

The PRESIDING OFFICER. Without objection, it is so ordered.

HONORING OUR ARMED FORCES

SERGEANT ERIC MOSER

Mr. VITTER. Madam President, today I stand to recognize Army SGT Eric Moser, the son of Ken and Karen Moser of Lake Charles, LA, and to commend his courage and service to our Nation and his brothers in arms.

On May 22, 2008, Sergeant Moser was awarded the Distinguished Service Cross, the U.S. Army's second highest military decoration, making him one of only nine soldiers to have received this decoration since September 11, 2001.

Sergeant Moser, I know how proud your parents are of you, and all of Louisiana shares in their pride. Your actions truly exemplify patriotism, service to country, and spirit of the Army's famous 82nd Airborne Division, a unit that has distinguished itself on countless occasions from the beaches of Normandy, the jungles of Vietnam, to the sands of Iraq and the mountains of Afghanistan.

On August 26, 2007, while serving with the 82nd's Charlie Company, Sergeant Moser was attached to a sniper team that also included SGT Josh Morley of North Carolina, SP Tracy Willis of Texas, and SP Chris Corriveau from Maine.

The team was tasked with securing a defensive perimeter around a block in Samarra, Iraq, while members of Charlie Company's 3rd Platoon conducted search operations on a location that was suspected of being used to manufacture improvised explosive devices.

Soon after their arrival on their positions, Sergeant Moser and his team found themselves under attack, their presence having been alerted to by an al-Qaida informant. Pinned down from fire from multiple terrorists, Sergeants Moser and Morley held their positions and returned fire until Sergeant Morley was killed while crossing a building rooftop in search of the team's radio.

Sergeant Moser and the remaining team members fought off the insurgents who were attempting to make off with Sergeant Morley's body. Despite struggling with a weapon that repeatedly jammed, Sergeant Moser was able to return fire and protect Sergeant Morley's body during a firefight that ultimately claimed the life of a second team member, SP Tracy Willis.

The two remaining members of the sniper team, Sergeant Moser and Specialist Corriveau, continued to fight off the terrorists and were able to protect the bodies of their fallen comrades. As they established contact with another Airborne outpost, the insurgents fell back and began to retrieve their dead.

Sergeant Moser and Specialist Corriveau then directed a GPS-guided bomb to the position where the surviving insurgents were hiding. It was later confirmed that more than 15 of an established 40 al-Qaida terrorists were killed during the fight.

We honor Sergeant Morley and Specialist Willis for their ultimate sacrifice, and we pay tribute to their families. SGT Josh Morley is survived by his wife, his family, and a daughter whom he never had the chance to meet. And SP Tracy Willis leaves behind a loving family of his own.

We also honor SP Chris Corriveau for his heroism. He was also awarded the Distinguished Service Cross for his gallantry on August 26, 2007. His actions also exemplify that of a hero and a paratrooper.

In the face of death and without regard to his personal safety, Sergeant Moser brought great distinction on himself, the U.S. Army, and the 82nd Airborne Division. I am sure he would be hesitant to acknowledge himself as a hero, and he does not need to do so. His actions distinguished him as such when on a rooftop in Iraq, he risked his own life to ensure that no man was left behind.

Sergeant Moser, thank you for your service and heroism and God bless you and your entire family.

TRIBUTE TO BETSY REIFSNYDER

Mr. REID. Madam President, I rise today to recognize Betsy Reifsnnyder, a dedicated public servant who is retiring in July after nearly 25 years of service to the U.S. Congress.

Ms. Reifsnnyder came to the Library of Congress in 1984 as part of an intern program and then moved on to the Congressional Research Service in 1985 as a reference librarian. She has worked in a number of challenging roles, and will retire as the data architect of the Congressional Research Service.

Throughout her years at CRS, Ms. Reifsnnyder has performed complex and institution-supporting duties. Her leadership, sound judgment, and creative work, coupled with her technical expertise and her positive approach to any project or problem were keys to the early and continued success of the Legislative Information System, LIS. Her dedication and ability to find solutions have earned her a trust, and confidence, that echoes throughout the legislative branch.

An expert in the legislative process, data structures, and online search systems, she was instrumental in moving legislative data into the Internet age. Ms. Reifsnnyder has played an active role in the development of improvements and advanced features for LIS retrieval and display to meet the needs of congressional staff.

Both Congress and the general public have benefited greatly from her work on the THOMAS and LIS, systems which have allowed access to reliable and timely legislative information. Congressional Members and staff will continue to benefit from her work, due to her major contributions to the plans for LIS 2.0. Her vision and leadership have shaped the data-entry system for legislative summaries and other re-

sources that have made it easier for all of us to have access to reliable legislative information.

Although, Betsy Reifsnnyder will be retiring, her many accomplishments will stand as a fitting tribute to her career and her person. Ms. Reifsnnyder's presence will be greatly missed, and I wish her and her family all the best as she enters the next phase of her life.

PSORIASIS AND PSORIATIC ARTHRITIS RESEARCH, CURE, AND CARE ACT OF 2007

Mr. DODD. Madam President, I rise today in support of S. 1459, the Psoriasis and Psoriatic Arthritis Research, Cure, and Care Act of 2007, and to encourage my colleagues to lend their support to this important legislation. Psoriasis is a chronic, inflammatory, painful, and debilitating disease that affects as many as seven and a half million Americans. Ten to 30 percent of people with psoriasis also suffer from psoriatic arthritis, which causes pain, stiffness and swelling in and around the joints. The National Psoriasis Foundation estimates that in the state of Connecticut as many as 89,000 adults live with psoriasis, psoriatic arthritis, or both.

No one knows exactly what causes psoriasis. With very few effective treatments and no cure, this disabling disease often strikes between age 15-25, marking the beginning of a lifelong struggle for psoriasis sufferers. Psoriasis is often minimized and undertreated because treatments are considered "not medically necessary" or "cosmetic". If a patient is accurately diagnosed, the search for an appropriate treatment can prove exasperating because treatments vary widely in effectiveness, can have serious adverse side effects, and can stop working without warning.

Often misunderstood to be contagious or due to poor hygiene, psoriasis causes many patients to experience social discrimination and stigma. Studies have shown that psoriasis causes as much disability as other major medical diseases. In fact, lost productivity and forgone future earnings create an estimated burden of \$114 million annually for Americans with psoriasis.

Unfortunately, research on psoriasis and psoriatic arthritis has not been made the priority it should be. S. 1459 would direct the National Institute of Arthritis and Musculoskeletal and Skin Diseases to expand biomedical research on psoriasis and psoriatic arthritis and to coordinate research efforts across the NIH. The bill would also direct the Centers for Disease Control and Prevention to develop a national patient registry for collection and analysis of longitudinal data on psoriasis and psoriatic arthritis. Without such a resource, we will remain limited in our ability to evaluate the usefulness—and side effects—of the therapies that patients must endure throughout their lifetimes.

Those suffering with psoriasis are also at an increased risk for numerous other serious, chronic and life-threatening conditions such as heart disease, diabetes and mental health conditions. These co-morbidities inflict a significant economic and social burden on society in addition to the individuals with psoriasis. This legislation would direct the Secretary of Health and Human Services to convene a summit of researchers, public health professionals, patient advocacy organizations, academic institutions, and Federal and State policymakers on the current research, treatment, education, and quality-of-life activities conducted or supported by the Federal Government with respect to psoriasis and psoriatic arthritis, including psoriasis and psoriatic arthritis related co-morbidities. A comprehensive report from this summit would provide a roadmap for future activities necessary to address current gaps and better our chances of finding a cure. Lastly, the bill would require a study and report by the Institute of Medicine to address health insurance and prescription drug coverage as they relate to medications and treatments for psoriasis and psoriatic arthritis. We must ensure that these patients receive the best regimen and most appropriate care for their disease.

In closing, I would like to commend the National Psoriasis Foundation for their more than four decades of leadership and work to improve quality of life for people with psoriasis and psoriatic arthritis. I would also like to extend great thanks to my constituents, John and Vivian Latella, who have shared their personal stories of the difficulties of living with psoriasis. For them, and for the millions of Americans suffering from this disease, I urge my colleagues to join me in cosponsoring the Psoriasis and Psoriatic Arthritis Research, Cure, and Care Act.

PAXIL

Mr. GRASSLEY. Madam President, for the last few years, I have been looking at how drug companies try and influence medical care in America. Companies can do this by, for example, creating studies favorable to their drugs, by hiring doctors to promote their products, and in some cases even intimidating critics of their drugs.

Today, I would like to talk about a different tactic by drug companies hiding data. I don't mean that they actually hide the data. But they make these numbers so difficult to find that they might as well be invisible.

Last February, I asked GlaxoSmithKline to turn over a couple of reports on Paxil, a drug used to treat depression. These reports were written by Dr. Joseph Glenmullen, a professor of psychiatry at Harvard.

Based on the review of documents uncovered in litigation, Dr. Glenmullen concluded that GlaxoSmithKline knew for almost two decades that Paxil is as-

sociated with an increased risk of suicide. He submitted these reports as an expert witness in several lawsuits now pending around the country.

So what did GlaxoSmithKline do with these reports? Well, the company tried to hide them. They went to the judge and asked to have Dr. Glenmullen's report and all the confirming documents placed under seal—that means that no member of the public could see them. In fact, Glaxo has been doing everything possible to ensure that this information remains under court seal.

It seems to me that GlaxoSmithKline tried to hide these reports because they seem to demonstrate what the company knew—that Paxil was associated with an increased risk of suicide based on the company's own studies. In fact, Dr. Glenmullen argues that GlaxoSmithKline knew this when they submitted the New Drug Application to the Food and Drug Administration back in 1989.

Essentially, it looks like GlaxoSmithKline bamboozled the FDA.

How did GlaxoSmithKline get away with this? Easy, they just moved around numbers in their studies to make it look like Paxil was safe. Here is how Dr. Glenmullen says they did it. GlaxoSmithKline ran several studies comparing people on Paxil against people on a placebo, in other words, a sugar pill.

If a patient attempted suicide before a study began—let me emphasize this: Before the study began—that person was automatically put into the placebo group. That means the company was comparing Paxil users against patients who were already prone to suicide. So when you compared the placebo numbers to the Paxil numbers, it looked like Paxil was the same as the placebo.

But, when Dr. Glenmullen re-analyzed the data, he found that Paxil WAS associated with a risk for suicide. And it looks like this is what GlaxoSmithKline was trying to hide from the American public.

Thankfully, a judge in Kansas made one of Dr. Glenmullen's reports public.

Finally, I would like to address GlaxoSmithKline's responses to my questions about whether it hid data on Paxil. I am unhappy to say that Glaxo's answers were a little more than word games. I don't wish to use the word "lie" but let me say this: their answers were less than candid.

Let me give you one example. In a letter to GlaxoSmithKline, I asked them when they learned that Paxil was associated with suicide risk. They wrote back that they "detected no signal of any possible association between Paxil and suicidality in adult patients until late February 2006 . . ."

So GSK claims to a U.S. Senator they knew nothing about suicidality in adults until February 2006. But in the United Kingdom, government investigators found that the company had the data back in 1998.

Two weeks after I received the letter from GSK, England's Medicines and

Healthcare products Regulatory Agency released a report on Paxil.

The report concluded that data from GlaxoSmithKline's own clinical trials confirmed that patients under 18 had a higher risk of suicidal behavior. This report involved 4 years of investigation by this agency which is England's counterpart to our FDA. It was the largest most thorough report in the history of that agency.

According to the Medicines and Healthcare products Regulatory Agency, the only reason that criminal charges were not filed in the UK is because "the legislation in force at the time was not sufficiently strong enough . . ." So the company didn't get off because it didn't do anything wrong. It got off because the laws in UK did not address such situations.

Today, I am asking the FDA to take a look at the same information that was examined in the UK. And I am asking the FDA if we need to change any laws here in the United States.

We cannot live in a nation where drug companies are less than candid, hide information and attempt to mislead the FDA and the public. These companies are selling drugs that we put in our bodies, not sneakers. When they manipulate or withhold data to hide or minimize findings about safety and/or efficacy, they put patient safety at risk. And with drugs like Paxil, the risks are too great.

The CEO of GlaxoSmithKline, Jean-Pierre Garnier, is resigning. I hope that the company's new leadership will do right by the public and be more open about side effects of their products.

What happened with Paxil, as well as, in my investigations involving the painkiller Vioxx and the antibiotic Ketek are only a few examples of why it is important that bad actors be held accountable when they withhold data, submit questionable or fraudulent data, or attempt to mislead the FDA, the medical community, and the public.

That is why I am also working on legislation that would require that companies certify to the FDA that they gave the FDA complete and accurate data related to the safety and efficacy of their products and that the information is not false or misleading. If a company knowingly violates those certifications, it could be subject to civil and possibly criminal penalties.

NEUROFIBROMATOSIS AWARENESS

Mr. COBURN. Madam President, I rise today to highlight the difficulties caused by neurofibromatosis, NF, the work currently being done by the Federal Government to address this difficult disease, and the importance of awareness about NF.

NF is a genetic disorder of the nervous system, which causes tumors to form on the nerves anywhere in the body at any time. NF is a progressive disorder and is one of the most common genetic disorders in the United