

have other issues that we are continuing to deal with.

Today, 90 percent of the commercial trucks are powered by diesel engines. Two-thirds of all farm and construction equipment run on diesel engines. Therefore, this measure can make a difference.

California does lead the Nation in clean diesel technology, and some of the cleanest types of diesel fuel anywhere in the world. But even retrofit projects have their role and play a significant contribution to improving air quality, not only in our district but throughout the country.

Finally, in addition, retrofitting clean diesel technologies for diesel vehicles and equipment, I think, is one of the most cost effective strategies for achieving tangible and immediate air quality benefits. The Environmental Protection Agency estimates that these retrofit projects have a 13:1 benefit-to-cost ratio, meaning that the \$45 million invested between 2001 and 2006 translates to over \$600 million of health benefits that also benefit young people, children who have asthma cases, those who have cardiovascular issues and the like.

I want to again thank my colleagues, Congressman TERRY, Congressman BOUCHER and your staffs and all those who are cosponsors of this important measure. This is cost effective. It's meaningful. It will improve air quality throughout the country.

At this time I want to urge all of my colleagues to support the passage of this measure.

Mr. BOUCHER. Madam Speaker, I have no further requests for time, and yield back the balance of our time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Virginia (Mr. BOUCHER) that the House suspend the rules and pass the Senate bill, S. 2146, as amended.

The question was taken.

The SPEAKER pro tempore. In the opinion of the Chair, two-thirds being in the affirmative, the ayes have it.

Mr. BOUCHER. Madam 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.

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CAROLINE PRYCE WALKER CONQUER CHILDHOOD CANCER ACT OF 2008

Mr. PALLONE. Madam Speaker, I move to suspend the rules and pass the bill (H.R. 1553) to amend the Public Health Service Act to advance medical research and treatments into pediatric cancers, ensure patients and families have access to the current treatments and information regarding pediatric cancers, establish a population-based

national childhood cancer database, and promote public awareness of pediatric cancers, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 1553

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

SECTION 1. SHORT TITLE.

This Act may be cited as the "Caroline Pryce Walker Conquer Childhood Cancer Act of 2008".

SEC. 2. FINDINGS.

Congress makes the following findings:

(1) Cancer kills more children than any other disease.

(2) Each year cancer kills more children between 1 and 20 years of age than asthma, diabetes, cystic fibrosis, and AIDS, combined.

(3) Every year, over 12,500 young people are diagnosed with cancer.

(4) Each year about 2,300 children and teenagers die from cancer.

(5) One in every 330 Americans develops cancer before age 20.

(6) Some forms of childhood cancer have proven to be so resistant that even in spite of the great research strides made, most of those children die. Up to 75 percent of the children with cancer can now be cured.

(7) The causes of most childhood cancers are not yet known.

(8) Childhood cancers are mostly those of the white blood cells (leukemias), brain, bone, the lymphatic system, and tumors of the muscles, kidneys, and nervous system. Each of these behaves differently, but all are characterized by an uncontrolled proliferation of abnormal cells.

(9) Eighty percent of the children who are diagnosed with cancer have disease which has already spread to distant sites in the body.

(10) Ninety percent of children with a form of pediatric cancer are treated at one of the more than 200 Children's Oncology Group member institutions throughout the United States.

SEC. 3. PURPOSES.

It is the purpose of this Act to authorize appropriations to—

(1) encourage the support for pediatric cancer research and other activities related to pediatric cancer;

(2) establish a comprehensive national childhood cancer registry; and

(3) provide informational services to patients and families affected by childhood cancer.

SEC. 4. PEDIATRIC CANCER RESEARCH AND AWARENESS; NATIONAL CHILDHOOD CANCER REGISTRY.

(a) PEDIATRIC CANCER RESEARCH AND AWARENESS.—Subpart 1 of part C of title IV of the Public Health Service Act (42 U.S.C. 285 et seq.) is amended by adding at the end the following:

"SEC. 417E. PEDIATRIC CANCER RESEARCH AND AWARENESS.

"(a) PEDIATRIC CANCER RESEARCH.—

"(1) PROGRAMS OF RESEARCH EXCELLENCE IN PEDIATRIC CANCER.—The Secretary, in collaboration with the Director of NIH and other Federal agencies with interest in prevention and treatment of pediatric cancer, shall continue to enhance, expand, and intensify pediatric cancer research and other activities related to pediatric cancer, including therapeutically applicable research to generate effective treatments, pediatric preclinical testing, and pediatric clinical trials through National Cancer Institute-supported pediatric cancer clinical trial groups and their member institutions. In enhancing, expanding, and intensifying such research and other activities, the Secretary is encouraged to take into consideration the application of such research and other activities for minority, health disparity, and medically underserved communities. For purposes of this section, the term 'pediatric cancer research' means research on the causes, prevention, diagnosis, recognition, treatment, and long-term effects of pediatric cancer.

"(2) PEER REVIEW REQUIREMENTS.—All grants awarded under this subsection shall be awarded in accordance with section 492.

"(b) PUBLIC AWARENESS OF PEDIATRIC CANCERS AND AVAILABLE TREATMENTS AND RESEARCH.—

"(1) IN GENERAL.—The Secretary may award grants to childhood cancer professional and direct service organizations for the expansion and widespread implementation of—

"(A) activities that provide available information on treatment protocols to ensure early access to the best available therapies and clinical trials for pediatric cancers;

"(B) activities that provide available information on the late effects of pediatric cancer treatment to ensure access to necessary long-term medical and psychological care; and

"(C) direct resource services such as educational outreach for parents, peer-to-peer and parent-to-parent support networks, information on school re-entry and postsecondary education, and resource directories or referral services for financial assistance, psychological counseling, and other support services.

In awarding grants under this paragraph, the Secretary is encouraged to take into consideration the extent to which an entity would use such grant for purposes of making activities and services described in this paragraph available to minority, health disparity, and medically underserved communities.

"(2) PERFORMANCE MEASUREMENT, TRANSPARENCY, AND ACCOUNTABILITY.—For each grant awarded under this subsection, the Secretary shall develop and implement metrics-based performance measures to assess the effectiveness of activities funded under such grant.

"(3) INFORMATIONAL REQUIREMENTS.—Any information made available pursuant to a grant awarded under paragraph (1) shall be—

"(A) culturally and linguistically appropriate as needed by patients and families affected by childhood cancer; and

"(B) approved by the Secretary.

"(c) RULE OF CONSTRUCTION.—Nothing in this section shall be construed as being inconsistent with the goals and purposes of the Minority Health and Health Disparities Research and Education Act of 2000 (42 U.S.C. 202 note).

"(d) AUTHORIZATION OF APPROPRIATIONS.—For purposes of carrying out this section and section 399E–1, there are authorized to be appropriated \$30,000,000 for each of fiscal years 2009 through 2013. Such authorization of appropriations is in addition to the authorization of appropriations established in section 402A with respect to such purpose. Funds appropriated under this subsection shall remain available until expended."

(b) NATIONAL CHILDHOOD CANCER REGISTRY.—Part M of title III of the Public Health Service Act (42 U.S.C. 280e et seq.) is amended—

(1) by inserting after section 399E the following:

"SEC. 399E–1. NATIONAL CHILDHOOD CANCER REGISTRY.

"(a) IN GENERAL.—The Secretary, acting through the Director of the Centers for Disease Control and Prevention, shall award a grant to enhance and expand infrastructure to track the epidemiology of pediatric cancer into a comprehensive nationwide registry of actual occurrences of pediatric cancer. Such registry shall be updated to include an actual occurrence within weeks of the date of such occurrence.

"(b) INFORMED CONSENT AND PRIVACY REQUIREMENTS AND COORDINATION WITH EXISTING PROGRAMS.—The registry established pursuant to subsection (a) shall be subject to section 552a of title 5, United States Code, the regulations promulgated under section 264(c) of the Health Insurance Portability and Accountability Act of 1996, applicable Federal and State informed consent regulations, any other applicable Federal and State laws relating to the privacy of patient information, and section 399B(d)(4) of this Act."; and

(2) in section 399F(a), by inserting "(other than section 399E-1)" after "this part".

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. Madam Speaker, I ask unanimous consent that all Members may have 5 legislative days 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 New Jersey?

There was no objection.

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

Madam Speaker, we're here today to consider H.R. 1553, the Caroline Pryce Walker Cancer Act of 2008.

Between infancy and 15 years of age, cancer is the leading cause of death by disease among children in the United States. In 2007, approximately 10,000 new cases of pediatric cancer were diagnosed in children ages 0 to 14 years.

Although the incidents of invasive cancer has increased slightly over the past 30 years, mortality has declined dramatically for many childhood cancers. Despite these advances, treatments for some childhood cancers are inadequate. Negative effects resulting from current pediatric cancer therapies indicate a need to strengthen Federal support for activities leading to an enhanced understanding of childhood cancers and treatments that are less toxic and more effective.

H.R. 1553 would strengthen the Federal investment in pediatric cancer research and reassert Congress's commitment to conquering childhood cancer. This legislation directs the Secretary of Health and Human Services to continue to enhance, expand, and intensify pediatric cancer research and other activities related to pediatric cancer. Furthermore, this legislation directs HHS and the Centers for Disease Control and Prevention to enhance and expand infrastructure to track the epidemiology of pediatric cancer into a comprehensive nationwide registry of actual occurrences of pediatric cancer.

I want to thank my colleagues on the Energy and Commerce Committee for working together in a bipartisan fashion to get this important legislation to the floor today. I would also like to commend, in particular, Representative CHRIS VAN HOLLEN and also Representative DEBORAH PRYCE, whose diligent work and commitment to this issue are the reason we're here today.

This legislation, Madam Speaker, is named in memory of Representative PRYCE's 9-year-old daughter Caroline who tragically lost her valiant battle against a rare form of cancer, neuroblastoma, on September 4, 1999. I can't think of a more fitting tribute to Caro-

line Pryce Walker than to see her mother's legislation overwhelmingly pass the House floor today.

I encourage all of my colleagues in the support of this bill.

I reserve the balance of my time.

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

Madam Speaker, I rise with Ranking Member JOE BARTON and all of our Energy and Commerce colleagues in enthusiastic support of H.R. 1553 which is called appropriately the Caroline Pryce Walker Conquer Childhood Cancer Act of 2008.

I would like to thank my friend from Ohio (Ms. PRYCE) for introducing this important piece of legislation. I want to thank Chairman DINGELL and Subcommittee Chairman Mr. PALLONE for working in such a bipartisan manner as we moved this bill through our Energy and Commerce Committees.

Because of the bipartisan efforts of all of those involved in this legislation, I'm proud to say that the legislation before us today will now work in conjunction with the NIH Reform Act of 2006, and I believe that this bill should serve as a model for others that seek to improve a particular field of research at the NIH.

As my colleagues are no doubt aware, I firmly believe that it is our responsibility as Members of Congress to ensure that the NIH has the latitude and flexibility to continue its research in all areas of health care.

Our focus in Congress should be on ensuring that the NIH, along with other relevant Federal agencies, receive the necessary funding to carry out their missions; and I believe that Congress must also strive to avoid micromanaging the NIH unless we want to inadvertently hamper the very scientific discoveries that we all want to see come to fruition.

DEBORAH PRYCE is a committed mother and a dedicated, tireless advocate for ending the dreadful curse of childhood cancer in our great Nation and throughout the world. Through this legislation, she is honoring not only the memory of her daughter but also the memories of all the children and families who have suffered from cancer. As a parent, I can't imagine anything more tragic and devastating to see your child go through that.

So we've worked so hard to help improve the research capacity of the National Institutes of Health. Always keep in mind that it is my sincere desire that these efforts would lead to fewer parents knowing this awful feeling of loss.

We will all greatly miss Representative PRYCE after her retirement from the House at the end of this Congress. Without question, she is leaving both a legacy for her work on behalf of the people of Ohio as well as further leadership of the Republicans in the House of Representatives.

Again, I thank my colleagues for their efforts, Mr. PALLONE, Mr. DIN-

GELL, Mr. BARTON, and encourage all of my colleagues on this side of the aisle to support this legislation.

With that, Madam Speaker, I reserve the balance of our time.

Mr. PALLONE. Madam Speaker, I would yield 4 minutes to the lead Democratic sponsor of the bill, the gentleman from Maryland (Mr. VAN HOLLEN).

Mr. VAN HOLLEN. I thank my colleague.

Madam Speaker, I rise in strong support of this bill, the Caroline Pryce Walker Conquer Childhood Cancer Act of 2008, and I want to first and foremost thank my colleague, DEBORAH PRYCE, for her leadership and commitment on this very important issue that affects so many children and families around our Nation. We're all very grateful to her for working to prevent other people and other families from facing the same tragic loss that she and her family experienced with the loss of a child, and I'm honored to have worked with her on this bipartisan piece of legislation.

I also want to thank Chairman DINGELL, Chairman PALLONE, Ranking Members BARTON and DEAL and their staffs for working to bring this legislation to the floor today and for their commitment on this very important issue.

I think that the title of this bill is a fitting tribute not only to DEBORAH PRYCE's daughter, Caroline Pryce Walker, but also to the other millions of children who have courageously fought pediatric cancer and those who are bravely fighting pediatric cancer today as we speak on this floor.

I have had the opportunity to meet with many of those children and their families who are struggling with childhood cancer. One of them, Matthew Grossman, was diagnosed at the age of 13 with a very rare brain tumor. Before his diagnosis, he was a soccer player, a swimmer, a talented young musician from Bethesda, Maryland. Matthew underwent 7 months of chemotherapy, brain surgery, 6 weeks of daily radiation to the brain and spine, and two bone marrow transplants.

This brave young man has been in full remission since January 2006. He went back to school and rejoined his class, despite having been out of school for a year and a half. He recently celebrated his 17th birthday and continues to play guitar, perform in a band, and sing in his school's choir.

Matthew is one story out of thousands. Unfortunately, there are many children who are not as fortunate as Matthew. Cancer remains the number one killer of children under the age of 15 who die from disease in this country. Pediatric cancer, including brain tumors, comes in many variations. Each year there are about 12,000 new cases of pediatric cancer. And while the incidents of pediatric cancer has increased, the causes are largely unknown.

Thanks to past funding in childhood cancer research, we know that 78 percent of childhood cancer patients overall are now able to survive the disease. Forty years ago, it was a much different story. Cure rates for children with cancer was lower than 10 percent. This shows that biomedical research and funding that we've been able to do has saved lives, and it's also why we're here today to say we need to finish the job and continue the commitment because currently, the NIH has not received the funds it needs.

We know that the President's proposed budget this year has once again, unfortunately, been flat funded for NIH. Since the doubling of the NIH budget in the year 2003, that funding has not kept pace with biomedical inflation, and that has impeded our ability to delay and do the research we need into the onset of many diseases. If we fail to invest in innovative research at NIH, we will forfeit the opportunities to make ground-breaking, life-saving work to save lives.

The NCI currently spends approximately \$170 million a year on pediatric cancer research. Much of this now goes to laboratory and pre-clinical testing. We also need to do the important work to invest in clinical trials. An NCI peer review group of scientists in 2002 recognized this and recommended \$54 million in funding for pediatric cancer clinical trials. That level was never funded.

The SPEAKER pro tempore. The gentleman's time has expired.

Mr. PALLONE. Madam Speaker, if I could yield the gentleman an additional minute.

Mr. VAN HOLLEN. Madam Speaker, I thank the chairman.

That level was never fully funded, and since then, this funding has been cut.

Because Federal funding for pediatric research continues to drop, many critical trials have been put at risk. As many as 20 studies has been put on hold and enrollment in new clinical trials has decreased by more than 400 children. This is taking us in the wrong direction.

This act will enhance and expand pediatric cancer research activities at the NIH, establish a pediatric cancer registry, and increase educational informational and support services to patients and families affected by childhood cancer.

Madam Speaker, we can do better in our fight against pediatric cancer. Let's help give our children and their families the future they so deserve by passing this bill. I urge my colleagues, and once again, thank our colleague, DEBORAH PRYCE, for leading by example in this very important area.

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

Ms. PRYCE of Ohio. I thank the gentleman for yielding very much.

Madam Speaker, I believe today we stand on the cusp of something very

significant, and that is the chance to spare families forevermore from having to hear the words "your child has cancer." Today, after many hard years of work by staff here on Capitol Hill, by people in the administration, by grassroots groups across the country, by concerned citizens everywhere, we will consider a bill that will make a historic difference in the lives of more than 12,000 children a year who are diagnosed with cancer.

I would like to thank my colleagues, especially Chairman DINGELL and Chairman PALLONE, Ranking Members BARTON and DEAL, my cosponsor CHRIS VAN HOLLEN who just spoke, a great supporter on my side of the aisle, MIKE MCCAUL, and for a new friend that I have found here in Congress, JOE SESTAK, who also knows the issue far too well and who also has heard the words "your child has cancer."

Madam Speaker, some of us that I have just named are rivals of the highest degree and the strongest of adversaries when it comes to politics and even some issues. But as for the issue of cancer, we have a unique way of transcending the political and tapping into what is uniquely human among us.

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I would also like to thank my friend DARLENE HOOLEY and my very dear friend LOIS CAPPS, also on the committee, and also Mrs. CAPPS has been one of those sad Members of the club who has heard the words, "Your daughter has cancer." I want to thank them for their thoughtfulness, that they suggested that this bill be renamed in honor of my daughter, Caroline, who as it was mentioned lost her courageous battle with cancer 9 years ago.

In the years that I've been working on this legislation, my friends have been with me every step of the way, as has Caroline, making sure that her little promise to help those other kids that she played with in their fights and so all the kids who come after her won't have to go through what she did. Madam Speaker, Caroline would have graduated from high school last Friday. This is our graduation gift to her.

So, yes, this bill is very personal to me, and it should be very personal to everyone because there is not a single American who hasn't been touched by this dreadful disease called cancer. Unfortunately, there are far, far too many, and we must know that a Nation with our resources or a Nation with our scientists, our committed doctors and oncologists and our fighting spirit, we can and we will do more to defeat this disease that attacks our children and put an end to their suffering.

You know, cancer is no longer the mystery that it once was. The scientific and medical communities continue to crash through barriers every day to unlock cancer's deadly secrets. We will continue to cut this opponent down to size, but we continue to lose one in every five children diagnosed. Each and every school day, 46 children,

more than two classrooms, will be diagnosed with cancer; 2,300 of them will die from it. We can and we will do better.

The bill before us today provides the lifeblood necessary to continue our advancements in pediatric cancer research, \$30 million annually over 5 years. It is a very small price to pay for the life years that will be saved.

This bill creates a national database on childhood cancers to help researchers detect trends in these diseases, variables like genetics, geography and environmental influences that may be sources that are possibly causing these diseases which we can't figure out.

The bill provides for education and information services to patients and families to ensure that they are aware of and have access to appropriate clinical treatment, as well as the array of needed support services. Madam Speaker, nothing equates to the fear and uncertainty felt when a parent hears a cancer diagnosis for their child. This will give them somewhere to turn.

What this bill will help us learn about pediatric cancer will likely yield breakthroughs in our understanding of other diseases and treatments. And pediatric cancer research is leading the way in clinical advancements.

You see, last year, roughly 1.4 million people were diagnosed with cancer; yet, a measly 3 percent of those patients were enrolled in clinical trials. Now, by contrast, clinical trials are now part of the standard of care for pediatric cancer, and the vast majority of children diagnosed are enrolled in these trials.

And we're learning so much because of these enrollments. We're learning more about the trials than we thought possible. We're learning how to successfully handle survivorship issues. We're helping these kids live longer, and more importantly, we're inching closer to a cure.

For the past few weeks, hundreds of thousands of people filled the streets of our Nation's cities in the National Race for the Cure. It is an emotional, humbling and awe-inspiring experience to bear witness to this sea of pink humanity, women, men, and children from all walks of life, united by the common goal of defeating breast cancer.

Today, with this bill, we have a chance to capture that same spirit and resolve, to reclaim the many hundreds of life years lost, to save countless families the grief and despair of this sickness and death of a little one, and to one day look back upon this moment as a true catalyst that led to the end of childhood cancer.

I urge all my colleagues to support this legislation, and I urge them to urge our Senate colleagues to support this legislation, as we look forward to seeing the end of this plague upon our children.

Mr. PALLONE. Madam Speaker, I would yield 3 minutes to the gentlewoman from California (Mrs. CAPPS).

Mrs. CAPPS. I thank my colleague.

Madam Speaker, I rise in very strong support of H.R. 1553, the Conquer Childhood Cancer Act. It is very fitting that we have named this legislation in memory of Caroline Pryce Walker, daughter of this bill's champion, my dear colleague, DEBORAH PRYCE.

This bill is going to take necessary and important steps to address specific needs of pediatric cancer in at least three significant ways. It will ensure that we have enough qualified pediatric oncologists and nurses. It will improve clinical trials for the treatment of cancer in children. Finally, it would also conduct more public awareness about treatment options and support for children with cancer and their families.

As one of the co-chairs of the Cancer Caucus, along with my colleague from Ohio, I am so proud to see this bill, which was one of our priorities, and a personal priority as we all know, moving forward.

I want to share a bit about how the momentum behind this bill has already spurred people across the country into action.

Just this past Saturday, I attended an event in my town of Santa Barbara called "Kids for a Cure." Amazingly, it was organized by Madison Lewandowski, an 8-year-old constituent of mine, who, despite being so young, knows that she can make a difference in the lives of others. I told my young friends who were gathered last Saturday that I was going to share this story as a testimony to this legislation and to what is happening across this country.

Madison organized a wonderful charity event, with proceeds going to the Cancer Center of Santa Barbara's pediatric research fund. We all enjoyed a day of story telling, face painting, a silent auction, and this amazing rummage sale in which children and their families brought used toys to share with other children and their families and raise money in the process, and that money all going to raise awareness for pediatric cancer. I can think of nothing more powerful than the sight of children advocating on behalf of other children.

I know our colleague from Ohio in these past 9 years has spearheaded a number of community events around the country actually and in this city to raise awareness for childhood cancer and to raise the necessary funds to be added to the funds, which our legislation will hopefully make possible for pediatric cancer.

So whether it's through community organizing or comprehensive legislation, we are all working together in this country to fight pediatric cancer.

I am honored and proud to be a part of this effort, particularly on this day, to honor my colleague and friend as well because of the dedication she has provided for this House in leading us to this point.

I thank the leadership of our committee that has brought us to this

point as well and the work that we will do with our colleagues to make sure this legislation is passed and signed into law.

Mr. TERRY. Madam Speaker, at this time, I yield 5 minutes to the gentleman from Texas.

Mr. MCCAUL of Texas. I thank the gentleman.

Madam Speaker, every now and then, as Members of Congress, we have one of those moments, a moment when we feel like we can truly make a difference. This, in my view, is one of those moments, and I want to thank Congresswoman DEBORAH PRYCE for her leadership, her perseverance in this issue.

It's been a long, hard fight, but we got here. It's going to pass, and this is a great day. It's a great day for those who have suffered. It's a great day for those who have been in pain. It's a great day for the victims.

This bill provides a beacon of light. It provides a voice for the innocents who don't have a voice, for children whose eyes we have looked into who are dying from this dreaded disease, for victims of this disease like my constituents Tim and Donna Culliver who lost their son Adam at the age of 4, to Caroline who lost her life at the age of 9.

I think of my own daughter, Caroline, my five children, the countless other children out there who could be a victim of this dreaded disease. This bill will lead the path towards a cure for cancer.

And this is not a Republican or Democratic issue. This is an American issue. It's an issue for the children, and it's a fitting tribute to you, Congresswoman PRYCE, and your daughter, Caroline, for all the hard work and the efforts you've put into this.

I've been through the pediatric hospital, as many of us have, and there's nothing more painful than to look into the eyes of a child who is dying from this disease, who's afflicted with this disease, whose parents look at you as a Member of Congress and say: Isn't there something you can do? Can you stop this?

I watched my best friend in grade school die from cancer, and we have all been touched, as DEBORAH PRYCE said, by this disease in some way or another. But this is a real monumental moment, a moment where we truly can make a difference. They often say the measure of a man's life or woman's life is the, do I leave this world in a better place than it was before I came in. I can truly say that with the passage of this bill, that this Congress and this brave Congresswoman, through her leadership and her legacy, will leave this world a better place.

Mr. PALLONE. Madam Speaker, I yield 3 minutes to the gentleman from Pennsylvania (Mr. SESTAK).

Mr. SESTAK. Madam Speaker, 12,000 children will be diagnosed with cancer this year; 2,000 will not make it with their cancer to the end of this year. But there's no real face to those num-

bers until you've had it happen to you. As my new, wonderful friend from Ohio had it with her beautiful daughter, Caroline, or I did with my 4-year-old daughter Alex, nothing in my 31 years in the military, whether it was the ravages of being in war or whether it was the challenges of a cold peace, ever prepared for me for those words "tumor," "cancer," the words that need to be removed from our vocabulary by eradicating it from the lives of our children.

When you live in a cancer ward and oncology ward, you see such hope as a child, your child, holds your hand and puts all that hope in you as a parent, knowing that you're going to make it all right. And at the same time, as you so well know, you see such hopelessness at times in the oncology ward when there's nothing else to be done.

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I came down today to speak of you. You really do take that wonderful dictum of Hubert Humphrey to fruition, that "the moral test of a government is how well it does take care of those in the dawn of life, the children, so that they might see the twilight of life as seniors.

The only sad thing about today is that you won't be here next year. In the Bible, Jonathan and David, as they departed, the two great warriors, for the very last time, Jonathan said to David, "Tomorrow thou shalt be missed because thy seat shall be empty." Your seat won't be empty because you have left such a wonderful legacy behind for my daughter, so she will have a chance in the future, if it does come back. Because you all will, in this legacy, not only for her, but for so many, have given them the opportunity, those in the twilight of life, to know the dawn of life, to see the twilight of life as seniors. So thank you for her that, yes, we, as parents, can make it all right.

I urge all my colleagues to support this bill. And thank you very much.

Mr. PALLONE. Madam Speaker, I yield 1 minute to the gentlewoman from Ohio (Ms. KAPTUR).

Ms. KAPTUR. I thank the gentleman for yielding.

Madam Speaker, it is a great privilege this evening to rise in support of H.R. 1553, the Caroline Pryce Walker Conquer Childhood Cancer Act of 2008, and to thank my beloved colleague from Ohio, from our Buckeye State, DEBORAH PRYCE, a loving mother and a very, very able Congresswoman, for taking her grief and helping place it here, and in memory of her beautiful daughter, taking that struggle forward for the sake of the future of our country.

I suppose one could say, "for every season there is a purpose," and Caroline's season forever will be spring; and that what you lived together you shared with the country. And the personal became political in the best sense so that we could make it better for those who will come after us. And after all, is that not what we are here to do?

The SPEAKER pro tempore. The time of the gentlewoman has expired.

Mr. PALLONE. Madam Speaker, I yield an additional minute to the gentlewoman.

Ms. KAPTUR. I also stand here this evening in memory of a young gentleman by the name of Zachary Hebda from the State of Maryland, who died at the age of seven of a childhood cancer. And at seven, that child had such measure, just like an adult. And he faced, as your daughter did, something that we, as adults, wonder if we could face. And we never forget them because they hold us up in our own work with their strength and their courage. We need answers. We need answers for our children. We need to stem this disease, and we need to prevent and we need to cure.

I want to thank Congresswoman PRYCE for her years of service and doing what is so wrenching, to continue after the loss of someone who is so much a part of yourself and helping us better ourselves as a country. I thank you for this exceptional piece of legislation.

I thank Chairman PALLONE. I thank Congresswoman CAPPS and those who have supported you in this effort. And I thank you for, most of all, sharing Caroline with us as a most beautiful, beautiful memory and tribute to her and to you.

Mr. PALLONE. Madam Speaker, I yield 2 minutes to the gentlewoman from Texas (Ms. JACKSON-LEE).

(Ms. JACKSON-LEE of Texas asked and was given permission to revise and extend her remarks.)

Ms. JACKSON-LEE of Texas. Congresswoman PRYCE and I came to the floor as a mother, and certainly someone who has spent a good deal of time working in the Women's Caucus. And we would be together in a time when Democrats and Republicans would come together around issues of children and women. And I know of your forceful voice. And so I come today to thank you for this legislation and this tribute to Caroline because, coming from Houston, we have the Texas Children's Hospital. And I have visited the McDonald's House, which is a home that families are able to use to be able to see the children who are with their family who are suffering from cancer and obviously are in great need of pediatric research. And you see the smiling faces, and you see the uniqueness of their look, if you will—many of their heads are shaven—but you also see love. And this is what this bill represents to all of us; it is a testament of love, and the fact that children should have a future.

Caroline Pryce Walker, in the words Conquer Child Cancer Act of 2008, is embodied in the love that you have for your daughter.

I just want to recount one or two of the findings, because I think it is very important to note that cancer kills more children than any other disease. Many of us don't know that. You would

think of many other elements that might kill. You don't know that cancer is the number one killer of children.

Each year, cancer kills more children between one and 20 years of age than asthma, diabetes, cystic fibrosis and AIDS. So I simply want to close by indicating that I was in a committee hearing and we just finished and I saw you speaking on the floor, and I was compelled to just come and say thank you. Thank you for your leadership. And you have entrusted in us the fact that we will carry on in your name and in your daughter's name.

I ask for support of this bill, and I thank Chairman PALLONE.

Mr. TERRY. Madam Speaker, I yield myself the rest of our time.

I've participated in some very intense debates on this House floor. And these are times that, on a bill like we have before us today, where truly we all come together. It's beyond bipartisanship, as people have heard from the rather dramatic and emotional testimony from all of the Members who have testified here today. Because there is nothing more emotional than a child who has been diagnosed with a cancer. There is just nothing more traumatic to a parent, to a family. And if there is anything that we can do as a congressional body to try and alleviate that type of pain a family could suffer in the future, we should undertake that. And we've done it here today.

I want to thank DEBORAH PRYCE for her strength, not only in her testimony here on the floor today, but for the years that she has continued to work this issue and push it forward to its House conclusion today.

I also want to just thank Mr. PALLONE and Mr. DINGELL, who participated in this bill and made sure that it moved through our committee in a timely way and onto the House floor, as well as Mr. VAN HOLLEN and so many other supporters of this bill. Many thanks go out to them.

So we should be proud, as Mr. MCCAUL and many speakers said, of our efforts here today. I encourage every single member of our conference on this side of the aisle to join me in supporting the Caroline Pryce Walker Conquer Childhood Disease Act.

With that, Madam Speaker, I yield back the balance of my time.

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

Madam Speaker, I would like to urge all my colleagues to support this bill overwhelmingly. And I want to make a commitment to Congresswoman PRYCE, as she had urged, that we get this over to the Senate and get it passed as quickly as possible so we can send it to the President.

I know that this is in memory of her daughter Caroline, and all the different things that have been said here today is certainly a tribute to you and all that you have done here in the House of Representatives.

I just want to say, I've watched you over the years. I know you were the chairwoman of the Republican Conference, and as you said, we were often battling. But in all of that, Congresswoman PRYCE was always a lady and really someone who was able to get along with people on both sides of the aisle and work towards good government goals.

So this bill really is a tribute to her in memory of her daughter. And I just want to thank her again for all that she has done.

Madam Speaker, 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 pass the bill, H.R. 1553, as amended.

The question was taken.

The SPEAKER pro tempore. In the opinion of the Chair, two-thirds being in the affirmative, the ayes have it.

Mr. TERRY. Madam 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.

PERSONAL EXPLANATION

Ms. KAPTUR. Madam Speaker, I would like to place on the RECORD the following: That this afternoon when the House voted on H.R. 6003, rollcall 400, I would have voted "yes" on the Passenger Rail Investment and Improvement Act as I have fully supported its intent and worked with the distinguished chairman, Mr. OBERSTAR, to include the Cleveland-Toledo-Chicago Corridor in that bill, and as a member of the Transportation Housing Subcommittee of Appropriations with responsibility for funding the effort. However, at the time of the vote, after voting "no" on the prior motion to recommit, when that vote was held open for 15 minutes I left the Chamber to locate 226 high school students from Timber Stone Junior High School in my district, who were nowhere to be found on either the east or west side of the Capitol. When I came back to the floor, the vote had been reduced to 5 minutes and I was not able to record my final vote as "yes" on the final vote. I wanted to place that on the RECORD.

REPORT ON RESOLUTION PROVIDING FOR CONSIDERATION OF H.R. 5749, EMERGENCY EXTENDED UNEMPLOYMENT COMPENSATION ACT OF 2008

Mr. ARCURI (during consideration of H.R. 1553), from the Committee on Rules, submitted a privileged report (Rept. No. 110-710) on the resolution (H. Res. 1265) providing for consideration of the bill (H.R. 5749) to provide for a