

long remembered, and she is most definitely missed.

The SPEAKER pro tempore. Under a previous order of the House, the gentlewoman from the District of Columbia (Ms. NORTON) is recognized for 5 minutes.

(Ms. NORTON addressed the House. Her remarks will appear hereafter in the Extensions of Remarks.)

DEMOCRATS OUT OF MAINSTREAM

The SPEAKER pro tempore. Under a previous order of the House, the gentlewoman from North Carolina (Ms. FOXX) is recognized for 5 minutes.

Ms. FOXX. Mr. Speaker, I rise today to put the lie to House Democrat rhetoric. The Democrat leadership, from Howard Dean to the gentlewoman from California (Ms. PELOSI), claim that House Republicans are out of the mainstream. Well, Mr. Speaker, if we are out of the mainstream, they are swimming downriver in some backwoods tributary.

From a parent's right to know what their children are doing, to protecting citizens across the country from the growing threat of gang violence, the House Democrat leadership is simply out to lunch.

Eight pieces of landmark legislation that passed this House with strong support from rank-and-file Democrats, and still the minority leadership refuses to see the light. On every one of these important bills, the gentlewoman from California (Leader PELOSI) chose to vote against legislation that the vast majority of Americans, Democrats and Republicans alike, approve of.

Bankruptcy reform, 73 Democrats voted for it, but Leader PELOSI did not. Class action reform, 50 Democrats voted for it, but Leader PELOSI did not. The Gang Deterrence and Protection Act of 2005, 71 Democrats voted for it, but Leader PELOSI did not. A new energy policy for America, 41 Democrats voted for it, and, you guessed it, Leader PELOSI did not. Protecting a parent's right to know before their daughter has an abortion, 54 Democrats voted for it, and Leader PELOSI did not.

It is as simple as this, Mr. Speaker. The House Democrat leadership is engaged in a strategy designed to do one and only one thing: prevent any and all action sponsored by Republicans from becoming law. Their obstruction of House Republicans' solutionist agenda shows just how far out of the mainstream they really are.

Mr. Speaker, it would be one thing if House Democrats tried to block legislation based on policy disagreements, but it is quite another for them to block legislation based on politics. And that, Mr. Speaker, is just what they are doing.

Democrats believe they can win at the ballot box by obstructing, and they would rather win the next election than move America forward. Make no

mistake: the votes I just spoke about are telling. Rank-and-file Democrats, those who believe what is best for America is more important than election politics, are brave in their defiance of their leaders. They understand that simply being the Democrat Party of No will not increase our security, build our economy, or create jobs.

If you need more proof, just look at retirement security. Republicans, led by President Bush, have the foresight to address the looming crisis facing tomorrow's retirees. We know that sometime in the near future, our Social Security system will be bankrupt.

□ 1700

If we do not make tough decisions now, future Americans will have to make even tougher ones. But Democrats just do not see a problem. Or is it that they would rather pretend there is not one?

When President Bush announced his intention to reform Social Security, he and other Republicans crossed the country to engage the American people in dialogue. He declared that nothing was off the table and signaled his willingness to consider any and all options. The Democrat response: refusal to come to the negotiating table.

One poll shows that by 61 percent to 29 percent Americans under 40 say that Social Security needs to be fixed. At the same time, many in the minority stick to their head-in-the-sand argument that there is no problem. Democrat leaders are not only out of the American mainstream, but are also out of the Democratic mainstream. Yet they have the gumption to accuse Republicans of being out of touch.

The American people must not buy into the Democrat rhetoric. They are doing a lot of talking. But do not confuse activity for achievement. What tangible results can the minority point to? The answer is none. They have no agenda. They have no vision and they have a fundamental misunderstanding of the issues we face as a Nation.

Democrats, not Republicans, Mr. Speaker, are the ones who are out of the mainstream.

The SPEAKER pro tempore (Mr. KUHLMANN of New York). Under a previous order of the House, the gentlewoman from Texas (Ms. JACKSON-LEE) is recognized for 5 minutes.

(Ms. JACKSON-LEE of Texas addressed the House. Her remarks will appear hereafter in the Extensions of Remarks.)

MESSAGE FROM THE SENATE

A message from the Senate by Mr. Monahan, one of its clerks, announced that the Senate has passed without amendment a bill of the House of the following title:

H.R. 2566. An act to provide an extension of highway, highway safety, motor carrier safety, transit, and other programs funded out of the Highway Trust Fund pending enactment

of a law reauthorizing the Transportation Equity Act for the 21st Century.

EMBRYONIC STEM CELL RESEARCH

The SPEAKER pro tempore. Under the Speaker's announced policy of January 4, 2005, the gentleman from Maryland (Mr. BARTLETT) is recognized for 60 minutes as the designee of the majority leader.

Mr. BARTLETT of Maryland. Mr. Speaker, we want to spend some moments this evening talking about a subject which is a very high priority for a lot of Americans, including a number of us here in the Congress, and that has to do with embryonic stem cell research. I want to start out by telling you what the essence of a bill that we have dropped is. We filed this bill a couple of days ago. And then I will come back to this later on, to a more detailed discussion of it.

What I have here, Mr. Speaker, is a little depiction of what happens in the human body. This shows one-half of the reproductive tract of a female. This would be replicated, mirror image, on the other side, because here we are seeing only one ovary and one Fallopian tube and one-half of the uterus; and what this depicts, Mr. Speaker, is the sequence of events in the fertilization and the growth and the ultimate implantation of the embryo, this whole trip, not an unharmed trip for the embryo, because not all of them make that trip successfully.

In fact, probably about as many as two-thirds of those that are fertilized here never are implanted down in the uterus. But this is a sequence of events which takes 10 days, perhaps, to make the trip down to finally be implanted in the uterus.

Fertilization, as is noted here, occurs very far up in the Fallopian tube, and then there is a single cell called a zygote, and that splits to form two cells. They split to form four cells and eight cells. And we are going to come back and talk about those eight cells because that is the focus of a lot of attention in today's world, particularly in infertility clinics where they are doing in vitro fertilization.

Let us imagine now that that sequence of events is not occurring in the uterus and the fallopian tube of the mother, but it is occurring in a petri dish in the laboratory. For some reason, the mother cannot become pregnant, and so they, with the use of hormones, take eggs, generally more than one, from the mother, and they take sperm, of which there are millions, from the male, and they expose these eggs to sperm, and they are fertilized. And so the doctor has a number, generally several, of these fertilized embryos. And he looks under a microscope and determines the embryos which look the strongest, and then he implants them in the mother.

Because not every embryo takes when it is implanted in the mother, he

will usually implant more than one. One of my good friends here in the Congress, the gentleman from California (Mr. ROHRBACHER), his wife had three babies because all of the embryos that were implanted took. And so now they are the very happy parents of triplets that were born.

Well, at this eight-cell stage, in clinics, it started in England a couple of years ago; it has now spread to this country. At the eight-cell stage, the doctors are able, with a very fine pipette, to remove a cell or two from that embryo, and they then do a genetic diagnosis on that cell. It is called a preimplantation genetic diagnosis because they are doing it before they implant the embryo in the uterus. The parents want to make sure that their baby is not going to have a genetic defect. If there is no genetic defect, they put the egg, minus a cell or two, in the uterus. And more than 600 times in the clinic in England, and well more than 1,000 times worldwide, we have had a perfectly normal baby born.

Now, the hope is that ultimately, but that is not what our bill is. I will come to that in a moment. The hope is, ultimately you could take that cell and do two other things with it, that cell or two that you have removed. One of the other things that you would do with it is to establish a repair kit for your baby.

We are now attempting to sort of do that when we are freezing umbilical cord blood, Mr. Speaker, and I know you have heard of that, with the hope that the stem cells, they are not really a true embryonic stem cell because they are already differentiated somewhat, that is, they have already decided ultimately what they are going to be, at least to some measure, that the baby can get, or the adult later on can get, some help from that.

We hope that we will be able to develop a repair kit from the cell that is taken. If that is true, then you could take some of the cells from the repair kit to produce a new stem cell line.

And as you know, Mr. Speaker, we are now down to 22 stem cell lines of humans that we can use Federal money working with. They are all contaminated with mouse "feeder" cells, and so there is a need in the medical research community for additional stem cell lines.

There is, Mr. Speaker, the hint of a moral ethical problem here, and that is that maybe the cell that I take out of this eight-cell-stage embryo could, under proper circumstances, become another embryo and, therefore, another baby. There is some cause to reflect on that, Mr. Speaker, because nature, on occasion, at some point between the two-cell stage and the inner cell mass, which is clear down here, will split the embryo and then end up with two embryos, and obviously, half of the cells went to each embryo and those half cells, each one, develops into a perfectly normal identical twin.

But if we could take the cell for preimplantation genetic diagnosis, if

we could take that cell from the inner cell mass, then it is already differentiated, so that it cannot produce decidua.

Now the decidua, Mr. Speaker, is the amnion, chorion. These are elements of the placenta. And already the cells that are the inner cell mass, which will become the baby, have lost the ability to produce the decidua, so there would be no concern that the cells you took could produce another embryo and, if implanted, another baby.

Our bill looks only at animal experimentation because we need to determine several things. First of all, we need to determine, can you, in fact, from these single cells? By the way, one of the additional advantages of the inner cell mass is that there are a lot of cells there. So you could potentially take much more than one cell, which would give you an enhanced capability of producing a stem cell line and a repair kit, because these cells do not like being alone. And what we want to do is have animal experimentation on nonhuman primates, which are the great apes, which are 99.99 percent genetically identical to humans. That may reflect something on who you think you are, but the truth is that the gene differences between the great apes and humans is very, very small.

If, in fact, we can do these things with cells taken from embryos and cells taken from nonhuman primates, then we will have increased confidence that it will be safe in humans, that we can, in fact, develop the repair kit and the stem cell line that we would like to develop.

Let me take just a moment, and then I am going to recognize my friend, the gentleman from Georgia (Mr. GINGREY). Let me take just a moment to talk about what stem cells are.

There are fundamentally two types of stem cells. There are adult stem cells and there are embryonic stem cells. Here we show the growth of the embryo, and as you notice, there are fewer stages here than that previous chart we had, because they have skipped the morula and they go to the blastula, and then they skip the gastrula, well, here is the gastrula, and then they go on to the three germ layers.

These cells start differentiating. They first differentiate into the inner cell mass and the tissues which will become the decidua, and then the inner cell mass differentiates into three types of cells, the ectoderm and the mesoderm and the endoderm. And at the bottom here it shows the kinds of tissues that will develop from those.

From ectoderm will develop your skin and your nervous system, the brain and spinal cord and all the nerves that run to and fro in the body.

From the mesoderm, that is in the middle. From the mesoderm the middle layer will develop most of what you are, all of your muscle, all of your bone, all of your heart and so forth, the smooth muscle of your gut.

And then we have small but important contributions of the endoderm.

And this is some of the glands in the body and the lining of the digestive system and the lining of the lungs and so forth.

Now, adult stem cells, and a good example of those is a stem cell that produces red blood cells here, that cell produces more than that. It is in the bone marrow and it produces red blood cells. It produces the thrombocytes for clotting. It produces the polymorphonuclear leukocytes, that is some of the white cells.

Now, maybe you can take that stem cell, which is not totally differentiated, and you can put it in an environment where it will be confused as to what it really is, so that it might be able to produce for you something else. And that is what we do, at least partially, with adult stem cells.

The embryonic stem cell is a cell taken from the embryo no later than the blastocyst, which has the inner cell mass, because only then will it be purely embryonic.

In the morula, the eight-cell stage we talked about, it is totally undifferentiated. Conceivably, it might produce an embryo. The President's Commission on Bioethics does not think so, but conceivably, it might. But if you take that cell or cells from the inner cell mass, it certainly will not, because it is already differentiated to the point that these cells in the inner cell mass will become the baby, and these cells in the trophoblast will become the decidua, the amnion and chorion, the placenta.

Mr. Speaker, now I would like to yield to my good friend, the gentleman from Georgia (Mr. GINGREY).

Mr. GINGREY. Mr. Speaker, I want to, first of all, thank the gentleman from Maryland (Mr. BARTLETT). And I want to tell my colleagues, Mr. Speaker, how enthused I am to be an original cosponsor on H.R. 2574, the Respect for Life Embryonic Stem Cell Act of 2005.

□ 1715

I think that the gentleman has an excellent idea of solving this moral, ethical problem that we spent so much time talking about on the floor of this great body yesterday in the passage of those two pieces of legislation, the one, of course, to expand the opportunity for obtaining umbilical cord blood with up to 150,000 umbilical cord banks that would communicate with each other in regard to trying to match the stem cells obtained in that blood to the specific recipient who is suffering from one of these terrible diseases that we have heard so much about. I am talking about things like juvenile type I diabetes. I am talking about spinal cord injuries, Alzheimer's, leukemia.

That was the one bill. And, of course, also in that bill would expand the banking ability of bone marrow where adult stem cells are plentiful. That bill I think passed this body with maybe one dissenting vote out of 435. That does not happen very often that you get such a unanimous support.

The other bill, of course, the Castle/DeGette bill, is the one that caused a great controversy, consternation, not partisan concern, because we had Members, both Republican and Democratic Members, for and opposed to that bill. Indeed, the authors were the gentleman from Delaware (Mr. CASTLE), a Republican Member, and the co-author, the gentlewoman from Colorado (Ms. DEGETTE), a Democrat; so it was a very, I think, in some ways it was a good thing even though I was very, very much opposed to the bill and disappointed to be on the losing side. There were 194 of us, though, who felt very strongly that we did not want to go in that direction of destroying embryos, even though the proponents, Mr. Speaker, used the term, hey, these are throwaway babies.

I even heard somebody say in their time in the well, Mr. Speaker, that these embryos, these frozen embryos were just going to be flushed down the toilet. Well, as we know, my colleagues know this week we had, I do not know how many of the hundred snowflake babies, the babies that infertile couples have adopted, the frozen embryos with the permission of the natural parents and carried these precious children to term. I think 22 of them were roaming around Capitol Hill yesterday and had an opportunity to be over at the White House with President Bush. You ask one of those moms or dads if those were throwaway babies. Indeed, they were not. They were precious lives. And I am just so thankful that that opportunity is there.

I will say this, if my colleague from Maryland will permit me to digress just a little bit on this subject, reproductive endocrinologists are superspecialist OB/GYNs. Their work involves primarily infertility. And they are wonderful doctors. They are so well trained and it is amazing the things that they can do with infertile couples, whether the infertility is a female problem with a sparsity or lack of sufficient number of eggs or whether it is a male infertility where the sperm count is extremely low, and maybe like in 25 percent of the cases you just do not know. But the success rates that they achieve is remarkable.

One of the most exciting things that they do and have been doing now for, gosh, 15, almost 20, years is in vitro fertilization. But when they first started that technology of actually stimulating a woman's ovaries to produce multiple eggs, not without some risks because when you do that with injections, the ovaries swell, they get quite large, and of course there is some danger there, as all of us in the medical profession, especially the OB/GYNs know, Mr. Speaker. But they do. It is called hyperstimulation when it gets to the dangerous stage. But even before that, it is superstimulation so that they can obtain multiple eggs.

So then there is this fertilization in the petri dish, whether it is the husband's sperm or the donor sperm if the

husband is azospermic, has no sperm. So you are getting really so many of these fertilized eggs, many more than you can safely put back into the uterus. And that has created, really in a way, somewhat of a dilemma with these so-called throwaway frozen embryos, some 100,000 of them.

I think I want to hopefully sometime soon talk to my colleagues in that specialty of reproductive endocrinology and say, first of all, there should be a limit to the number of embryos that can actually be implanted in a woman's uterus, and you should never put more in than they can safely conceive.

What has been done in this country and others is if all of the sudden six or eight are implanted with the hopes that two or three or maybe just one will take and be a successful pregnancy, in those situations where to and behold five or more take, then what is typically recommended is something called "pregnancy reduction" where the doctor is able to go in actually at a certain stage with a needle and destroy two or three or four sort of indiscriminately. Not knowing whether you were getting the boys or the girls or an equal mix of the same or the most intelligent or the least intelligent, the one that will grow up to be a doctor or the one that will grow up to be a lawyer. Pretty unethical in my estimation, Mr. Speaker, a pretty unethical procedure to be doing or recommending to a couple. And I think that we need to get away from that.

We need to be a little more careful and only implant a total number so that if every one of them took, that it would be safe for them to carry to near term so that all of those children would survive. And also in getting into the situation that maybe, Mr. Speaker, couples need more counseling when they go to their reproductive endocrinologist and they sign up for IVF, in vitro fertilization, maybe they need a little more counseling as to, well, how many children do you hope to have. And if they say, well, only two; I would certainly not want to have more than two children, then I think it is unethical to do this egg retrieval process and get 10 or 12 eggs and fertilize all of them and then freeze the extras when the couple had absolutely no intention of ever having a family of six or eight or 10 children.

Now, some people do. We have a Member on our side of the aisle, the gentleman from Arizona (Mr. RENZI), who has 12 precious children, and he is still a young man. But it is an amazing thing that we have really created this problem ourselves by not regulating this specialty.

So I have digressed a little bit and I hope the gentleman from Maryland (Mr. BARTLETT) will understand. I wanted to make that point because I think it is very important. But what the gentleman recommended here, this is not some mad scientific proposal. Not at all. The gentleman from Maryland (Mr. BARTLETT) is one of the most

thoughtful Members of this body, Mr. Speaker, and I think colleagues on both sides of the aisle recognize that.

He is serving in his seventh term. He is not a rookie. He is a very, very bright Ph.D., physiologist, who taught in medical school. He has taken advanced course work in embryology, so he does understand, Mr. Speaker. He is thinking about what can we do to solve this problem where we in this country do not have to fight about this moral, ethical divide. He does not want us to have to cross that divide and we do not have to.

So I really commend the gentleman, and this bill I have great support for because we need some studies and we need Federal funding of those studies and we are not destroying a human life in the process. So his allowing me to come and spend a few minutes here to be with him to discuss this is most appreciated on my part.

I plan to stay here for a little while and if the gentleman would like for me to comment further, I would be glad to do so.

Mr. BARTLETT of Maryland. Mr. Speaker, I thank the gentleman so much. I am honored he has come, and I really appreciate your articulate description of the situation we are in in the country where I think that a vast majority of Americans believe that there is considerable potential from embryonic stem cell research. And yet we have this big divide in our country where a lot of our citizens in this country and a lot of our Members here in the Congress have real problems taking a life, the life of one of these early embryos.

By the way, this has in it the blueprint for a completely unique individual. There are now 6½ billion people in the world and no two alike. And so each of these embryos created in the laboratory has in it a completely unique genetic blueprint. It is not that we know which of these embryos is going to be implanted because they are frozen, could be implanted in the future. But one thing we do know, one thing we do know is that if you take the embryo and destroy it, that that potential life is gone.

Now you may argue, you may argue that you really ought to opt for the greater good and there could be enormous potential from embryonic stem cell research. If that were the only argument, Mr. Speaker, I would engage in that argument, but it is not because we do not have to kill embryos. You do not have to hurt embryos to get stem cell lines.

I have here a piece today from Roll Call which is kind of an inside paper here on the Hill. And it is quoting from freshman Senator TOM COBURN. He is a freshman there because fairly recently he was here in the House. He came in 2 years after I came in. He is a doctor. He has delivered a lot of babies in Oklahoma. And I called him the other day and he said, I will carry this bill in the Senate.

This is what he is quoted as saying in Roll Call just today: "Coburn said, It is possible to harvest stem cells without destroying embryos and would focus his efforts on amending the bill," that is the bill that will be going through the Senate, "amending the bill to promote this procedure."

I also want to note in this week's edition of Time magazine, the first story, a pretty big story on stem cells, "Why Bush's Ban Could Be Reversed." Now, we voted yesterday to reverse that ban. It needs to be voted in the Senate, and then it needs to go to conference and then it needs to go to the President's desk and the President has assured the world that he will veto this because of his respect for life.

I hope that the bill we are discussing tonight reaches the President's desk at the same time as the bill we voted on yesterday so the President has before him the option of signing a bill which opens up all of the promises of embryonic stem cell medical application and still preserves life.

I want to emphasize again, Mr. Speaker, that our bill deals only with the animal experimentation because we want to know that in fact it is efficacious and safe to do the procedures that will need to be done if we are going to reach the potential for medical application of embryonic stem cells.

I would like to for just a moment talk about the general potential from stem cells, whether they are embryonic or whether they are adult stem cells.

□ 1730

There are two basic kinds of diseases in the body. There are diseases from tissue or organ deficiencies, and there are diseases from pathogens. Mostly what we are talking about are diseases from tissue or organ deficiencies, although if there is a pathogen that destroys an organ or a tissue and it might be replaced through embryonic or adult stem cell application, that would be included also. But there are a large number of diseases that represent tissue or organ deficiencies, which appear to hold promise for stem cell medical application.

My colleague mentioned Type 1 diabetes. This is really a very tragic disease. It represents the largest cost of any disease in our country. I see diabetics come through my office and the most heart-wrenching are those little children, juvenile diabetes, sometimes very virulent. They have to sample, several times a day, their blood.

Thank God, we have improved techniques which require just a fraction of a drop of blood. And they have, many of them, embedded in their side a little hockey-puck-size pump that pumps insulin. But they have to sample their blood to know what the sugar level is so they know how to set the pump, so it is pumping the right dose of insulin. This they have to do 24 hours a day. And some of them are so brittle that they have to wake up at night to do this.

When they come to your office with diseases like this, or like multiple sclerosis, or like lateral sclerosis that my grandmother died from, then your heart really goes out to these people. I remember my grandmother's death. I was a teenager. They had misdiagnosed it for quite a while, because this is Lou Gehrig's disease, and it was not all that common. When they finally figured out what it was, there was nothing that could be done for it. We hope in the future, with stem cell application, there will be something that can be done for it.

My grandmother went from falling now and then to degenerating slowly, until just before she died the only motion she had was blinking her eyes. And that was the only way she could communicate with us. One blink for "yes," two blinks for "no."

So from a personal perspective, and I suspect many families are like my family, that they have a relative, if not a relative, a friend who has one of these many diseases, diabetes, multiple sclerosis, lateral sclerosis, or Alzheimer's disease.

And, Mr. Speaker, there are a whole host. I have here 63 different autoimmune diseases. These are diseases where the body gets confused as to what is really body. You see, very early in our embryonic development there are certain miracle cells in our body called T-cells that are imprinted with who we are. And that is very essential, because in the future there are going to be a lot of foreign invaders, mainly bacteria and particularly viruses, that would like to occupy us and live there comfortably without being rejected; and that, of course, would be hazardous and frequently fatal. So these T-cells are imprinted with who we are so that they reject everything that is not us.

Well, in many people, and there are 63 diseases here that are listed, in many people these immune reactions get confused, and so we have what are called autoimmune diseases where the body starts attacking its own tissues. Well, the body marshals its resources and many times it has overcome this deficiency, but by that time, the tissues are decimated. So we have the potential that we could provide enormous medical help in a great number of diseases.

There is another potential, which is much debated and explored, and that is the potential difference between adult stem cells and embryonic stem cells. And there are many people who will tell you that adult stem cells have the most potential because they have presently the most medical applications, 58 as compared to zero for embryonic stem cells. The reason for that, Mr. Speaker, or at least one reason, is that we have been working with adult stem cells for over 3 decades and just over 6 years with embryonic stem cells. And so there has not really been time for medical applications.

But all of the professionals in the area will tell you that, theoretically,

because of what embryonic stem cells are, embryonic stem cells way back here in early development of the embryo, that they retain, or they have the ability to make any and every tissue in the body. So, theoretically, they ought to have the most potential.

You will hear, Mr. Speaker, debates on this issue, and it is well to remember that from a teleological perspective, the embryonic stem cells ought to have more application than adult stem cells, which is why all the clamor, why the \$3 billion in California voted by the voters for embryonic stem cell research, because the professionals and most people who think about it believe that there is more potential from embryonic stem cells. There may not be, but that is why we need to do the research so that we know what is feasible here.

I just want to spend a moment, Mr. Speaker, going over my personal involvement with this field. As was mentioned by my good friend, the gentleman from Georgia (Mr. GINGREY), I was privileged in a former life to work in a scientific medical environment. I taught medical school for 4 years, I taught postgraduate medicine at the School of Aviation Medicine in Pensacola, Florida. I had the opportunity, while studying for my doctorate, to take a course in advanced embryology. And so when I went to NIH in 2001 with a group from the Hill here, most of them staff members, quite a large number as I remember, for a briefing at NIH on the potential for embryonic stem cell applications, and this was in 2001 before the President came down with his executive order that we could not kill any more embryos; that there were 60 cell lines, maybe not quite 60, but 60 cell lines in existence and that Federal money could be spent only on those, we knew then that these cell lines would eventually run out.

Now they are down to 22 and all of them contaminated with mouse "feeder" cells, so there is now a need, if this research is going to continue with Federal funding, there is a need for additional stem cell lines. That is why the bill yesterday and why the bill that we are talking about today.

Because I remembered my embryology, and the next chart here will show what happens with ordinary twinning with fraternal twins, in fraternal twins there are two eggs, and those two eggs may implant in the uterus far apart, in which case the babies will present in separate amnions, or they may implant in the uterus close together so that they will present with a single chorion, I guess it is.

The next chart shows what happens in identical twinning. In identical twinning, early in the development of the embryo, and you will remember the first chart we looked at that went from one cell to two to four to eight, then 16 and on to the inner-cell mass stage, and the embryo can divide at either the two-cell stage or clear up to the inner-cell mass stage. And the little chart here shows two inner-cell masses.

The cell at which it divides determines how the babies will present. Here you see you have two babies in the same chorion and they mimic the two babies that were fraternal twins that happened to implant in the uterus close together. Well, I knew, Mr. Speaker, that in both of these cases half of the cells were taken away from the developing embryo either at the two-cell stage or anything in between clear up to the inner-cell mass, and there are a lot of stages in between here. And when you took half the cells away, the half you took away made a perfectly normal baby, and the half that was left made a perfectly normal baby: identical twins.

So it was reasonable to me that you ought to be able to take a cell or two or three or so away and the cells that were left ought to produce a perfectly normal baby. And I asked NIH researchers, is this theoretically possible? They said, yes, it is theoretically possible.

A few days later I happened to be at an event with the President, and I knew he was struggling with this decision. So I mentioned to him my visit to NIH and the possibility that this could be done. The President handed the follow-up to this to Karl Rove, and so Karl Rove went to NIH.

Now, I did not know he was involved until he called me and he said, Roscoe, they tell me at NIH they cannot do this. I said, Karl, either they did not understand the question or there is some confusion, because these are the same people that can take a nucleus out of a single cell and put another nucleus in it. That is what people do in cloning, and this is now done widely since that Dolly sheep up there in Scotland.

In fact, I went to a farm in Maryland that has two cloned cows, and it may be unique in all the world. They have a heifer there, born to a cloned cow, fertilized by a cloned bull.

So I knew that it was possible to go in and do this. But they told him again, no, they could not do it. So the President came out with his executive order saying we could use only the stem cell lines in existence.

Subsequent to that, a couple years later, in my office talking about this with NIH, they admitted that there was some confusion that permitted Mr. Rove to believe something that they had not said. What they told him was that they were not sure that we could make a stem cell line from such an early embryo, at the eight-cell stage. We make them all the time, by the way, from the inner-cell mass. That is the stage at which they do this. That is true. That is why I wanted then and want now to do the animal experimentation to determine whether this is true or not.

I have here a letter, and I submitted this for the RECORD the last time we spoke about this, so I will not do it again, but this is a letter from Dr. Battey, who is the NIH spokesman, the

point person for embryonic stem cell work. It is a large, 3-page letter in which he discusses a number of the things that we are discussing here this evening, Mr. Speaker.

There are several statements in his letter which indicate the probability that what we want to do in fact can be done, which could have enormous potential applications for good to the people that have diseases that could be cured, well, maybe not cured, but where defective tissues and organs could be replaced.

We were talking about diabetes, Mr. Speaker. That has a really high potential application. The problem in the diabetic is that the cells of Langerhans, these are little island cells. They are called the islands of Langerhans for the gentleman who first described them. They happen to be located in the pancreas. They do not need to be there. They have nothing to do with what the pancreas does.

The pancreas secretes a large number of enzymes in the intestine that help digest all three classes of food in the intestine: fats, carbohydrates, and protein. The islands of Langerhans, if we could make them from stem cells and they could be placed in people, anywhere, their earlobe, their groin, under the skin in their side, anywhere, they would then secrete the insulin that is so essential.

And by the way, it is more than just insulin, because giving insulin to a diabetic prolongs their life and helps a great deal, but it does not cure the disease. There still would be potential eye problems and potential circulation problems. Many people, Mr. Speaker, have friends and relatives that have diabetes and they see this progression.

What we want to do in our bill is to provide an opportunity to explore in nonhuman primates the potential for making a repair kit so that that individuals, through all of their life, would have the possibility of applications with completely genetically compatible material. And then with surplus cells from the repair kit, we could establish new embryonic stem cell lines. But our research aims only at the animal experiments which would determine the efficacy and the safety of doing this.

There is debate, and you, Mr. Speaker, heard the debate yesterday. That was a really good illustration of something my wife notes frequently, that during those debates everything has been said, but they go on and on because everybody has not said it. We heard yesterday people from both sides repeating. And since repetition is the soul of learning, I am sure the message from both sides got through.

And what was that message? From the side that voted for the Castle bill, the message was that we have 400,000 frozen embryos out there. They are not all going to be used; some will die because they are frozen too long.

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Ultimately, some will be discarded so why should we not get some potential

medical benefit since they are going to be discarded?

The argument on the other side, and I am on the other side because I have a true reverence for life, the argument on the other side is that for any one of those 400,000 embryos, you do not know that is not the embryo that could be adopted in the snowflake operation and become a much longed for and loved child.

At the end of the day, if you have taken one of these embryos and destroyed it in your pursuit of embryonic stem cell research, you have destroyed the potential life of a unique individual with a genetic blueprint unlike any other individual on the planet, another Albert Einstein, another Ronald Reagan. I think the reverence for life argues very strongly in favor of the President's position that he will veto the bill.

I hope that my bill can get to his desk at the same time because this is a bill that is reverent of life, and everything that is done is done for the benefit of the embryo. The parents cannot conceive normally, so they have in vitro fertilization. They would like to know, since they have the ability to know, that their baby is not going to have a genetic defect. So what happens to the embryo with the genetic defect?

Mr. Speaker, I hope it is refrozen and made available for adoption. There are many people in the world that get genuine fulfillment in adopting children that are handicapped. That is why they adopt crack cocaine babies or babies with AIDS. I would not want to preclude that this baby with a genetic defect might not be wanted by another family. If the family decides that they want to ensure that their baby is going to have a high quality of life and does pre-implantation genetic diagnosis, if the potential is there, and our research in animals will help determine that, if the potential is there, they will certainly go on to develop a repair kit so their baby will have more than just a potential of frozen cord blood. And then once they have established the repair kit, hopefully if it is needed, they will donate a few cells so we can start another stem cell line to do the research and the medical applications that are necessary to determine the full potential of embryonic stem cells in medicine.

Mr. Speaker, I want to spend a few moments on a white paper produced by the President's Council on Bioethics called "Alternative Sources of Pluripotent Stem Cells." What it really means is you can go into this early embryo that I talked about, and let me put that up on the board. This is from page 25 in their paper. The highlighted part says it may be some time before stem cell lines can be reliably derived from single cells. If we go to the cell mass stage, we may be able to get several cells since there are a lot of them there. And, of course, our chances will be enhanced with single cells extracted from early embryos and in ways that do no harm to the embryo.

So they are saying this is possible. But the initial success of the Verlinsky Group's effort, and this is a group that says they have done this, that needs to be corroborated by other scientists, and our research would determine whether or not that is feasible through animal experimentation; but it raises the future possibility that pluripotent stem cells could be derived from single blastomeres removed from early human embryos without apparently harming them.

They do a really good job of talking about the potential opportunities, and I want to note the asterisk; and a similar idea was proposed by the gentleman from Maryland (Mr. BARTLETT) as far back as 2001. This was a suggestion that I made to the people at NIH and then to the President, and that was well before the President came down with his executive order on the stem cell lines that could be used for further experimentation with Federal money.

They do a really good job in the body of this text. They talk about all of the potential benefits. They talk about developing the repair kit and taking cells in the repair kit to produce the stem cell line. And they said here at the beginning of it that all of this may be possible. But then it almost looks to me like somebody else wrote their recommendation section because going to the back to the recommendation section, they said the second proposal, blastomere extraction from living embryos, we find this proposal to be ethically unacceptable in humans owing to the reasons given. We would not impose risk on living embryos destined to become children for the sake of getting stem cells for research.

Mr. Speaker, that is not what they said in the first part of it. They said they were getting the stem cells to do preimplantation genetic diagnosis and getting the stem cells to develop a repair kit. I, too, have some concern about getting cells if the only reason for getting the cells is for research, but that is not the reason that the parents decide to do preimplantation genetic diagnosis; they do that because they want to have a baby that does not have a genetic defect.

That is not the reason that they have the cells cultured to produce a repair kit, because they want their baby to have the potential miracle of embryonic stem cells for the rest of their life. It is only at that time, after successful animal experimentation, as outlined in our bill, it is only at that time you would ask the parents, if you have surplus cells from your repair kit, might we start a stem cell line with them.

So although they do a very good job of discussing in the body of the text, please go back to the body of the text and read what they said there because they really short circuit the whole thing in their recommendations because the presumption in the recommendation is that we are taking the cells only for research. That was never the presumption, that we were taking the cells only for research.

In closing, I would like to look again, and this is a different chart, but it shows the same sequence of events, come back to what we are proposing so there is no misunderstanding of what we are proposing.

Again, I will go through what happens in normal fertilization, and then you have to imagine this is not occurring in the body of the mother, but it is occurring in a petri dish in a laboratory, in a fertility clinic.

This is the ovary and this is the funnel end called the infundibulum and this is the fallopian tube, and we come down to the uterus. This is half of the uterus, and there is a mirror image on this on the other side. It takes about 10 days until the egg implants in the uterus.

This is occurring now in the petri dish. We know at the 8-cell stage here that you can take a cell or two out, they have done it more than a thousand times, and get a perfectly normal baby after taking that cell or two out for preimplantation genetic diagnosis.

There is the possibility, although the authors of the "Alternative Sources of Pluripotent Stem Cells" argue that it is probably not possible, but there is a faint possibility, perhaps, if you put this in the proper environment you might have another embryo. Therefore, you start the ethical argument all over again.

But if you can wait, and I believe you can, if you wait until the inner cell mass to take that cell, now you have completely avoided that argument because at the inner cell mass there has already been enough differentiation that the cells in the inner cell mass will become the baby, but they can only become the baby if there are the cells in the trophoblast which will produce the decidua which is the amnion and the chorion, and they have not yet done this because there is no reason to do this. The inner cell mass stage is the stage at which the embryos are ordinarily taken to produce stem cell lines.

Again, our bill deals only with animal experimentation in nonhuman primates, and those are the great apes which I emphasized previously were genetically very similar, and they are widely used in research that would affect humans to determine the efficacy and the safety of those procedures on humans.

I would like to return for just a moment to the fundamentals of this debate: Christopher Reeves, Ronald Reagan, ever so many people out there that have diseases that one can imagine could be cured with applications of stem cell research. The real challenge is to be able to do that without what I think is a morally unacceptable procedure of destroying another potential human being in doing that. I know that there are 400,000 embryos out there. I know that not all of them will probably be implanted; but for any one of those embryos, Mr. Speaker, it could be implanted. It could be tomorrow's

Albert Einstein; it could be tomorrow's Ronald Reagan.

Mr. Speaker, I do not want to be in the position of making the decision that it is okay to take this potential baby, it is a life, to take this potential baby and destroy it because in doing so I might help some other people. We do not have to do that because as Dr. Coburn said in the Senate and as this letter from NIH says, it is completely feasible that we can reach these objectives by taking cells from an early embryo for the benefit of the embryo. Let me stress again that these cells would be taken at the parents' request to benefit their baby, to do a preimplantation genetic diagnosis to develop a repair kit.

Mr. Speaker, it would be wonderful if the 6.5 million people in the world today had repair kits. How much human suffering could be alleviated by that. The parents would have made these three decisions: in vitro fertilization because they cannot have a baby otherwise; to do a preimplantation genetic diagnosis because they want a baby that is going to have the highest possible quality of life; and to develop a repair kit. It is only at that time that we would ask them if you have surplus cells from your repair kit, might we not start another stem cell line with them.

Mr. Speaker, again, I want to emphasize that our bill is just preparatory to all of this because it deals with none of this. It deals only with the animal experimentation that would determine the efficacy of developing repair kits and stem cell lines from this early embryo.

I hope my colleagues on both sides of the aisle, I have now cosponsors on both sides of the aisle, hopefully we will have a large number of cosponsors because this bill meets both the objectives and the objections of any Member who is concerned with the potential for embryonic stem cell application to medicine.

STATUS REPORT ON CURRENT SPENDING LEVELS OF ON-BUDGET SPENDING AND REVENUES FOR FY 2005 AND THE 5-YEAR PERIOD FY 2005 THROUGH FY 2009

The SPEAKER pro tempore (Mr. KUHLMAN of New York). Under a previous order of the House, the gentleman from Iowa (Mr. NUSSLE) is recognized for 5 minutes.

Mr. NUSSLE. Mr. Speaker, I am transmitting a status report on the current levels of on-budget spending and revenues for fiscal year 2005 and for the five-year period of fiscal years 2005 through 2009. This report is necessary to facilitate the application of sections 302 and 311 of the Congressional Budget Act. This status report is current through May 23, 2005.

The term "current level" refers to the amounts of spending and revenues estimated for each fiscal year based on laws enacted or awaiting the President's signature.

The first table in the report compares the current levels of total budget authority, outlays,