

Mr. VAN HOLLEN. Mr. Speaker, I have a parliamentary inquiry.

The SPEAKER pro tempore. The gentleman will state his parliamentary inquiry.

Mr. VAN HOLLEN. Mr. Speaker, I am asking why it is that the standing rule of the House, the normal rules of the House that we have been operating under, rule XXII, clause 4, what is it that has changed that that makes it impossible for me now to offer a motion to send the clean CR to the White House where the President can sign it tonight? What is it that has changed the standing rule of the House?

The SPEAKER pro tempore. A special order of business resolution adopted by the House limits the motion to the majority leader or his designee.

Mr. VAN HOLLEN. Mr. Speaker, I have a parliamentary inquiry.

The SPEAKER pro tempore. The gentleman will state his parliamentary inquiry.

Mr. VAN HOLLEN. Mr. Speaker, so a special order has changed and modified the standing rule of the House; am I right about that?

The SPEAKER pro tempore. House Resolution 368 has limited the availability of the motion.

Mr. VAN HOLLEN. Mr. Speaker, I have a parliamentary inquiry.

The SPEAKER pro tempore. The gentleman will state his parliamentary inquiry.

Mr. VAN HOLLEN. Mr. Speaker, under the regular order of the House, would any Member of the House, including myself, be able to call up a motion to immediately send the CR to fund the government to the President of the United States, to immediately call up and have a vote on that?

The SPEAKER pro tempore. The Chair will not respond to a hypothetical.

Mr. VAN HOLLEN. Mr. Speaker, I have a parliamentary inquiry.

The SPEAKER pro tempore. The gentleman will state his parliamentary inquiry.

Mr. VAN HOLLEN. Mr. Speaker, just so I understand the response, under the rules of the House, you indicated that the standing rules of the House have been put aside in favor of H. Res. 368; is that correct?

The SPEAKER pro tempore. With regard to the motion in question, that is correct.

Mr. VAN HOLLEN. Mr. Speaker, I have a parliamentary inquiry.

The SPEAKER pro tempore. The gentleman will state his parliamentary inquiry.

Mr. VAN HOLLEN. Mr. Speaker, am I correct that section 2 of that new rule says that any motion pursuant to the standing rule, clause 4 of rule XXII, may now only be offered by the Republican leader or the designee of the Republican leader; is that correct?

The SPEAKER pro tempore. The Chair will re-state his original response.

Under section 2 of House Resolution 368, the motion may be offered only by the majority leader or his designee.

Mr. VAN HOLLEN. Mr. Speaker, I have a parliamentary inquiry.

The SPEAKER pro tempore. The gentleman will state his inquiry.

Mr. VAN HOLLEN. Mr. Speaker, the rule that has now been placed over the House in substitute for the standing rules of the House gives only the majority leader or his designee the ability to move up and ask for a vote on the clean Senate bill that would go to the White House; is that correct?

The SPEAKER pro tempore. The Chair will not respond to a political characterization and will state again:

Under section 2 of House Resolution 368, that motion may be offered only by the majority leader or his designee.

Mr. VAN HOLLEN. Mr. Speaker, I have a parliamentary inquiry.

The SPEAKER pro tempore. The gentleman will state his parliamentary inquiry.

Mr. VAN HOLLEN. Mr. Speaker, it seems pretty clear that we have taken the normal rules of the House, Mr. Speaker, and substitute in its place a provision that says, "only the Republican leader can make a decision—"

The SPEAKER pro tempore. The gentleman has not stated a proper parliamentary inquiry.

NATIONAL INSTITUTES OF HEALTH CONTINUING APPROPRIATIONS RESOLUTION, 2014

Mr. KINGSTON. Mr. Speaker, pursuant to House Resolution 370, I call up the joint resolution (H.J. Res. 73) making continuing appropriations for the National Institutes of Health for fiscal year 2014, and for other purposes, and ask for its immediate consideration.

The Clerk read the title of the joint resolution.

The SPEAKER pro tempore. Pursuant to House Resolution 370, the joint resolution is considered read.

The text of the joint resolution is as follows:

H.J. RES. 73

Resolved by the Senate and House of Representatives of the United States of America in Congress assembled, That the following sums are hereby appropriated, out of any money in the Treasury not otherwise appropriated, and out of applicable corporate or other revenues, receipts, and funds, for the National Institutes of Health for fiscal year 2014, and for other purposes, namely:

SEC. 101. (a) Such amounts as may be necessary, at a rate for operations as provided in the Full-Year Continuing Appropriations Act, 2013 (division F of Public Law 113-6) and under the authority and conditions provided in such Act, for continuing projects or activities (including the costs of direct loans and loan guarantees) that are not otherwise specifically provided for in this joint resolution, that were conducted in fiscal year 2013, and for which appropriations, funds, or other authority were made available by such Act under the heading "Department of Health and Human Services—National Institutes of Health".

(b) The rate for operations provided by subsection (a) for each account shall be calculated to reflect the full amount of any reduction required in fiscal year 2013 pursuant to—

(1) any provision of division G of the Consolidated and Further Continuing Appropriations Act, 2013 (Public Law 113-6), including section 3004; and

(2) the Presidential sequestration order dated March 1, 2013, except as attributable to budget authority made available by the Disaster Relief Appropriations Act, 2013 (Public Law 113-2).

SEC. 102. Appropriations made by section 101 shall be available to the extent and in the manner that would be provided by the pertinent appropriations Act.

SEC. 103. Unless otherwise provided for in this joint resolution or in the applicable appropriations Act for fiscal year 2014, appropriations and funds made available and authority granted pursuant to this joint resolution shall be available until whichever of the following first occurs: (1) the enactment into law of an appropriation for any project or activity provided for in this joint resolution; (2) the enactment into law of the applicable appropriations Act for fiscal year 2014 without any provision for such project or activity; or (3) December 15, 2013.

SEC. 104. Expenditures made pursuant to this joint resolution shall be charged to the applicable appropriation, fund, or authorization whenever a bill in which such applicable appropriation, fund, or authorization is contained is enacted into law.

SEC. 105. This joint resolution shall be implemented so that only the most limited funding action of that permitted in the joint resolution shall be taken in order to provide for continuation of projects and activities.

SEC. 106. Amounts made available under section 101 for civilian personnel compensation and benefits in each department and agency may be apportioned up to the rate for operations necessary to avoid furloughs within such department or agency, consistent with the applicable appropriations Act for fiscal year 2013, except that such authority provided under this section shall not be used until after the department or agency has taken all necessary actions to reduce or defer non-personnel-related administrative expenses.

SEC. 107. It is the sense of Congress that this joint resolution may also be referred to as the "Research for Lifesaving Cures Act".

This joint resolution may be cited as the "National Institutes of Health Continuing Appropriations Resolution, 2014".

The SPEAKER pro tempore. The joint resolution shall be debatable for 30 minutes, equally divided and controlled by the chair and ranking minority member of the Committee on Appropriations.

The gentleman from Georgia (Mr. KINGSTON) and the gentlewoman from Connecticut (Ms. DELAURO) each will control 15 minutes.

The Chair recognizes the gentleman from Georgia.

GENERAL LEAVE

Mr. KINGSTON. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks and include extraneous material on H.J. Res. 73, and that I may include tabular material on the same.

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

There was no objection.

Mr. KINGSTON. Mr. Speaker, I yield 2 minutes to the gentleman from Texas (Mr. BARTON).

(Mr. BARTON asked and was given permission to revise and extend his remarks.)

Mr. BARTON. Mr. Speaker, I rise in strong support of this resolution. I am the chairman emeritus of the Energy and Commerce Committee and back in 2006 passed the reauthorization of the NIH, which authorized increased funding, set up some new programs, reformed the agency, and was viewed at that time as a landmark for the NIH.

The bill before us today would fund the functions of the NIH for the next fiscal year. We all agree with the programs that NIH is engaged in, trying to find cures for cancer, Alzheimer's, heart disease, lung disease, autism, you name it.

Unfortunately, yesterday, apparently the majority leader in the Senate doesn't agree with that. He was asked by a CNN reporter named Dana Bash about supporting this particular bill. The Senator gave a somewhat negative answer, so the reporter came back: "But if you can help one child who has cancer, why wouldn't you do it?" The answer from the majority leader was: "Why would we want to do that? I have 1,100 people at Nellis Air Force Base that are sitting at home. They have a few problems of their own. This is—to have someone of your intelligence to suggest such a thing maybe means you're irresponsible and reckless." The reporter responded: "I'm just asking a question."

Mr. Speaker, we should pass this resolution, notwithstanding what the majority leader in the other body says. It is very straightforward. I think in any normal situation there would be bipartisan support for this. Ms. DELAURO and Mr. KINGSTON have worked very hard on a bipartisan basis. I am not aware that there are any real concerns about the funding that haven't been worked out in the committee. This is an example of bipartisanship that is working. There is absolutely no reason why we can't put our differences aside and pass this resolution. I ask that we support it at the appropriate time.

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

I rise in opposition to this cynical and, quite frankly, offensive NIH funding bill. Instead of simply allowing a vote on the budget for the full government, the majority is continuing their hostage crisis approach to governing.

□ 1630

Let us call this charade what it is. This is a desperate attempt by irresponsible lawmakers to play political games with a crisis they have created, a crisis that is costing the American economy \$300 million a day. The number will go up as the shutdown continues.

I am an ovarian cancer survivor. I stand here today because of the grace of God and because of the hard work done by the men and women at the NIH, so I know firsthand the value and the importance of medical research.

I have been fighting for months—for years—to get this majority to support the lifesaving medical research at the

National Institutes of Health. If you factor in population growth and inflation, NIH funding right now is over 14 percent below what it was in 2010, which is when the majority took over. The number of research grants is lower than it has been since 2001. This diminishes the NIH's ability to fund research, to conduct clinical trials, and to develop new lifesaving treatments.

This majority has long refused to bring a labor, health and education funding bill up for consideration, though I have asked over and over and over again for them to bring it up. The budget they drafted a few months ago made deep and dangerous cuts to the NIH, and the bill before us seeks to make permanent the unacceptable funding cuts caused by sequestration—cuts that are stalling lifesaving biomedical research all across this country. The majority talks out of both sides of its mouth. I find this new attention to NIH funding disingenuous.

Mr. Speaker, while medical research is vitally important, it is also only one of the many vitally important things our government does. We also help to feed women and children who are living on the edge, and 9 million have been cut off from nutritional support. We also keep track of the spread of infectious diseases, and the Centers for Disease Control has been forced to halt those activities. We help students pay for college. We protect the Nation's food supply. We provide meals to low-income seniors. We help support food banks for the hungry. We shelter the homeless. We further the march of science. We provide job training for the unemployed and returning veterans. We ensure access to mental health services for those who need them. We educate the disadvantaged and the disabled. We ensure the Nation has clean water to drink and clean air to breathe. We help small businesses start and grow. We help middle class home buyers secure funds.

Where is the funding for all of these other important activities?

The American people are sick of this reckless behavior. It is time to act like responsible adults. Instead of letting the extreme wing of the majority shut down the government, instead of wasting time trying to play politics, instead of cherry-picking important programs like the NIH to fund, we should be working on a budget for the entire government, one that does right by all of our fundamental priorities—creates jobs, supports the middle class and working families, and ensures long-term growth. That is what we were elected to do. That is our job. Let's stop playing games and get to work.

I reserve the balance of my time.

Mr. KINGSTON. I yield 2 minutes to the gentleman from Arkansas (Mr. WOMACK).

Mr. WOMACK. I thank the gentleman.

Mr. Speaker, I rise in support of the resolution because it allows the NIH to continue to operate at the FY13 fund-

ing levels until mid-December. The bill mirrors the clean CR that our friends across the aisle and Senate Democrats have said they will support. It should be supported by all Members of Congress.

As you have heard, Mr. Speaker, the NIH's mission is to invest in basic biomedical research to uncover new knowledge that can lead to lifesaving cures for disease, like pancreatic cancer, like Alzheimer's, like diabetes. It supports 35,000 research grants at over 3,000 institutes and universities across our country. In my home State of Arkansas, the University of Arkansas for Medical Sciences is one such institute; and just this morning, the UAMS Cancer Institute announced a new collaboration with Highlands Oncology. It will undoubtedly bring incredible opportunity to Arkansas, our research and our cancer patients.

As many of my colleagues know, two-thirds of NIH's staff has been furloughed due to the lapse in appropriations. NIH has been forced to shut down the pipeline for finding future lifesaving cures, and it has shut off all systems that support grant review, leaving our researchers with many uncertainties. That's where this resolution comes in.

Federal funding is essential to sustaining the mission of improving health through scientific breakthroughs and maintaining international leadership in biomedical research, which is why we must allow the NIH to stay open while we continue to work toward regular order and through funding the rest of our Federal Government.

I urge my colleagues to support this critical legislation, legislation on which our scientists, our doctors, our patients, and our futures depend.

Ms. DELAURO. Mr. Speaker, I yield 1½ minutes to the gentleman from California (Mr. MILLER), my friend, the distinguished ranking member of the Education and the Workforce Committee.

(Mr. GEORGE MILLER of California asked and was given permission to revise and extend his remarks.)

Mr. GEORGE MILLER of California. Mr. Speaker, the House floor is starting to feel like a new episode of "The Hunger Games."

Every day, the Republican leadership tries to find a new way to pit one desperate group of Americans against another. Today, because of the shutdown, Republicans are pitting kids with cancer against kids who are hungry. This bill is designed to release funds for the NIH today so that they can reduce funding for programs for kids, programs that keep children with the nutrition that they need. For a little bit longer, they can go hungry while we take care of the kids with cancer.

I don't buy their newfound concern about NIH funding, and the American people aren't buying it either. What did they think was going to happen when they shut down the NIH? Did they have

any working knowledge of what takes place at the NIH?

The gentleman from Arkansas has just related the integral nature of the NIH to universities and research facilities all across this country, and yet they thought it was free to shut down the NIH? Now they've discovered that hundreds of children are receiving treatment at the NIH for cancer, and now they think the NIH ought to be open, but they're not sure that the Head Start reductions ought to be brought back? This means kids can't get their meals during the day—some 85,000 kids in Arkansas—and they'll go without nutritional assistance because of this shutdown. What about those? Are they next in the barrel here?

Will you come and rescue them? Will you come and rescue the Head Start children who are losing the opportunities to go to school?

What about the active servicemembers who are now facing 4-day school weeks in their classrooms? What about the elimination of important summer programs because of the shutdown? When are you going to take care of the military service's children? What is this going on here?

Every day, we pit one unfortunate victim of this shutdown against another helpless victim of this shutdown, and they think that they can cure it one bill at a time.

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

Ms. DELAURO. I yield the gentleman an additional 30 seconds.

Mr. GEORGE MILLER of California. There are millions of people all across the country and millions of businesses and millions of unfortunate people who have nowhere else to go to get help because of diseases, because of the threats to their lives.

I thank the gentlewoman for bringing this opposition to the resolution to the floor.

I would hope that all Members of Congress would just do what they can do, which is, in the next couple of hours, simply have a clean CR to open up the government. Let the people get the services that they need, and let the public servants who provide them those services go back to work in the name of country.

Mr. KINGSTON. Mr. Speaker, I yield 2 minutes to the gentleman from Michigan (Mr. UPTON), the distinguished chairman of the Energy and Commerce Committee.

Mr. UPTON. Mr. Speaker, let's face it: the failure of not having a CR is that both sides have failed to negotiate an agreement to keep the government open.

Let's hope that the 5:30 meeting this afternoon between Speaker BOEHNER, Leaders PELOSI, MCCONNELL and REID, and the President is not a finger-pointing meeting and that it's not a "my way or the highway" meeting but, in fact, a constructive way to get an agreement that most of us, Republicans and Democrats, can support.

Whether that agreement comes tonight or tomorrow or, God help us, next week or the following week, at some point, the Sun is going to come up. It's going to happen. In the meantime, we shouldn't harm the folks who are in dire need.

I strongly support the NIH. I look at Mr. WAXMAN, my colleague and ranking member on the Energy and Commerce Committee, as the two of us led the effort to double the money for the NIH a number of years ago. We have folks waiting in the queue to participate in lifesaving clinical trials. They have every right to be furious with this body, but we can fix that by passing this bill so that they don't have to wait.

Come on. Let's put policy over politics and do this, not for us but for them.

Ms. DELAURO. Mr. Speaker, I yield 1½ minutes to the gentleman from California (Mr. WAXMAN), the ranking member on the Energy and Commerce Committee.

Mr. WAXMAN. Mr. Speaker, let's put policy over politics by funding the government.

What this reckless closing of the government has accomplished is to stall a lot of government agencies from doing their mission, and one of the most important agencies that has a mission that is irreplaceable is the NIH. Yet, if you look at the underlying bill—the Republican bill to fund the government, which we are willing to accept—it puts NIH at a really low amount for appropriations, so it's hard to take this claim that they want to help the NIH seriously.

The Republican agenda is reflected in its budget. Republicans proposed a 20 percent cut to health, education and labor programs, and that's a \$5 billion loss for NIH. What does that mean? That means that the NIH Clinical Center has to turn away hundreds of patients, many of them children who desperately need care. This is singling out NIH.

What about the other important work that is done to prevent and cure diseases? What about the efforts for the Centers for Disease Control and Prevention? They are not going to be reopened by this legislation, and they detect and respond to disease outbreaks. The Food and Drug Administration, they're not going to get any money by virtue of this special singling-out bill. They won't even be able to do their routine inspections of food and drugs to protect the public from abuses.

If the Republicans were truly interested in the NIH, they would remove the sequester and restore funding for the NIH and other critical programs.

Mr. KINGSTON. I yield myself such time as I may consume.

Mr. Speaker, let me say to my distinguished friend from California that I would like to move the CDC and would ask him to cosponsor that legislation if we could do similar to the CDC what we are doing to the NIH, because I

agree with you in that I think it's very important.

Mr. WAXMAN. Will the gentleman yield?

Mr. KINGSTON. I yield 15 seconds to the gentleman from California.

Mr. WAXMAN. Let's refund all of the government efforts, including the CDC and the NIH and the FDA, and not single them out and leave everybody else behind.

Mr. KINGSTON. In reclaiming my time, I will say this to my friend: a long journey begins with small steps. If we can just take a few, small bipartisan steps together, I think it would change the entire tone of this debate, and I say that with sincerity.

Mr. WAXMAN. Funding the government is one bipartisan step we could take. It is a compromise for us, and I would vote for it.

Mr. KINGSTON. In reclaiming my time, that's a leap. I'm talking steps.

Mr. Speaker, I yield 1 minute to the distinguished gentlelady from North Carolina (Mrs. ELLMERS), a former nurse.

Mrs. ELLMERS. Thank you to my colleague from Georgia.

Mr. Speaker, this is such an important issue on which to be speaking here at the House. I rise in support of the Research for Lifesaving Cures Act and in support of the funding of the NIH in order to help bring lifesaving cures to sick Americans. The situation in Washington today should not be standing in the way of this important lifesaving work. There is no defensible argument against this legislation.

NIH has been in the forefront of biomedical discoveries that have revolutionized the field of medicine. These discoveries have laid the foundation for treatments and cures for many diseases, including cancer and including improving the lives of countless Americans. The government shutdown is preventing new patients from entering clinical trials. For those patients, it is a matter of life and death; it is not a matter of politics. About 200 people register at the NIH every week. About 30 of those are children, 10 of whom have cancer. We must ensure that medical care is not suspended for these patients, especially for those children who are faced with difficulty.

Mr. KINGSTON. Mr. Speaker, how much time do we have remaining?

The SPEAKER pro tempore. The gentleman from Georgia has 7¼ minutes remaining, and the gentlewoman from Connecticut has 8 minutes remaining.

Ms. DELAURO. Mr. Speaker, there is no defense for keeping this government closed, and if the majority were serious about funding the NIH in their 2014 appropriations bill, they would have provided it with adequate funds.

With that, I yield 1½ minutes to the gentlelady from New York (Mrs. LOWEY), my friend and the ranking member of the Appropriations Committee.

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Mrs. LOWEY. Mr. Speaker, I rise in strong opposition to the reckless Republican shutdown.

There's no stronger supporter of the National Institutes of Health. Members on both sides of the aisle have long supported the crown jewel of the government, but we didn't have an opportunity to vote on the bill funding this year because Republicans didn't have the courage of their convictions to stand behind the 22 percent cut. Funding one budget item at a time, even one as important as the NIH, does nothing to help children get immunizations, conduct disease surveillance, provide meals for seniors and poor children who depend on assistance for survival, or continue food inspections to protect the food supply.

This bill is nothing more than a Republican ploy. It would not be necessary if Republicans had not been so irresponsible throughout the budgetary process, forcing us into a shutdown. We could end the shutdown today if the majority would only allow a vote on the Senate-passed bill, which includes the funding levels Republicans support and would be signed by the President.

If you really care about biomedical research and public health, you should vote "no" on this bill and demand that the Republican leadership allow the House to vote on the Senate bill immediately and end the reckless Republican shutdown.

Mr. KINGSTON. Mr. Speaker, I yield 1 minute to Dr. TIM MURPHY, a distinguished psychologist, lieutenant commander in the Navy, and the chairman of the Oversight and Investigations Committee of the Energy and Commerce Committee.

Mr. MURPHY of Pennsylvania. Mr. Speaker, I thank my friends, colleagues, and fellow Americans.

Please, listen. I'm not here to defend this government shutdown. Long after we are gone, people are going to remember the rancor of this House, not the good we've done. I don't defend the decision to shut down the National Institutes of Health. It's too valuable. It funds lifesaving research and has a hospital that cares for 200 adults and children waiting for experimental treatments to save their lives.

When asked about shutting down the NIH, even if it saves one child with cancer, Senator REID said, Why would I want to do that? He added that he has people on an Air Force base with "problems of their own." Now, I don't think the Senator is heartless as some have alluded. Rather, I believe he's an honorable man, and it pains him to know that the NIH is closed just because reasonable people cannot sit down and talk.

I also believe the President is an honorable man who doesn't want the NIH to close, even though with the stroke of his pen he could declare it open. But here he is immersed in a battle just because some people refuse to sit down and talk.

I believe our colleagues are honorable, Mr. Speaker. None of us want people with terminal illness hurt. Let's not make the NIH a political battlefield. While some still refuse to sit down and talk, at least let our hearts be with those who suffer. Let us do the honorable thing and keep alive the hopes of those who wait for a cure.

Friends, colleagues, fellow Americans. I'm not here to defend this government shut down. Long after we are gone people will remember the rancor of this House, not the good we have done.

It is not good for America when we fight partisan politics rather than work out our differences. It is not good when we confuse anger with action and rage with results.

I believe members here are more honorable than to just play out each vote in a way that they can use against each other in the next election.

I do not defend the decision to shut down the National Institute of Health. It is too valuable. Not just because it funds life saving research, and has a hospital where 200 adults and children lay waiting for experimental treatments to save their lives.

When asked about shutting down the NIH even if it saves one child with Cancer, the leader of the Senate HARRY REID said "why would I want to do that?" and added folks at Nellis Air Force base have "problems of their own". Now I don't think the senator heartless as some have alluded. Rather, I believe he is an honorable man and it pains him to know the NIH is closed just because reasonable people could not sit down and talk.

I believe the President is an honorable man who does not want the NIH closed. He could with the stroke of a pen declare the NIH open, but here he is, immersed in a battle just because some people refuse to sit down and talk.

And I believe all our colleagues are honorable. None of us want people with terminal illness hurt wondering if they will get life saving treatment. NIH is a hospital and an institute; don't make it a political battlefield.

At least let our hearts be with those who suffer. Let us do the honorable thing and keep alive the hope of those who wait for a cure.

Ms. DELAURO. Mr. Speaker, it would seem that no one cares much about the 9 million women and children who are going to be cut off from nutrition programs or what happens to the spread of infectious diseases or people who need to pay for college.

I yield 1½ minutes to the gentleman from Maryland (Mr. VAN HOLLEN), the ranking member of the Budget Committee.

Mr. VAN HOLLEN. Mr. Speaker, I have the great privilege of representing the congressional district that is home to the national treasure that we call the National Institutes of Health where you have scientists doing critically important work, looking for treatments and cures to diseases that plague every American. These are scientists. They're not Republican scientists. They're not Democratic scientists. They're scientists. They're very smart people.

I've heard from some of them, and they say they are not fooled by the

cynical ploy in the House today because they know that the fastest way to open up the National Institutes of Health would be to take up the clean Senate-passed bill and send it to the President tonight. That's how you help the National Institutes of Health.

They also have kids in schools, so they'd also like to keep open the Department of Education and help the Department of Veterans Affairs. They know that the way to do that is not to cherry-pick little pieces of government and leave the rest of it to die on the vine, but to pass a clean CR and keep NIH open, the Department of Veterans Affairs open, all the parks open, the Defense Department open, to keep the government open.

Why hasn't that happened? The Speaker of the House refuses to hold a vote in this people's House. What's he afraid of, the democracy? What's he afraid of, we are going to vote to open the government? Because that's exactly what would happen.

If you want to help NIH, vote for the clean CR. Get it done tonight. Quit the game-playing.

Mr. KINGSTON. Mr. Speaker, I yield 1 minute to the gentleman from Mississippi (Mr. HARPER).

(Mr. HARPER asked and was given permission to revise and extend his remarks.)

Mr. HARPER. Mr. Speaker, I rise today in support of the Research for Lifesaving Cures proposal.

This vote is about helping some of our country's most vulnerable patients: seniors hoping for cures to long-time illnesses, precious children and their families looking for answers about genetic disorders; and the scientists who are moving ever so close to discovering America's next medical breakthroughs find themselves asking if they'll be able to continue their life's work.

The National Institutes of Health provide support to promising research leading to lifesaving treatments, innovative clinical trials aiming to reverse the core symptoms of disorders such as fragile X syndrome, autism, spinal muscular atrophy, down syndrome, Angelman syndrome, and cystic fibrosis to name a few. These give families hope, the research that is there. But this is just the beginning. These studies help our Nation's most dedicated scientists build on promising discoveries.

To continue these trials, Congress must allow the NIH to stay open while we work on getting the government back up and running. This isn't about scoring political points. It's about principles. As the father of a special-needs child, I know the challenges that these families face. Vote "yes." Vote for fairness.

Ms. DELAURO. Once again, if the majority had been interested in the NIH, it would have moved to introduce its appropriations bill with an increase in funding for the NIH, which it didn't.

I yield 1½ minutes to the gentleman from Michigan (Mr. LEVIN), the distinguished Ways and Means Committee ranking member.

(Mr. LEVIN asked and was given permission to revise and extend his remarks.)

Mr. LEVIN. Mr. Speaker, I've listened to the debate. Nobody on the Republican side has answered this question: Why not a vote on the clean CR?

Why not? It would pass. That's why you're not bringing it up. It's politics within your conference, but it's harming the people of this country. Piece by piece it's hiding the reality. Let me just point to a bit of it.

I'm reading from an NIH document, 2013 figures compared to the 2012 figures for NIH. There were approximately 700 fewer competitive research project grants issued; approximately 750 fewer new patients admitted to the NIH clinical center; cuts to research delaying progress in development of better cancer drugs that zero in on a tumor with fewer side effects; research on a universal flu vaccine that could fight every strain of influenza without needing a yearly shot.

Come forth and tell us why not a vote on a clean CR. Don't give us all the other stories. Come, someone, and say why not, why not a clean vote. It would pass. We can do it, a long journey, in one step, right now.

Mr. KINGSTON. Mr. Speaker, I yield 1 minute to the gentleman from Louisiana (Mr. SCALISE), the chairman of the Republican Study Committee.

Mr. SCALISE. Mr. Speaker, I thank the gentleman from Georgia for yielding.

I rise in strong support of this bill that funds the NIH and makes sure that cancer patients are able to get the treatments that they need and that that vital research continues to move forward.

Clearly, we've got some disagreements between the House and Senate on other areas of government funding, but shouldn't we at least be able to come together on this area where we all have agreement and make sure we take care of those cancer patients so that they're not held hostage to these other negotiations?

In fact, we should be able to get that, but Senator REID, the Senate Majority Leader, was earlier asked, "But if you could help one child who has cancer, why wouldn't you do it?"

Senate Majority Leader REID's response was, "Why would we want to do that?"

It would be disgraceful, Mr. Speaker, for Senator REID to deny cancer patients the treatment and the research they deserve just because he wants to score some kind of political point.

Mr. Speaker, it's not too late for Senate Majority Leader REID to have a change of heart. Stop holding people hostage. We can come to agreement as Republicans and Democrats. Let's do that, and then deal with the other areas of disagreement. Let's at least take care of our cancer patients.

The SPEAKER pro tempore. Members are reminded to refrain from engaging in personalities toward the Senate or individual Members of the Senate.

Mr. KINGSTON. Mr. Speaker, how much time is remaining?

The SPEAKER pro tempore. The gentleman from Georgia has 4¾ minutes remaining, and the gentlewoman from Connecticut has 3½ minutes remaining.

Ms. DELAURO. Mr. Speaker, I yield 1 minute to the gentleman from Tennessee (Mr. COHEN).

Mr. COHEN. Mr. Speaker, I take umbrage at this whole process.

In September of 1954, I came down with polio, which affects me to this day. The vaccine which was helped developed by the National Institutes of Health didn't become available until about 6 months later. I've asked Mr. KINGSTON, I've asked people in this House for 6 months, I've spoken on this floor, I've written editorials to fund the National Institutes of Health to find cures for cancer and heart disease and stroke and diabetes and Parkinson's. They can do it, but it's cut by the sequester by \$1.6 billion and not once have the Republicans said, We'll fund it and we'll find cures to disease. We'll use this, our "Department of Defense" for human beings, and fund it at the level it should be so that other people like me won't get a disease 6 months earlier than the cure was available.

They haven't come forth once. These are crocodile tears. This is politics. It's not trying to cure people. It's not trying to stop illness and create cures. And I really object to this being used politically.

I spoke 6 months ago to put the money back and find cures, and I got nowhere.

Mr. KINGSTON. Mr. Speaker, I say to my good friend from Tennessee that if you take out the TANF funding, which the Obama administration charges the NIH to conduct business, this is level funding.

I yield 1 minute to the gentleman from Pennsylvania, (Mr. ROTHFUS).

Mr. ROTHFUS. Mr. Speaker, I rise in strong support of the Research for Life-saving Cures Act.

To take a minute, you wonder why we're here right now. It's because the NIH has been closed. Why is it closed? We passed a bill just the other night to keep the NIH open and to hold government open, but we wanted to stop the special treatment that Members of Congress were getting.

As a cancer survivor and someone who has benefited from work by doctors who have worked at the National Cancer Institute at NIH, it's important that we continue to fund NIH. And I rise in strong support of this legislation.

It's time to end Senator REID's government shutdown, which threatens not only research at the NIH, but work across the government. It's very simple

to do it. Just stop the special treatment for Members of Congress, and stop the special treatment for the friends of the administration.

Mr. KINGSTON. Mr. Speaker, I yield 1¼ minutes to the gentlewoman from Tennessee (Mrs. BLACK), a former nurse.

Mrs. BLACK. Mr. Speaker, as a registered nurse for over 40 years, I am privileged to speak on the importance of funding NIH, and the research that is done at this institute is invaluable to our health care system and the future of our medical industry. Most importantly, it is important to people's live. But I think it's important to remember exactly how we got here today, to the point where we're voting on this important measure on its own measures.

My House Republican colleagues and I have said at the very beginning that the American people didn't want a government shutdown, and they also didn't want ObamaCare. So we sent three different measures to the Senate that would keep the NIH and the rest of the government open, but also to help shield the people from the harmful effects of ObamaCare, this disastrous law, and also to create fairness for everyone.

□ 1700

But it was a block by Senator HARRY REID and the Senate Democrats, effectively shutting down the government to protect their own ObamaCare carve out. What we truly need is for the Democrat-led government shutdown to stop and for Senator HARRY REID to drop his tactics and to restore these programs.

Ms. DELAURO. I just might quickly say to my colleague from Georgia—and I know he knows this—that Congress set the cap percentage and instructs the Secretary on how it should be used.

And with that, I yield 1 minute to the gentleman from Minnesota (Mr. ELLISON).

Mr. ELLISON. You know, Mr. Speaker, it reminds me of the case where someone stole another person's coat and then came back and offered very piously to help them find it, all the while knowing that it's stashed away. The fact is that we are here for one reason and one reason only, and that is the Republicans object to the Affordable Care Act and refuse to fund the government unless it is defunded. How many times have we heard, delay, defund, and all that little jingle they do? That is why we are here.

And now we have people coming to the floor, piously urging for funding for D.C. and young people and all this kind of stuff. You know, it's as if they didn't know, when they shut down the government, that D.C. and young people and the NIH were going to be cut. Obviously they knew it. Did they just find out after they read their bill? No. They knew it. They knew it all the time. They know it now. And we can solve everyone's problem by putting a clean CR on this moment.

Mr. KINGSTON. Mr. Speaker, if I could ask how much time we have remaining.

The SPEAKER pro tempore. The gentleman from Georgia has 2¼ minutes remaining, and the gentlewoman from Connecticut has 1½ minutes remaining.

Mr. KINGSTON. Mr. Speaker, I yield myself 30 seconds.

I just want to say this: It scares me to death that America is going bankrupt. Our national debt is 100 percent of the GDP. For every dollar we spend, 42 cents is borrowed. ObamaCare adds to that \$1.7 trillion. If we don't get control of our spending, then we are not going to have an America as we know it. That's what this fight is about.

Now, what we're trying to do today is say there are tiny steps in which there is an agreement, and the NIH is one of them. We've already done this for military pay. This bill should not be a stretch. It should have widespread bipartisan support.

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

First of all, I would just say very, very quickly to my colleague from Georgia, the affordable care bill is launched. It is the law of the land. It's going forward. I'm sorry to tell my friends on the other side of the aisle: Get over it. It is the law of the land.

What we have here is really, quite frankly, reckless behavior on the part of the majority, and what you have done is shut this government down. And instead of wasting time trying to play politics, and instead of cherry-picking important programs like the NIH to fund, we should be working on a budget for the entire government, open the government, and move to negotiations.

With regard to health care issues, I think it's important to note—and that's why we shouldn't be opening the government on a piecemeal basis—we need a comprehensive short-term continuing resolution that keeps the entire government open and at work.

What other activities are engaged in health that you are bypassing or ignoring or don't believe they have any priority? Centers for Disease Control, two-thirds of their personnel are now on furlough. Important programs like protecting public health are going by the wayside: monitoring for flu, other infectious diseases; promoting and coordinating immunizations; assistance to State and local departments in detecting and responding to disease outbreaks; programs to prevent, detect, or better manage chronic diseases—diabetes, heart disease, stroke, and, yes, cancer. The Food and Drug Administration, you've sent the staff home. Our food safety is in danger. HRSA, HIV/AIDS, and others, mental health services.

If you care about health, open the government and negotiate on a long-term CR.

I yield back the balance of my time.

Mr. KINGSTON. Mr. Speaker, I will repeat that if I can get a Democrat

Party Member to cosponsor a continuation of the CDC, I would be glad to work together to move that bill.

And with that, I yield the balance of my time to the gentleman from Maryland, Dr. ANDY HARRIS, a distinguished committee member.

Mr. HARRIS. Mr. Speaker, when the President and Senate shut down the government yesterday, I don't think they realized what was going to happen at the NIH with pediatric cancer patients.

I want to thank the ranking member of the Appropriations Committee for bringing it to the attention of the House yesterday in her comments, because we get to solve the problem today.

You see, Mr. Speaker, during a temporary lapse in funding, the Department of Justice guidance for continuing government operations includes activities that protect "the safety of human lives." So although over 40 percent of the Office of the Secretary were exempt in this furlough, strangely enough, some lawyer in the executive branch decided that pediatric cancer patients seeking to enroll in research at NIH don't merit those services necessary to protect "the safety of human life."

Now, look, I hope everybody here disagrees with that interpretation. Having taken care of many pediatric cancer patients in my medical career and being a parent, I know that pediatric cancer deals with the safety of human life.

Mr. Speaker, interestingly enough, to their credit, the Indian Health Service stayed opened. So if you have a common cold, you get treated, but if you have pediatric cancer, you don't. The lab animals at NIH are being taken care of, but if you have pediatric cancer, you aren't. I would hope we could agree that they should be. This bill solves the problem. This bill protects children seeking to enroll in cancer programs at the NIH.

The President and the Senate have already accepted a step-by-step approach when they accepted legislation over the weekend to fund our men and women in uniform during this lapse in funding. That bill was signed into law with bipartisan support. And this bill should be signed into law with bipartisan support so that we can help those cancer patients, especially those 30 children or so a week.

Now, look, I admit because of what the Senate majority leader said today that we may have a tough hill to climb with this bill in the Senate, but the House has to do what is right, even if for only one child with cancer whose life rests with the NIH.

Mr. KINGSTON. I yield back the balance of my time.

Ms. SCHWARTZ. Mr. Speaker, I rise today to express my strong support for medical research and my equally strong opposition to this legislation, which effectively extends cuts to funding for the National Institutes of Health and exacerbates uncertainty and instability in the federal government.

The effects of the government shutdown are already rippling through every aspect of American society and threatening the health and well-being of our citizens. NIH is the nation's largest single source of biomedical research. It funds research efforts in medical centers, cancer centers and universities across the country. Its work is unique and essential. Its value is personal for the many patients they care for and significant to our economy as the engine of American life-science innovation.

Even before the government shutdown, NIH lost \$1.55 billion in fiscal 2013 because of budget cuts required under sequestration. In my home state of Pennsylvania, these cuts to NIH mean the loss of 1,200 jobs and \$73 million in grant awards. These devastating cuts threaten America's capacity to cure diseases, treat chronic and acute conditions, and find new technologies that advance the health of people worldwide. And, as if those cuts weren't devastating enough, the government shutdown is forcing NIH to turn away patients who have come to NIH as their last best hope.

On just the first day of the shutdown, NIH Director Francis Collins estimated that for each week of the shutdown the agency would be forced to deny care to about 200 patients, 30 of them children, who are seeking to enroll in studies of experimental treatment. Many of these patients turn to the NIH because they have no other options. This crisis is shameful, unnecessary and unworthy of our great nation. It breaks your heart.

The bill before us today will exacerbate the challenges facing NIH and the people it serves. I urge my colleagues to vote against this misguided plan to cut NIH further. I call on my Republican colleagues to allow an up-or-down vote today on a clean continuing resolution so we can reopen the government immediately and enable NIH to resume the critical services they provide to our nation. The time has come for Republicans to work with Democrats on a balanced plan that replaces the sequester, fully funds NIH and provides the certainty that our families and businesses need to grow our economy.

Ms. CASTOR of Florida. Mr. Speaker, I rise today in strong opposition to H.J. Res. 73 which is a political gimmick designed to distract attention from the great harm being caused by the GOP government shutdown and Republican budget policies.

When you consider what makes America "great", you may think of the America's public schools where every child, rich or poor, can get an education unlike other countries. You may think of our civil liberties. You may think of the architectural wonders like the Sunshine Skyway Bridge across Tampa Bay.

I am inspired by the talented young researchers across America who are searching to find the cure for cancer or study treatments for Alzheimer's or advance the artificial pancreas for people with diabetes.

The Republican bill on the floor today relating to the National Institutes of Health is a whitewash and a sham. Despite GOP assertions that they support NIH and research across America, the record proves otherwise.

Over the last two years Republicans in Congress have taken a fiscal hatchet to the positions of young and talented researchers in hospitals, universities and cancer centers across America. For FY13 and FY14, President Obama and Democrats proposed healthy funding for the NIH. Republicans have cut it back by almost two billion dollars each year.

Despite GOP assertions that they support research, Republicans have held firm to the sequester cuts for NIH which has led to the elimination of researchers across America. America's researchers, the scientific community, patients, doctors and all of us are not fooled by the Republican hoax here.

For example, at the Moffitt Cancer Center in Tampa, Florida, one of America's leading cancer research centers, researchers on staff have been cut from 120 to 100. This is devastating for America's ability to investigate and eliminate cancer and treat the disease. America has invested in our best and brightest young men and women in the science and math fields and the Republican budget policies are eliminating their positions, cutting back their work and ceding America's top position in medical research to China and India.

This is the same story at the University of South Florida, and the research in Alzheimer's nursing, neurology, heart disease or mental health. The budget ax employed by Congressional Republicans is hurting us all.

We have fought back. In the Budget Committee, I cosponsored an amendment last spring to restore funding to NIH and cancer research. It was defeated with all Republicans on the Committee voting no. Democrats also offered a balanced sequester replacement plan numerous times, but the GOP has shot it down.

With this context, it is easy to see through the House GOP's ploy to fund the NIH through this bill. They are not beefing up funding levels. They lock in the devastating sequester and thereby lay off more researchers and put diagnoses and treatments further out of reach. The cumulative impacts of year-after-year cuts in research erodes America's status as the world leader in scientific research.

The American people are not fooled by the political games of my Republican colleagues.

And let's not forget that this Republican government shutdown has led to the NIH turning away new patients from clinical trials—in particular children. Grant applications will not be considered. And the NIH will stop answering hotline calls from our constituents with medical questions.

The legislation we will be debating today is a ruse. It won't work.

Let's stop playing games, and end the irresponsible Republican shutdown. Then, rather than the empty rhetoric relating to scientific research, commit yourself to making America great rather than tearing it down.

Ms. BROWN of Florida. Mr. Speaker, today on the House floor, instead of putting an end to the damaging Republican government shutdown by passing a clean funding compromise passed by the Senate, the House Republican leadership has chosen to take a different path to vote on more political ploys. They are doing this by continuing to offer mini-versions of appropriations bills in a cynical effort to give themselves political cover for causing this shutdown in the first place.

These bills are political gimmicks, not a responsible approach to governing. Republicans have shut down the government and are damaging our economy and the middle class. And today the House is considering the following five GOP piecemeal bills, which only fund selected pieces of the government—National Institutes of Health, local funds for the D.C., the National Parks, certain funding for Reserve/Guard, and part of the VA.

Like my colleagues in the Democratic Caucus, I wholeheartedly support veterans, our National Guard and Reserve, the District of Columbia, important medical research, and our national parks. However, these bills leave out many of the crucial services relied on by the American people such as Head Start programs, veterans' cemeteries, small business loans, education for our children, equipping and training our troops, building housing for military families, getting decisions on veterans disability claims, among many others.

Instead of opening up a few government functions, the House of Representatives should re-open the entire government. The harmful impacts of a shutdown extend across government, affecting services that are critical to small businesses, women, children, seniors, and others across the Nation.

The American people have seen enough, and the time has come for Republicans to abandon their reckless and irresponsible agenda and join Democrats to honor America's commitments to provide vital services our citizens pay for with their hard earned tax dollars. I urge Speaker BOEHNER, Leader CANTOR, and the Republican Party to end its shutdown by working with Democrats to pass a clean funding bill and end this charade immediately.

Ms. LEE of California. Mr. Speaker, here we are day two of the hurtful Republican Government Shutdown.

We still don't have a viable solution to re-open the government.

The Republican refusal to back off their extreme, ideological demands has taken our country down a dangerous path that will surely push millions more families into hunger and poverty.

Mr. Speaker, while all of us believe it is important to keep the government functioning, hostage taking is no way to run federal departments and agencies.

Members of Congress are elected to make sure our government functions.

Yet, instead of working on a serious option to reopen the government, Republicans latest strategy is to exploit cancer patients and the staff who work at the National Institutes of Health by voting on piecemeal bills that will not end impacts of a shut down that extend across our country.

Mr. Speaker, of course we research and funding for the NIH. But let's not use them to score political points to advance an ideological agenda.

The Senate passed continuing resolution would fund the government for an additional six weeks and all this House has to do is pass that bill to end this manufactured crisis.

This hostage taking must end.

Ms. JACKSON LEE. Mr. Speaker, here we go again—the majority instead of opening Federal government they are introducing another scheme to waste time trying to make what they are doing even more painful to the American public.

I rise to speak on the Continuing Resolutions to re-open the National Institutes of Health (NIH), one of many very important Federal government agencies.

NIH is comprised of many institutes that specialize in seeking cures for some of mankind's most dreaded and difficult diseases and afflictions such as: blindness, heart disease, blood diseases, infection diseases, cancer, stroke, alcoholism; arthritis, musculoskeletal

and skin diseases, hearing and balance disorders, drug abuse, and mental illness.

NIH institutes focus solely on finding cures for the list of illnesses that I just mentioned. Researchers work often within a closed sterile world for decades looking for that one piece of information when placed within the body of knowledge known about a disease may save lives or health.

The NIH Institutes include the following, the: National Cancer Institute, National Eye Institute, National Heart, Lung, and Blood Institute, National Human Genome Research Institute, National Institute on Aging, National Institute on Alcohol Abuse and Alcoholism, National Institute of Allergy and Infectious Diseases, National Institute of Arthritis and Musculoskeletal and Skin Diseases, National Institute of Biomedical Imaging and Bioengineering, Eunice Kennedy Shriver National Institute of Child Health and Human Development, National Institute on Deafness and Other Communication Disorders, National Institute of Dental and Craniofacial Research, National Institute on Drug Abuse, National Institute of Environmental Health Sciences, National Institute of General Medical Sciences, National Institute of Mental Health, National Institute on Minority Health and Health Disparities, National Institute of Neurological Disorders and Stroke, National Institute of Nursing Research, and National Library of Medicine.

Because of the work of NIH to identify potential treatments and cures each year and a rare few are allowed into treatment and drug trials to discover if what the Institutes' researchers have discovered will yield beneficial results for the entire population, not just in the United States but the entire world.

NIH's work is racing against the clock to find cures in time to save or improve the quality of lives. There are medical professionals who are serving in the Congress and you have each benefited from the work of NIH and so have your patients.

We should listen to what researchers are saying about the Federal government shutdown:

Mary Woolley, president and CEO of Research! America, said: "On a micro level, we are concerned that an incremental approach to the shutdown neglects disruptions to life-saving funded by other federal agencies, as well as access to treatments in the pipeline at the Food and Drug Administration," Woolley said. "And because it is unlikely that this measure would pass both houses, it may simply delay funding for NIH."

Benjamin Corb, director of public affairs for the American Society for Biochemistry and Molecular Biology: "The data shows that deep cuts to federal investments in research are tearing at the fabric of the nation's scientific enterprise and have a minimal impact on overcoming our national debt and deficit problems," he said. "I hope leaders from both parties in Washington review these findings and join with scientists to say 'enough is enough.'"

Chris Hansen, president of American Cancer Society Cancer Action Network said "Every week the government is shut down, the NIH Clinical Center will have to turn away cancer patients who are eligible to start potentially lifesaving clinical trials—a devastating impact that compounds the problem created by the sequester that resulted in 1,000 people being turned away from clinical trials in the past year."

This Congress has done harm to NIH research through Sequestration: funding cuts occurred indiscriminately across all areas of research. Cell lines were lost that had been developed over generations to see how they change to learn more about what goes wrong within cells and what may be done to prevent cancers from developing.

Sequestration damaged NIH research that involved a study of rabbits that were carefully breed over years to learn about inherited disorders, but due to the Sequestration an entire line was destroyed because they could not be cared for nor were there funds to keep the copious and careful notes needed to document each generation's development.

It should chill us all to think about what may be lost in NIH research because of the last few days of government shutdown. Our tools are words, the work of NIH researchers are cells and specimens that cannot wait for the majority to figure out why the Federal government matters.

Every 36 minutes a child is diagnosed with cancer in the U.S. That's enough children to fill a classroom each day, which adds up to almost 15,000 new cases of childhood cancer each year.

Children under the age of 21 are diagnosed with cancer every year; approximately 1/4 of them will not survive the disease.

Each year in Texas, almost 1,200 children and adolescents younger than 20 years of age are diagnosed with cancer. Approximately 200 children and adolescents die of cancer each year, making cancer the most common cause of disease-related mortality for Texans 0–19 years of age.

TREATMENTS AND DEATH RATES

Approximately 2,300 children will die this year from cancer.

The five-year survival rates for childhood cancer have increased greatly over the past 30 years.

Prior to 1970, children diagnosed with cancer would survive less than 50 percent of the time.

Today, due to modern forms of treatment, the five-year survival rate is almost 80 percent.

Cure rates vary for specific cancers depending on the stage of diagnosis and the cancer type; some forms of cancer remain resistant to treatment.

For example, due to better treatments and research, children with leukemia can be cured almost 80 percent of the time. Neuro-blastoma is among the most difficult childhood cancers to cure.

More kids die from childhood cancers than any other disease.

In fact, cancer kills more children than asthma, cystic fibrosis, diabetes, and pediatric AIDS combined.

By the age of 20, one in every 330 Americans will develop cancer.

Approximately 10,400 children and teens ages 0–14 years will be diagnosed with cancer this year in the United States.

Treating childhood cancer differs greatly from treating adults with cancer.

Those children who do survive may have serious health challenges to long term survival—for example a treatment that saves a child's life may cause a severe heart problem that threatens the long term health of that child.

Today, more than 90% of 13,500 children and adolescents diagnosed with cancer each

year in the United States are cured because of the work of researchers like those working at NIH.

Research is needed to help these young cancer survivors' live full and productive lives.

I know that members of the majority now know that there is a government agency called the National Institutes of Health and that the work that this government agency does is important, but the work of all of our federal agencies are important.

For this reasons, we cannot wait for the majority to discover all of the reasons why we have a federal government or the importance and purpose of each agency.

We have to pass a clean CR now—we do not need to wait, just bring to the floor the bills sent to this body by the Senate.

The SPEAKER pro tempore. All time for debate has expired.

Pursuant to House Resolution 370, the previous question is ordered.

The question is on the engrossment and third reading of the joint resolution.

The joint resolution was ordered to be engrossed and read a third time, and was read the third time.

The SPEAKER pro tempore. The question is on the joint resolution.

The question was taken; and the Speaker pro tempore announced that the ayes appeared to have it.

Mr. KINGSTON. Mr. 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, further proceedings on this question will be postponed.

NATIONAL PARK SERVICE OPERATIONS, SMITHSONIAN INSTITUTION, NATIONAL GALLERY OF ART, AND UNITED STATES HOLOCAUST MEMORIAL MUSEUM CONTINUING APPROPRIATIONS RESOLUTION, 2014

Mr. SIMPSON. Mr. Speaker, pursuant to House Resolution 370, I call up the joint resolution (H.J. Res. 70) making continuing appropriations for National Park Service operations, the Smithsonian Institution, the National Gallery of Art, and the United States Holocaust Memorial Museum for fiscal year 2014, and for other purposes, and ask for its immediate consideration.

The Clerk read the title of the joint resolution.

The SPEAKER pro tempore. Pursuant to House Resolution 370, the joint resolution is considered read.

The text of the joint resolution is as follows:

H.J. RES. 70

Resolved by the Senate and House of Representatives of the United States of America in Congress assembled, That the following sums are hereby appropriated, out of any money in the Treasury not otherwise appropriated, and out of applicable corporate or other revenues, receipts, and funds, for National Park Service operations, the Smithsonian Institution, the National Gallery of Art, and the United States Holocaust Memorial Museum for fiscal year 2014, and for other purposes, namely:

SEC. 101. (a) Such amounts as may be necessary, at a rate for operations as provided in the Full-Year Continuing Appropriations Act, 2013 (division F of Public Law 113–6) and under the authority and conditions provided in such Act, for continuing projects or activities (including the costs of direct loans and loan guarantees) that are not otherwise specifically provided for in this joint resolution, that were conducted in fiscal year 2013, and for which appropriations, funds, or other authority were made available by such Act under the following headings:

(1) “Department of the Interior—National Park Service—Operation of the National Park System”.

(2) “United States Holocaust Memorial Museum—Holocaust Memorial Museum”.

(3) “Smithsonian Institution”.

(4) “National Gallery of Art”.

(b) The rate for operations provided by subsection (a) for each account shall be calculated to reflect the full amount of any reduction required in fiscal year 2013 pursuant to—

(1) any provision of division G of the Consolidated and Further Continuing Appropriations Act, 2013 (Public Law 113–6), including section 3004; and

(2) the Presidential sequestration order dated March 1, 2013, except as attributable to budget authority made available by the Disaster Relief Appropriations Act, 2013 (Public Law 113–2).

SEC. 102. Appropriations made by section 101 shall be available to the extent and in the manner that would be provided by the pertinent appropriations Act.

SEC. 103. Unless otherwise provided for in this joint resolution or in the applicable appropriations Act for fiscal year 2014, appropriations and funds made available and authority granted pursuant to this joint resolution shall be available until whichever of the following first occurs: (1) the enactment into law of an appropriation for any project or activity provided for in this joint resolution; (2) the enactment into law of the applicable appropriations Act for fiscal year 2014 without any provision for such project or activity; or (3) December 15, 2013.

SEC. 104. Expenditures made pursuant to this joint resolution shall be charged to the applicable appropriation, fund, or authorization whenever a bill in which such applicable appropriation, fund, or authorization is contained is enacted into law.

SEC. 105. This joint resolution shall be implemented so that only the most limited funding action of that permitted in the joint resolution shall be taken in order to provide for continuation of projects and activities.

SEC. 106. Amounts made available under section 101 for civilian personnel compensation and benefits in each department and agency may be apportioned up to the rate for operations necessary to avoid furloughs within such department or agency, consistent with the applicable appropriations Act for fiscal year 2013, except that such authority provided under this section shall not be used until after the department or agency has taken all necessary actions to reduce or defer non-personnel-related administrative expenses.

SEC. 107. It is the sense of Congress that this joint resolution may also be referred to as the “Open Our National Parks and Museums Act”.

This joint resolution may be cited as the “National Park Service Operations, Smithsonian Institution, National Gallery of Art, and United States Holocaust Memorial Museum Continuing Appropriations Resolution, 2014”.

The SPEAKER pro tempore. The joint resolution shall be debatable for