's first deputy health minister. "This is our reality. . . . It is a very serious problem."

Ukraine has the highest HIV prevalence rate in the region, with an estimated 1 percent of adults infected. In the small Baltic nation of Estonia, 1,112 new cases of HIV infection were recorded in the first nine months of this year, compared to only 12 in all of 1999, officials said.

The U.N. report said that in Eastern Europe, as in the rest of the world, AIDS affects a disproportionate number of young people. The main method of transmission in the former Soviet Union is through injecting drugs.

"It is a teen-age epidemic—teen-agers experimenting with drugs, teen-agers experimenting with sex," Pilot said.

Officials in Eastern Europe have blamed the epidemic's increase partly on the sudden opening of borders, the growth of organized crime and weakened social services following the collapse of communist rule a decade ago.

Many young people, bored and unsure about their future, turn to drugs or unprotected sexual encounters, officials said.

Since the first clinical evidence of AIDS appeared 20 years ago, more than 22 million people have died. AIDS is the leading cause of death in sub-Saharan Africa, which has been hit hardest by the epidemic.

This year, African nations will experience 3.4 million new infections and 2.3 million deaths—losses that not only drain national budgets but also put future generations at risk, depriving children of parents and local economies of their work force, officials said.

U.N. officials predicted that some of the most affected African nations could lose