So the bill was passed.

The result of the vote was announced as above recorded.

A motion to reconsider was laid on the table.

PERSONAL EXPLANATION

Mr. GUTIERREZ. Mr. Speaker, due to a family illness, I was absent from this Chamber today.

I would like the RECORD to show that, had I been present, I would have voted "nay" on rollcall vote 499. I would have also voted "yea" on rollcall 497, 498, 500, and 501.

PERSONAL EXPLANATION

Mr. RUPPERSBERGER. Mr. Speaker, on September 28, 2005 I was unavoidably detained dealing with district issues.

If I were present, on rollcall votes 499 through 500 I would have voted in the following manner:

On rollcall vote 499 I would have voted "no" on agreeing to the Sensenbrenner Amendment to H.R. 3402, Justice Department Authorization.

On rollcall vote 500 I would have voted "yes" on the Motion to Recommit for H.R. 3402, Justice Department Authorization Repression.

On rollcall vote 501 I would have voted "yes" on Final Passage for H.R. 3402, Justice Department Authorization.

RULES OF THE HOUSE

(Mr. SENSENBRENNER asked and was given permission to address the House for 1 minute.)

Mr. SENSENBRENNER. Mr. Speaker, I noticed in the last roll call that the author of the motion to recommit voted in favor of passage of H.R. 3402. At the time he rose to offer the motion to recommit, he stated clearly that he was opposed to the bill in its present form; and during my arguments against the motion to recommit, I reminded him and other Members that in order to make a motion to recommit, one must be opposed to the bill.

This is in direct contravention of House rules and the admonition of the Speaker several months ago when the author of another motion to recommit on another bill voted in favor of the passage of the bill.

I would hope that Members would be cognizant of the rules and precedents of the House and not repeat what has just happened.

AUTHORIZING THE CLERK TO MAKE CORRECTIONS IN ENGROSSMENT OF H.R. 3402, DEPARTMENT OF JUSTICE APPROPRIATIONS AUTHORIZATION ACT, FISCAL YEARS 2006 THROUGH 2009

Mr. SENSENBRENNER. Mr. Speaker, I ask unanimous consent that in the engrossment of H.R. 3402 that the Clerk be authorized to make technical and conforming changes.

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

There was no objection.

MAJORITY LEADER

Ms. PRYCE of Ohio. Mr. Speaker, as chairman of the Republican Conference, I am directed by that conference to notify the House officially that the Republican Members have selected as majority leader the gentleman from Missouri, the Honorable ROY BLUNT.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX, the Chair will postpone further proceedings today on the remaining motion to suspend the rules on which a recorded vote or the yeas and nays are ordered, or on which the vote is objected to under clause 6 of rule XX.

Any record vote on the postponed question and votes postponed earlier today will be taken tomorrow.

RECOGNIZING THE NEED TO PURSUE RESEARCH INTO CAUSES, TREATMENT AND CURE FOR IDIOPATHIC PULMONARY FIBROSIS

Mr. DEAL of Georgia. Mr. Speaker, I move to suspend the rules and agree to the concurrent resolution (H. Con. Res. 178) recognizing the need to pursue research into the causes, a treatment, and an eventual cure for idiopathic pulmonary fibrosis, supporting the goals and ideals of National Idiopathic Pulmonary Fibrosis Awareness Week, and for other purposes, as amended.

The Clerk read as follows:

H. CON. RES. 178

Whereas idiopathic pulmonary fibrosis is a serious lung disorder causing progressive, incurable lung scarring;

Whereas idiopathic pulmonary fibrosis is one of about 200 disorders called interstitial lung diseases;

Whereas idiopathic pulmonary fibrosis is the most common form of interstitial lung disease;

Whereas idiopathic pulmonary fibrosis is a debilitating and generally fatal disease marked by progressive scarring of the lungs, causing an irreversible loss of the lung tissue's ability to transport oxygen;

Whereas idiopathic pulmonary fibrosis progresses quickly, often causing disability or death within a few short years;

Whereas there is no proven cause of idiopathic pulmonary fibrosis;

Whereas approximately 83,000 United States citizens have idiopathic pulmonary fibrosis, and 31,000 new cases are diagnosed each year;

Whereas idiopathic pulmonary fibrosis is often misdiagnosed or underdiagnosed;

Whereas the median survival rate for idiopathic pulmonary fibrosis patients is 2 to 3 years, and about two thirds of idiopathic pulmonary fibrosis patients die within 5 years; and

Whereas a need has been identified to increase awareness and detection of this misdiagnosed and underdiagnosed disorder: Now, therefore, be it

Resolved by the House of Representatives (the Senate concurring), That the Congress—

(1) recognizes the need to pursue research into the causes, a treatment, and an eventual cure for idiopathic pulmonary fibrosis;

(2) supports the work of advocates and organizations in educating, supporting, and providing hope for individuals who suffer from idiopathic pulmonary fibrosis, including efforts to organize a National Idiopathic Pulmonary Fibrosis Awareness Week;

(3) supports the designation of an appropriate week as National Idiopathic Pulmonary Fibrosis Awareness Week;

(4) encourages the President to issue a proclamation designating a National Idiopathic Pulmonary Fibrosis Awareness Week;

(5) congratulates advocates and organizations for their efforts to educate the public about idiopathic pulmonary fibrosis, while funding research to help find a cure for this disorder; and

(6) supports the goals and ideals of National Idiopathic Pulmonary Fibrosis Awareness Week.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Georgia (Mr. DEAL) and the gentleman from Ohio (Mr. BROWN) each will control 20 minutes.

The Chair recognizes the gentleman from Georgia (Mr. DEAL).

GENERAL LEAVE

Mr. DEAL of Georgia. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days within which to revise and extend their remarks and include extraneous material on the bill under consideration.

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

There was no objection.

Mr. DEAL of Georgia. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, about 7 years ago, my good friend and a good friend of many Members in this Chamber, the gentleman from Georgia (Mr. NORWOOD) was diagnosed with a life-threatening disease that, despite his own lifetime experience in the medical care field, he said he had never heard of before. In fact, the vast majority of Americans have never heard of idiopathic pulmonary fibrosis, or IPF. That is why we are here today, to raise the awareness of the American public about this debilitating and fatal disease so one day we may seek and find a cure.

IPF is a serious lung disorder for which there is no known cause, and more importantly, at this time no known cure. IPF causes progressive scarring or fibrosis of the lungs, gradually interfering with a patient's ability to breathe and ultimately resulting in death.

Recent studies have identified that approximately 83,000 individuals suffer from IPF in the United States, and an estimated 30,000 new cases develop each year. The availability of a new treatment option for IPF is essential to improving overall patient care and further research will be required to develop these new therapies as well as assess their safety and efficacy.

Over the past 7 years, as I have watched my friend, the gentleman from Georgia (Mr. NORWOOD), I have seen

firsthand the debilitating effect this disease can have on a person's life, and given that the median survival rate for IPF patients is only 2 to 3 years, we are extremely fortunate to have our friend with us today. But unfortunately, each year thousands of Americans are not as fortunate as the gentleman from Georgia (Mr. NORWOOD) and that is why I encourage my colleagues to adopt this resolution.

Mr. Speaker, I reserve the balance of my time.

Mr. BROWN of Ohio. Mr. Speaker, I yield myself 2 minutes.

Mr. Speaker, over 80,000 Americans, 5 million people worldwide suffer from idiopathic pulmonary fibrosis. As with so many diseases, the difficulty in diagnosing IPF indicates that the actual numbers may be much higher. Members of this body, as the gentleman from Georgia (Mr. DEAL) said, all have a personal connection to this disease. Our colleague, the distinguished member of our subcommittee, the gentleman from Georgia (Mr. NORWOOD) has battled the disease since 1998 and underwent a lung transplant about a year ago.

There are currently no effective treatments or cure for idiopathic pulmonary fibrosis. The only option for patients is a lung transplant, which simply does not come in time for so many who suffer from the disease. There is hope, but it requires the continued investment in the development of new treatments. Drugs designed both to treat the lungs scarred by the fibrosis and to suppress the inflammation it causes are currently in the experimental stages. We need to build on that progress and move on towards a cure.

□ 1800

This resolution reflects several important goals as we, government, patients and their doctors and society at large fight this disease. First and foremost, it underscores the need for research, not just in a new treatment for IPF, but into the causes of the disease so we can understand more about this and some 200 other related diseases, particularly various kinds of lung disorders.

It also underscores the point of funding NIH and CDC, not making huge tax cuts and underfunding these very important government programs that we realize in this country more and more are so important for all people in this country.

It is appropriate this body recognize the goals and ideals of a National Idiopathic Pulmonary Fibrosis Awareness Week.

Mr. Speaker, I reserve the balance of my time.

Mr. DEAL of Georgia. Mr. Speaker, I yield 3 minutes to the gentleman from Georgia (Mr. NORWOOD).

Mr. NORWOOD. Mr. Speaker, I thank the chairman and my friend for yielding me this time.

Mr. Speaker, I ask my colleagues to support H. Con. Res. 178, which I did author, the purpose of which is to bring attention to idiopathic pulmonary fibrosis to as many people as humanly possible. This is known as IPF.

I would like to start, of course, by thanking all of the IPF patients, survivors, advocates who have come to Capitol Hill this week to just simply make us aware of this disease. I know the story these brave individuals have to tell because it is one that I have lived.

I was very fortunate to be correctly diagnosed with IPF when I was in the early stages of the disease in 1998, diagnosed right here in this Capitol. IPF is too often misdiagnosed in the critical, critical early stages. I was blessed to have a loving family, who saw me through the difficult times as this disease progressed. I was fortunate enough to receive a single lung transplant late last year that spared me from further harm from the disease. I am incredibly grateful to have the best nurse I could ask for in my loving wife, Gloria.

I am thankful for the opportunity to join a community of terrific folks who want nothing more, nothing more, than to bring needed attention to this relatively unknown disease.

IPF is a progressive and generally fatal lung disease. It is marked by the inflammation and the scarring of the delicate lung tissues and hinders the lung's ability to transport oxygen to the rest of one's body.

While my colleagues have seen me come back from the effects of IPF since my lung transplant, a transplant is really not a treatment, and it is certainly not a cure. A transplant is a medical decision of last resort in the face of an irreversible disease whose causes remain a mystery for us today.

Unfortunately, a lung transplant will not work for every patient, in every case; and as I well know, organs are very much in short supply in this Nation.

Mr. Speaker, in an era in which medical science can do much, there is no reason why we cannot give hope to the 83,000 Americans currently living with this disease and the 31,000 that are diagnosed each year. The reason the number of current patients remains so low despite over 30,000 new cases each year is that far too many of those with IPF face severe disability and death within a few short years. In fact, two thirds of IPF patients die within 5 years of developing the disease. That is why this resolution is so important.

H. Con. Res. 178 will bring awareness, I hope, to the severity of this devastating disease by encouraging the President to recognize IPF Awareness Week. It will also recognize and encourage the need for further research, further research, into IPF in the hopes of finding a cause and a treatment and a cure.

Over 50 of our colleagues have already cosponsored, Mr. Speaker, this important resolution; and I urge this body to join with me in taking the first step toward a cure by passing this resolution to bring more attention to IPF in Washington, our capital city, and in our Nation.

Mr. BROWN of Ohio. Mr. Speaker, I yield 2 minutes to the gentlewoman from Texas (Ms. JACKSON-LEE).

Ms. JACKSON-LEE of Texas. Mr. Speaker, I thank the distinguished gentleman from Ohio for yielding me this time.

I am a cosponsor of this legislation; and, of course, there could be no more eloquent speaker than the gentleman from Georgia (Mr. NORWOOD) on this question. But I think if there is anything we emphasize with this resolution it is that in this instance research is equal to pounds and pounds of cure. So I rise to support H. Con. Res. 178.

This legislation recognizes the need to research the cause of and find a treatment and cure for IPF. It also recognizes the Coalition of Pulmonary Fibrosis and urges the President to designate an IPF Awareness Week. As the number of over-50 bipartisan cosponsors indicates, there is very strong support for this legislation.

Let me just mention a few points that I think are worth emphasizing. The disease is debilitating and generally fatal, causing an irreversible loss of the lung tissue's ability to transport oxygen to the organs. It moves very quickly. There is no proven cause of IPF, and 83,000 Americans are living with this disease and 31,000 are diagnosed each year. Idiopathic pulmonary fibrosis progresses quickly, often causing disability or death within a few short years.

So the movement of research has to be key. I know that research will lead to solution. And when we start determining in the budget reconciliation, Mr. Speaker, I am asking that our colleagues be considered in their thoughts that not only is it most important to cut, cut, cut, but it is important to be able to find the resources to do the important work that our constituents have sent us to do.

Furthermore, a recent study found that IPF may be five to 10 times more prevalent than previously thought. It is unknown whether this may be due to an increased prevalence of the disease or to a previous lack of definitive guidelines for diagnosing IPF. This research effort will help us understand that. Unfortunately, many patients, particularly in the early stages of the disease, can continue to go about their normal activities for months or years before the disease runs its course. IPF can strike anyone, but the disease tends to affect men more than women and usually strikes people between the ages of 50 and 70.

Mr. Speaker, I ask my colleagues to join in the leadership of this resolution and support it enthusiastically.

Mr. Speaker, I rise in support of H. Con. Res. 178. This legislation recognizes the need to research the cause of, and to find a treatment and cure for IPF. It also recognizes the work of the Coalition for Pulmonary Fibrosis,

and urges the President to designate an Idiopathic Pulmonary Fibrosis Awareness Week. As the number of over 50 bipartisan co-sponsors indicates, there is strong support for this legislation.

Let's take a moment to mention a few important facts about this issue:

Idiopathic pulmonary fibrosis is a serious lung disorder causing progressive, incurable lung scarring.

Idiopathic pulmonary fibrosis is the most common form of interstitial lung disease.

There is no cure or treatment for this disease.

The disease is debilitating and generally fatal, causing an irreversible loss of the lung tissue's ability to transport oxygen to the organs.

There is no proven cause of idiopathic pulmonary fibrosis.

There are 83,000 Americans living with this disease and 31,000 are diagnosed each year.

Idiopathic pulmonary fibrosis progresses quickly, often causing disability or death within a few short years.

It is often misdiagnosed in the early stages.

The median survival rate for idiopathic pulmonary fibrosis patients is 2 to 3 years, and about two thirds of idiopathic pulmonary fibrosis patients die within 5 years of developing the disease.

Furthermore, a recent study found that IPF may be 5 to 10 times more prevalent than previously thought. It is unknown whether this may be due to an increased prevalence of the disease or to a previous lack of definitive guidelines for diagnosing IPF. Unfortunately, many patients, particularly in their early stages of the disease, can continue to go about their normal activities for months or years, before the disease runs its course. IPF can strike anyone, but the disease tends to affect men more than women and usually strikes people between the ages of 50 and 70.

In closing, I support this legislation and the need to pursue research into the causes, a treatment, and an eventual cure for idiopathic pulmonary fibrosis.

Mr. DEAL of Georgia. Mr. Speaker, I yield 3 minutes to the gentleman from Georgia (Mr. WESTMORELAND).

Mr. WESTMORELAND. Mr. Speaker, I want to thank my friend from Georgia for yielding me this time.

Mr. Speaker, I rise in support of House Concurrent Resolution 178, bringing attention to the need to research and to find a cure for idiopathic pulmonary fibrosis. I am one of more than 50 bipartisan cosponsors of this legislation.

I first learned that the gentleman from the great State of Georgia (Mr. NORWOOD) had this disease a few years ago, and I was amazed to learn of its effects. There is no cure or treatment for IPF, and the disease continues to build up scar tissue in the lungs until fatality results in many cases.

More than 31,000 Americans are diagnosed with IPF each year, and the median survival rate is only 2 to 3 years.

Although IPF is three times more common than cystic fibrosis, it only receives a fraction of the research funding. This resolution does the right thing by calling attention to it and increasing public awareness. Increased awareness will also help the diagnosis process to help ensure that the disease is caught as early as possible. Many times the disease is misdiagnosed in the early stages and doctors do not even realize the effects the disease is having until it moves on to its later stages.

The gentleman from Georgia (Mr. NORWOOD), my friend, has been incredible in his strength and has been an example to me. He did not let the difficulties he faced prior to his lung transplant slow him down. And after the transplant, he continued to zoom around the Capitol, often quicker than I, as he has recovered. Even when he was still on oxygen full time, he was up speaking to this House and addressing the issues and concerns of his constituents. He did not miss a beat. Mr. Speaker, I am proud to be able to serve with such a great American as the gentleman from Georgia (Mr. NORWOOD).

I ask for support of House Concurrent Resolution 178.

Mr. BROWN of Ohio. Mr. Speaker, I reserve the balance of my time.

Mr. DEAL of Georgia. Mr. Speaker, I yield 3 minutes to the gentleman from Georgia (Mr. GINGREY).

Mr. GINGREY. Mr. Speaker, I thank the gentleman for yielding me this time.

Mr. Speaker, House Concurrent Resolution 178 takes an important step toward recognizing the need to research not only the cause of idiopathic pulmonary fibrosis but also viable therapies and, we hope one day, a cure.

It has recently been cited that IPF may be five to 10 times more prevalent than previously documented, and this may be due to increased awareness or an increased prevalence of the disease state. Regardless of what the reason, we need to act.

That is why I applaud the gentleman from Georgia (Mr. NORWOOD), my friend and colleague, for bringing this resolution to the floor. It is important to elevate the education and awareness of this disease in our country because 83,000 Americans, including the gentleman from Georgia (Mr. NORWOOD), are currently living with idiopathic pulmonary fibrosis.

In that spirit, I want to commend the gentleman from Georgia (Mr. NORWOOD) for his courage and resilient spirit. He has fought this disease every step of the way, always maintaining his hard work and commitment to this great body, the House of Representatives; and I want him to know his dedication is deeply appreciated.

Unfortunately, there is a lot we do not know and do not yet understand about this debilitating disease. We do not know what causes IPF, and in many cases the disease is misdiagnosed.

Additionally, we are relying on treatment therapies that are more than 30 years old. These IPF patients need the help of cutting-edge technology. Unfortunately, researchers are being held back by the lack of appropriate funding. Currently, IPF research receives only a fraction of the funding of what other diseases get that are less prevalent in our country.

I am proud to be an original cosponsor of this legislation. I urge my colleagues to support these efforts to bring national attention to this horrible and devastating disease.

Mr. BROWN of Ohio. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I listened to this debate, and I hope that all of my friends on the other side of the aisle who support this resolution, as we all should, keep this in context. As we spend a billion dollars a week in Iraq, as my friends on the other side of the aisle insist on tax cuts for the wealthiest people in our society, as we continue to drive this Federal budget deficit up and up and up, and I hear some people in this body say we need to cut National Institutes of Health spending, that we need to cut Centers for Disease Control in the gentleman from Georgia's (Mr. DEAL) area, that we need to cut programs on Medicaid and Medicare, I hope they will remember this debate tonight about how important this program is to the gentleman from Georgia (Mr. NORWOOD) and how important this program is to so many in our country who, frankly, do not have the good health plans and the good insurance that Members of this institution have.

Mr. Speaker, I reserve the balance of my time.

Mr. DEAL of Georgia. Mr. Speaker, I yield 5 minutes to the gentleman from Georgia (Mr. NORWOOD).

Mr. NORWOOD. Mr. Speaker, I guess I hope people will remember this debate too because this is one of the debates that ought to be absolutely nonpartisan and ought to have not any political bickering in it. This is about the lives of a lot of human beings that we need to work on.

I am on the floor as maybe the only Member of Congress who has IPF. I may not be the only one, but I am the only one we know for sure has IPF.

□ 1815

I am here to bring this resolution to the floor to talk about what this disease is, what IPF is, and to say it over and over again, because that is how you get the word out.

I can speak from personal experiences that IPF is a serious lung disorder. Many may not know it, but IPF is the most common form of interstitial lung disease. I guarantee you, most of us do not know that.

Idiopathic, and I have been asked this 1,000 times, means that there is no known cause. It is hard to cure something when you do not know what caused it. Pulmonary fibrosis has no cure or treatment. However, I would say to my friend the gentleman from Ohio (Mr. BROWN), having a new lung certainly extends one's lifetime, and I am going to be here to argue with him a lot longer than the statistics say. So

do not give up. I am going to be with you awhile. With this disease, a person's ability to breathe becomes increasingly restricted, and it is painful, and eventually, of course, it results in death.

As we review the legislation today and as we think about what we are actually asking to be done, I want us to remember there are 83,000 Americans today, right now, that are facing this painful reality of IPF, and they all cannot get a lung. I was blessed to have one, but not everybody can.

Unfortunately, an unknown number above and beyond those 83,000 Americans succumb to its fatal outcome without even knowing they have had IPF. There is little awareness of IPF, and it is often missed or underdiagnosed in this Nation, as the gentleman from Georgia (Mr. GINGREY) pointed out. It is true.

In fact, a recent study found that IPF may be five to ten times more prevalent than we previously thought. It is unknown whether this increase is due to an actual spike in the occurrence of the disease or simply a previous lack of definite guidelines for diagnosing IPF.

Even those who are properly and quickly diagnosed, as I was fortunate enough to be, must face the facts that the medium survival rate for idiopathic pulmonary fibrosis patients is 2 to 3 years. I would say to the gentleman from Ohio (Mr. BROWN), do not count on that, I have a new lung. I am going to be around a lot longer than that. About two-thirds of the IPF patients die within 5 years of developing the disease. I am not going to do that. I was blessed to have a new lung.

Furthermore, knowledge of this disease is hindered by very low public awareness, awareness that is alarmingly low when compared to other less prevalent diseases. A recent poll indicates only 29 percent of Americans know the first thing about IPF, half of which are familiar only with its name. This resolution is a start. It is an effort to make IPF, idiopathic pulmonary fibrosis, a well-known name.

Lastly, I make a plea to all of Americans and all of the families in America to consider being organ donors. It is not simply a matter of simply deciding you will be a donor. You must talk this over with your family at your kitchen table.

I want to talk to everyone about this donor list. You cannot just be a donor. It does not just work that way. You have got to talk this over with your family, and you have got to talk to them at your kitchen table. God forbid if you or any of your family have to have this discussion in an emergency room. That is not the place to have it. My donor saved my life and four other lives a year ago October 5.

This is important stuff that is affecting thousands of people. It is worth doing. But you must discuss this with your family. On behalf of other IPF patients and others who are suffering, I hope all Americans will consider this and discuss and talk over being an organ donor. Currently, a lung transplant is simply the only hope for long-term survival for victims of my disease, IPF.

Mr. BROWN of Ohio. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, so many of us in this body prayed for and were thrilled by recovery of the gentleman from Georgia (Mr. NORWOOD), and I appreciate tonight, all of us do, how he has said so well how he, because he has insurance, because he knew how to negotiate the whole medical care system, health care system, how lucky he has been, and how so many in this country are not so lucky. I appreciate that he said that.

As I said earlier, I hope we in this body can get serious at some point about the 45 million people without health insurance and about what we are going to do about Medicaid in this body, not to make cuts in Medicaid, but to make our health care system work better than it has in the past.

Mr. Speaker, I reserve the balance of my time.

Mr. DEAL of Georgia. Mr. Speaker, I yield 3 minutes to the gentleman from Georgia (Mr. KINGSTON).

(Mr. KINGSTON asked and was given permission to revise and extend his remarks.)

Mr. KINGSTON. Mr. Speaker, I thank the gentleman for yielding me time.

Mr. Speaker, I want to say I certainly support this resolution and support all the good work of the gentleman from Georgia (Mr. DEAL) and the gentleman from Georgia (Mr. NORWOOD), and I think that this is the kind of thing that, if we cannot have more recognition of it, there would not be more success stories like the gentleman from Georgia (Mr. NORWOOD).

I have to say to my good friend from Ohio, who was elected the same year that I was, that we have always enjoyed the great spirit of this House in terms of debate, and we know that it is people like the gentleman from Georgia (Mr. NORWOOD) who add to that debate and make it a lot more fun to be up here, no matter what side you are on. And because the gentleman from Georgia (Mr. NORWOOD) was able to get his new lung, he came out here with a lot of vim and vigor from that class of 1994, and then he got kind of quiet for a while, and I know there are many, maybe on both sides, I cannot say to the gentleman from Georgia (Mr. NORWOOD), but who might wish you were still quiet at times.

But the reality is the gentleman is back, and he is back because he was one of the fortunate miracles. We are just delighted to see the blood is flowing back in his veins and the spirit is back in his heart and the ideas and thoughts are back in his mind.

Yet as we look at the gentleman from Georgia (Mr. NORWOOD) as a miracle, we know that there are lots of folks out there who may not be so fortunate. H. Con. Res. 178 makes it possible for others to know more about IPF, and it raises that recognition so that Congress can help its own internal education process so we can know what we can do and do a lot more studying and try to come up with what the cause is and so forth.

I want to say to the gentleman from Georgia (Mr. NORWOOD), best of luck to you. We all love you and we are glad you are back, and we pray for others in your same situation. I support H. Con. Res. 178.

POINTS ON BILL

H. Con. Res. 178: Recognizes the need to research cause of, treatment and cure for IPF; Recognizes the work of the Coalition for Pulmonary Fibrosis.

Urges the President to designate an Idiopathic Pulmonary Fibrosis Awareness Week; Over 50 bipartisan co-sponsors.

IPF

Idiopathic pulmonary fibrosis is a serious lung disorder causing progressive, incurable lung scarring. Idiopathic pulmonary fibrosis is the most common form of interstitial lung disease. There is no cure or treatment for this disease. The disease is debilitating and generally fatal, causing an irreversible loss of the lung tissue's ability to transport oxygen to the organs. There is no proven cause of idiopathic pulmonary fibrosis. There are 83,000 Americans living with this disease and 31,000 are diagnosed each year. Idiopathic pulmonary fibrosis progresses quickly, often causing disability or death within a few short years. It is often misdiagnosed in the early stages. The median survival rate for idiopathic pulmonary fibrosis patients is 2 to 3 years, and about two thirds of idiopathic pulmonary fibrosis patients die within 5 years of developing the disease.

COALITION FOR PULMONARY FIBROSIS

The Coalition for Pulmonary Fibrosis (CPF) is a 501(c)(3) nonprofit organization, founded in 2001 to further education, patient support and research efforts for pulmonary fibrosis, specifically idiopathic pulmonary fibrosis. The CPF is governed by the nation's leading pulmonologists, individuals affected by pulmonary fibrosis, medical research professionals and advocacy organizations. It has more than 8,500 members nationwide, and is the largest nonprofit organization in the country specifically dedicated to helping those with IPF.

CONGRESSMAN NORWOOD

Congressman NORWOOD was diagnosed with IPF in 1998—due to the slow progression of the disease (if caught early) he was able to manage his condition until the summer of 2004.

Despite coming to the top of the transplant list several times in the intervening years, Congressman NORWOOD was judged 'too healthy' for a transplant and thus continued his duties in Washington and Georgia.

In the Summer of 2004 Congressman NORWOOD's case began to worsen (as the disease does as it runs its course) and he was forced to pursue the only medical option available to IPF patients; a lung transplant.

CHARLIE received a single lung transplant at Inova Fairfax Hospital in Fairfax, Virginia on October 5, 2004.

While there is no standard recovery model for transplant patients, generally speaking, Congressman NORWOOD's recovery was impressive with him leaving the hospital in short

order and continuing his work in Congress by January 2005.

While still needing the assistance of oxygen at times, Congressman NORWOOD continues his recovery and remains an active member of the 109th Congress.

Mr. BROWN of Ohio. Mr. Speaker, I yield back the balance of my time.

Mr. DEAL of Georgia. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I appreciate the cooperation of the gentleman from Ohio (Mr. BROWN) in bringing this resolution to the floor. As you have heard, those of us from Georgia have paid tribute to the gentleman from Georgia (Mr. NORWOOD), who has been the victim of IPF. But it is a testament to his fighting spirit and to the esteem with which we hold him that we have used his situation as the example for which this legislation has been based.

We urge the adoption of the concurrent resolution so that those in the American public as a whole can become aware of the significance of this disease. Hopefully through our efforts here and the efforts of researchers across the country, we will find a cure for this now fatal disease.

Mr. Speaker, I yield back the balance of my time.

The SPEAKER pro tempore (Mr. SODREL). The question is on the motion offered by the gentleman from Georgia (Mr. DEAL) that the House suspend the rules and agree to the concurrent resolution, H. Con. Res. 178, as amended.

The question was taken.

The SPEAKER pro tempore. In the opinion of the Chair, two-thirds of those present have voted in the affirmative.

Mr. DEAL of Georgia. Mr. Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX and the Chair's prior announcement, further proceedings on this motion will be postponed.

FURTHER MESSAGE FROM THE SENATE

A further message from the Senate by Ms. Curtis, one of its clerks, announced that the Senate has passed a bill of the following title in which the concurrence of the House is requested:

S. 1281. An act to authorize appropriations for the National Aeronautics and Space Administration for science, aeronautics, exploration, exploration capabilities, and the Inspector General, and for other purposes, for fiscal years 2006, 2007, 2008, 2009, and 2010.

MESSAGE FROM CHIEF OF STAFF FOR HON. WILLIAM J. JEFFERSON, MEMBER OF CONGRESS

The SPEAKER pro tempore laid before the House the following communication from Nicole Venable, Chief of Staff for the Honorable WILLIAM J. JEFFERSON, Member of Congress:

CONGRESS OF THE UNITED STATES,
HOUSE OF REPRESENTATIVES,
September 28, 2005.

HON. J. DENNIS HASTERT,
Speaker, House of Representatives, Washington, DC.

DEAR MR. SPEAKER: This is to notify you formally, pursuant to Rule VIII of the Rules of the House of Representatives, that I have been served with a grand jury subpoena for testimony issued by the U.S. District Court for the Eastern District of Virginia.

After consultation with the Office of General Counsel, I have determined that compliance with the subpoena is consistent with the precedents and privileges of the House.

Sincerely,

NICOLE VENABLE,
Chief of Staff.

APPOINTMENT OF MEMBERS TO CONGRESSIONAL-EXECUTIVE COMMISSION ON THE PEOPLE'S REPUBLIC OF CHINA

The SPEAKER pro tempore. Pursuant to 22 U.S.C. 6913, and the order of the House of January 4, 2005, the Chair announces the Speaker's appointment of the following Members of the House to the Congressional-Executive Commission on the People's Republic of China:

Mr. LEVIN, Michigan
Ms. KAPTUR, Ohio
Mr. BROWN, Ohio
Mr. HONDA, California

KATRINA/RITA RELIEF AND FISCAL DISCIPLINE

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

Mrs. SCHMIDT. Mr. Speaker, I rise before you tonight to talk to you about something which I have a lot of experience with as a wife and a mother, budgeting.

Today, an honest estimate of what it will cost to pay for the Federal Government's responsibilities on the Gulf Coast is approximately $100 billion. This money will go to rebuild things like levees, highways, bridges, hospitals and schools, the infrastructure needed for the private sector to rebuild this devastated region. That is a lot of money, money that no one planned or anticipated.

As we all know, when the car breaks down or the dishwasher stops or any other unanticipated expense comes up, we must prioritize and separate the needs from the wants.

Raising taxes is not an option. The last thing anyone in this country needs is the burden of giving the government more money to spend, spend, spend. Our economy and thousands of jobs will pay the price. We need to make some tough decisions, realize what is important to us as Americans, what we need, and decide what can wait until another payday.

Some may call for deficit spending, but that is not the answer. American families make tough budget decisions every day. A broken furnace means no trip to Disney World. Increased prices at the pump means less meals eaten outside the home. It is a matter of priorities. It is a matter of responsibilities.

The government needs to prioritize, start acting like responsible adults, and quit spending money like it grows on trees.

□ 1830

SPECIAL ORDERS

The SPEAKER pro tempore (Mr. SODREL). Under the Speaker's announced policy of January 4, 2005, and under a previous order of the House, the following Members will be recognized for 5 minutes each.

BUDGET CUTS THAT MAKE SENSE FOR ALL AMERICANS

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Oregon (Mr. DEFAZIO) is recognized for 5 minutes.

Mr. DEFAZIO. Mr. Speaker, I appreciate the fact that the gentlewoman who preceded me in the well was speaking to the issue of paying for the disaster, not borrowing or obligating future generations to borrow. This House, in fact, 2 weeks ago, with 40 minutes of debate, 40 minutes and no amendments allowed, borrowed $51.8 billion for the beginnings of hurricane recovery efforts, on top of the $10 billion borrowed the week before.

Now, she said one thing I do disagree with, which is you cannot ask the rich people to pay for any share of this. Now, it is true they live on high ground, I understand that; so, for the most part, they are not affected by disasters. They have private security, they fly on private jets, they live in a different world than most Americans. But she and the majority are saying, there is no way they should be asked to pay for a share of these disasters, unlike working Americans who are paying day in and day out for the money that is being borrowed.

If Katrina cost, she said $100 billion, let us say $200 billion, if we just did not extend the tax cuts for people who earn over $300,000 a year and limited estate tax relief to estates worth less than $6 million, that is most small businesses where I come from, and family farms and tree farms, then that would pay for Katrina over the next 10 years 5 times over.

Well, okay. She says that is off the table. Well, let us look elsewhere. They have an interesting list of cuts. As we saw the abject poverty of the inner city folks in New Orleans, they are talking about trimming on medical care for poor people, food assistance for poor people, education for middle class and poor people; those are the things that are being targeted on that side of the aisle to pay for this.

I would suggest a couple of other places we might cut. Now, we cannot