

here in the African American community given the devastation and the disproportionate rates that our communities are faced with.

Out of that meeting, and it was truly a grassroots meeting in Washington, DC on Capitol Hill, we came up with several plans, several strategies, one of which was the idea to establish the Minority AIDS Initiative. Congresswoman WATERS not only talked about why we needed to have a separate pot of money that would track the disease and track prevention, treatment, and education efforts around HIV and AIDS, but also she worked to make sure that happened and oftentimes was the lone voice in the wilderness calling for this.

Well, fast forward. So much has happened since then. We were in Toronto, Canada last year, and Congresswoman WATERS, myself, Congresswoman CHRISTENSEN, we said we have got to take on some tougher issues now because this disease is really getting worse, and the unfortunate reality is that to be black in America is to be at greater risk of HIV and AIDS. And I will never forget her saying: Now, I am going to do something really bold when I get back; now, just get ready for it.

And it was amazing to see how she moved forward with this bill, the Stop AIDS in Prison Act to help us move one step closer to our goal by providing this opt-out testing, treatment, and education at all Federal prison facilities. And she knew that it was going to be controversial, which it was.

But as I listened to the list of supporters and those organizations that have endorsed the bill, I want to just say that this is a real testament to making sure that people understood, the country understood why this bill was necessary and needed, and how she brought people together and organizations together to get this bill to the floor today.

And so it is a good day, Congresswoman WATERS, and I want to thank you so much for stepping out there once again, because it is an example of what we need to do to make sure that we take on the tough issues that we are taking on.

Finally, let me say, as part of our comprehensive strategy, I am working on a bill which Congresswoman WATERS has supported, H.R. 178, called The Justice Act, which would allow for condom distribution in Federal prisons as well as in State prisons, and that is something that we need to do. We have got to fund the Ryan White Care Act and the Minority AIDS Initiative this year. I think we asked for at least \$610 million.

We have a long way to go and there are many now, thank goodness, bills that are coming before this body that will allow for a strong, robust response. This is really one of the major pieces of legislation that are central to this overall agenda.

Finally, let me say, we join the Black AIDS Institute to call for a national

mobilization and a national plan to end the HIV/AIDS epidemic in America. And, in fact, this plan is bold. It is going to move forward in a very aggressive way. We must employ every strategy that we can to stamp this from the face of the Earth. And so today is another day that we are making one major step in the right direction. And again, Congresswoman WATERS, thank you for your leadership and for yielding, and congratulations.

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

Ms. WATERS. Mr. Speaker, I would like to use this moment to just thank, again, Representative LAMAR SMITH. Also I would like to thank, again, Chairman JOHN CONYERS and Subcommittee Chairman BOBBY SCOTT and all of the Members who have signed on as cosponsors on this bill.

Again, as was mentioned by Congresswoman BARBARA LEE, it certainly did start out a bit controversial. We had some of the advocacy groups who did not support this bill when we began to talk about doing something about AIDS in the prison system. As a matter of fact, questions were raised about everything from confidentiality to the cost to not knowing what to do about follow-up once they leave. But we have been able to answer all of those questions, and some of those who were opposed are now very, very strong supporters because they understand that we really do have to take additional steps to stem the tide of HIV and AIDS in this country.

You would think after 25 years and all of the education that we have tried to do, all the literature that has been written, that everyone would know everything that they need to know about HIV and AIDS. But it is not true. And one of the things that we had to consider was why was it there was an increase in HIV and AIDS with women, particularly minority women. And then we had to take a look at where it may be coming from. And though we don't have empirical data, we do think we are on the right track in helping to stem this tide because we do think that some of these infections are coming from those who may have been incarcerated.

Those who are incarcerated have nothing to fear. As a matter of fact, they should feel even protected by what we are doing because, despite the fact that we don't always discuss what is going on in prison, I think we have a pretty good idea. And this will help again to save the lives not only of inmates, but certainly the mates of inmates when they return into the general population.

Mr. Speaker, I thank everyone.

The SPEAKER pro tempore (Mr. HOLDEN). The question is on the motion offered by the gentlewoman from California (Ms. WATERS) that the House suspend the rules and pass the bill, H.R. 1943, as amended.

The question was taken; and (two-thirds being in the affirmative) the

rules were suspended and the bill, as amended, was passed.

A motion to reconsider was laid on the table.

SUPPORTING EFFORTS TO INCREASE CHILDHOOD CANCER AWARENESS, TREATMENT, AND RESEARCH

Mr. PALLONE. Mr. Speaker, I move to suspend the rules and agree to the resolution (H. Res. 470) supporting efforts to increase childhood cancer awareness, treatment, and research.

The Clerk read the title of the resolution.

The text of the resolution is as follows:

H. RES. 470

Whereas an estimated 12,400 children are diagnosed with cancer annually;

Whereas cancer is the leading cause of death by disease in children under age 15;

Whereas an estimated 2,300 children die from cancer each year;

Whereas the incidence of cancer among children in the United States is rising by about one percent each year;

Whereas 1 in every 330 Americans develops cancer before age 20;

Whereas approximately 8 percent of deaths of those between 1 and 19 years old are caused by cancer;

Whereas while some progress has been made, a number of opportunities for childhood cancer research still remain unfunded or underfunded;

Whereas limited resources for childhood cancer research can hinder the recruitment of investigators and physicians to pediatric oncology;

Whereas peer-reviewed clinical trials are the standard of care for pediatrics and have improved cancer survival rates among children;

Whereas the number of survivors of childhood cancers continues to grow, with about 1 in 640 adults between ages 20 to 39 who have a history of cancer;

Whereas up to two-thirds of childhood cancer survivors are likely to experience at least one late effect from treatment, many of which may be life-threatening;

Whereas some late effects of cancer treatment are identified early in follow-up and are easily resolved, while others may become chronic problems in adulthood and may have serious consequences; and

Whereas 89 percent of children with cancer experience substantial suffering in the last month of life: Now, therefore, be it

Resolved, That it is the sense of the House of Representatives that the Congress should support—

(1) public and private sector efforts to promote awareness about the incidence of cancer among children, the signs and symptoms of cancer in children, treatment options, and long-term follow-up;

(2) increased public and private investment in childhood cancer research to improve prevention, diagnosis, treatment, rehabilitation, post-treatment monitoring, and long-term survival;

(3) policies that provide incentives to encourage medical trainees and investigators to enter the field of pediatric oncology;

(4) policies that provide incentives to encourage the development of drugs and biologics designed to treat pediatric cancers;

(5) policies that encourage participation in clinical trials;

(6) medical education curricula designed to improve pain management for cancer patients; and

(7) policies that enhance education, services, and other resources related to late effects from treatment.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from New Jersey (Mr. PALLONE) and the gentleman from Nebraska (Mr. TERRY) each will control 20 minutes.

The Chair recognizes the gentleman from New Jersey.

GENERAL LEAVE

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

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

There was no objection.

Mr. PALLONE. Mr. Speaker, I yield myself such time as I might consume.

I rise today to express my strong support for House Resolution 470, supporting efforts to increase childhood cancer awareness, treatment, and research. I am proud to join my colleagues across the aisle and throughout this body in support of this resolution.

September is Childhood Cancer Awareness Month, marking the time when we raise awareness of childhood cancer and the lives affected. Although cancer in children is rare, it is estimated that this year alone more than 12,000 children will be diagnosed with cancer and nearly one-fifth will die, making cancer the leading cause of disease-related deaths for children under the age of 15.

House Resolution 470 reminds us that cancer occurring during childhood has harmful repercussions for a child's future well-being. Cancer compromises a child's natural defenses against other types of illnesses and destroys organs and bones. Cancer disrupts a child's life at a time when he or she should be otherwise more concerned with exploring the world and making new discoveries instead of undergoing chemotherapy or medical therapies.

House Resolution 470 reminds us that more must be done to fight this devastating disease. Mr. Speaker, I rise in support of those children and their families attempting to deal with such a terrible disease.

I want to thank in particular the sponsor of this legislation, Representative PRYCE of Ohio, because I know that she has worked so hard on this in trying to push it to the floor today. I urge all of my colleagues to do the same.

I reserve the balance of my time.

□ 1415

Mr. TERRY. Mr. Speaker, I yield myself as much time as I may consume.

I stand here today in support of this resolution, as does the full committee Chair, JOE BARTON, and Ranking Member NATHAN DEAL, supporting efforts of this resolution, House Resolution 470, supporting the efforts to increase

childhood cancer awareness, treatment and research.

The sponsor of this bill, Representative DEBORAH PRYCE, is a true champion for childhood cancers. Cancer is a brutal disease and so pervasive we are all closely touched by it. It is that much more devastating to see a young child suffer from cancer. This resolution serves to increase knowledge and awareness of cancer among children and how we can encourage research and education into the disease.

DEBORAH PRYCE is a committed mother and a dedicated and tireless advocate. Through this resolution, she is honoring not only the memory of her daughter, but also those of all children who have suffered from cancer. Childhood cancers affect the whole family: mothers and fathers, brothers and sisters.

I think it can be said that we all will greatly miss Representative PRYCE after her retirement from the House at the end of this Congress. She's leaving a legacy both for her work for her constituents in Ohio, as well as for the leadership of the House of Representatives.

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

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

Mr. TERRY. Mr. Speaker, at this time I yield as much time as she may consume to the gentlelady from Ohio (Ms. PRYCE).

Ms. PRYCE of Ohio. Mr. Speaker, I'd like to thank Mr. TERRY for the time and for those very kind words, and Mr. PALLONE for his support in this cause, and the entire committee for allowing this to come forward.

Mr. Speaker, I rise today as a voice for the thousands of families across America who have been touched by pediatric cancer, and most importantly, the 12,000 children who will be diagnosed with the disease during this year alone.

This resolution is about a promise to these families that medical advancement and understanding, coupled with a new resolve among researchers, advocates and public officials, will one day eradicate the heartache of pediatric cancer, and promise to the children of our Nation that we will do better to help them in their fight.

The fight of a child with cancer involves many things. It involves being in the hospital and away from your siblings and your best friends, away from your toys and away from the comfort and love of your own home.

It involves confusion and pain after you may have lost your best new friend from the hospital playroom and the heartache that a parent feels having to explain to their child why that happened, all the while knowing that their own child may share the same fate.

And then, there's that different look in the eyes of your parents. Is that fear? But why? I'm going to get better, aren't I?

Mr. Speaker, when a child is diagnosed with cancer, they're forced to

say goodbye to their life as they knew it. As they say hello to IV poles and transfusions, catheters, chemotherapy, nausea, surgeries, isolation, they say goodbye to many other things. Because of compromised immune systems, they say goodbye to school and the ordinary routine of growing up. They say goodbye to their friends and their teachers. They say goodbye to their appetite, to their energy, to their hair, and possibly, to some of their limbs. They lose so much. But they never lose hope; and they never lose their dignity.

Mr. Speaker, these are the bravest children I've ever, ever seen.

September is Childhood Cancer Awareness Month. This is the month that these brave kids and their families raise awareness of this awful disease. As these fearless children share their stories in Washington and elsewhere around the country, we learn about strength and courage and will. As their loving families share their stories about how cancer has touched their lives, we learn about resolve and the ultimate a parent can give.

As we hear these stories, we will not lose sight of the incredible hope that these families are providing to tens of thousands of children and other families whose worlds have been turned upside down by cancer, kids whose dreams and aspirations are now in question, who must focus solely on beating this disease today before they can even think about tomorrow.

Mr. Speaker, if you've ever looked into the eyes of one of these children who's so valiantly, courageously waging war against this devastating disease, you certainly could understand why we must continue our efforts to raise awareness, and why I stand here today to stress the perpetual importance of continued education and research.

One child who suffers is one too many. We will continue to fight this terrible disease that's wrought so much suffering and pain on so many.

This resolution honors all of the heroic children and thanks them for their courage and the eternal hope that they provide families everywhere.

I urge my colleagues to support this resolution.

Mr. VAN HOLLEN. Mr. Speaker, I rise in support of H. Res. 470, a resolution supporting efforts to increase childhood cancer awareness, treatment, and research.

No child should have to experience and suffer the effects of cancer. And no parent should have to see their child suffer. I am proud to be working with Congresswoman DEBORAH PRYCE on such an important issue. Together, we have introduced the Conquer Childhood Cancer Act. The Conquer Childhood Cancer Act would enhance and expand biomedical research programs in childhood cancer and establish a new fellowship program through the National Institutes of Health (NIH) for pediatric cancer research. The bill would also increase informational and educational outreach to patients and families affected by pediatric cancer.

Over the last several years after a successful doubling of the NIH budget that ended in

2003, funding for NIH and the National Cancer Institute has been flat. As a result, many cancer clinical trials have had to be scaled back. The Children's Oncology Group, which is headquartered in my congressional district, has had to put 20 new studies on hold and decrease enrollment of new clinical trials by 400 children. This is going in the wrong direction.

Thanks to the past funding in childhood cancer research, we know that 78 percent of childhood cancer patients overall are now able to survive. Forty years ago it was a much different story—the cure rates for children with cancer were lower than 10 percent. This shows that by funding biomedical research we can save lives. Congress must increase funding for NIH and NCI so that it can continue the groundbreaking, life-saving research that will lead to new cures and treatments.

So, I not only urge my colleagues to support H. Res. 470, but I also urge my colleagues to cosponsor the Conquer Childhood Cancer Act and pass that much-needed legislation.

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

Mr. PALLONE. Mr. Speaker, I would, again, urge passage of this resolution, and I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from New Jersey (Mr. PALLONE) that the House suspend the rules and agree to the resolution, H. Res. 470.

The question was taken; and (two-thirds being in the affirmative) the rules were suspended and the resolution was agreed to.

A motion to reconsider was laid on the table.

CORRECTING TECHNICAL ERRORS IN THE ENROLLMENT OF H.R. 3580

Mr. PALLONE. Mr. Speaker, I move to suspend the rules and agree to the concurrent resolution (H. Con. Res. 217) to correct technical errors in the enrollment of the bill H.R. 3580.

The Clerk read the title of the concurrent resolution.

The text of the concurrent resolution is as follows:

H. CON. RES. 217

Resolved by the House of Representatives (the Senate concurring). That, in the enrollment of the bill H.R. 3580, the Clerk of the House shall make the following corrections:

(1) In subparagraph (I) of section 402(j)(3) of the Public Health Service Act, as inserted by section 801(a)(2) of the bill:

(A) In clause (i) of such subparagraph (I), strike “drugs described in subparagraph (C)” and insert “drugs and devices described in subparagraph (C)”.

(B) In clause (iii) of such subparagraph (I), strike “drugs described in subparagraph (C)” and insert “drugs and devices described in subparagraph (C)”.

(2) In subparagraph (A) of section 505(q)(1) of the Federal Food, Drug, and Cosmetic Act, as added by section 914(a) of the bill, add at the end the following:

“Consideration of the petition shall be separate and apart from review and approval of any application.”.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from

New Jersey (Mr. PALLONE) and the gentleman from Nebraska (Mr. TERRY) each will control 20 minutes.

The Chair recognizes the gentleman from New Jersey.

GENERAL LEAVE

Mr. PALLONE. Mr. Speaker, once again I would ask unanimous consent that all Members may have 5 legislative days to revise and extend their remarks and include extraneous material on the resolution under consideration.

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

There was no objection.

Mr. PALLONE. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, this resolution concerns two errors in the bill, H.R. 3580, the Food and Drug Administration Amendments of 2007. The bill has passed both the House and Senate and is currently in the process of being enrolled for delivery to the President.

The resolution directs the Clerk of the House to correct two errors, both of which were made in drafting and inadvertently occurred as we all worked under pressure to complete the drafting of H.R. 3580.

We were under pressure to complete that bill, as you know, before the expiration date on September 30 of PDUFA, the Prescription Drug User Fee Act. The failure to reauthorize PDUFA in time would have caused the Food and Drug Administration to send out notice of employee layoffs.

I'm aware of no objection to passage of the resolution, and I would urge my colleagues to support it.

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

Mr. TERRY. Mr. Speaker, I yield myself as much time as I may consume.

Mr. Speaker, H.R. 3580, which passed the House last week, was highly technical and addressed a number of very complicated FDA policy and regulatory matters. I commend the bipartisan Members and the staff who worked so hard on the language that passed with such broad support in the House. Inevitably, when these complicated matters are addressed, some drafting and technical issues need to be revisited in a technical corrections bill.

In the case of the FDA Amendments of 2007, we were especially mindful that the funding had to be secured to prevent the layoff of FDA reviewers prior to September 30. Given the importance of that deadline to protecting the public health, it is inevitable drafting and workability issues may need to be revisited. The resolution simply corrects two omissions from the text that was approved last week.

I yield back the balance of my time.

Mr. PALLONE. Mr. Speaker, once again I would urge passage of this corrections legislation. I have no further requests for time and yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from New Jersey (Mr.

PALLONE) that the House suspend the rules and agree to the concurrent resolution, H. Con. Res. 217.

The question was taken; and (two-thirds being in the affirmative) the rules were suspended and the concurrent resolution was agreed to.

A motion to reconsider was laid on the table.

EXTENDING TRADE ADJUSTMENT ASSISTANCE PROGRAM

Mr. LEVIN. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 3375) to extend the trade adjustment assistance program under the Trade Act of 1974 for 3 months, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 3375

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. TEMPORARY EXTENSION OF TRADE ADJUSTMENT ASSISTANCE PROGRAM.

(a) ASSISTANCE FOR WORKERS.—Section 245(a) of the Trade Act of 1974 (19 U.S.C. 2317(a)) is amended by striking “September 30, 2007” and inserting “December 31, 2007”.

(b) ASSISTANCE FOR FIRMS.—Section 256(b) of the Trade Act of 1974 (19 U.S.C. 2346(b)) is amended by inserting after “2007,” the following: “and \$4,000,000 for the 3-month period beginning on October 1, 2007.”.

(c) ASSISTANCE FOR FARMERS.—Section 298(a) of the Trade Act of 1974 (19 U.S.C. 2401g(a)) is amended by inserting before the period the following: “, and there are authorized to be appropriated and there are appropriated to the Department of Agriculture to carry out this chapter \$9,000,000 for the 3-month period beginning on October 1, 2007”.

(d) EXTENSION OF TERMINATION DATES.—Section 285 of the Trade Act of 1974 (19 U.S.C. 2271 note) is amended by striking “September 30” each place it appears and inserting “December 31”.

(e) EFFECTIVE DATE.—The amendments made by this section shall be effective as of October 1, 2007.

SEC. 2. OFFSETS.

(a) TIME FOR PAYMENT OF CORPORATE ESTIMATED TAXES.—Subparagraph (B) of section 401(l) of the Tax Increase Prevention and Reconciliation Act of 2005 is amended by striking “114.75 percent” and inserting “115 percent”.

(b) CUSTOMS USER FEES.—Section 13031(j)(3)(B)(i) of the Consolidated Omnibus Budget Reconciliation Act of 1985 (19 U.S.C. 58c(j)(3)(B)(i)) is amended by striking “September 30, 2014” and inserting “October 7, 2014”.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Michigan (Mr. LEVIN) and the gentleman from Texas (Mr. BRADY) each will control 20 minutes.

The Chair recognizes the gentleman from Michigan.

GENERAL LEAVE

Mr. LEVIN. Mr. Speaker, I ask unanimous consent that all Members have 5 legislative days to revise.

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

There was no objection.

Mr. LEVIN. Mr. Speaker, I now yield myself such time as I may consume.