

the key to the prison to the former prisoner.

Kathy was a great human being and a humanitarian individual who served the Indian people, the South African nation, and humanity in a superb fashion. His was a life well-lived. I was fortunate to have met him, and I am sorry for his loss.

#### THE MARCHANT FAMILY

(Mr. OLSON asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. OLSON. Mr. Speaker, I must confess, as my wife and kids know, I am not the most romantic guy. I have never dreamed I would be a matchmaker. Believers say the Lord works in mysterious ways, and, Mr. Speaker, those words are, oh, so true.

In 2007, I came home and ran for Congress. It was brutal: a 10-person primary, a runoff against a former Member, and a general election against an incumbent. But I had a secret weapon on my campaign: this man, Luke Marchant. Luke is the son of our colleague, KENNY. Luke would show up in a campaign office with ratty flip flops, in wrinkled, baggy shorts, and an unwashed T-shirt. Luke was a beast. But a beauty showed up like out of Disney: Katie McDonald. The matchmaking began. Beauty and the beast fell in love.

I was there on June 12, 2016, when they were married. Last week, Walker Ross Marchant was born to these two amazing young friends.

Katie and Luke, congratulations. In the future, for number two, maybe Peter Graham Marchant should be a name you all should consider.

#### HIGHLIGHTING THE DIY GIRLS INVENTEAM

(Mr. CÁRDENAS asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. CÁRDENAS. Mr. Speaker, I rise today to highlight the work of the DIY Girls InvenTeam, a group of 12 incredible young women from the San Fernando Valley. These young scientists invented a tent with solar panels to aid refugees and the homeless. Earlier this month, I had the opportunity to meet these 12 young women at their high school, my alma mater, San Fernando High.

As an engineer myself, I recognize how impressive their work is. Not only did these women create something amazing, but it was rooted in a desire to help other people. The DIY Girls InvenTeam has received one of just fifteen \$10,000 grants awarded by MIT. It is also noteworthy that these young scientists were able to come together through the help of DIY Girls, a grassroots program that empowers young women to become scientists.

As their Representative, I am proud to highlight their work. I know we will

continue to see great accomplishments from these bright, young women as they master science, technology, engineering, art, and math.

#### DON'T CROSS THE NAPOLEON OF SIBERIA

(Mr. POE of Texas asked and was given permission to address the House for 1 minute.)

Mr. POE of Texas. Mr. Speaker, for the last 8 years, the world turned its cheek while Vladimir Putin—the Napoleon of Siberia—stomped on human rights and broke international law.

I was there right after the Russians invaded Georgia and took one-third of the country. Then Putin went on to annex Crimea and invade Ukraine. Just this month, Denis Voronenkov, a Russian lawmaker who opposed Putin and defected to Ukraine, was gunned down in broad daylight. His assassination is the latest incident in an ongoing pattern of Putin critics who have been killed mysteriously. In the last 15 years, at least 11 other well-known critics of Putin have been killed mysteriously.

The message is clear: cross Putin, and you will face the lethal wrath of the Russian bear. Putin thinks he can continue killing those who oppose him and no one is watching. But I am here to tell him today that America is watching, and America will never stop defending the defenseless and protecting the human rights of people who speak against tyranny—even Russians who speak against tyranny.

And that is just the way it is.

#### THE CLEAN POWER PLAN

(Mr. PANETTA asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. PANETTA. Mr. Speaker, today I rise in opposition of the executive order that was signed that attempts to destroy the Clean Power Plan.

Once again, we are seeing politics driving policy. We are seeing the fulfillment of a past campaign promise rather than a focus on our future. The administration claims that the Clean Power Plan limits jobs. The reality is that the jobs were not lost due to tougher carbon emission standards. Instead, jobs were found due to our innovation, more competition based on cheaper natural gas, more mechanization due to advances in technology, and more tax credits for renewable energy.

The reality is that more jobs and property will be lost without reducing our CO<sub>2</sub> output. More CO<sub>2</sub> will lead to more acidification which will lead to less fish and less fishermen. More CO<sub>2</sub> will lead to shrinking icecaps and expanding sea levels causing damage to property not only along the central coast of California, my district, but along all coastlines around the world. Homes, businesses, and even our Navy

bases will be affected, threatening not just our personal but our national security.

The administration needs to stop taking steps backwards when it comes to our CO<sub>2</sub> output. But like many businesses, it needs to start pivoting and taking steps forward to protect our jobs, our coastlines, and our future.

#### STEMMING THE TIDE OF JOB LOSSES

(Ms. KAPTUR asked and was given permission to address the House for 1 minute.)

Ms. KAPTUR. Mr. Speaker, recently while announcing his manufacturing jobs initiative, President Trump said: "Everything is going to be based on bringing our jobs back. The good jobs, the real jobs. They have to come back."

Well, this month, more than 700 idled U.S. Steel workers in Lorain, Ohio, were notified they will permanently lose their jobs come this June. Lorain has lost over 1,000 steel jobs since 2015. It is ground zero on the trade and jobs front. This stalwart town and its dear people have been battered by continuing job washout in steel due to unfair trade practices and closed markets abroad, particularly with China and Russia.

Through no fault of their own, workers in too many of America's steel towns are hurting because of foreign product dumped on U.S. soil undercutting our very way of life.

Last week, I invited Commerce Secretary Wilbur Ross to visit Lorain to witness firsthand the urgency of stabilizing our manufacturing sector and fulfilling President Trump's job promises of only a few months ago.

If our Nation is going to stem the tide of job losses caused by one-sided trade deals on an uneven global playing field, there is no better place to start than Lorain, Ohio. Please, President Trump and Commerce Secretary Ross, come to Lorain, Ohio.

#### ALZHEIMER'S IN AMERICA

The SPEAKER pro tempore (Mr. SMUCKER). Under the Speaker's announced policy of January 3, 2017, the gentleman from California (Mr. GARAMENDI) is recognized for 60 minutes as the designee of the minority leader.

Mr. GARAMENDI. Mr. Speaker, we are going to talk about our health, not about last week's legislation and the effort to change the Affordable Care Act but rather about another part of the health of the American public.

The most remarkable proposal came from the President recently in his budget proposals.

□ 1815

I know that when I saw what he was proposing, I am thinking: You have got to be kidding. He is proposing a \$5.6 billion reduction in the National Institutes of Health's research programs.

I want to just take a second here and draw your attention to what research really means.

The National Institutes of Health is the principal research arm for healthcare issues throughout the United States. Over the years, we have spent very large amounts of taxpayer dollars dealing with health issues in the United States. The result of those research efforts, together with the implementation, has resulted in breast cancer deaths dropping, between 2000 and 2013, by 2 percent, prostate cancer deaths down 11 percent, heart disease down 14 percent, stroke down 23 percent, HIV/AIDS down 52 percent.

Research pays in better lives, in people living longer and the quality of their life. And yet this 18 percent reduction that has been proposed by the President in the basic funding for medical research here in the United States goes directly against these very important and very impressive changes in the statistics about mortality—HIV/AIDS, 52 percent.

Now, it is not all research, but it begins with research. It is unconscionable that such a proposal would be brought to the House of Representatives.

We are going to go beyond these success stories, and we are going to talk about this purple line here. The deaths from Alzheimer's have actually increased by 71 percent in the same 13-year period, in part due to the fact that the population, the baby boomers and those that preceded them, grow old; and that is where Alzheimer's occurs, in the older age groups.

So what is the research funding here on Alzheimer's? Well, not so good.

But before I go to that, I just want to take one moment and draw your attention to this little chart. This is the funding level for the National Institutes of Health's projected budget: \$31.7 billion. The scientists, the researchers out there said that that is underfunding not from their wish list, but from viable, credible research programs that can't be paid for because they have run out of money. So they have suggested that the budget should be somewhere around \$35 billion.

So what does the President propose? Well, he proposes, instead of going up, going down to \$25 billion or just close to \$26 billion, \$5.6 billion less.

The result is that this is not going to come down. We are going to talk about this for the next hour, about research, about the National Institutes of Health, about what it means to your life, to my life, to my colleagues' lives, to be able to extend our lives, whether it might be prostate cancer, heart disease, stroke, HIV, or Alzheimer's. It is a fact that, if we are to increase the research in this area, which, until just last year, was just over \$500 million, we can see this begin to change.

Joining me today are my colleagues from around the United States. I was looking for a more senior Member from California, MAXINE WATERS, who is the co-chair of the Alzheimer's Caucus. She

is not here, so I am going to go to our next more senior Member, Mr. COHEN from the great State of Tennessee.

I yield to the gentleman from Tennessee.

Mr. COHEN. Mr. Speaker, I am pleased to join you today in this 1-hour session.

I am the co-chair of the Medical Research Caucus. As the co-chair, I am most aware of the need for research and how much it has helped our country and how much it has helped many cities and universities in their efforts to save us.

For a long time, I have realized that my enemy—and I am not suggesting to anybody, or I don't want anybody to get the wrong impression that I don't think that we need a military, and a strong military, but I have known that the odds of me dying from something that happens initiated by North Korea or Iran or ISIS is about nil. But I also know that the odds of my dying from heart disease, stroke, diabetes, Alzheimer's, cancer is likely. So my enemy is disease.

And who is working to protect me and be my defense department? The National Institutes of Health. That is my defense department. That is all of America's defense department, for we all have, as an enemy, disease. Cures and treatments will be found through grants and research coordinated through the National Institutes of Health.

Francis Collins, the genius who is the Director of the NIH, is really our secretary of defense because he is fighting to find cures and treatments not just for us, but more so for the next generation and the next generation.

So it is a perfect situation for us to act to protect our constituents against their most serious enemy, and that is disease, and to protect them no matter how we fund it. For the deficit hawks who might suggest that some of the expenses be paid for by future generations, that is who is going to get the treatments and the cures, and people not even born yet.

In 1954, my father was a pediatrician, and he gave the Salk vaccine to second grade children for polio. He didn't give it to me in the fall of 1954 or the spring of 1954 because that wasn't his charge; it was to give it to second graders in a test of the Salk vaccine.

I came down with polio in September of 1954. And but for medical research not being a year earlier when the Salk vaccine became available to everyone in the spring of 1955, I would not have had polio.

It affected me as a young person. I spent 3 months in a hospital, lots of time with physical therapists, had surgeries, and today wear a brace because, without it, I wouldn't be standing here.

My future, I am not sure what it will be, but it would have been a lot better if we had the Salk vaccine a year earlier. For every cure and treatment that comes a little later and a little later are that many more people that will suffer from it.

So this nearly \$6 billion cut is going to affect people's lives in a meaningful way. For that reason, I am proud to join Mr. GARAMENDI and my other colleagues here to oppose this \$6 billion cut and also to advocate for increases in funding to the National Institutes of Health, our real defense department fighting for all Americans against the number one enemy we all have, which is catastrophic illnesses and diseases.

Mr. GARAMENDI. Thank you so very much, Mr. COHEN, for your personal story and the effect of research not being available to you in your early childhood and the result of that. We know that all across the United States there are issues that are out there. Certainly Alzheimer's, which is our principal subject matter today, together with the cuts in the National Institutes of Health budget, but also there is this thing called Zika. That is out there, and the research for that, is that going to be forthcoming or is that also going to be cut?

I noticed that our co-chair of the Alzheimer's Caucus is here. Ms. WATERS, if you would like to join us, the gentlewoman from the State of California with whom I have been able to work now for, well, just a few years, dating back to our time in the California Legislature. I yield to the gentlewoman.

Ms. MAXINE WATERS of California. I would like very much to thank my friend and colleague from California, Congressman JOHN GARAMENDI, for the time, and I commend him for organizing this Special Order on Alzheimer's disease. It is fitting and appropriate that we would be holding this Special Order hour this evening prior to the National Alzheimer's Dinner, which will take place tonight.

The National Alzheimer's Dinner is an annual event, organized by the Alzheimer's Association, that brings together staff, policymakers, advocates, and families impacted by Alzheimer's disease from across the country.

As the co-chair of the bipartisan Congressional Task Force on Alzheimer's Disease, I know how devastating this disease can be for patients, families, and caregivers. I am proud to lead the task force along with my co-chair, Congressman CHRIS SMITH.

Alzheimer's is a tragic disease affecting millions of Americans and has reached crisis proportions. There is no effective treatment, no means of prevention, and no method for slowing the progression of the disease.

According to the Centers for Disease Control and Prevention, that is the CDC, 5 million Americans were living with Alzheimer's disease in the year 2013. This number is expected to almost triple to 14 million by the year 2050.

Alzheimer's is the sixth leading cause of death in the United States. In 2017, the direct cost of care for Alzheimer's disease and other dementias is expected to hit \$259 billion, with 67 percent of those costs paid for by Medicare or Medicaid.

Alzheimer's disease and related dementias will increase exponentially as

the baby boom generation ages. At the current rate, the cost of Alzheimer's will reach \$1.1 trillion in 2050. We must act now to change the trajectory of this disease.

The national plan to address Alzheimer's disease calls for a cure or an effective treatment for Alzheimer's by the year 2025. Reaching this goal will require a significant increase in Federal funding for Alzheimer's research.

Fortunately, Alzheimer's research did receive a substantial increase in Federal funding in fiscal year 2016. Congress allocated \$936 million for Alzheimer's research at NIH in funding year 2016, an increase of \$350 million over the 2015 level. But that is still far less than what is needed to confront the challenges we face.

In March of last year, I wrote a letter to the House Appropriations Committee requesting an additional \$500 million increase in funding for Alzheimer's research, for a total appropriation of almost \$1.5 billion in funding year 2017. The letter was signed by a bipartisan group of 74 Members of Congress, including myself, co-chair CHRIS SMITH, and one of the greatest advocates on behalf of Alzheimer's patients not only in the Congress of the United States, but even before he came here, Congressman GARAMENDI.

Last summer, the Senate Appropriations Committee passed its version of the funding year 2017 Labor, Health and Human Services, Education Appropriations bill and provided a \$400 million increase in funding for Alzheimer's research at NIH, for a total appropriation of \$1.39 billion in funding year 2017.

Meanwhile, the House Labor, HHS, Education Appropriations Subcommittee passed this bill for funding year 2017 on June 17. The House bill provided a \$300 million increase in Alzheimer's research.

Unfortunately, Congress still has not finished its work on funding the year 2017 budget, so we don't know how much funding Alzheimer's research or any other program, for that matter, will receive this year.

At the same time, Congress has already begun consideration of year 2018 funding levels. I am once again circulating a letter to the House Appropriations Committee leaders requesting robust funding for Alzheimer's research.

This year my letter requests a \$414 million increase in funding for Alzheimer's research in fiscal year 2018 above the level included in the funding year 2017 Senate bill. That would be a total appropriation of more than \$1.8 billion for Alzheimer's research in funding year 2018.

Although this letter just started circulating, more than 25 Members of Congress have already signed this letter, of course led by Co-Chairs CHRIS SMITH and Congressman GARAMENDI and myself.

□ 1830

I am also circulating a letter to House Committee on Appropriations

leaders in support of a program to address the problem of wandering among Alzheimer's patients. This program helps local communities and law enforcement officials quickly find persons with Alzheimer's disease who wander away from their homes and reunite them with their families.

The majority of American Alzheimer's patients live at home under the care of family and friends. According to the Alzheimer's Association, more than 60 percent of Alzheimer's patients are likely to wander away from home. Wanderers are vulnerable to dehydration, weather conditions, traffic hazards, and individuals who prey on seniors.

Let me just continue my remarks by thanking all of the Members of Congress who are signing letters, who are focused on this, who understand what is going on. I would like to thank the gentleman from New Jersey (Mr. SMITH) and the gentleman from California (Mr. GARAMENDI) for their leadership and all the work that they have done educating the Members and helping to give exposure to what we need to do.

Mr. GARAMENDI. Mr. Speaker, I appreciate the leadership of Ms. WATERS. It goes on for many years in this particular area and beyond.

Progress can be made. I am just going to take 2 seconds here to show the funding levels for cancer, almost \$5½ billion; HIV/AIDS, almost \$3 billion; cardiovascular, \$2 billion. This is 1 year out of date.

Because of the work of Congress and the leadership of CHRIS SMITH from the Republican side and Ms. WATERS from the Democratic side, plus many Members, this number is not 560; it is just under a billion dollars now. We need more, and we need to get at it soon.

Mr. Speaker, I yield to the gentleman from the southern part of California (Mr. PETERS).

Mr. PETERS. Mr. Speaker, I thank Mr. GARAMENDI so much for organizing this discussion of a really important topic.

In San Diego, we are a center of genomics, a center of life sciences, and a center of collaborative scientific research that makes groundbreaking discoveries and improves people's lives. In 2015, our research institutions received \$768 million in NIH research funding, the most of any metro area in the United States. We are home to places like the Salk Institute for Biological Studies, Sanford Burnham Prebys Medical Discovery Institute, the J. Craig Venter Institute, and the Scripps Research Institute, where world-class scientists are making discoveries that save and improve millions of lives.

At the University of California San Diego, UCSD, the Shiley-Marcos Alzheimer's Disease Research Center is part of a collaborative national effort to better diagnose, prevent, treat, and ultimately to cure Alzheimer's. More than 5 million Americans are living with that disease. Alzheimer's kills

more Americans every year than breast cancer and prostate cancer combined. It puts a tremendous burden on the family and the loved ones of those battling the disease because for every Alzheimer's patient, there are three people providing unpaid care.

Thanks to organizations like Alzheimer's San Diego, there are services to support families that are providing care for their loved ones. We are grateful for that, but we need to do more.

Alzheimer's also puts a tremendous burden on our healthcare system, as some of the speakers have mentioned. This year, Alzheimer's and other dementias will cost the Nation \$259 billion. As our population ages, those numbers will only go up. It costs on average \$1,150 more per month for a senior with Alzheimer's to reside in assisted living. That puts a financial strain on Medicaid, Medicare, and millions of families.

The research being done at UCSD and around the country is fueled by the National Institutes of Health and the National Institute on Aging. The investments we make in basic scientific research to better understand the disease are our best chance at developing new therapies and ultimately a cure.

One of the most bipartisan victories we have had in Congress since I have been here—this is my third term—was to increase NIH funding and to make a \$6.3 billion investment in scientific research, which we did last year. Members of both parties came together with the understanding that NIH funding creates high-paying jobs, grows our economy, and unlocks discovery that changes lives. In his joint address to Congress this year, right here in this room, President Trump said he wanted to find cures to “free the Earth from the miseries of disease.”

Unfortunately, then he turned around and sent a budget to Congress that slashed funding for NIH, clawing back the progress that we made last year. Our efforts to find cures to diseases like Alzheimer's would be completely undermined by the President's budget. We just can't allow that to happen.

I really, again, appreciate Mr. GARAMENDI for hosting this conversation. I want to let him know that I would be happy to sign on to Ms. WATERS and Mr. SMITH's letter, which he is also a leader of. I look forward to working with Mr. GARAMENDI and all of our other colleagues to defend the investment we have made in scientific research last year and to push for even more so that we can begin to win the battle against Alzheimer's and other diseases. That is what it is about, it is about winning. That is what I have been hearing. We want to win this battle.

I am very conscious that the United States has written the playbook for how to lead the world in science, and it is by funding basic scientific research, by letting the best scientists in the world compete for those grants that

are peer-reviewed—not decided by politicians, but by scientists. That system has worked marvelously well. Let's not kill it. Let's feed it.

Mr. GARAMENDI. Mr. Speaker, I thank Mr. PETERS for his comments. His knowledge and expertise in this field is appreciated and, I am sure when shared with the other Members of this House, will have a positive result.

Mr. PETERS said something toward the end of his conversation that I think we need to drive home. I said earlier that the scientists suggested that instead of a \$31.7 billion budget for the NIH, they needed an additional \$3.3 billion. It is for those projects that Mr. PETERS described as peer-reviewed by peers in the area of science—whether it is heart disease, cancer, or HIV or Alzheimer's—that are worthy projects for which there is no money.

If we could fund those—not reduce the level of funding, as suggested by the President, but, rather, increase it—what would be the result?

I am going to toss this up one more time. This is what happens when research is applied to diseases. Breast cancer down, prostate cancer down, heart disease deaths, strokes, and HIV, all down as a result of research, and then the application of that research through the medical community. This is progress. This is what can happen. This is what we want to get to.

Mr. PETERS. Will the gentleman yield?

Mr. GARAMENDI. Mr. Speaker, I yield to the gentleman from California.

Mr. PETERS. I want to leave time for Mr. RASKIN, but we talk about this peer-review concept. Maybe people don't understand what that is. What happens is these top scientists from around the world file these grants. They are reviewed not by government employees, not by bureaucrats, not by politicians, but by real scientists, the best in their field, to determine which would win. In the good times, about 25 percent of those grants will be funded by NIH when there is robust funding. Seventy-five percent of them are turned down. That is how selective it is.

Unfortunately, now we are looking at 7 to 10 percent funding. That means we are not discovering a lot. We are also turning a lot of our young people off of science. We can't let that happen.

Again, we could talk about this all day, but I want to turn to my colleagues. Again, I thank Mr. GARAMENDI for setting up this discussion.

Mr. GARAMENDI. Mr. Speaker, let's move to the other side of the continent. Let's talk about the view from New Jersey. I yield to the gentlewoman from New Jersey (Mrs. WATSON COLEMAN).

Mrs. WATSON COLEMAN. Mr. Speaker, I thank Mr. GARAMENDI for sponsoring this moment that we can speak about such important issues.

In a budget proposal purported to "make America great again," President Trump has put forth a request to

cut \$5.8 billion from the National Institutes of Health for fiscal year 2018. Mr. Speaker, there is absolutely nothing great about that. These cuts would reverse growth for the agency that President Obama boosted its budget by \$2 billion in 2016 and 2017. These cuts would forfeit American dominance in a sector where we are global leaders.

In New Jersey's 12th District, Princeton University received close to \$46 million in NIH grants, and the College of New Jersey received around \$400,000 to continue our Nation's stature at the forefront of medical breakthroughs. The cuts proposed would, in effect, stunt good and essential medical research, lifesaving research.

Unlike what we have seen from this administration, the NIH has produced results that improve the health and livelihood of the American people. For example, there is no widely available cure for sickle cell anemia. While some children have been successfully treated with blood stem cell and/or bone marrow transplants, this approach was thought to be too toxic for adults. However, NIH researchers successfully treated adults with severe sickle cell disease using a modified stem cell transplant approach that does not require extensive immune-suppressing drugs.

After receiving an experimental spinal stimulation therapy from a team of NIH-funded researchers, four young men paralyzed due to spinal cord injuries were able to regain control of some movement, promising results for treating these devastating injuries.

NIH-supported researchers designed a protocol to transform human stem cells into beta cells that produce insulin and respond to glucose. That finding could lead to new stem cell-based therapies to treat diabetes in patients of all ages, a disease that is so prevalent in our society.

The specific damage that occurs in affected brain tissue after a concussion has not been widely well understood. A study by NIH researchers provided insight into the damage caused by mild traumatic brain injuries and suggested approaches for reducing its harmful effects.

It has even been reported that these draconian cuts will slow research that could lead to new ways to prevent and treat cancer, the Nation's number two killer, which claimed the lives of almost 600,000 Americans just last year and which, incidentally, claimed the lives of both of my parents.

The evidence is overwhelming, and these are the facts. I just want to know when this President and his supporters here in Congress will set aside budget gimmicks and put Americans, our health and our well-being, first.

Mr. GARAMENDI. Mr. Speaker, the gentlewoman from New Jersey pointed out a very important thing here, and that is: When will we get real about this?

It is my understanding that many of these budget cuts, the National Insti-

tutes of Health and others, were made so that a wall on the Mexican border could be funded.

Ponder that for a few moments. Is that really a priority? Do we cut the funding for this basic research—whether it is for cancer, diabetes, even people that are suffering from post-traumatic stress disorder—so that we can fund a wall on the border?

That may be what this is all about, in which case it is a terrible, terrible choice. I don't think we are going to make that.

I thank the gentlewoman from New Jersey (Mrs. WATSON COLEMAN) for her views. I really appreciate her understanding of this and her participation today.

I see next to you our colleague from the great State of Maryland (Mr. RASKIN) listening very intently to you and now prepared to jump into the fray here.

Mr. Speaker, I yield to the gentleman from Maryland (Mr. RASKIN).

Mr. RASKIN. Mr. Speaker, nobody takes the speech and debate clause more seriously in this body than Mr. GARAMENDI. He speaks in debate pretty much every day, and that is what the Founders wanted us to do, not to just come here in a kind of naked exercise of power politics and see who can get more votes, but really try to learn from each other and engage in a dialogue so we are advancing public policy.

It was a pleasure to receive the gentleman's invitation to join this Special Order on Alzheimer's disease. I am delighted to join him. I am also delighted to see at the dais this evening the Speaker pro tempore, my friend Congressman SMUCKER from Lancaster County, Pennsylvania. He is just a freshman, but he is already wielding the gavel. I would say that seat suits Congressman SMUCKER just fine. It is good to see him up there tonight.

Congressman GARAMENDI, I am the Congressperson from Montgomery County, Frederick County, and Carroll County, Maryland, the 8th Congressional District, which includes the NIH, the National Institutes of Health; so I have the great fortune and honor and responsibility of representing thousands of people who work at NIH and who live in Rockville and in the neighborhood. So I see this as not just a national treasure and resource, but also a vibrant and vital part of my community that I represent.

I speak tonight not just as a politician, but I speak also as someone who has—I guess what we call around here—a preexisting condition because when I was in the Maryland State senate and as a professor of constitutional law at American University, I was given a diagnosis in the year 2010 of colon cancer.

□ 1845

I learned something very interesting going through the experience about the difference between misfortune and injustice. Because if you have a job that

you love and a family that you love and constituents that you love and it is a beautiful day and you are told that you have got stage III colon cancer, that is a misfortune. It can happen to anybody—liberal, conservative, Democrat, Republican, Independent, old, young, every race, every ethnicity. It can happen to anybody. It is a misfortune.

At the time, I was the floor leader in Maryland on marriage equality legislation, and it struck me that the misfortune can happen to anybody. But if you can't get health insurance because you love the wrong person or because you are unemployed or because you are too poor, that is not just a misfortune. That is an injustice because we, as a society, can do something about that.

So when we think about Alzheimer's disease or cystic fibrosis or lung cancer or diabetes 1 or 2, in a democratic society, our obligation is not to compound the misfortunes of life with governmental injustice; our job is to try to reduce misfortune because we are all citizens together.

So that is why I am so proud to represent NIH because, as has been said very eloquently by a number of speakers tonight, the NIH is in the forefront of defending our population against disease and serious illness.

So let's talk about Alzheimer's for a little bit.

More than 5 million Americans are living today with Alzheimer's disease. That is about the population of my State—everybody in Maryland, from Baltimore to Rockville, to Silver Spring, to Bethesda, to Chevy Chase, to Middletown and Frederick County, to Sykesville, all over Carroll County, from the eastern shore to western Maryland, millions of people. That is how many people across the land are suffering from Alzheimer's disease. And it is a number that is rapidly increasing. It could be as high as 16 million people by 2050 is what the experts at NIH are telling us.

Since 2000, deaths from Alzheimer's have increased a startling 89 percent. You have shown us what the graphs are, Mr. GARAMENDI. One in three senior citizens today dies from Alzheimer's or another form of dementia. For victims of this disease, it is demoralizing, devastating, debilitating, and draining for the whole family.

In Maryland, Alzheimer's affects 100,000 people, and it costs us around \$1 billion in Medicaid dollars every year.

In 2017, it is estimated that, across the country, we will spend \$259 billion caring for people with Alzheimer's and other kinds of dementia, with \$175 billion being borne by Medicare and Medicaid, alone. This means nearly one out of every five Medicare dollars is spent on Alzheimer's.

So we have got to move quickly and effectively to address the crisis and to solve the puzzle of Alzheimer's disease; otherwise, these costs are going to continue to grow even more sharply, and Alzheimer's could overwhelm our healthcare system.

We need a cure, which is why the good people at the Alzheimer's Association are asking Congress to support a \$414 million increase in the research budget at NIH for Alzheimer's in FY 2018. But President Trump has proposed a \$5.8 billion cut to the NIH, which is a 19 percent reduction in the NIH budget.

Why?

Well, it is very hard to know. It is part of a proposal to slash \$60 billion in science research, environmental protection, housing, the human needs budget, and to shift it into the Pentagon. Now, that is at a time, Mr. GARAMENDI, when a committee I serve on, Oversight and Government Reform, just had hearings where Democrats and Republicans, alike, were outraged to learn that \$125 billion in waste, fraud, abuse, and contractor overruns is happening right now in the Pentagon.

We could save \$125 billion just by taking seriously the problems in contracting and fraud and abuse that is taking place with the beltway bandits. But instead of going after that corruption and waste, they want to take \$60 billion out of the human needs budget and shift it over to the Pentagon.

Well, that is going to have a disastrous effect on our ability to make progress. That is the point I think you are making tonight, Congressman GARAMENDI. You are saying that, when we invest in basic research on the diseases, we make progress.

Look what we have done with AIDS. It is amazing. Look what is happening with cystic fibrosis. We are making real progress because we are investing. We have got to not cut back on any of the research that is taking place. We have got to double down and invest, and we really need to do that with Alzheimer's.

So this move to slash the human needs budget, the medical research budget, and put it in the Pentagon is an assault on science, on medicine, and on the health care of our people. These are our people whose lives are at stake that we are talking about. These are our families that are suffering the savage repercussions of Alzheimer's disease. It is a terrible infliction on the land.

So I think that the idea of slashing \$6 billion from research for serious diseases like Alzheimer's, like the doomed repeal-and-replace legislation that crashed and burned on Friday of last week, is totally counterproductive and destructive of the true needs and priorities of our people.

We spend more money on the military than the next five or six countries combined, and the Pentagon is swimming in a deep pool of waste, fraud, abuse, and contractor overruns today.

Let's focus on helping our own people right now, the way mature democracies do, not enriching beltway bandits and plutocrats and insiders the way that authoritarian governments do. The question of Alzheimer's is an urgent question for our time, just like the re-

search into all of the other killer diseases that are afflicting our people.

Mr. Speaker, I thank Mr. GARAMENDI for making me part of this Special Order hour.

Mr. GARAMENDI. Mr. Speaker, I thank Mr. RASKIN so very much. And, indeed, the National Institutes of Health has a stellar representative, as do the American people, and certainly the people of Maryland.

As he told his own personal story of one of the dreaded diseases, I am delighted to see him stand here in such good health. Apparently, he has recovered completely from that.

I suspect that recovery was, at least in part, due to, first, his good health at the outset, but also to the research that was done in the preceding years through the National Institutes of Health on cancer research. We have seen the decline in cancer deaths as a result of that research. What we would like to do is to deal with this Alzheimer's.

I want to take a moment just to talk about where we are. We had a huge debate last week on repealing the Affordable Care Act and what it would mean to Americans, and a lot of that debate centered around the cost of medical services. Tragically, one of the ways that the proponents of repealing the Affordable Care Act would save money is to reduce the Medicaid program in different ways, but the end result was to reduce the Medicaid program.

Sixty percent of the Medicaid program is for people in long-term care facilities. A good percentage of those, probably the majority of those, with some sort of dementia or Alzheimer's. What we need to do is to address this issue straightforward.

I will tell my own story.

My mother-in-law lived the last 3 years of her life in our home. We were in a position where we were able to take care of her, so she didn't go to a long-term care facility. Nonetheless, it was one of the obligations that we felt we had, and many, many other Americans share that obligation.

This is 2015. The number \$2.026 billion came up during the discussion that we had. That is what we spent in 2016. Some of that was spent by other payors. That would be insurance companies. Some was spent by family. Medicare and Medicaid spent the great majority.

As we go through the years, in 2020, we expect to spend \$267 billion. And again, Medicare and Medicaid make up the great majority of it. As we move through time, we will see that there will be greater and greater expenses, rising year by year, so that in the year 2050, which is not that far away—that is one generation away—we will be spending over \$1 trillion, and Medicare and Medicaid will, throughout this entire period, be the single largest source of money to pay for Alzheimer's.

So, if we want to reduce the cost of premiums, if we want to reduce the cost of government, if we want to deal

with the quality of life of Americans, then we have to get to this research because there is hope. Alzheimer's is not a hopeless disease. It is not a disease for which there is no cure. It is a disease for which we have not spent money on finding the cure.

If we can delay by a year, we will save tens of billions of dollars of taxpayer money in care that has been pushed off into the future. And the quality of life for the individual that has one more year of quality of life ahead of them is enormous and invaluable.

Here is just a way of depicting the backward nature of how we are dealing with the research for Alzheimer's. This was originally the 2015. We have been at this a couple of years, and we have seen progress.

In 2016, we spent \$941 million, just under \$1 billion, on Alzheimer's research. At the same time, we spent \$153 billion in the care of Alzheimer's in Medicare and Medicaid. It is Federal taxpayer money.

Look, \$1 billion, less than \$1 billion in research, \$153 billion in out-of-pocket expense caring for these individuals that have come down with Alzheimer's. A pretty neat equation here, isn't it?

If we were to ramp that up, as we would like to see, from \$941 million to \$1.4 billion, the researchers all across this country—some in San Diego, as we heard from Mr. SCOTT PETERS; others in New Jersey, as we heard from Mrs. WATSON COLEMAN; or in other parts of California, Boston, wherever. If we were to ramp that up by an additional \$500 million, the researchers believe that they will untangle the tangles in the brain that lead to Alzheimer's and understand what is going on and, from that point, be able to find a path towards a solution.

It is not hopeless. We have seen progress. We have seen research that was done a decade ago. The analysis indicated that it really didn't work too well when they came up with a solution. Another researcher, 7 or 8 years later, went back to that very research, looked at the statistical analysis, and noticed that, for those who had early onset, that particular treatment modality had an enormous effect, not on those that were in later Alzheimer's but those who were in early onset.

Whoa. What does that mean?

That means that there is a path. That means that there is an avenue towards a solution. However, this Congress, the 435 of us who will be here voting on the appropriations to fund the Federal Government, to fund the military, to fund the highways, to fund the National Institutes of Health, will be given a choice. We will have a choice. Do we increase the funding for the National Institutes of Health and Alzheimer's research, or do we fund a wall on the Mexican border to the tune of \$20 billion?

We just received that supplemental appropriation request from the administration today to spend \$20 billion on a wall.

I can talk to you about a wall. I represent 180,000 people just downstream from the Oroville Dam, and I have got a 30-foot wall that needs to be repaired. We are talking about imminent danger, and the rainy season is not over in California.

Or, another \$5.6 billion for the military for programs that nobody has told us yet should be funded.

□ 1900

We are going to make choices here. The President has made his choice. He has shown what is of value in his mind.

I challenge that value. I challenge that value statement. I will tell you what is important. What is important are those millions of Americans who face Alzheimer's in the days, the months, and the years ahead. I am looking to the generations that are 40 and 50 years of age today who know, like my wife and I, they will be caring for their parents who are suffering from dementia and Alzheimer's. That is a value that I think is important.

Mr. COHEN spoke to the real enemy. Is the real enemy somewhere out there around the world, or is the real enemy the disease that will take us down—in his case, childhood polio?

We are going to make choices here, very important choices to the everyday lives of Americans. My choice is to increase, to increase the budget, the appropriation for the National Institutes of Health so that the \$35 billion that the scientists—who have already done the peer review on all types of diseases, ranging from Zika, to cancer, and HIV, and Alzheimer's—say are worthy research projects that should be funded.

I reject the value that the President has said to strip \$5.6 billion out of the National Institutes of Health and transfer it for a wall on the Mexican border or for some spending in the military—some unspecified spending. These are choices.

I know where, in my mind, the choice should be, and I reject the choice that has been made by our President.

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

#### RESTRUCTURING HEALTH CARE IN AMERICA

The SPEAKER pro tempore (Mr. TAYLOR). Under the Speaker's announced policy of January 3, 2017, the gentleman from Texas (Mr. GOHMERT) is recognized for 60 minutes as the designee of the majority leader.

Mr. GOHMERT. Mr. Speaker, at this time, I yield to my friend, the gentleman from Florida (Mr. GAETZ).

HONORING THE DEDICATED SERVICE AND SELFLESS SACRIFICE OF SERGEANT FIRST CLASS ROBERT R. BONIFACE

Mr. GAETZ. Mr. Speaker, I thank the gentleman from Texas for yielding.

Mr. Speaker, it is with both profound sadness and deep gratitude that I rise to pay tribute to a fallen decorated American hero. On March 19, 2017, Sergeant First Class Robert R. Boniface of

the 7th Special Forces Group, located in my district, tragically lost his life in support of Operation Freedom's Sentinel.

Sergeant First Class Boniface was 34 years old—my age—but he lived a lifetime marked by full service. Sergeant First Class Boniface entered the Army in March 2006. After infantry basic training and advanced individual training at Fort Benning, Georgia, he attended airborne school before being assigned to the Special Warfare Center and School. Sergeant First Class Boniface completed the Special Forces Qualification Course earning his green beret in 2010. He was assigned then to the 7th Special Forces Group.

Sergeant First Class Boniface's awards and decorations include: two Bronze Star Medals, the Army Commendation Medal, two Army Good Conduct Medals, the National Defense Service Medal, the Afghanistan Campaign Medal with two Campaign Stars, the Global War on Terrorism Service Medal, three Noncommissioned Officer Professional Development Ribbons, the Army Service Ribbon, the NATO Medal, the Special Forces Tab, the Combat Infantryman Badge, the Special Forces Combat Diver Badge, and the Parachutist Badge.

Mr. Speaker, there are no words that I, this body of Congress, or the Nation can say that might ease the bereavement of the Boniface family. All I can say is that on behalf of a humble and grateful nation, we thank them for the love, counsel, and support given to Robert during his life, which helped make him a hero, both in uniform and as a father.

His life stands as a testament that freedom is not free. His legacy will echo in time as an example of the ultimate sacrifice for all free people. I pray that God will be with Robert's wife, Rebekah; his daughter, Mia; and all of their family and friends during this time of great mourning.

Mr. Speaker, may God continue to bless the United States of America.

Mr. GOHMERT. Mr. Speaker, I certainly thank my friend from Florida for such a compelling tribute to a great American hero.

Mr. Speaker, at this time, I yield to my friend, the gentleman from Ohio (Mr. DAVIDSON).

#### WELFARE BRAC ACT

Mr. DAVIDSON. Mr. Speaker, it is an honor to address this body, and I rise today to talk about H.R. 1469, the Welfare BRAC Act.

Before going into the specifics of the bill, I would like to talk for a little bit about how we have arrived at a point of needing such a fundamental restructuring of our Nation's antipoverty programs.

In 2015, the Federal Government spent \$843 billion on welfare programs, means-tested welfare programs. By some estimates, we have spent more than \$22 trillion on antipoverty programs over the past 50 years. Today, we have some 92 antipoverty programs run