

We now understand that for most, if not all, of these remissions that they happen when the body's immune system, which has evolved over millions of years of combat with foreign viral and bacterial invaders, finally understands that cancer is an enemy and has all the horsepower that it needs to attack and to clean it up. Immunotherapy now gives us the scientific understanding of how to mass produce those miracles.

This would never have been discovered without decades of sustained Federal investment in R&D, and although the breakthroughs in immunotherapy rest upon a large pyramid of federally funded research, there are two parallel threads of federally funded research that directly led to this breakthrough.

One was pioneered by Jim Allison, then of UC Berkeley, and Arlene Sharpe of Harvard Medical School. The other was pioneered by Lieping Chen of the Mayo Clinic, all three labs using Federal funds to study how the immune system is controlled and how it knows to kill foreign cells but not its own cells. This was a fascinating scientific question, but not one which was obviously relevant to cancer.

All three labs were sponsored by basic science peer-reviewed grants from the National Institutes of Health, which I mention, Mr. Speaker, because of the way that peer review seems to be coming under attack by members of your party. In the 1990s these groups were all working on what became known as immune checkpoints, which are regulatory pathways to turn down the immune system to prevent it from attacking its own body.

Even once this basic discovery was made, the established pharmaceutical companies would not touch it, but in 1999 Medarex, a small biotech in Princeton, New Jersey, funded by the National Institutes of Health, took on the project. Ten years later, only after Medarex was well on the way to showing that their cancer immunotherapy approach worked in humans, it was purchased by Bristol-Myers Squibb for \$2.4 billion. Now there are many drug companies developing checkpoint inhibitor drugs to treat cancer as well as other immune system-related treatments for cancer.

So, as I mentioned before, the Obama-Biden cancer moonshot will likely succeed because of the technology and basic science that was generated by decades of curiosity-driven scientific research funded by the United States Government.

Mr. Speaker, I am the representative of U.S. citizens, but one who does not share your party's monomania about small government or a desire to keep our government small and indebted simply to provide low tax rates for wealthy donors because Americans know that small government does not accomplish great things, like sending a man to the Moon or curing cancer.

The following is a complete text of my remarks:

Mr. Speaker, last month, President Obama came to this chamber to speak, *inter alia*, of

a "moonshot" to cure cancer, under the leadership of Vice President BIDEN. This week the President announced specific plans to invest one billion dollars to fund that "moonshot." As a scientist, and as the manager of large scientific projects, I am naturally inclined to be skeptical of such bold claims from politicians. President Richard Nixon famously launched the same "war on cancer" in 1971. Tragically, we continue to wage that war today. More recently, Andrew von Eschenbach, the director of the National Cancer Institute under President Bush, set the goal of "eliminating suffering and death from cancer by 2015." We all know, unfortunately, that goal was not met. So why is this "cancer moonshot" any different?

Is this a moment like 1961, when President Kennedy stood before a joint session of Congress and announced his goal of putting a man on the moon by the end of the decade—and succeeded? Or a moment like 1971 when President Nixon declared War on Cancer and failed?

I believe that President Obama's cancer initiative will succeed. And the reason it will succeed is brutally simple: science. Basic science and technology that exists today, and did not exist 45 years ago. Technology that was generated by decades of curiosity-driven scientific research—paid for by the United States Taxpayer. There are many decades of federally-supported basic scientific advances that will allow the Obama-Biden cancer moonshot succeed: the ability to fully genome sequence individual cancers, the ability to manipulate the genome to produce animal models to study and test the basic mechanisms of cancer, and immunotherapy treatment, which was named *Science Magazine's* breakthrough of the year in 2013, and which has been capturing so many headlines around the world. Immunotherapy is an ingenious and revolutionary treatment that uses the body's own immune system to fight cancer.

Since time immemorial, there have been stories of "miraculous remissions" of cancer, where patients with apparently incurable cancers have experienced spontaneous and often complete remissions. These were often attributed to an act of God, or perhaps the moral character of the patient.

We now understand that most, if not all, of these remissions happen when the body's immune system, which has evolved over millennia of combat with foreign viral and bacterial invaders, finally understands the cancer as an enemy, and has all of the horsepower it needs to attack it and to clean it up. And immunotherapy now gives us the scientific understanding of how to mass produce those miracles. But this would never have been discovered without decades of sustained federal investments in R&D.

Although the breakthroughs of immunotherapy rest on a pyramid of largely taxpayer-funded research, there are two parallel threads of federally funded research that directly led to this breakthrough. One was pioneered by Jim Allison, then of UC Berkeley, and Arlene Sharpe, of Harvard Medical School. The other was pioneered by Lieping Chen of the Mayo Clinic. All three labs were using federal funds to study how the immune system is controlled, how it knows to kill foreign cells but not its own cells. This was a fascinating scientific question, but not one that was obviously relevant to cancer. All three labs are supported by basic-science from the

National Institutes of Health peer-reviewed grants. Which I mention, Mr. Speaker, because of the way that peer review is coming under attack by members of your party.

In the 1990s, they were all working on what have come to be known as immunological checkpoints, which are regulatory pathways that turn down the immune system to prevent it from attacking its own body.

Even once this basic discovery was made, the established pharmaceutical companies would not touch it. But in 1999, Medarex, a small biotech in Princeton, NJ, funded by the National Institutes of Health, took on the project. Ten years later, only after Medarex was well on the way to showing that their cancer immunotherapy approach worked in humans, it was purchased by Bristol-Myers Squibb for 2.4 billion dollars. There are now many drug companies developing checkpoint inhibitor drugs to treat cancer, as well as other immune-system-related treatments for cancer.

So as I mentioned before, the Obama-Biden cancer moonshot will likely succeed, because of the technology and basic science that was generated by decades of curiosity-driven scientific research—funded by the United States Government. Or, funded by big government, Mr. Speaker, as your colleagues like to say. Funded by a big government, directed by a vast, unelected, overpaid, lazy, wasteful federal bureaucracy. A bureaucracy that will save millions of American lives. I often hear my colleagues on the other side of the aisle claim we don't need to make federal investments in R&D, because if it's worth doing, the private sector will do it. Immunotherapy is a perfect example of why that logic doesn't work.

The private sector took over, but not until researchers spent decades and millions of taxpayer dollars elucidating the basic science and proving this method could work.

I also hear my colleagues cherry picking studies that they can't make sense of and label them as wasteful spending, then trumpeting their success in cutting "wasteful" government spending. When the truth is those "wasteful" programs often lead to breakthroughs like immunotherapy. The cancer moonshot being led by Vice President BIDEN is likely to succeed, but only because of sustained investments in federal funding for research and development. As we work in the coming months to develop a budget, I hope my colleagues will keep this in mind. I am the representative of U.S. citizens, Mr. Speaker, but one that does not share your party's monomania about "small government", or a desire to keep government small and indebted simply to provide low tax rates for its wealthy donors. Because Americans know that small government does not accomplish great things, like sending a man to the moon, or curing cancer.

CELEBRATING RELIGIOUS LIBERTY AND CONSTRICTING INDIVIDUAL FREEDOMS

The SPEAKER pro tempore (Mr. DUNCAN of Tennessee). The Chair recognizes the gentlewoman from Tennessee (Mrs. BLACKBURN) for 5 minutes.

Mrs. BLACKBURN. Mr. Speaker, as I come to the floor this morning, I want to express appreciation for our 64th annual National Prayer Breakfast that takes place tomorrow. I think this is such a wonderful gathering that we

have every year, where our Nation focuses on praying for our Nation. I want to welcome my guests, Dr. and Mrs. Franklin Page, who will join us this week to recognize this time and to set aside time to celebrate our religious liberty and the individual freedom that becomes the focus of this week.

There is also another focus that comes into mind as we talk about this religious liberty. I want to take a moment and welcome and recognize the arrival of my new nephew, Grayson Lee Hunter. He is joining brothers Worth and Preston, his cousin Georgia Kate, and his cousins Jack and Chase, who are my grandsons. We know that being able to grow up in freedom is such a wonderful gift, and we are excited about that and excited about what individual freedom means to each of us.

I want to turn our attention now to something that constricts that freedom, and that is what we see through the President's healthcare law. Again, yesterday we came to the floor to push to repeal that law. This is something that we will continue. There is a reason for this.

Let me give you some examples. Last week I was out in my district. I visited with constituents who are employers. I want to cite three examples. One, an employer of 76 people, another an employer of 400 people, and another a franchise owner, 3,000 people that are in this group.

Let me tell you what I heard from each and every one of these individuals. Their employees, many of whom are my constituents, want to see a return to patient-centered, affordable health care. They do not want more Big Government and more unfunded mandates that they are being forced to deal with. It changes the kind of health care that they can get.

Now, when it comes to health insurance, what we have found is the escalation of cost to the individual because of what is happening with the mandate. The insurance cost has gone up, the out-of-pocket deductibles, all of this is going up. What we also see is a cramping of access because of narrowed networks.

Another thing that is happening is what is taking place through the oversight boards, the preventive service task forces. These could also be called some of those oxymoronic Federal agencies because instead of opening up the healthcare process, what we see is they are reducing what you have access to, and it is also a slowdown in payment reimbursements for so many of our Medicare recipients. That is what is happening in health care, and we are hearing about it from our employers.

Now, there are options that are out there. Let me cite just a couple for my colleagues. H.R. 2300, Empowering Patients First Act, that is the bill from Dr. PRICE, and also, special attention to, the Republican Study Committee plan, the American Health Care Reform Act. It is H.R. 2653. Leading this charge has been my Tennessee col-

league Dr. PHIL ROE, who has worked with each of us as we have pulled provisions into this bill to make certain that we return to the principles of affordability, accessibility, and accountability in patient-centered health care. We think it is time for these moves to take place.

Mr. Speaker, I would like to return everyone's attention to the need to address the issue of replacing the ObamaCare legislation so that we reduce the cost and increase the access of health care for all Americans.

DR. OMALU'S DISCOVERIES AND ACHIEVEMENTS

The SPEAKER pro tempore. The Chair recognizes the gentleman from California (Mr. MCNERNEY) for 5 minutes.

Mr. MCNERNEY. Mr. Speaker, I rise today to recognize the medical achievements and discoveries of an extraordinary man from my district, Dr. Bennet Omalu.

Dr. Omalu's medical achievements, focusing primarily on brain injuries, have recently come to prominence with the movie "Concussion," which chronicles Dr. Omalu's career and the controversies that his discoveries have created within the National Football League. Dr. Omalu's medical research is also particularly relevant as we prepare to watch Super Bowl 50 this weekend.

Dr. Omalu was born in Nnokwa, Nigeria, and was the sixth of seven siblings. His mother was a seamstress, and his father was a mining engineer and respected community leader who encouraged Omalu's career in medicine. His long medical career began at the age of 16 when he started attending medical school at the University of Nigeria. Omalu earned a bachelor of medicine and a bachelor of surgery in 1990.

In 1994, Dr. Omalu moved to Seattle, Washington, and completed an epidemiology fellowship at the University of Washington. In 1995, he moved to New York to complete his residency training in anatomic and clinical pathology. After completing his residency, Dr. Omalu trained as a forensic pathologist at the Allegheny County Coroner's Office in Pittsburgh.

It was here, after conducting an autopsy on former Pittsburgh Steeler Mike Webster, that Dr. Omalu made a groundbreaking discovery that would forever change our understanding of brain injuries. Dr. Omalu was the first to identify and diagnose and name chronic traumatic encephalopathy. Chronic traumatic encephalopathy, or CTE, is a disease prevalent in athletes who participate in high-contact sports like football, boxing, and wrestling.

Since Dr. Omalu's discovery, we now know that CTE is a progressive, degenerative disease that is found in people who have suffered repetitive brain trauma, including subconcussive hits that do not show any immediate symptoms. Early symptoms of CTE are usu-

ally detected 8 to 10 years after the original trauma and include disorientation, dizziness, and headaches.

As the disease progresses, individuals with CTE can experience memory loss, social instability, erratic behavior, and poor judgment. The worst cases of CTE show symptoms of dementia, vertigo, impeded speech, tremors, deafness, slowing of muscular movements, and suicidal tendencies.

Dr. Omalu's continued research on brain injuries and CTE has given us a greater understanding of the long-term effects of repeated brain trauma.

According to the CDC, approximately 3.8 million Americans every year suffer from concussions and approximately 208,000 people seek treatment in emergency rooms for traumatic brain injuries.

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Approximately two-thirds of those emergency room visits are children ages 5 to 18. The rate of recurrence with traumatic brain injuries is high. An athlete who sustains a concussion is four to six times more likely to sustain a second concussion.

Of course, CTE research will also apply to veterans who suffer from traumatic brain injuries from combat activity.

Dr. Omalu has advocated for more education among athletes who play high-contact sports, teaching them about the risks associated with repetitive brain trauma. He has committed himself to advancing the medical understanding of CTE, brain injuries, and their effects on the people who suffer from them.

Today, Dr. Omalu has eight advanced degrees and board certifications, including master of public health and epidemiology and master of business administration. He resides in Lodi, California, and serves as the chief medical examiner of San Joaquin County, California, and as a professor at the UC Davis Department of Medical Pathology and Laboratory Medicine.

The Bennet Omalu Foundation is committed to funding research, raising awareness, providing care, and finding cures for people who suffer from CTE and traumatic brain injuries. It is imperative, as a Nation, that we support research on CTE and brain injuries and figure out how much high-impact sports are affecting the health of our children and athletes. I ask my colleagues to join me in honoring the research and achievements of Dr. Bennet Omalu and all he has done to further the understanding of the human brain.

HUD OVER-INCOME HOUSING

The SPEAKER pro tempore (Mr. WOODALL). The Chair recognizes the gentleman from Florida (Mr. JOLLY) for 5 minutes.

Mr. JOLLY. Mr. Speaker, I rise today in support of bipartisan legislation that the House recently passed, H.R. 3700, the Housing Opportunity Through