

## SAFETY OF AVANDIA

Mr. GRASSLEY. Mr. President, I am here today to talk about another potential failure by the FDA that may have endangered the lives of millions of Americans. Avandia is a drug that was approved by the FDA in 1999. It is a diabetes drug and is used to lower blood sugar. This is important because lowering a diabetic's blood sugar can help prevent or at least postpone two of the biggest killers among diabetics: heart attacks and strokes.

But today, Dr. Steven Nissen, the chairman of Cardiovascular Medicine at the Cleveland Clinic and the immediate past president of the American College of Cardiology, and his colleague, Ms. Kathy Wolski, reported in the *New England Journal of Medicine* that there is a serious problem with Avandia. Avandia, according to Dr. Nissen and Ms. Wolski is increasing the likelihood that a diabetic will have a heart attack and maybe even die. I want everyone to pay attention to the fact that the *New England Journal of Medicine* accepted this analysis of Avandia on a "fast track" review. The *New England Journal of Medicine* did that because it was requested by the authors and because in its opinion, the analysis of adverse effects related to Avandia suggests serious patient health risks.

Dr. Nissen and Ms. Wolski based their finding on an analysis of 42 clinical trials.

FDA also decided to say something to the American people today in response to Dr. Nissen's analysis. Around 1 p.m. today, the FDA told the American people that they intend to call for an advisory board meeting to discuss Avandia and that they could not yet reach a "firm conclusion" on what to recommend to people taking Avandia. It was interesting to listen to the call because Dr. Dal Pan, who is the head of the Office of Surveillance and Epidemiology, didn't say a word, although he is in charge of postmarketing surveillance. I guess the FDA thinks that the decision to go to an advisory committee meeting takes the heat off what looks like another failed decision-making process. We will see.

Avandia has a long history. It has been on the market for about 8 years. Tens of millions of prescriptions have been written for Avandia, and Medicare and Medicaid have paid hundreds of millions of dollars for this drug.

There have been many clinical trials involving Avandia over the years and there have been numerous postmarketing changes to Avandia's label. I also understand that FDA has known about the possibility of problems with this drug since about October 2005. That is about 19 months ago.

The article appearing today in the *New England Journal of Medicine* raises a lot of serious questions for me about the real story behind the safety of Avandia. When I couple that article with the FDA conference call that ducked lots of questions I become very suspicious.

Over the last 3 years, my investigations into the FDA showed that the agency was too cozy with the drug industry and did not always put safety of the American people first. The FDA is supposed to regulate the drug industry, but in the case of Vioxx, just to name one debacle, American lives were endangered unnecessarily.

My question today is, Do we have another Vioxx on our hands with Avandia? I am not sure, but I intend to find out. In fact, today Senator BAUCUS and I sent out several document requests including one to the FDA and one to the drug sponsor. We want to understand what did FDA know about this drug, when did it know it, and what did it do about it?

The authors of the *New England Journal of Medicine* article report a 43 percent increase in the risk of myocardial infarction/heart attack and potentially a 64 percent increase in the risk of cardiovascular death. I need the FDA to tell me why a diabetic would take a drug that may increase the risk of the very thing they are trying to avoid—a heart attack. I also want to know why the FDA did not require the drug sponsor to conduct long-term safety studies instead of small, short-term trials that resulted in few adverse cardiovascular events or death. I want to know what the FDA has been doing for the last 18 months. We want to know the same from the drug sponsor.

Interestingly, in an editorial that accompanied the study, two other veterans of the Vioxx controversy—Dr. Bruce Psaty of the University of Washington and Dr. Furberg of Wake Forest University—write that: "... the rationale for prescribing rosiglitazone at this time is unclear." Additionally they call for the FDA to take regulatory action and note that bigger and better long-term studies of long-term treatments for conditions such as diabetes should be completed as soon as possible after a drug is approved.

Let me also say something else to all those FDA employees trying to do their job who probably know the answers to many of my questions: Please feel free to call the Finance Committee if you have any information about this drug and how the FDA handled the situation. You can also call or contact us anonymously if you want. If you want to fax information to me, here is my fax number: 202-228-2131. We welcome your help and insight because I know that many of you want to protect the American public first and foremost and sometimes that is not as easy as it should be at the FDA.

You will also remember that just a few weeks ago I came before the Senate several times to talk about drug safety. I told everyone then—as we were discussing S. 1082, a bill that was intended to dramatically improve postmarketing drug safety, that I was concerned that the bill would not do that. In my mind and in light of all the work I have done over the past 3 years on the FDA, I told everyone that the litmus

test for me was whether or not the new drug safety bill would prevent another Vioxx.

My position has consistently been that S. 1082 did not go far enough and would not prevent another Vioxx. That was why I proposed and insisted on a vote giving joint authority between the office that approves new drugs for the market and the office that is responsible for postmarket safety. Forty-six Senators listened to what I had to say, but I was one vote short and the amendment did not pass.

Drs. Psaty and Furberg also said in their editorial, and I quote, "On May 10, 2007, the Senate passed the Food and Drug Administration Revitalization Act. Although the Senate bill has many strengths, including the allocation of new authority to the FDA, none of its provisions would necessarily have identified the cardiovascular risks of rofecoxib or rosiglitazone in a timely fashion."

The drug industry has brought us miracle drugs. These drugs have vastly improved the lives of millions throughout the world. At the same time, we all know that drugs have risks and benefits. Each of us tries to consider those risks and benefits when we consult with our doctors to make the best decision for ourselves or our family members as to whether we will take a particular drug. But we can't do what is best for ourselves or our family members if we don't know all the relevant information in a timely manner.

## ISLANDER AMERICAN HERITAGE MONTH

Mrs. FEINSTEIN. Mr. President, during the month of May we celebrate Asian Pacific Islander American Heritage Month. I would like to join the Nation in honoring the many contributions of Americans of Asian Pacific Islander descent and pay tribute to their efforts in strengthening and nourishing our history, commerce, cultural identity, and resolve.

This month-long tribute would not be complete without recognizing the visionaries who founded Asian Pacific Islander American Heritage Month: U.S. Senator DANIEL INOUE, former U.S. Senator Spark Matsunaga, former Secretary of Transportation Norman Y. Mineta, and former U.S. Representative Frank Horton. As a result of their steadfast leadership, a joint resolution established Asian Pacific American Heritage Week in 1978, and the celebration was later expanded to an entire month in 1992.

This celebration takes place in May to mark the first Japanese immigrants' arrival in America in 1843, as well as the completion of the Transcontinental Railroad in 1869 which would not have been finished without the hard work and dedication of Chinese laborers.

This month is also a time to honor the Japanese-American survivors of the forced internment camps established during World War II. The internment of Japanese Americans during

World War II was a grim chapter in America's history. But by sustaining this history, we can hope to prevent a similar travesty from occurring.

That is why it was so important to designate Tule Lake as a National Historic Landmark within the lifetimes of the few surviving Japanese-American internees, before many of their stories were lost. And thanks to the efforts of Interior Secretary Gale Norton, the Tule Lake Segregation Center will help future generations understand the pain and suffering that Japanese Americans endured during World War II.

Despite these hardships, members of the Asian Pacific Islander community have continued to take positions of leadership and have worked hard to secure a brighter future for all.

Today, California boasts 20 elected officials of Asian Pacific Islander heritage. There are now nine Asian Pacific Islander Americans in the State legislature; four on the State board of equalization, including John Chiang as the State controller; and a number of others in local government. A new generation of leaders has emerged with a vision of a politically empowered Asian Pacific Islander American electorate.

Additionally, over 62,000 Asian Pacific Islander Americans are on active duty in the military, and nearly 8,000 are deployed across the world to fight terrorism. And Asian Pacific Islander Americans are among the thousands of Americans who have sacrificed their lives for our country.

The United States draws great strength from the diversity of this population. At present, Asian Pacific Islander Americans constitute one of the fastest growing minority communities in the United States. And California is home to the greatest number of Asian Pacific Islander Americans. In fact, there are over 13 million Asian Pacific Islander Americans in the Nation, with more than 4.5 million living in California.

As the second largest ethnic minority group in California, Asian Pacific Islander heritage continues to enrich our State with famous enclaves such as San Francisco's Chinatown, Los Angeles' Koreatown, Westminster's Little Saigon, and the city of Artesia's Little India.

We must recognize that the Asian Pacific Islander American community is diverse, not only in language, culture, and foods but in education and socioeconomic levels as well. That is why it is so important to provide talented students who have clearly embraced the American dream the incentive to take the path toward being a responsible, contributing member in our civic society.

I have cosponsored the DREAM Act of 2007 to give undocumented high school students who wish to attend college or serve in the Armed Forces an opportunity to adjust to a lawful status and pursue these goals. If it becomes law, the DREAM Act would help Asian Pacific Islander Americans and others triumph over adversity.

As future generations of Asian Pacific Islander Americans continue to strive for excellence in our educational system, economy, and communities, I am pleased to honor and distinguish the many triumphs and accomplishments of the Asian Pacific Islander American community and their role in shaping our Nation's identity.

#### VA HEALTH INFORMATION TECHNOLOGY

Mr. AKAKA. Mr. President, last week the Senate passed a resolution designating May 14 to 18, 2007, as National Health Information Technology Week. In connection with this resolution, it is important to recognize the leadership and progress that the Department of Veterans Affairs has shown in the area of health information technology.

By passing this resolution, the Senate has recognized the tremendous importance of information technology in improving health care for all Americans. RAND Corporation has estimated that by improving health information technology and practices more than \$81 billion can be saved annually in the United States.

Such savings are only one aspect of the promised impact of better health information technology. The other, more important aspect is that improved health information technology can help save lives by providing health care providers with more accurate and timely patient information.

As an increasing number of veterans return from the current conflicts in Iraq and Afghanistan with complicated injuries, they must receive the quality care earned through their service. Information technology helps VA provide that care.

Over the past decade, VA has become a leader in the use of electronic health records. Through VA's veterans health information system and technology architecture, commonly referred to as VISTA, clinicians can access and update electronic health records throughout the Nation's largest health care system. Clinicians can also view medical images, such as x rays, pathology slides, and other critical records that can be placed immediately into a patient's record. In addition to their electronic records system, VA is reducing medication and prescription errors through a point-of-care system to verify that patients receive correct dosage at correct times, visually alerting staff when errors are made. For its development and employment of this system, VA was awarded the 2006 Innovations in Government Award, sponsored by Harvard University.

While VA's health care system is by no means perfect, its use of health information technology has improved the quality of care received by veterans, while reducing the costs to our taxpayers. I hope the Department will continue on their path of progress, and I commend VA for its work thus far.

#### ADDITIONAL STATEMENTS

##### IN RECOGNITION OF STAFF SERGEANT HAROLD GEORGE DANLEY

● Mr. NELSON of Nebraska. Mr. President, I wish to recognize a man who died in the service of his country 64 years ago, but never received the proper recognition he was due.

Harold George Danley was one of four brothers from Lincoln, NE, who joined the armed services during World War II. Three of those brothers returned home to their families; Sergeant Danley, who was 22 years old, did not.

Sergeant Danley was serving in the 18th Army/Air Force Anti-Submarine Squadron aboard a B-24D Bomber, which crashed while patrolling the East Coast of the United States somewhere near the Virginia/North Carolina shoreline on April 21, 1943. Despite the efforts of search parties, his body was never recovered; therefore, no memorial service was ever performed on his behalf. It was some time later that the family was notified that Sergeant Danley was officially listed as FOD, "Finding of Death."

Sergeant Danley left behind his wife Thelma; his daughter Merriam, who was born several months after her father's death; his father Harrison and stepmother Anna; three brothers, LTC Earl E. Danley, SGT Bob E. Danley, and SGT Lloyd K. Danley, now deceased; and three half-siblings, Marvin, Delores, and Betty. His mother Ella preceded him in death.

On May 18, 2007, a memorial service was held at Arlington National Cemetery to honor Harold G. Danley as a son, brother, husband, and father, as well as a man who made the ultimate sacrifice in the service of his country. My thoughts are with the Danley family as they honor the memory of Staff Sergeant Danley, a Nebraska hero from the Second World War.●

##### RECOGNIZING HEIDI WENTZLAFF

● Mr. THUNE. Mr. President, today I recognize Heidi Wentzloff, an intern in my Sioux Falls, SD office, for all of the hard work she has done for me, my staff, and the State of South Dakota over the past several months.

Heidi is a graduate of Centerville Public High School in Centerville, SD. Currently she is attending Augustana College, where she is majoring in government and international affairs. She is a hard worker who has been dedicated to getting the most out of her internship experience.

I extend my sincere thanks and appreciation to Heidi for all of the fine work she has done and wish her continued success in the years to come.●

##### TRIBUTE TO KEN CROCKETT

● Mr. ROCKEFELLER. Mr. President, I wish to recognize the decade-plus of