

suffer from this syndrome, and it is very serious and often very difficult to diagnose, a combination of developmental delays, enlarged head circumference, hydrocephalus and seizures, that together define a syndrome that was initially described by a neurosurgeon and professor at the University of New Mexico named Dr. Arthur Walker. He initially described nine cases of what is now known as Dandy-Walker in 1942.

Early detection and diagnosis, accurate diagnosis, is critical for these children, particularly because of the coincidence of hydrocephalus in children, a very serious condition that can result in neurological complications if it's not diagnosed very early in life.

Currently, there are only five researchers in the United States who are focused on Dandy-Walker and trying to understand it, develop treatments, and perhaps eventually develop ways to prevent the disease.

This resolution expresses the sense of the Congress that further research and activities are needed to increase public awareness, to increase professional education, and to make sure physicians and the medical community are aware of what this syndrome's characteristics are so that it can be accurately diagnosed.

It also commends the National Institutes of Health on their first-ever sponsorship of a research workshop focused on hydrocephalus and Dandy-Walker, and acknowledges the need for continued collaboration between different institutes and centers at NIH.

Some of my colleagues have commended me for my leadership on this issue, and I have to demur in that regard. Sometimes I think that the best thing about being a Representative is that you are often the wagon that harnesses the enthusiasm and the passion of others. I would like to recognize where that passion really comes from: Eric Cole and his wife Andrea, who are here in the gallery today. They are the proud parents of Ryan.

The fact is that Eric's dad called me. Eric's dad and I served in the Air Force together, and one time, Captain Don Cole tried to teach me something about politics at the United States Air Force Academy. There are people in this body who would probably disagree as to how well I learned those lessons. But Captain Cole's son is Eric Cole. His grandson is Ryan, and Ryan suffers from Dandy-Walker syndrome.

I want to commend Eric for his leadership, for making a decision to get involved, not only to help his son but to help others who suffer from the same disease. It is because individuals choose to get involved that things change over time.

I would like to place into the RECORD a letter of support from the March of Dimes in support of this resolution. It's dated June 22, 2007.

Again, I'd like to thank my colleague, Mr. VAN HOLLEN of Maryland, for working with us on this resolution and for his staff member, Ray Thorn, who's been particularly helpful in this

process. Also, I would like to recognize two of my colleagues, Mr. ADERHOLT of Alabama and Mr. RYAN of Ohio, for their support and their encouragement on this resolution.

I would urge my colleagues to support this resolution to move forward on the understanding and the research and the professional education associated with a syndrome that adversely affects close to 40,000 young Americans.

MARCH OF DIMES,  
Washington, DC, June 22, 2007.

Hon. HEATHER WILSON,  
House of Representatives,  
Washington, DC.

DEAR REPRESENTATIVE WILSON: On behalf of more than 3 million volunteers and 1400 staff members of the March of Dimes Foundation, I am writing to commend you for introducing H. Con. Res. 163, expressing the sense of Congress in support of further research and activities to increase public awareness, professional education, diagnosis and treatment of Dandy-Walker syndrome and hydrocephalus.

As you may know, in the United States, about 3% of all babies are born with a major birth defect. Birth defects are the leading cause of infant mortality accounting for more than 20% of all infant deaths. Children with birth defects who survive often experience lifelong physical and mental disabilities, and are at increased risk for developing other health problems. In fact, birth defects contribute substantially to the nation's health care costs. According to Centers for Disease Control and Prevention (CDC), the lifetime economic cost of caring for infants born each year with 1 of the 18 most common birth defects exceeds \$8 billion.

Yet, the causes of nearly 70% of birth defects are unknown. Therefore, March of Dimes is working with Members of Congress from both sides of the aisle to increase funding for the National Center on Birth Defects and Developmental Disabilities, with particular focus on the groundbreaking research being done through the National Birth Defects Prevention Study. This important CDC initiative is being carried out by 9 regional Centers for Birth Defects Research and Prevention. The Centers use medical histories, DNA samples and data on environmental exposures, and lifestyle obtained from parents to study gene-environment interactions. The study has already yielded critical information on certain birth defects and has been particularly useful in responding to public health concerns regarding possible links between medication exposures and birth defects. The study also holds promise for increasing our understanding of the effects of medication use during pregnancy.

Increased federal support for birth defects research and prevention is sorely needed and H. Con. Res. 163 will heighten awareness and encourage additional federal research on Dandy-Walker syndrome and other serious birth defects.

Thank you for your leadership to help improve the health of infants and know that all of us at the March of Dimes look forward to working with you on this and other initiatives to improve the health of each and every child.

Sincerely,

MARINA L. WEISS,  
Senior Vice President,  
Public Policy & Government Affairs.

Ms. HOOLEY. We have no other speakers, if you would like to close. I'm happy to do that after you.

Mr. TERRY. Mr. Speaker, I want to close by thanking the gentlelady from New Mexico and the gentleman from Maryland (Mr. VAN HOLLEN) for bring-

ing this to the floor, helping to increase public awareness and provide education and training to physicians for early diagnosis, and encouraging the NIH to continue their research to help those with Dandy-Walker and hydrocephalus.

With that, I would encourage all of our colleagues today to vote "aye" in support of this measure.

I yield back my time.

□ 1500

Ms. HOOLEY. Mr. Speaker, again I urge an "aye" vote.

This bill will give families with Dandy-Walker Syndrome hope. It is something we can all come together on. People need to know that we listen when they speak. And this is a way to make sure that further research is done on a disease that's been around for a long time. Most of us didn't know about it before this bill.

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

The SPEAKER pro tempore. The question is on the motion offered by the gentlewoman from Oregon (Ms. HOOLEY) that the House suspend the rules and agree to the resolution, H. Con. Res. 163, 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. Mr. Speaker, I object to the vote on the ground that a quorum is not present and make the point of order that a quorum is not present.

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.

The point of no quorum is considered withdrawn.

#### SENSE OF HOUSE REGARDING PROSTATE CANCER DETECTION AND TREATMENT

Ms. HOOLEY. Mr. Speaker, I move to suspend the rules and agree to the resolution (H. Res. 353) expressing the sense of the House of Representatives that there should be an increased Federal commitment supporting the development of innovative advanced imaging technologies for prostate cancer detection and treatment, as amended.

The Clerk read the title of the resolution.

The text of the resolution is as follows:

#### H. RES. 353

Whereas the annual commemoration of Men's Health Week during the week preceding Father's Day gives new reason to consider the critical need to improve detection and treatment of prostate cancer;

Whereas prostate cancer now strikes at least one in six American men, with African-American men having a 60 percent higher incidence rate than Caucasian men and a mortality rate twice as high;

Whereas each year more than 230,000 American men are newly diagnosed with prostate

cancer, more than 1,500,000 men have biopsies, and around 30,000 men fall prey to this potential killer;

Whereas it is important for men to take advantage of prostate cancer screening exams in order to detect the disease at the earliest opportunity, when it is still curable;

Whereas a recent study funded by the National Cancer Institute demonstrated that the most common available methods of detecting prostate cancer, the PSA blood test and physical exams, are not foolproof—imaging would be another beneficial factor in the diagnosis and treatment of prostate cancer;

Whereas the use of advanced imaging technologies to detect and treat prostate cancer could be beneficial for eliminating unnecessary and costly medical procedures that increase psychological and emotional trauma for American men and their families;

Whereas the lack of accurate imaging tools means that biopsies can miss cancer even when multiple samples are taken, and current treatments—either radical surgery or radiation—can leave 50 to 80 percent of men incontinent or impotent or both; and

Whereas advanced imaging technologies could be combined with treatment tools to perform image-guided, minimally invasive and precisely targeted interventions, which will be performed in outpatient clinics with minimal discomfort, complications and costs and which will end the fear, pain, suffering and costs that prostate cancer causes men and their families: Now, therefore, be it

*Resolved*, That it is the sense of the House of Representatives that Congress should support research and development of advanced imaging technologies for prostate cancer detection and treatment.

The SPEAKER pro tempore. Pursuant to the rule, the gentlewoman from Oregon (Ms. HOOLEY) and the gentleman from Nebraska (Mr. TERRY) each will control 20 minutes.

The Chair recognizes the gentlewoman from Oregon.

#### GENERAL LEAVE

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

The SPEAKER pro tempore. Is there objection to the request of the gentlewoman from Oregon?

There was no objection.

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

Mr. Speaker, I rise in strong support of H. Res. 353, which calls for increased support for research and development of advanced imaging technologies for prostate cancer detection and treatment. This resolution recognizes the inadequacies of the current way prostate cancer is detected. There is an urgent need for the development of advanced imaging technologies.

Prostate cancer is the second most common cancer in the United States and the second leading cause of cancer-related deaths in men. In 2008, more than 218,000 men will be diagnosed with prostate cancer and more than 27,000 men will die from the disease. This resolution hopes to use the very successful model presented by the development of breast imaging technologies which has led to life-saving breakthroughs in detection, diagnosis and

treatment of that insidious disease. Using this research and development model, hopefully we can achieve the same detection and life-saving successes for prostate cancer.

Imaging technology cannot only save lives, but also has the potential for reducing health care costs with accurate and affordable diagnosis of prostate cancer. This is an important piece of legislation for men's health.

I want to thank my colleague, Congressman ELIJAH CUMMINGS, for his leadership on this issue and urge my colleagues to join me in support of House Resolution 353.

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, I'm proud to rise in favor of House Resolution 353, which is sponsored by the gentleman from Maryland, ELIJAH CUMMINGS. He has worked steadfastly on this issue that affects an approximate 2 million Americans currently diagnosed with prostate cancer, and I commend him on his work.

House Resolution 353 supports the development and innovative advances of using imaging technologies when detecting and treating prostate cancer.

Prostate cancer is the most common non-skin cancer in America and takes the lives of nearly 28,000 American men each year. Over a lifetime, that is one out of every six males will fall victim to this silent killer.

Early prostate cancer usually has no symptoms and is commonly detected through prostate cancer screening tests such as the PSA blood test and DRE. The chance of being diagnosed with prostate cancer increases rapidly after the age of 50. The most likely risk factors that are associated to prostate cancer are age and family history of the disease.

In addition to the PSA blood test and DRE, imaging is another useful tool that can help with the detection and treatment of the disease. It is important for men to take advantage of prostate screening exams which could yield early detection when the disease is still curable.

I urge my fellow Members to support House Resolution 353.

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

Ms. HOOLEY. Mr. Speaker, I yield to the gentleman from Maryland as much time as he may consume.

Mr. CUMMINGS. I want to thank the gentlelady for yielding, and I want to thank everyone for all the hard work that went into getting this bill to the floor today.

I rise today to express my appreciation to all of my colleagues who are considering H. Res. 353 which I introduced expressing the need for enhanced support for advanced imaging technologies for prostate cancer detection and treatment. This legislation will lead to the development of prostate cancer screening technologies that are

on par with mammography, while improving blood tests and providing education to the general public.

Mr. Speaker, the tragedy of prostate cancer has touched so many Americans, and I ask that you consider these issues:

Prostate cancer is the second most common cancer in the United States and the second leading cause of cancer-related deaths in men. This cancer strikes one in every six men, making it even more prevalent than breast cancer, which strikes one in every seven women. In 2007, more than 218,000 men were diagnosed with prostate cancer and more than 27,000 men died from this disease. One new case occurs every 2.5 minutes, and a man dies from prostate cancer in this country every 19 minutes.

To compact the matter even further, African-American men are 56 percent more likely to develop prostate cancer compared with Caucasian men and nearly 2.5 times as likely to die from the disease. Many of us in the Congress, and indeed throughout the country, have either personally been affected by the disease or had a loved one suffer from it. For me, it was my father.

Tragically, our commitment to fighting the disease has not met its impact. To date, the Department of Health and Human Services has failed to invest substantial resources in promising advanced imaging technologies for prostate cancer research. And while they have failed, people have died. As a result of that, there are currently no reliable accurate diagnostic tools for detection and treatment of prostate cancer.

The implications of this reality have been grave. More than 1 million men have unnecessary prostate biopsies each year, resulting in needless suffering and an enormous waste of resources. At least 10 percent of men undergoing surgery and 44 percent of men undergoing radiation treatment would have benefited more from watchful waiting.

Current treatment is costly and causes many complications, including impotence and incontinence, in up to 50 percent of men. I might note here that Johns Hopkins Hospital and University, which are located in my district, have done many pioneering things with regard to this disease; as a matter of fact, they have some of the leading experts on it.

More than 70,000—or about one in two—men experience treatment failure each year. Mr. Speaker, in this country, with the greatest medical system in the world, we can simply do better. And we must do better. That is why I was so glad that I was joined by 101 of my colleagues in sponsoring H. Res. 353. This legislation is a first step in recognizing the critical need to address this very tragic disease.

I urge my colleagues to similarly take up the Prostate Research Imaging and Men's Education Act, or PRIME

Act, H.R. 3563, which I have also introduced.

The bill provides \$100 million per year for 5 years to expand research on prostate cancer and provides the resources to develop innovative and advanced imaging technologies for prostate cancer detection, diagnosis and treatment. The bill also allocates \$10 million a year for 5 years for a national campaign to increase awareness about the need for prostate cancer screening and the development of better screening techniques.

Finally, it will spend \$20 million a year for 5 years to improve current, often unreliable, blood tests. Just the other day, Mr. Speaker, as I stood in the bank, I ran into four men, all of whom had recently gone through prostate cancer procedures. And it is so sad when you hear them tell their various stories about how it has affected their lives.

And I do believe that this Congress can do better. I believe that this Nation can do better. So many men have said that they want to be treated, but they are simply afraid; they're afraid of the pain, they're afraid of the embarrassment. And I spend a lot of time in my district preaching, almost, to men to make sure they get the test. But if they don't have to have the test, if they can have a better method of discovering this disease, I want them to have that.

Someone once said that in our time and in our space we can make a difference. And we can make a difference. And I realize that a resolution is one thing, something allocating money to do something is another. And that's why this is more or less a precursor, hopefully, for legislation which will bring about the resources so that we can properly address this issue.

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

Mr. Speaker, in closing, let me just thank Mr. CUMMINGS from Maryland for drafting this resolution and his bill and congratulate him on getting this resolution to the House floor. I encourage all of my colleagues to support it.

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

Ms. HOOLEY. Mr. Speaker, I, too, would like to thank my colleague from Maryland (Mr. CUMMINGS) for all of his hard work on this piece of legislation. This is something that we should pass. I urge my colleagues to vote "aye."

Mr. BURTON of Indiana. Mr. Speaker, I rise in strong support of H. Res. 353 and I urge my colleagues to support the resolution. I want to thank Chairman DINGELL and Ranking Member BARTON for bringing this resolution to the Floor today. I am proud to be a sponsor of this resolution and I was honored to work with my friend and colleague from Maryland, Representative ELIJAH CUMMINGS—the Democrat sponsor of the resolution—to bring some critically needed awareness to this issue. Representative CUMMINGS has been a true leader on this issue, and today is the culmination of a two-year effort to shine a public spotlight on

this national tragedy. This resolution sends a strong signal to the National Institutes of Health and the private sector that Congress is prepared to help them move prostate cancer detection and treatment into the 21st Century.

Prostate cancer is the most common form of cancer, other than some kinds of skin cancer, among men in the United States, affecting at least one in six American men, a rate comparable to breast cancer which strikes one in seven American women. In fact, prostate cancer is the second leading cause of cancer deaths among men in the United States, after lung cancer, and the seventh leading cause of death overall for men in this country. The National Cancer Institute estimates that in 2007 alone approximately 218,000 new cases of prostate cancer were diagnosed and roughly 27,000 American men died as a result of this disease.

Medical experts do not know what causes prostate cancer. Medical experts do not know how to prevent prostate cancer, but they do know that not smoking, maintaining a healthy diet, staying physically active, and seeing your doctor regularly contribute to overall good health.

While all men are at risk for prostate cancer, some factors increase risk:

Family history. Men with a father or brother who has had prostate cancer are at greater risk for developing it themselves.

Race. Prostate cancer is more common in some racial and ethnic groups than in others, but medical experts do not know why. Prostate cancer is more common in African-American men than in white men. It is less common in Hispanic, Asian, Pacific Islander, and Native American men than in white men.

It is important for men to take advantage of prostate cancer screening exams in order to detect the disease at the earliest opportunity, when it is still curable. Unfortunately, a recent study funded by the National Cancer Institute demonstrated that the most common available methods of detecting prostate cancer, the PSA blood test and Digital Rectal Exam, DRE, the only preinvasive indicators available for the detection of prostate cancer, are not particularly adept at detecting prostate cancer. The study showed that many PSA blood tests that screen for prostate cancer result in false-negative reassurances and numerous false-positive alarms (15 percent of men with normal PSA levels still have prostate cancer). Even when PSA levels are abnormal, 88 percent of men end up not having prostate cancer that would require surgery but undergo unnecessary biopsies. As a result more than 1,000,000 U.S. men have prostate biopsies annually—costing our health care system approximately \$1.44 billion—many of which could be eliminated if we had advanced diagnostic imaging tools.

Today, neither the U.S. Department of Health and Human Services nor the Department of Defense devotes substantial resources to prostate cancer imaging research. I have been told that the National Institutes of Health spent only \$10 million on prostate cancer detection research last year out of a total prostate cancer research budget of \$350 million. In short, there is no concerted Federal effort to bring the equivalent of mammography to prostate cancer detection.

Breakthroughs in the diagnosis and treatment of breast cancer resulted from the development of advanced imaging technologies led by the Federal Government and I am con-

vinced that Federal leadership could lead to similar breakthroughs for prostate cancer. That is why we introduced, along with my colleague ELIJAH CUMMINGS of Maryland, H. Res. 353—Expressing the sense of the House of Representatives that there should be an increased Federal commitment supporting the development of innovative advanced imaging technologies for prostate cancer detection and treatment.

We owe it to ourselves, our fathers, grandfathers, brothers, sons, husbands, and friends to make this effort. I urge my colleagues to support H. Res. 353.

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

The SPEAKER pro tempore. The question is on the motion offered by the gentlewoman from Oregon (Ms. HOOLEY) that the House suspend the rules and agree to the resolution, H. Res. 353, 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. Mr. Speaker, I object to the vote on the ground that a quorum is not present and make the point of order that a quorum is not present.

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.

The point of no quorum is considered withdrawn.

#### VETERANS' EPILEPSY TREATMENT ACT OF 2008

Mr. FILNER. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 2818) to amend title 38, United States Code, to provide for the establishment of Epilepsy Centers of Excellence in the Veterans Health Administration of the Department of Veterans Affairs, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 2818

*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 "Veterans' Epilepsy Treatment Act of 2008".*

#### SEC. 2. EPILEPSY CENTERS OF EXCELLENCE.

*(a) REQUIREMENT FOR ESTABLISHMENT OF EPILEPSY CENTERS OF EXCELLENCE.—Subchapter II of chapter 73 of title 38, United States Code, is amended by adding at the end the following new section:*

#### **"§ 7330A. Epilepsy centers of excellence**

*"(a) DESIGNATION OF CENTERS.—Not later than 120 days after the date of enactment of this section, the Secretary shall designate an epilepsy center of excellence at each of the 5 centers designated under section 7327.*

*"(b) EXPERT CLINICAL AND RESEARCH STAFF.—Each center designated under subsection (a) shall employ such expert clinical and research staff, including board certified neurologists and neurosurgeons, as may be necessary to ensure that such center is capable of serving as a center of excellence in research, education, and clinical care activities in the diagnosis and treatment of epilepsy, including post-traumatic epilepsy.*