

These kids need to go home. There is another solution if we can't send them home. But putting them in these illegal households is not the right thing to do.

The President can solve this problem. Mr. Speaker, this is all in the President's head. The President sent out the advertisement that we are not going to enforce immigration law against you. He sent out the advertising that this government will take care of you, that we will make sure that you are living in a house where you have heat subsidy, rent subsidy, where you have food stamps, where you get an education, where you have health care, all paid for by somebody else, the sweat of somebody else's brow. And, by the way, now he wants \$3.7 billion from Congress so he can hire every one of them a lawyer. Give them ObamaCare and hire them a lawyer, and now they will have everything that is the dream of every American—your own lawyer, your own government-issued health insurance policy, a rent subsidy, a heat subsidy, oh, and an Obama phone. Who wouldn't come to America if they believe all that is true? That is what this President is doing.

If he needed a place to put these kids back to their home countries, we have a bill. In fact, I have a bill here, and I will include it for the RECORD, Mr. Speaker.

H.R. _____

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 "Keeping Families Together Act of 2014".

SEC. 2. REPATRIATION OF UNACCOMPANIED ALIEN CHILDREN.

Section 235(a) of the William Wilberforce Trafficking Victims Protection Reauthorization Act of 2008 (8 U.S.C. 1232) is amended—

(1) in paragraph (1), by inserting before the period at the end the following: ", or in the case that a child's country of nationality or of last habitual residence cannot be determined, safely removed to a country described in paragraph (6)";

(2) in paragraph (2)—

(A) by amending the heading to read as follows: "RULES FOR UNACCOMPANIED ALIEN CHILDREN";

(B) in subparagraph (A), in the matter preceding clause (i), by striking "who is a national or habitual resident of a country that is contiguous with the United States";

(C) in subparagraph (B)(ii), by inserting before the period the following: ", or in the case that the child's country of nationality or of last habitual residence cannot be determined, remove such child to another country described in paragraph (6)"; and

(D) in subparagraph (C)—

(i) by amending the heading to read as follows: "AGREEMENTS WITH FOREIGN COUNTRIES";

(ii) in the matter preceding clause (i), by striking "countries contiguous to the United States" and inserting the following "any foreign country that the Secretary determines appropriate";

(iii) in clause (i), by inserting after "last habitual residence" the following: "or removed to a country described in paragraph (6)";

(iv) in clause (ii)—

(I) by inserting after "last habitual residence" the following: "or removed to a country described in paragraph (6)";

(II) by striking "and" at the end;

(V) by redesignating clause (iii) as clause (iv); and

(vi) by inserting after clause (ii) the following:

"(iii) subject to clauses (i) and (ii), a child shall be returned to the child's country of nationality or of last habitual residence, or in the case that the child's country of nationality or of last habitual residence cannot be determined, removed to a country described in paragraph (6) not later than 5 days after a determination is made under paragraph (4) that the child meets the criteria listed in subparagraph (A); and";

(3) in paragraph (4)—

(A) in the first sentence, by striking "48 hours" and inserting "10 days";

(B) by inserting after "last habitual residence," the following: "or removing the child to a country described in paragraph (6).";

(C) by striking "or if no determination can be made within 48 hours of apprehension,"; and

(D) by inserting at the end the following: "If no determination can be made within 10 days of apprehension, the child shall be treated as though the child meets the criteria listed in paragraph (2)(A)."

(4) in paragraph (5)—

(A) in subparagraph (A), by inserting after "last habitual residence," the following: "and the safe and sustainable removal of unaccompanied alien children to countries described in paragraph (6).";

(B) in subparagraph (B), by inserting after "repatriate" the following: "or remove";

(C) in subparagraph (C)(iii), by inserting after "last habitual residence," the following: "or safely and humanely removed to a country described in paragraph (6)."; and

(D) in subparagraph (D)—

(i) in the matter preceding clause (i), by striking ", except for an unaccompanied alien child from a contiguous country subject to the exceptions under subsection (a).", and inserting "who does not meet the criteria listed in paragraph (2)(A)"; and

(ii) in clause (i), by inserting before the semicolon the following: "not later than 5 days after the Secretary of Homeland Security makes the determination to seek removal of the child"; and

(5) by inserting at the end the following:

"(6) COUNTRY TO WHICH AN UNACCOMPANIED ALIEN CHILD MAY BE REMOVED DESCRIBED.—A country is described in this paragraph if—

"(A) the government of the country will accept an unaccompanied alien child into that country; and

"(B) the Secretary of State, in consultation with the Attorney General and the Secretary of Homeland Security, determines that—

"(i) there is no credible evidence that the child is at risk of being trafficked in the country; and

"(ii) there is no credible evidence that the child will be persecuted in that country."

Mr. KING of Iowa. Mr. Speaker, the title of the bill is the William Wilberforce Trafficking Victims Protection Reauthorization Act, an amendment to it, and it addresses this topic. The topic is how we reach an agreement with the countries that are noncontiguous like Guatemala, El Salvador, and Honduras; just to be able to get an agreement to send their children back to their home country.

We can maybe direct this out of Congress if you get HARRY REID to go along

with it, Mr. Speaker, but the President can do this on his own. All he needs to do is call up the president of any one of those three countries and say that you need to be on the tarmac in, say, Guatemala City airport; I am sending a planeload of your unaccompanied minors back. You repatriate them back into your country and your society. If you don't do that, we are going to freeze up the foreign aid, and we are going to freeze up the trade. We are not going to be subsidizing a country that won't cooperate and sends their children up here for us to put on the public dole.

The President can solve this thing. It wouldn't take one day to solve this. It has taken him 5½ years to create this problem. It is the President's problem. The President refuses to solve it. He just wants more money to expand government and hire more lawyers and more judges, but he has no intention of resolving this.

He is going to infuse tens of thousands—in the end hundreds of thousands—of people into America in an effort to turn Texas blue, to do what the Bush administration feared would happen if they didn't do that outreach in the first place.

I don't believe we should do identity politics. I think we should reach out to everybody and say that you are created in God's image, that is good enough for me. You are one of us if you want to work and earn your way, if you want to pay some taxes and carry your share of the load, because when you shoulder that harness, you make the load lighter for everyone else, and you increase the average per capita GDP of our people. When that happens, we all live better. But there are 104.1 million Americans of working age who are simply not in the workforce.

That is going in the wrong direction. And the last thing we need to do is have tens of millions of unskilled and especially illiterate people who are going to compete for the lowest skills jobs. This country is going exactly in the wrong direction. We need a President who will move this country in the right direction. The President can fix this problem he created. He can fix it. This Congress probably can't force the President to fix the problem, but the bill that I have just filed into the RECORD takes us a ways along that, Mr. Speaker, and judging from the time, I appreciate your attention.

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

ALZHEIMER'S DISEASE RESEARCH INVESTMENT

The SPEAKER pro tempore. Under the Speaker's announced policy of January 3, 2013, the gentleman from California (Mr. GARAMENDI) is recognized for 60 minutes as the designee of the minority leader.

Mr. GARAMENDI. Mr. Speaker, we have just heard a very interesting 1 hour on an issue that is important, and

I would like to bring to this floor another issue that affects every American family either directly or indirectly, but in a very profound, and in most cases, a very sad, very sad way. One in five American seniors are affected by this disease called Alzheimer's.

I know it has affected my family. My wife's mother at the age of 92 died of Alzheimer's. She spent the last 2 years of her life living with my wife and me in our home, where we were able to provide care for her. I think that that is just one story among the millions of American families that are trying to find a way of dealing with this devastating disease.

In the last years of her life, my mother-in-law always had what seemed to be a bright outlook. She was never a complainer, and she always seemed to recognize her grandchildren, particularly the very young grandchildren. I will never forget a day where our youngest grandchild—her youngest great-grandchild—was climbing into bed with her, and my mother-in-law was, what I thought, was babbling. And that young child who could just barely speak was translating in a very real way what my mother-in-law was saying. It was my wife and I that were unable to understand. Just one moment in a long period of time that my mother-in-law lived with us in her final years.

This story is replicated time after time across America. One in five seniors will have Alzheimer's and will die of it.

If we take a look at the well known diseases that affect Americans, here is the death rate: cancer, clearly, clearly a problem. Heart disease, cancer, and stroke. Over the last 10 years, we are seeing a decline in the death rate for all of these well known and devastating diseases. We have seen the progress of research and the application of medical practices to these diseases, cancer, heart disease, and stroke, all declining, stroke by some 23 percent. HIV/AIDS, another devastating disease in this country, an incredible 42 percent decline in the death rate between 2000 and 2010.

And here is Alzheimer's, the same period of time, a 68 percent increase. My mother-in-law was one of the people that made up this statistic.

Deaths from major diseases. This is a clear indication of what happens when the public, acting through Congress, and governments, State, local, and private organizations, put their shoulder to the wheel and decide that it is time to do something about cancer, heart disease, stroke, and HIV/AIDS.

What is happening here? What is happening with Alzheimer's? Well, part of the answer is the aging population, the baby boomers. That is part of the answer, but it is not the complete answer.

What does this mean to the American taxpayer and the American families? It means it is a very, very expensive disease. In fact, it is the most expensive disease in America. Medicare, the prin-

cipal source of health insurance for the elderly, 1 in 5 dollars in Medicare is spent on Alzheimer's, well over \$240 billion a year for Medicare and Medicaid alone.

And where is this going? Well, here is where the costs are going. The cost of Medicare and Medicaid, 2010, \$122 billion; 2022, \$195 billion; 2050, \$880 billion. So what are we going to do here? Well, we are going to spend an awful lot of money unless we get ahead of this devastating disease.

Looking at it another way, a different graph, same story, the skyrocketing cost of Alzheimer's care. This is not the peak, this is just where we stop counting in 2050. Baby boomers coming on and then this disease taking hold and literally bankrupting the Medicare and Medicaid programs.

So what do we do? Well, here is what we are doing, a neat little chart here, treatment shown here, this is the Medicare portion, this is the Medicaid portion. We are looking at a huge expenditure, \$150 billion. This is from the Centers for Medicare and Medicaid Services.

Oh, down here, this is the comparison for research. This year, \$566 million of research. Extraordinary expense, a lot of research, but not nearly enough to address the problem.

For example, back to that first graph that showed the decline in cancer research, HIV, heart—I wonder why it happened? Look where we are investing: cancer research, \$5.481 billion; HIV/AIDS, \$2.978 billion; cardiovascular, \$2.15 billion; Alzheimer's, \$566 million.

This is a very, very good graph. This is what happens when we invest in research and treatment protocols. Let me remind you of what those investments have meant. Cancer, decline in death rate; heart disease, decline in death rate; stroke, decline in death rate; HIV, decline in death rate. The major reason for it is the investment in research and treatment protocols. Cancer, HIV/AIDS, cardiovascular, Alzheimer's.

So where are we going to go here? Are we going to stay with this and see an increase in Alzheimer's disease and death over the next years? Or are we going to go with something that can solve the problem? And that is investment, investment by the people of America and around the world in addressing this devastating illness for which today there is no cure, there is no way to slow down the progress, and we don't know when it is coming on until it is with us.

And so families across this Nation find themselves in a devastating situation. I would like to recount just one devastating situation. It was on National Public Radio in the Sacramento region. A gentleman from the State park system retired at the age of 65, thinking that he and his wife would be able to spend their next years traveling, enjoying themselves and the benefit of the years of work they had put in.

□ 2030

His wife was 1 year younger. No sooner had he retired, his wife came down with early onset of Alzheimer's. The result is a devastation in their family, obviously, to the lady. She doesn't even know today that she is married to her husband of 42 years, but he cares for her, day in and day out, every day, 24/7.

There are many pieces of legislation that are here in the Congress that deal with this caregiving situation. There is also legislation that would ramp up the research necessary to get at the disease to fully understand what it is all about and how we might treat it and prevent it. These pieces of legislation deserve our attention.

Joining me tonight is a colleague from California who is carrying one of those pieces of legislation, a woman who has spent her entire career—public and private—in Congress and in the California legislature, addressing the problems of health care, the problems of the underinsured and the underserved, an incredible woman who has her own story to tell.

Let me introduce to you MAXINE WATERS, my colleague from California.

Ms. WATERS. I would first like to thank my colleague from California, Congressman JOHN GARAMENDI, for this time, and I congratulate him for organizing this evening's Special Order on Alzheimer's disease.

JOHN. I would like to tell you that those charts that you just presented tell the story very clearly. It identifies the extent of this disease, and it also lays out that we need to do more with research.

We need to invest more in research, but you also showed, for those diseases where we have invested in, that they have reduced the death rates dramatically. I think your presentation needs to be seen by everybody because it does paint the picture of what is going on with this disease.

As the cochair of the Congressional Task Force on Alzheimer's Disease, I know how devastating this disease can be on patients, families, and caregivers. The task force works on a bipartisan basis to increase awareness of Alzheimer's, strengthen the Federal commitment to improving the lives of those affected by the disease, and assist the caregivers who provide their needed support.

I am pleased that the gentleman from California (Mr. GARAMENDI) has decided to take an active role in the work of the task force, and what a great job he has done.

Alzheimer's disease has touched millions of American families. However, most of us are probably unaware of the statistics behind the disease and the significant public health threat it poses to our Nation.

In the United States, someone develops Alzheimer's every 67 seconds. According to recent data, women have a one in six estimated lifetime risk of developing the disease at age 65, while the risk for men is nearly one in 11.

The Alzheimer's Association estimates as many as 16 million Americans over age 65 could suffer from Alzheimer's by 2050. It is now the fifth leading cause of death in California.

Right now, nearly 15 million people—mostly family members—provide unpaid care for individuals with Alzheimer's or dementia, a market value of more than \$220.2 billion.

In California alone, approximately 1.5 million unpaid caregivers grapple with the tremendous challenges of Alzheimer's disease or dementia every day. Caregivers include spouses, children, even grandchildren.

Caregivers face a variety of challenges, ranging from assisting patients with feeding, bathing, and dressing, to helping them take care of their medications, manage finances, and make legal decisions.

I want you to know that I have friends who are taking care of both their father and their mother who have Alzheimer's. Caregiving is something that we have to pay attention to.

We have to give support to these families because not only is it a tremendous responsibility that so many people are taking on—as compared to caregivers for other diseases, Alzheimer's caregivers disproportionately report being forced to miss work, reduce work hours, quit their jobs, and change jobs due to caregiving demands. They are more likely to experience financial hardship, report health difficulties, experience emotional stress, and suffer from sleep disturbance.

These are just some of the reasons why I introduced the Alzheimer's Caregivers Support Act, H.R. 2975, last year. This bill authorizes grants to public and nonprofit organizations to expand training and support services for families and caregivers of Alzheimer's patients.

With the majority of Alzheimer's patients living at home under the care of family and friends, it is important that we ensure these caregivers have access to the training and resources needed to provide proper care.

The families and communities facing Alzheimer's also must deal with the difficult problem of wandering. According to the Alzheimer's Association, more than 60 percent of Alzheimer's patients are likely to wander away from home. In addition to being distracting for law enforcement, wanderers are vulnerable to dehydration, weather conditions, traffic hazards, and people who prey on vulnerable seniors.

In fact, the Alzheimer's Association estimates that up to 50 percent of wandering Alzheimer's patients will become seriously injured or die if they are not found within 24 hours of their departure from home.

To combat this, I have introduced H.R. 2976, a bill to reauthorize and improve the Missing Alzheimer's Disease Patient Alert Program, a small but effective Department of Justice program that helps local communities and law enforcement agencies quickly identify

persons with Alzheimer's disease who wander or are missing and reunite them with their families.

The program is a valuable resource for first responders, and it enables law enforcement officers to focus their attention on other security concerns in our communities.

Of course, nothing can be more valuable for Alzheimer's patients, their families, caregivers, and communities than a cure for this terrible disease.

To that end, we must significantly expand the government's insufficient investment in Alzheimer's research. It is essential that Congress appropriate robust funding for cutting-edge research at the National Institutes of Health.

The private sector also has a role to play in funding Alzheimer's research, as do donations from concerned individuals. A simple way for Congress to encourage the public to contribute is to require the U.S. Postal Service to issue and sell a semipostal stamp, with the proceeds helping to fund Alzheimer's research at NIH.

This would be similar to the popular and successful breast cancer research semipostal stamp. A bill to do this, H.R. 1508, was introduced by now-Senator ED MARKEY prior to his election to the Senate, and I am working very hard to pass it.

So as we continue to search for a cure, our Nation is at a critical crossroads that requires decisive action to ensure the safety and welfare of the millions of Americans with Alzheimer's disease and dementia.

Together, let us commit to take every possible action to improve treatment for Alzheimer's patients, support caregivers, and invest in research to find a cure for this disease.

Once again, I want to thank my colleague, JOHN GARAMENDI from California, for organizing tonight's Special Order. It is important that we do as much as we can to educate the public, to gain widespread support, to make sure that we have the support that is necessary to get more funding for research.

You are doing a fine job of getting us focused. I appreciate that.

Mr. GARAMENDI. I thank Congresswoman WATERS. A couple of things come to mind as we were talking about the research effort.

We will very soon appropriate well over \$80 billion—\$80 billion—for ongoing military actions in Afghanistan. We make choices here, and it seems to me that we need to understand the import and the importance of the choices we make.

Now, that does not include the CIA and the State Department and the USAID—those are additional expenses over and above that the military will be using—at a time when, presumably, we are pulling out of Afghanistan. What would \$1 billion of that \$80 billion mean to the Alzheimer's research programs here in the United States?

Well, first of all, we shouldn't appropriate \$1 billion because you can't

ramp up that fast; but if we spread that over 2, 3, 4 years and go from \$566 million to \$1.5 billion, what could be accomplished?

I know that, in my own district in the Sacramento Valley, the University of California, Davis, has a very robust and breakthrough opportunity on brain research. I know in your own area of Los Angeles, the University of California, Los Angeles, and the University of Southern California are, together, operating major research programs on the mind, on the human brain, and how it is harmed, what is it that sets off Alzheimer's.

We can do this, but these are choices that your Representatives, the American people, your Representatives are making choices here in this House about how to spend your money. When one in five seniors comes down with Alzheimer's and we make a choice to spend \$80 billion in Afghanistan, you should be questioning this. As to our rationality, are we making the right choice? I think not.

Let me just comment on your legislation, Congresswoman WATERS. Your Alzheimer's Caregiver Support Act, H.R. 2975, I am thinking what it would have meant to Patty and I as we took upon the task of caring for her mother.

We really didn't know much about Alzheimer's and really didn't know much about the kind of care and the kind of reaction and different things we might do and she might do.

It would have been so helpful to us to have had that kind of information available, that kind of support. Now, we got through it very well. We had a lot of ability to search out information, and we are not unique, but I think the general public who is facing this personal crisis of a husband or a wife—and as you said, two out of three are going to be women—as they face that crisis, if they had the support that your bill would give to them, here is what you should expect, here is what you can do, here is where you can get help.

It is a good bill. We ought to pass it. We ought to pass this bill. So, Congresswoman WATERS, thank you for doing that. If you want to comment back on how you came to put this bill in, what was your motivation? How did you come to see it, from your own experiences? I know you have friends and, perhaps, even family that faced this situation.

Ms. WATERS. Absolutely. I have been watching for some time what caregivers go through in an attempt to provide the care that is needed by Alzheimer's patients, and you hit it on the head when you said: If only these individuals had had a little help in understanding the disease—what is it like? What is likely to happen? What can you anticipate? How should you react, and what can you do to get some help?

If that information simply was available, it would be of tremendous help to caregivers, but in addition to that, many of the caregivers put their own well-being at risk in so many ways.

Not only do they oftentimes have to lose time from work—which causes difficulties—but many times, the caregivers themselves have health problems that they are addressing that are exacerbated by the fact that they have additional responsibilities in giving care to their Alzheimer's relatives.

Yes, I have seen a lot of this, and I know the pain that families go through. As I saw my own mother age—and they said: Ms. WATERS, what you are seeing now is dementia.

I watched this very vibrant, energetic woman, who lived to be 97 years old, eventually go into a state of being that certainly was not the woman that I had known that had reared me, had been so energetic all of her life.

The lapses in memory and finally, toward the end, the inability to recognize her family was a very traumatic and heartbreaking thing to see.

□ 2045

So I want for every family the ability to deal with this. I want their government to be of help to them. As you have said, we have got to get our priorities in order. That \$80 billion that you mention is a tremendous amount of American taxpayer money that is going toward an effort that most of us don't even understand. There is no reason that we should be in this situation.

I am looking at this chart, "Investments in Health Research." That is shameful what I am looking at, only \$566 million as compared to what we are putting into other diseases. We don't mind the money that is being put into other diseases. We see how it has reduced debt. We just want attention also to Alzheimer's. I think you have made it very clear this evening with the information that you have presented.

Mr. GARAMENDI. Well, this chart clearly shows—clearly shows—what happens when you make an investment: cancer, HIV, cardiovascular. I remember, 20 years ago, nobody thought you could solve HIV. It was there and it was going to devastate the entire planet, but research—research—paid off. While this disease is not under control and is still all too prevalent, there is an ability to stem the impact of it and to be able to live with that disease. We can make progress here.

I am just thinking again about your piece of legislation, about the kind of help that people need and, really, education beyond just what you have talked about in your bill. Every family goes through this in either their own family or a neighboring family in the early onset, early in the progress of the disease. The change in the way in which a person functions and works and interacts with the family is profoundly disturbing to the family, even more so if the family doesn't understand and doesn't know what is happening.

So the ability to diagnose Alzheimer's early becomes very, very important to the well-being of the family,

as you said. If that family understands what is happening, they are better able to cope with a very, very difficult situation. If they have no idea and Mama or Dad just suddenly seems to be off in some strange and unimaginable direction, the family can be torn apart. I know we have seen this many, many places across the people that I have known over the years. But your bill ought to be law, and we ought to be funding those kinds of nonprofit and social organizations that can address and help an individual understand what is going on in the Alzheimer's situation.

Another one, your second bill dealing with the Patient Alert Program, I remember very well a situation that occurred years ago where a neighbor simply wandered off and it created a community crisis: Where did he go? Where is he? After a couple of days, it turned out to not be a devastating situation. Your bill would provide assistance in tracking and keeping track of and finding those men and women that will and have wandered off. This is very much a part of this illness. So thank you for introducing these pieces of legislation.

My plea to my colleagues here is let's focus on this. There are many, many things we focus on here. All too often it is just political one-upmanship. This is not a Democratic issue; it is not a Republican issue. This is an American issue affecting nearly every American family. I like your legislation. I would hope the President would have this on his desk tomorrow morning, would sign this and get the help that people need.

There are several other pieces of legislation that are also introduced. I would like to introduce my colleague, who is carrying a piece of legislation on this matter, and yield to him for his exposition. So if you would care to join us, we will hear from, actually, the other side of the aisle. It is a bipartisan 1-hour, so please.

Mr. ROSKAM. Thank you very much. I want to thank you for yielding and thank the gentlewoman for yielding.

To your point, Alzheimer's is a devastating illness, and it is absolutely ravaging our Nation. Five million Americans are suffering from it, and the cost of Alzheimer's is in the billions and billions and billions of dollars. In fact, there are some estimates that suggest it will be in the trillions of dollars between 2010 and 2050.

There is some good news and there is some hopeful news that we are on the verge of some new treatments, but we need effective coordination to ensure that the money is spent on research that is being utilized effectively. The devastating cost of this disease is proof in the numbers.

Nearly 1 in 5 Medicare dollars is spent on a person with Alzheimer's and other dementias. This year, the total cost of Alzheimer's will be \$214 billion, including \$150 billion on Medicare and Medicaid expenditures, and this will skyrocket in the years ahead.

This is not just a dollars-and-cents issue. Yes, it is very important, and,

yes, we discuss dollars and cents in this Chamber and we all bring strong feelings and strong opinions, but setting aside, for a moment, the dollars-and-cents issue, this is inextricably linked to the health of our families, to the health of our communities, and the burden that goes not just on the person who is struck with Alzheimer's, but the burden on the caregiver and the family that has to come along. It is an overwhelming thing. Frankly, it is too overwhelming to bear alone.

So we all have stories of either family members or people that we are close to or people that we knew. I think fondly of a schoolteacher and a Sunday school teacher of mine growing up who was struck down by this disease. To watch her just atrophy over the years was an incredible heartache, and to watch her family come around and love her and care for her and do everything they could to lift that burden and to bear that burden alongside from her.

Now we have an opportunity. We have an opportunity in this Chamber to do something that is transformational, that brings us all together, that brings a sense of hope and optimism and possibility about trying to wrestle this disease to the ground. What an incredible time to see the science come together in ways that transcend normal partisan politics, and we can put those things aside and really cling to this notion of giving hope to people.

I want to thank the gentleman for his leadership. I want to thank him for his attention in driving this issue and to bringing all of us together around it. I definitely, on behalf of myself and my constituents in Illinois' Sixth Congressional District, want to be part of the solution moving forward.

Mr. GARAMENDI. I thank you so very, very much.

One of the challenges that I find in the House, there are 435 of us, and I never had the opportunity to work with you directly on committees. We just are not on the same committees, so I hardly know you, but I already like where you are headed. I like the way in which you speak to this issue and the way in which you show your compassion. I really look forward to working with you. These are bipartisan issues.

If you just hang on a few seconds, there are about seven bills that have been introduced thus far. Representative MARKEY, who is now a Senator, introduced H.R. 1507, which I think one of our colleagues has picked up here. That deals with the Social Security Act and makes this illness, a comprehensive Alzheimer's disease diagnosis, part of the Medicare program.

There is a bill introduced by a Republican, Mr. GUTHRIE. It is the Alzheimer's Accountability Act. This one basically says, okay, there is a plan. How are we doing with the plan? What is the plan to deal with Alzheimer's research, the support necessary? And it would require that a report be prepared

every year so that we can keep track of progress or lack thereof. I like that bill because I think accountability is really important for us. Ultimately, these will be our decisions.

You can jump in on any one of these you may be involved in.

Mr. ROSKAM. I am a cosponsor of both of those pieces of legislation, one authored by a Republican, one authored by a Democrat.

I think the point is there has got to be a sense of clarity. We have limited resources here. There is an incredible upside in the outyears in particular if we wrestle this disease to the ground and that notion of a holistic approach, because that is really what you are talking about. You are talking about not taking a rifle shot, not saying, well, let's do this, that, or the other thing, but, instead, take a step back, look at it in its entirety; let's use the full weight and influence of research dollars and health care dollars on the Federal side and leverage this to the best of our ability.

If you begin to think that way about some of these problems and we begin to think about, well, what is it that brings us together, there is real optimism here. Unfortunately, people look at Congress and say why can't you people get along and so forth, yet they don't see maybe some of this type of work where we are able to come together and we are able to represent constituents who are struggling mightily under this.

I think both of those bills that you referenced, I am honored to cosponsor them and to support the Members that are playing a leadership role. One of the things that you and I can do as Members of Congress is to bring attention to things and to talk to our colleagues and to lead our districts and to persuade people and try and bring people together.

Mr. GARAMENDI. Well, we are doing some of that tonight.

There is another one. This issue is not an American issue. This issue is a worldwide issue. Every society, every ethnic group in the world faces Alzheimer's, some more severely than others. There is another piece of legislation introduced by CHRIS SMITH, who is the cochair of the Alzheimer's Caucus here in Congress. This one is H. Res. 489, the Global Alzheimer's resolution by Mr. SMITH. It says it is the policy of the U.S. Government to encourage and facilitate the following efforts concerning Alzheimer's disease and other forms of dementia. This goes to the World Health Organization and other nations that are involved in research, the sharing of knowledge and research.

We can, as you just said, leverage what we are doing with what is going on in other countries—certainly the European countries; we know China is doing a lot of research on this—together the whole world facing a

common issue, and perhaps we can find a much better and a faster solution.

Mr. ROSKAM. Can you imagine what it would be like if, instead of waiting for this disease to wake up with a slow awakening or a realization that either you have been struck with Alzheimer's yourself or you are observing this in a loved one, if, instead, there is a day that would come in the future where there was a cure for this and you are able to anticipate it and say: Look, you don't have to walk this journey. You don't have to walk that difficulty and that turmoil and bear that burden. There is something that, based on the work that people did in 2014 and the predecessor years and all the incredible progress that has been made, that there is some day in the future. That was sort of pie-in-the-sky talk a few years ago. That is not pie in the sky anymore. That is a possibility.

If we are advancing this legislation that you referenced earlier, the legislation on a global basis that brings in worldwide partners that Congressman SMITH is advocating, the cumulative effect of all of those things can lead to, really, a transformational moment.

Mr. GARAMENDI. No doubt about it. There is research going on all around the world. Major drug companies are involved. Countries are doing their own research. It is all possible.

One other bill that I would like to bring up, this one is introduced again by CHRIS SMITH, and this is called the PACE Pilot Act. This is a program for all-inclusive care for the elderly, which currently helps those over 55, to provide a continuity of care and comprehensive care for them. It is more than just Alzheimer's. We know that nursing home care is extraordinarily expensive. This is an effort to try and keep people in their home with appropriate care and support.

So this is another piece of the puzzle, together with the two bills that our colleague MAXINE WATERS had introduced, giving us a package of legislation that we ought to work on.

The other piece of legislation which is not among these bills is the annual appropriation bill. Last year, we increased Alzheimer's research by \$100 million, a very, very good thing.

□ 2100

But, again, we could do much more. And if we were to do that, I am convinced we would be able to advance the knowledge, the early detection, and, as you said a moment ago, a cure for this devastating illness. It is there. The only thing we need is to focus our attention and the world's attention on this, put the money into research, and then we can see a solution.

If you would care to wrap up, I have had my say on this.

Mr. ROSKAM. I want to compliment you and say thank you to the gentleman from California for your leader-

ship on this issue, your leadership on the Alzheimer's Task Force, and your bringing people together on both sides of the aisle and trying to leverage resources, be wise in how we do this, but recognizing the responsibility that you and I and our colleagues have—and that responsibility is to do everything that we can to try and alleviate this burden and ultimately drive towards a cure.

Mr. GARAMENDI. Representative ROSKAM, it is a pleasure working with you this evening. We will call this a beginning, working across the aisle on a program that affects everyone and every family in this Nation.

We can deal with Alzheimer's. We just need to put our shoulder to the wheel and push forward with the programs that we know are successful, many of them introduced by our colleagues here. I, too, am happy to be a cosponsor of all of these pieces of legislation.

So much for this night on this very, very important piece of legislation. We will come back to it in a few weeks and see what progress has been made in perhaps the appropriations process or in the passage of these pieces of legislation.

In the meantime, Mr. Speaker, we have had our discussion this evening on this important illness, and I yield back the balance of my time.

LEAVE OF ABSENCE

By unanimous consent, leave of absence was granted to:

Mr. ADERHOLT (at the request of Mr. CANTOR) for today and the balance of the week on account of a death in the family.

Mr. CULBERSON (at the request of Mr. CANTOR) for today on account of travel delays.

BILL PRESENTED TO THE PRESIDENT

Karen L. Haas, Clerk of the House, reported that on July 7, 2014, she presented to the President of the United States, for his approval, the following bill:

H.R. 2388. To take certain Federal lands located in El Dorado County, California, into trust for the benefit of the Shingle Springs Band of Miwok Indians, and for other purposes.

ADJOURNMENT

Mr. GARAMENDI. Mr. Speaker, I move that the House do now adjourn.

The motion was agreed to; accordingly (at 9 o'clock and 3 minutes p.m.), under its previous order, the House adjourned until tomorrow, Wednesday, July 9, 2014, at 10 a.m. for morning-hour debate.