

ON COMPULSORY LICENSING OF
TAMIFLU**HON. DENNIS J. KUCINICH**

OF OHIO

IN THE HOUSE OF REPRESENTATIVES

Wednesday, November 16, 2005

Mr. KUCINICH. Mr. Speaker, I sent the attached letter, along with my colleagues, in support of compulsory licensing for Tamiflu on November 9, 2005. I submit a copy for the RECORD.

CONGRESS OF THE UNITED STATES,

Washington, DC, November 9, 2005.

MIKE LEAVITT,

Secretary, Department of Health and Human Services, 200 Independence Avenue, SW, Washington, DC.

DEAR MIKE: Thank you for participating in the House Government Reform Committee hearing "The National Pandemic Influenza Preparedness and Response Plan: Is the U.S. Ready for Avian Flu?" on November 4, 2005. We are writing to contest your stated justifications for refusing to issue a compulsory license for Tamiflu and to request, again, that you reconsider your stance.

You mentioned that issuing a compulsory license would not hasten the manufacture of Tamiflu because it is a complex manufacturing process that incorporates a step requiring an explosion hazard. There is considerable evidence showing that the manufacturing process is not prohibitively complex or dangerous.

Roche's own advertisement in several periodicals has said that they have "received more than 100 requests from different parties interested in helping us meet production challenges." Indian generics manufacturer, Cipla has announced that they plan to start selling enough generic Tamiflu to treat 100,000 to 200,000 people by March of 2006. News reports indicate that Thailand, Taiwan, Malaysia, and Vietnam plan to initiate production, some as soon as February 2006. Taiwan appears to have made "the drug in just 18 days, not including weekends and a bank holiday, using information from publicly available documents." They also report that Roche has admitted that it exaggerated the complexity of the manufacturing process. Ernie Prisbe, Vice President of Tamiflu inventor, Gilead Sciences, said of the Tamiflu manufacturing process, "There's nothing that overwhelming in this kind of synthesis, or that formidable, that someone couldn't do it."

Clearly, it is feasible to ramp up production swiftly to provide for the U.S. and the entire world.

You also indicated that you did not wish to issue a compulsory license for Tamiflu because it would discourage pharmaceutical companies from investing in research into future anti-virals or other drugs. Please be reminded that whenever a government representative issues a compulsory license, the licenser gets a royalty in order to insure profits are not taken. Roche will undoubtedly continue to make healthy profits if a compulsory license is issued.

You further indicated that an emphasis on Tamiflu is undue since it is not our strongest defense, nor is it guaranteed to be relevant to the virus strain behind a pandemic. I agree that Tamiflu is not a silver bullet. However, to our knowledge, it is the best pharmaceutical defense we have now. Our public health infrastructure is not ready and it will take years to make it so. Until there is a better alternative, and unless we have reason to believe the drug would do more harm than good, and until our state of readiness for a pandemic is stronger, we have an

obligation to do all we can to shore up our weak defenses now. Bear in mind that the shelf life of Tamiflu is five years, which means stockpiles are unlikely to go to waste.

If you are content to wait until 2007 to fill our stockpile needs, a deadline you claimed Roche would be able meet in your testimony, you are gambling with public health with the proceeds going to Roche. If the pandemic does not happen before 2007, Roche keeps their monopoly intact and the public is unharmed. If the pandemic strikes before Roche meets its promised deadline, and nothing has been done to ramp up production—like issuing a compulsory license—our stockpile will be inadequate. History will not be kind to those who could have saved lives but instead deferred to intellectual property rights.

Please reconsider your willingness to issue a compulsory license for Tamiflu.

Sincerely,

DENNIS J. KUCINICH,

Member of Congress,

BERNARD SANDERS,

Member of Congress,

MARION BERRY,

*Member of Congress.*STATEMENT ON THE 29TH ANNUAL
AMERICAN CANCER SOCIETY
GREAT AMERICAN SMOKEOUT**HON. ALLYSON Y. SCHWARTZ**

OF PENNSYLVANIA

IN THE HOUSE OF REPRESENTATIVES

Wednesday, November 16, 2005

Ms. SCHWARTZ of Pennsylvania. Mr. Speaker, an estimated 45.4 million adults in the United States are smokers; with tobacco usage accounting for nearly one in five deaths in the United States. Only about 5 percent of daily smokers who attempt to quit are successful for 3–12 months. That is why the American Cancer Society has designated the third Thursday of November as the Great American Smokeout—a day for smokers to join in solidarity and collectively kick this fatal habit.

The health consequences of smoking are grave. Smoking is the leading preventable cause of death in the United States. More than 170,000 Americans will die of smoking-related cancers this year, including lung, mouth, kidney, stomach and cervix cancer. Moreover, smoking affects family, friends and loved ones.

I applaud the American Cancer Society for all they do to eradicate smoking. Their local, state and national efforts help to discourage young people from taking up this deadly habit and the resources they provide have helped numerous smokers quit.

The American Cancer Society is a worthy ally in our fight to improve American's health and safety. I commend the American Cancer Society on their 29th Great American Smokeout and for all they do to maintain the health and well-being of all Americans.

EMERGENCY GENERATORS FOR
ELECTRIC NEEDS (E-GEN) ACT
OF 2005**HON. ALCEE L. HASTINGS**

OF FLORIDA

IN THE HOUSE OF REPRESENTATIVES

Wednesday, November 16, 2005

Mr. HASTINGS of Florida. Mr. Speaker, I rise today to introduce the Emergency Generators for Electric Needs (E-GEN) Act of 2005.

More than 3 million Floridians were without power following Hurricane Wilma, some for well over three weeks. Few had electric generators of their own, leaving them dependent on the ability of power and utility companies to efficiently repair damaged infrastructure and make any necessary repairs.

Tens of thousands of seniors in South Florida who were relatively well-off before Hurricane Wilma quickly became vulnerable when the power went out after Wilma. Many of the buildings where they lived were old, ill-equipped and unable to generate emergency power, placing their lives in immediate risk.

According to various dealers, the costs of portable emergency power generators typically range between \$1,000 and \$3,000 depending on the wattage. Industrial-sized generators can cost upwards of \$50,000. For many residents and communities, these costs are not affordable. The E-GEN Act enables individuals and communities to become self-sufficient when the power goes out. Under the bill, 75 percent of the cost of the purchase and installation of the generator would be eligible for reimbursement in the form of a tax credit. The credit cannot be used in conjunction with other emergencies reimbursements.

For individual homeowners, the credit is not to exceed \$2,500. For businesses, condominium associations, senior communities, and others, the tax credit is not to exceed \$60,000. These credits are vital to alleviate the problems disaster victims face, especially the elderly and infirm, when utility power disruptions prevent the use of essential items such as lighting, refrigeration, elevators, medical supplies, and heating and air conditioners.

Threats of natural and man-made disasters are on the rise. These events require proactive mitigation to protect the public from even larger catastrophes until order is restored. Credits used to purchase emergency generators through the E-GEN Act will save the government money and effort ordinarily used to provide shelters and temporary housing for displaced residents. If we can keep people's power on after a disaster then we can also protect their health and emotional well-being, while also keeping them in the comfortable confines of their own homes, instead of laid out on some cot in a shelter.

A lack of power contributed significantly to the problems that existed in South Florida during and after the 2004 hurricanes and again following Hurricane Wilma. This legislation will help cover the costs for individuals, adult communities and businesses who want to purchase emergency generators but can't afford them.

I ask for my colleagues' support and urge the House Leadership to bring it swiftly to the House floor for consideration.