of courtesy in sending me this congratulatory letter in which he not only said ''Congratulations on your fine academic achievement. But should you ever have occasion to come to Washington, I certainly want to invite you.''

In that context, I extended my appreciation for that offer and accepted his kind invitation to come to Congress.

Congressman Jimmy Morrison was more than just a good political figure. He had exemplary courage. In fact, he was a leader in the civil rights fights of the 1960s. And many believe it was his belief and conviction in the action of civil rights that brought his long and distinguished congressional career to an end.

But it was also exemplary of the core of what Congressman Morrison's strengths really were. He was a courageous person. Serving in office from 1943 to 1967, he was never afraid to take a stand whether controversial or not.

Many might say about many Louisiana politicians that at times they can be flamboyant. Certainly Congressman Morrison was no exception to that observation. But throughout it all, he was a leader. He is a leader who is known in the State for his accomplishments but also as a political legend. But he is known as a legend for all the right reasons.

Mr. VITTER. Mr. Speaker, reclaiming my time, we will all remember Congressman Morrison very fondly, very proudly for his contributions not only to his part of Louisiana, to our home State, but to the Congress and to the country.

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FUNDING FOR NATIONAL INSTITUTES OF HEALTH

The SPEAKER pro tempore. Under the Speaker's announced policy of January 6, 1999, the gentleman from Pennsylvania (Mr. GEKAS) is recognized for 50 minutes.

Mr. GEKAS. Mr. Speaker, we rise here today to state and restate a goal that we had set several years ago to attempt to and to succeed in doubling the funding for NIH, the National Institutes of Health, over a 5-year period. This was 3 years ago.

We began that by introducing a resolution to that effect and gathering sponsorship. And lo and behold, the first 3 years have yielded the steady advance toward that doubling of funding that we so earnestly felt was necessary for the people of our country.

Today, as we stand here, the Congress is poised to do the third leg of that doubling process down the road by engaging in a conference report between the House and the Senate in which the top figure, that contained in the Senate, $2.7 billion, or thereabout, would be exactly the amount required to keep us on the path towards the doubling of the funding.

We anticipate that Members of the House and the Senate will eventually support that final figure that will keep us on this track.

But why is this important? It is important not just for the sake of the money required to keep an enterprise moving, but the work of that enterprise will be to relieve pain, to relieve suffering, to prevent disease, to cure disease. Because that is what the business of the NIH is, to reach out and, through research and through efforts in the world of medicine and healthcare, to bring about breakthroughs in the various maladies that face the people of the Earth.

We have seen evidence over the last 10 years of tremendous breakthroughs and advances in Parkinson's disease, in women's breast cancer, in other types of cancer, in Alzheimer's disease, in many of the things that plague us and for which there is sometimes said to be no cure. And that is true, but we do not know how soon we could reach a point where we might develop a cure.

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But the point is that is the purpose of the increased funding for the NIH. Along the way, then, we in this Congress submitted a similar resolution, H. Res. 437, which does the very same thing. $2.7 billion is our target. We are short of that in the House, but as I said the conference report will probably yield assent by the Congress to this third leg of the doubling effort about which we speak. We have ample documentation and evidence from other Members of Congress and people throughout the Nation that there is gigantic support for this particular effort.

Mr. Speaker, I want to enter into the RECORD my own statement in this regard, a copy of H. Res. 437, various Dear Colleague letters that speak on the subject, a list of cosponsors of the effort, and also letters of support, some dozen of them.

H. RES. 437

Whereas past Federal investment in biomedical research has resulted in better health, an improved quality of life for all Americans, and a reduction in national health care expenditures;

Whereas the Nation's commitment to biomedical research has expanded the base of scientific knowledge about health and disease, and revolutionized the practice of medicine;

Whereas the Federal Government is the single largest contributor to biomedical research conducted in the United States;

Whereas biomedical research continues to play a vital role in the growth of this Nation's biotechnology, medical device, and pharmaceutical industries;

Whereas the origin of many new drugs and medical devices currently in use is biomedical research supported by the National Institutes of Health;

Whereas women have traditionally been underrepresented in medical research protocols, yet are severely affected by diseases including breast cancer, which will kill over 43,300 women this year; ovarian cancer, which will kill 14,500; and osteoporosis and cardiovascular disorders;

Whereas research sponsored by the National Institutes of Health is responsible for the identification of genetic mutations relating to nearly 100 diseases, including Alzheimer's disease, cystic fibrosis, Huntington's disease, osteoporosis, many forms of cancer, and immunodeficiency disorders;

Whereas many Americans face serious and life-threatening health problems, both acute and chronic;

Whereas neurodegenerative diseases of the elderly, such as Alzheimer's and Parkinson's disease, threaten to destroy the lives of millions of Americans, overwhelm the Nation's health care system, and bankrupt the Medicare and Medicaid programs;

Whereas 2.7 million Americans are currently infected with the hepatitis C virus, an insidious liver condition that can lead to inflammation, cirrhosis, and cancer as well as liver failure;

Whereas 297,000 Americans are now suffering from AIDS, and hundreds of thousands more are infected with HIV;

Whereas cancer remains a comprehensive threat to any tissue or organ of the body at any age, and remains a top cause of morbidity and mortality;

Whereas the extent of psychiatric and neurological diseases poses considerable challenges in understanding the workings of the brain and nervous system;

Whereas recent advances in the treatment of HIV illustrate the promise research holds for even more effective, accessible, and affordable treatments for persons with HIV;

Whereas infants and children are the hope of our future, yet they continue to be the most vulnerable and underserved members of our society;

Whereas approximately one out of every six American men will develop prostate cancer and over 40,000 men will die from prostate cancer each year;

Whereas juvenile diabetes and diabetes, both insulin and non-insulin forms, afflict 16 million Americans and place them at risk for acute and chronic complications, including blindness, kidney failure, atherosclerosis, and nerve degeneration;

Whereas the emerging understanding of the principles of biometrics have been applied to the development of hard tissue such as bone and teeth as well as soft tissue, and this field of study holds great promise for the design of new classes of biomaterials, pharmaceuticals, and diagnostic and analytical reagents;

Whereas research sponsored by the National Institutes of Health will map and sequence the entire human genome by 2003, leading to a new era of molecular medicine that will provide unprecedented opportunities for the prevention, diagnoses, treatment, and cure of diseases that currently plague society;

Whereas the fundamental way science is conducted is changing at a revolutionary pace, demanding a far greater investment in emerging new technologies, research training programs, and development of new skills among scientific investigators; and

Whereas most Americans overwhelmingly support an increased Federal investment in biomedical research: Now, therefore, be it

Resolved,

SECTION 1. SHORT TITLE.

This resolution may be cited as the ''Biomedical Revitalization Resolution of 2000''.

SEC. 2. SENSE OF THE HOUSE OF REPRESENTATIVES.

It is the sense of the House of Representatives that funding for the National Institutes of Health should be increased by $2,700,000,000 in fiscal year 2001 and that the budget resolution should appropriately reflect sufficient funds to achieve this objective.

WASHINGTON, DC,
July 12, 2000.

TAKE THE THIRD STEP TOWARD DOUBLING THE NIH BUDGET IN FIVE YEARS: COSPONSOR THE ''BIOMEDICAL REVITALIZATION RESOLUTION OF 2000''

DEAR COLLEAGUE: We are writing to invite you to join us in becoming a cosponsor of the ''Biomedical Research Revitalization Resolution of 2000,'' a bipartisan resolution that takes the third step toward doubling the National Institutes of Health (NIH) budget in five years. This Resolution expresses the sense of the House of Representatives that the NIH budget should be increased by $2.7 billion in Fiscal Year 2001.

The Resolution states that we can accomplish this goal in five years through budget surpluses, budget offsets, and the regular appropriations process. The budget resolution must reflect these potential funding opportunities to make this goal a reality. NIH funding has doubled over the past ten years, but with scientific discoveries occurring at a revolutionary pace, this investment must be accelerated NOW! The outstanding performance of the American economy is providing budget surpluses at just the time when NIH needs this money the most. By 2005, the NIH will complete the mapping and sequencing of the human genome. This will usher in a new era of molecular medicine with unprecedented research potential to prevent, diagnose, treat, and cure diseases that currently plague our society.

These future breakthroughs, however, depend upon Congress appropriating sufficient funds to continue and expand on the research currently being conducted. We are seeking funding that will ensure the realization of major biomedical breakthroughs in the next decade. We must demonstrate our commitment to improving the health and well-being of all Americans by increasing funding for NIH and keep medical advancements on the fast track to discovery.

NIH research has spawned the biotechnology revolution, whose products grew into a $50 billion industry in 1999. NIH supports over 50,000 scientists at 1,700 universities and research institutes across the United States. The biotechnology industry—a direct result of advances in biomedical research funded by the NIH—employs 118,000 people in over 12,000 biotechnology companies across the country. The biotechnology revolution has also spurred advancements in other industries that have applied the discoveries to their own fields. In agriculture, biotechnology is producing greater crop yields while reducing the dependence on traditional chemical pesticides. Biotechnology research, while conducted by the public sector, has had substantial impacts on the economy and society as a whole that affect the lives of every individual in this country. Continued advances, however, are directly dependent on the biomedical research conducted by the NIH.

Whether affecting our family, friends, neighbors, and colleagues, we have all seen the heartbreaking impact of cancer, stroke, diabetes, heart disease, AIDS, and other diseases that cause chronic disability and shortened lives. We can do something about these diseases by making the investment to double NIH funding this year. Last year a similar proposal to double the NIH budget in five years received the bipartisan support of over sixty five members of the House of Representatives. We enjoyed some success in the effort when we added $2.3 billion to the NIH Fiscal Year 2000 budget. Please contact Matt Zonarich in Representative Gekas' office at 5–4315 to cosponsor the Biomedical Revitalization Resolution of 2000.

Very truly yours,

GEORGE W. GEKAS,
NANCY PELOSI,
KEN BENSTEN,
SONNY CALLAHAN,
CONSTANCE MORELLA,
Members of Congress.

H. RES. 437 COSPONSORS

Rep. Baldacci, John Elias
Rep. Bentsen, Ken
Rep. Blagojevich, Rod R.
Rep. Borski, Robert A.
Rep. Brady, Robert
Rep. Callahan, Sonny
Rep. Capuano, Michael E.
Rep. Castle, Michael N.
Rep. Cunningham, Randy (Duke)
Rep. DeFazio, Peter A.
Rep. DeGette, Diana
Rep. Fowler, Tillie
Rep. Frank, Barney
Rep. Gejdenson, Sam
Rep. Gilchrest, Wayne T.
Rep. Gonzalez, Charles A.
Rep. Greenwood, James C.
Rep. King, Peter T.
Rep. LaFalce, John J.
Rep. Lantos, Tom
Rep. McGovern, James P.
Rep. McNulty, Michael R.
Rep. Moakley, John Joseph
Rep. Morella, Constance A.
Rep. Nethercutt, George R., Jr.
Rep. Pelosi, Nancy
Rep. Porter, John Edward
Rep. Price, David E.
Rep. Rivers, Lynn N.
Rep. Schakowsky, Janice D.
Rep. Slaughter, Louise McIntosh
Rep. Stearns, Cliff
Rep. Wolf, Frank R.

JOINT STEERING COMMITTEE
FOR PUBLIC POLICY,
Bethesda, MD, July 18, 2000.

Hon. George Gekas,
House of Representatives,
Washington, DC.

DEAR REPRESENTATIVE GEKAS: On behalf of the Joint Steering Committee for Public Policy, representing 25,000 basic biomedical researchers, thank you for your leadership in organizing a Special Order to support doubling the NIH budget from 1999–2003. We also salute your introduction of H. Res. 437, which calls for the same.

Your outstanding efforts to educate the Congress through the Congressional Biomedical Research Caucus about the National Institute of Health and its ability to effectively utilize a 15%, $2.7 billion increase in this year's appropriation. We recognize the difficulty Congress faces in achieving this goal, but we are confident that through your leadership and that of Congressman Porter, this goal will be achieved and health research will be accelerated by this visionary investment.

As you well know, our country leads the world in biological science, enabled by a far-sighted national policy of federal funding for research at our Nation's colleges and universities through the NIH and other agencies. The NIH is the major source of funds for critical basic research in laboratories throughout the U.S., on Alzheimer's disease, cancer, diabetes, heart disease and many other devastating diseases. This investment will provide a significant boost to these important efforts by translating the promise of scientific discovery into better health.

The sequencing of the human genome has provided a huge amount of information highly relevant to human health. However, the information is encoded in a form that is currently unreadable by modern methods for deciphering the biological meaning of genome sequences require extensive computation, some of it still beyond the limits of existing computer algorithms, software and hardware. Incremental investment in the NIH will enable the important search for the key to the human genome.

Thank you for your support of biomedical research and basic science.

Sincerely yours,
ERIC S. LANDER, Ph.D.,
Chair.

FEDERATION OF AMERICAN SOCIETIES
FOR EXPERIMENTAL BIOLOGY,
May 8, 2000.

Hon. GEORGE W. GEKAS,
House of Representatives, Rayburn House Office Building, Washington, DC.

DEAR REPRESENTATIVE GEKAS: On behalf of the more than 60,000 scientists belonging to the Federation of American Societies for Experimental Biology (FASEB), thank you for your continued efforts to support biomedical research, specifically the National Institutes of Health (NIH). By introducing the Biomedical Revitalization Resolution of 2000 (H. Res. 437) in support of a $2.7 billion dollar increase in NIH funding in FY 2001, you have made a testament to your steadfast dedication to this cause.

As stated in the resolution, continued investment in biomedical research will result in further improvements in our nation's health, quality of life and economy. We can expect this investment to lead to decreases in health care expenditures and stimulation of biotechnology and pharmaceutical industries. This increase, together with the momentum from other recent investments, should enable the biomedical sciences to capitalize on expanding knowledge of disease processes and their underlying genetic basis in order to develop new therapies.

We depend on the insight and leadership you have shown once again. Your strong support enables scientists to seize current opportunities in biomedical research and bring about advances in science and health that benefit the American public.

Sincerely,
DAVID G. KAUFMAN, M.D., PH.D.

AMERICAN HEART ASSOCIATION,
Washington, DC, June 14, 2000.

Hon. GEORGE GEKAS,
House of Representatives,
Washington, DC.

DEAR REPRESENTATIVE GEKAS: The American Heart Association applauds your continuing initiative and leadership in the bicameral, bipartisan effort to double funding for the National Institutes of Health by FY 2003. The historically large funding increase received by the NIH for FY 2000 represented the second step toward that goal.

Your ongoing efforts and those of the 33 cosponsors of H. Res. 437, expressing the sense of the House that the federal investment in biomedical research should be increased by $2.7 billion in FY 2001, are vital in securing the third installment to double funding for the NIH. The American Heart Association strongly supports your hard work in making funding for the NIH a top priority in the FY 2001 appropriations process.

State-based polls show that an overwhelming majority of Americans favor doubling federal spending on medical research by FY 2003. NIH research reduces health care costs, provides cutting-edge treatment and prevention efforts, creates jobs and maintains America's status as the world leader in the biotechnology and pharmaceutical industries.

Also, an overwhelming majority of Americans want Congress to increase funding for heart and stroke research. According to an April 2000 national public opinion poll, 73

percent of Americans say increased federal funding for heart research is very important and 66 percent say increased federal funding for stroke research is very important.

The fight against heart disease—America's No. 1 killer—and stroke—America's No. 3 killer—requires innovative research and prevention programs. However, these programs to help advance the battle against heart disease and stroke are contingent on a significant increase in funding for the NIH. Now is the time to capitalize on progress and pursue promising opportunities that could lead to novel approaches to diagnose, treat, prevent or cure heart disease and stroke.

The American Heart Association commends you for your outstanding leadership and steadfast commitment to double funding for the NIH by FY 2003. Thank you.

Sincerely,

LYNN SMAHA, M.D., PH.D.,
President.

JEFFERSON MEDICAL COLLEGE,
May 11, 2000.

Representative GEORGE W. GEKAS,
U.S. House of Representatives, Room 2410, Rayburn HOB, Washington, DC.

DEAR REPRESENTATIVE GEKAS: I write to urge you to support the 15%, $2.7 billion increase in the Fiscal Year 2001 Labor, Health and Human Services and Education Appropriations bill for the National Institutes of Health. I also call for your support of a 17% increase for the National Science Foundation in the Fiscal Year 2001 VA–HUD and Independent Agencies Appropriations bill.

These increases are essential for biomedical research to capitalize on the many opportunities that we now have to benefit the health of the Nation. Strong NIH and NSF funding is also essential for the scientific discoveries that fuel the burgeoning biotechnology industry in the United States.

My own work on steroid receptors and cell death, especially in cells that invade the airway during asthmatic attack, is supported by the National Institutes of Health.

Thank you for your consideration.

Yours sincerely,

GERALD LITWACK, PH.D.,
Chairman, Department of Biochemistry and Molecular Pharmacology.

SCHOOL OF MEDICINE, CENTER FOR GENE THERAPY,
MCP HAHNEMANN UNIVERSITY,
Philadelphia, PA, April 4, 2000.

Hon. GEORGE GEKAS,
House of Representatives, Washington, DC.

DEAR REPRESENTATIVE GEKAS: I would like to ask for your continuing support of a 15% increase in the National Institutes of Health budget and a 17% increase in the National Science Foundation budget for FY 2000. As you are well aware, the tremendous investments that the citizens of the United States have made in research over the past several decades are beginning to pay off. We are just at the brink of tremendous benefits that will include dramatic new cures for diseases and produce a thriving industry for creating new jobs for our citizens.

I know you have been a strong supporter of these research budgets in the past. I thank you for that support.

Sincerely yours,

DARWIN J. PROCKOP, M.D., Ph.D,
Director.

AMERICAN ASSOCIATION FOR CANCER RESEARCH, INC.,
Philadelphia, PA, March 23, 2000.

Hon. GEORGE W. GEKAS,
House of Representatives, Washington, DC.

DEAR REPRESENTATIVE GEKAS: As we enter the 21st Century, we have an unprecedented opportunity to take the bold steps required to end the human and economic devastation caused by cancer. As you consider and deliberate the 2001 budget, consider that cancer will kill more than half a million of our citizens this year, more Americans than were lost in all of the wars we fought in the 20th Century. More than 1.2 million Americans will receive a diagnosis of cancer in 2000. However, as horrible as these statistics are, we anticipate that cancer incidence and mortality will increase significantly in the next 10–20 years due primarily to the aging and changing demographics of America. Cancer will hit those hardest who can least afford it, the minority and medically underserved and aged populations. Addressing the current and future cancer epidemic must become one of America's highest health care priorities. If we act now with a sense of urgency to provide the resources and continuity needed to cure and prevent cancer, we can and will prevail.

On behalf of the more than 15,500 basic, translational, clinical researchers and other research professionals who are the members of American Association of Cancer Research (AACR), we appreciate your steadfast support for increasing our commitment to the conquest of cancer. We recognize that as a member of the House of Representatives you face a range of priorities and deserving requests each year to provide increased funds for many of this Nation's healthcare needs. However, this year we ask that you carefully reflect on the very real possibility that we can finally turn the tide against cancer. Our prior investments in cancer research are paying off in advances in basic research that we could have only dreamed of 10 years ago. There are now unimagined opportunities to prevent and cure cancer through the transfer of these discoveries into new prevention and treatment technologies. We can accelerate the realization of these new diagnostic technologies, therapeutic drugs and prevention programs and continue needed advances in basic cancer research by deciding as a Nation to mount a multi-year final assault to defeat cancer at the earliest possible time.

To achieve the first step in this bold goal, the AACR requests that you support full funding for the Bypass Budget of the National Cancer Institute (NCI) at the $4.135 billion requested. This level of funding will provide funding to support major initiatives such as individual research grants, clinical trials, training, cancer centers, improving quality of life for cancer patients, and allow the NCI to pursue several extraordinary research opportunities in cancer imaging, new cancer therapeutics, chemoprevention and tobacco control and tobacco related cancers. We also urge you to ensure that the National Institutes of Health receives a 15% increase in funding to continue the current plan of doubling the NIH budget in five years. Lastly, to provide needed funds for key programs in early cancer detection and cancer prevention, so badly needed by minority and medically underserved populations, the AACR requests that you support increasing the budget for cancer control programs of the Centers for Disease Control (CDC).

This is a bold first step, but we urge you to look beyond 2001. Last year Congress received a document, created by more than 150 of the Nation's leading cancer researchers, clinicians, survivors, advocates and business leaders, entitled, ''Report from The March Research Task Force,'' that outlined in simple fashion a set of cogent recommendations regarding what it will take to accelerate progress against cancer. This unprecedented Report stated that if we are willing to look beyond 2001 and define a multi-year strategy and plan to address the cancer epidemic now and in the future, we can conquer cancer. We strongly encourage you to do just that—take the bold step this year to provide the needed increases for the NCI, NIH and the CDC, and take the next bold step, to develop a five-year strategy and funding plan to finally defeat this tragic killer.

Thank you again for your past support. The AACR looks forward to working with you in the future as we take the steps necessary to prevent and cure cancer.

Sincerely yours,

ANNA D. BARKER,
Chairperson, Public Education Committee.

MARGARET FOTI, PH.D.
Chief Executive Officer.

THE AD HOC GROUP FOR MEDICAL RESEARCH FUNDING,
June 13, 2000.

Hon. GEORGE GEKAS,
House of Representatives, Washington, DC.

Attn: Matt Zonarich

DEAR REPRESENTATIVE GEKAS: the Ad Hoc Group for Medical Research Funding greatly appreciates your continued leadership on behalf of doubling the budget for the National Institutes of Health (NIH), as demonstrated by your special order on Wednesday, June 14.

Enclosed is the FY 2001 proposal from the Ad Hoc Group for Medical Research Funding, which calls for a $2.7 billion (15 percent) increase in the NIH appropriation as the third step in doubling the NIH budget by FY 2003. This report highlights some of the advances made possible by NIH-supported research and discusses the continuing health challenges that we believe justify doubling the NIH budget. Also enclosed is the list of nearly 200 patient groups, scientific societies, and research institutions and organizations that have endorsed the group's proposal.

We hope that you will consider including this material in the CONGRESSIONAL RECORD during your special order on June 14 on NIH funding.

Sincerely,

DAVID B. MOORE,
Executive Director.

THE AD HOC GROUP FOR MEDICAL RESEARCH FUNDING

ORGANIZATIONS ENDORSING THE FY 2001 PROPOSAL AS OF MAY 24, 2000

Academy of Clinical Laboratory Physicians and Scientists.
Academy of Osseointegration.
Administrators of Internal Medicine.
Allergan.
Alliance for Aging Research.
Alzheimer's Association.
Ambulatory Pediatric Association.
American Academy of Allergy, Asthma and Immunology.
American Academy of Child and Adolescent Psychiatry
American Academy of Dermatology.
American Academy of Neurology.
American Academy of Ophthalmology.
American Academy of Optometry.
American Academy of Otolaryngology—Head and Neck Surgery
American Academy of Pediatrics
American Academy of Physical, Medicine & Rehabilitation.
American Association for Cancer Research
American Association of Dental Research.
American Association for the Study of Liver Diseases.
American Association of Anatomists.
American Association of Cancer Research.
American Association of Colleges of Nursing
American Association of Colleges of Osteopathic Medicine
American Association of Colleges of Pharmacy.
American Association of Dental Schools
American Association of Immunologists
American Association of Pharmaceutical Scientists.

American Association of Plastic Surgeons
American Chemical Society
American College of Clinical Pharmacology.
American College of Preventive Medicine.
American College of Radiology.
American College of Surgeons.
American Federal for Medical Research.
American Foundation for AIDS research
American Gastroenterological Association.
American Heart Association.
American Lung Association.
American Nephrology Nurses' Association.
American Optometric Association.
American Osteopathic Association.
American Pediatric Society.
American Podiatric Medical Association.
American Preventive Medical Association.
American Psychiatric Association.
American Psychiatric Nurses Association.
American Psychological Association.
American Psychological Society.
American Society for Biochemistry and Molecular Biology.
American Society for Bone and Mineral Research.
American Society for Cell Biology.
American Society for Clinical Nutrition.
American Society for Clinical Oncology.
American Society for Clinical Pharmacology and Therapeutics.
American Society for Investigative Pathology.
American Society for Microbiology.
American Society for Nutritional Sciences.
American Society for Pharmacology and Experimental Therapeutics.
American Society for Reproductive Medicine.
American Society of Addiction Medicine.
American Society of Hematology.
American Society of Human Genetics.
American Society of Nephrology.
American Society of Pediatric Nephrology.
American Society of Tropical Medicine and Hygiene.
American Thoracic Society.
Americans for Medical Progress.
American Urogynecologic Society.
American Urological Association.
American Veterinary Medical Association.
Arthritis Foundation.
Association for Research in Vision and Ophthalmology.
Association of Academic Health Centers.
Association of Academic Health Sciences Libraries.
Association of American Cancer Institutes.
Association of American Medical Colleges.
Association of American Universities.
Association of American Veterinary Colleges
Association of Departments of Family Medicine.
Association of Independent Research Institutes.
Association of Medical and Graduate Departments of Biochemistry.
Association of Medical School Microbiology and Immunology Chairs.
Association of Medical School Pediatric Department Chairs.
Association of Minority Health Professions Schools.
Association of Pathology Chairs.
Association of Pediatric Oncology Nurses.
Association of Professors of Dermatology.
Association of Professors of Medicine.
Association of Schools and Colleges of Optometry.
Association of Schools of Public Health.
Association of Subspecialty Professors.
Association of Teachers of Preventive Medicine.
Association of University Professors of Ophthalmology.
Association of University Radiologists.
Boys Town National Research Hospital.
Campaign for Medical Research.
Cancer Research Foundation of America.
Candlelighters Childhood Cancer Foundation.
Citizens for Public Action.
Coalition for American Trauma Care.
Coalition for Heritable Disorders of Connective Tissue.
Coalition of National Cancer Cooperative Group Organization.
College on Problems of Drug Dependence.
Columbia University College of Physicians and Surgeons.
Consortium of Social Science Associations.
Cooley's Anemia Foundation.
Corporation for the Advancement of Psychiatry.
Crohn's and Colitis Foundation of America.
Cystic Fibrosis Foundation.
Digestive Disease National Coalition.
Dystonia Medical Research Foundation.
Emory University.
ESA, Inc.
Eye Bank Association of America.
FDA-NIH Council.
Federation of American Societies for Experimental Biology.
Federation of Behavioral, Psychological and Cognitive Sciences.
Fred Hutchinson Cancer Research Center.
Friends of the National Institute of Dental and Craniofacial Research.
Friends of the National Library of Medicine.
Genetics Society of America.
The Genome Action Coalition.
Immune Deficiency Foundation.
International Myeloma Foundation.
Jeffrey Modell Foundation.
Joint Council of Allergy, Asthma and Immunology.
Johns Hopkins University.
Johns Hopkins University School of Medicine.
Juvenile Diabetes Foundation International.
Krasnow Institute for Advanced Study.
Massachusetts Institute of Technology.
Medical Device Manufacturers Association.
Medical Library Association.
MedStar Research Institute.
Mount Sinai School of Medicine.
National Alliance for the Mentally Ill.
National Alliance for Eye and Vision Research.
National Association for Biomedical Research.
National Association of State University and Land-Grant College.
National Caucus of Basic Biomedical Science Chairs.
National Childhood Cancer Foundation.
National Coalition for Cancer Research.
National Committee to Preserve Social Security and Medicare.
National Foundation for Ectodermal Dysplasias.
National Health Council.
National Hemophilia Foundation.
National Marfan Foundation.
National Organization for Rare Disorders.
National Osteoporosis Foundation.
National Perinatal Association.
National Vitiligo Foundation.
New York State Cancer Programs Association, Inc.
New York University School of Medicine.
North American Society of Pacing and Electrophysiology.
Ocular Microbiology and Immunology Group.
Oncology Nursing Society.
Oregon Health Sciences University.
Osteoporosis and Related Bone Disorders Coalition.
Pfizer.
The Protein Society.
PXE International, Inc.
Radiation Research Society.
Research America.
Research Society on Alcoholism.
Research to Prevent Blindness.
Resolve, The National Infertility Association.
Society for Academic Emergency Medicine.
Society for Investigative Dermatology.
Society for Maternal-Fetal Medicine.
Society for Neuroscience.
Society for Pediatric Research.
Society for Women's Health Research.
Society of Academic Anesthesiology Chairs.
Society of Gynecologic Oncologists.
Society of Toxicology.
Sudden Infant Death Syndrome Alliance.
Tourette Syndrome Association, Inc.
University of Utah Health Sciences.
University of Washington.
Wake Forest University School of Medicine.

WHY DOUBLE THE NIH BUDGET?

Based on the potential of current scientific opportunities and the successes of the past, we can confidently predict that an investment of a doubling over five years will be easily repaid in discoveries that will benefit the U.S. public and mankind.

The Human Genome Project will enable doctors to identify individuals at increased risk for diseases like hypertension and stroke, glaucoma, osteoporosis, Alzheimer's disease, or severe depression.

Our ultimate goal will be to find ways to prevent the development or progression of these diseases and design ways to intervene to prevent the development of these horrific diseases.

Cancer therapy will change; physicians will be able to customize cancer treatment by knowing the molecular fingerprint of a patient's tumor.

The genetic ''fingerprint'' of a person's cancer cells will be used to create a drug that will attack only the cancer cells—and render targeted treatment which is more effective and safe.

We will have effective vaccines for infectious diseases such as AIDS, tuberculosis, and malaria.

New science on the brain will lead to treatments for alcoholism, drug abuse, and mental illness.

HOW CAN INCREASED FUNDING BE USED TO HELP MAKE MORE PROGRESS?

Improvements in the treatment and prevention of disease are dependent on the generation of new ideas. The speed of discovery can be accelerated by devoting greater resources to the NIH and NSF budgets.

The explosion of new knowledge from explorations of the human genome and the biology of the cell is providing new opportunities to further understand disease, and new innovative ways of treating, diagnosing, and preventing illness.

Unused capacity remains available in this great research enterprise. The great resources provided the Congress in FY 1999 and FY 2000 have facilitated the nation's research system to more fully use its potential capacity to respond more quickly to new ways to cure disease.

The more new ideas explored and the more rapid the effort, the sooner these findings will be translated into the real life medical benefits and medical practice.

ECONOMIC COSTS OF MAJOR ILLNESSES

[Dollar amounts in billions]

Illness	Year	Direct costs	Indirect costs	Total costs	Ratio [1]
Injury	1995	$89.0	$248.0	$337.0	74

ECONOMIC COSTS OF MAJOR ILLNESSES—Continued

[Dollar amounts in billions]

Illness	Year	Direct costs	Indirect costs	Total costs	Ratio [1]
Heart diseaes	1999	101.8	81.3	183.1	44
Disability	1986	82.1	87.3	169.4	52
Mental disorders	1992	66.8	94.0	160.8	58
Cancer	1994	41.4	68.7	110.1	62
Alzheimer's disease	1997	15.0	85.0	100.0	85
Diabetes	1997	44.1	54.1	98.2	55
Chronic pain condition	1986	45.0	34.0	79.0	43
Arthritis	1992	15.2	49.6	64.8	77
Digestive diseases	1985	41.5	14.7	56.2	26
Stroke	1998	28.3	15.0	43.3	35
Kidney and urological diseases	1985	26.2	14.1	40.3	35
Eye diseases	1991	22.3	16.1	38.4	42
Pulmonary diseases	1998	21.6	16.2	37.3	43
HIV/AIDS	1999	13.4	15.5	28.9	54
Other (10 further illnesses)	(2)	53.4	23.9	77.2	31
Total: 25 illnesses		707.1	917.5	1624.0	56

[1] Ratio of indirect total costs (percent).
[2] Various.

THE PROMISE OF NIH RESEARCH FOR HEALTH

Identify genetic predispositions and risk factors for heart attack and stroke.

New approaches to treating and preventing diabetes and its complications.

Genomic sequencing of disease-causing organisms to identify new targets for drug development.

Earlier detection of cancer with new molecular technologies.

New ways to relieve pain.

Diagnostic imaging for brain tumors, cancers, chronic illnesses.

Assess drugs for their safety and efficacy in children.

Medications for the treatment of alcoholism and drug addiction.

Rigorous evaluation of CAM practices (complementary and alternative medicine).

Clinical trials database—help public gain access to information about clinical trials.

Understand the role of infections in chronic diseases.

Vaccines for preventing HIV infection, middle ear infection, typhoid, dysentery, TB, *E. coli* food contamination.

Human genome sequence to assess predisposition to disease, predict responses to drugs and environmental agents, and design new drugs.

New means of detecting and combating agents of bioterrorism.

New ways to repair/replace organs, tissues, and cells damaged by disease and trauma.

Understand and ameliorate health disparities.

Improved interventions for lead poisoning in children.

New interventions for neonatal hearing loss.

Safer, more effective medications for depression and other mental illnesses.

New approaches to preventing rejection of transplanted organs, tissues, cells.

New treatment, and preventive strategies for STDs (sexually transmitted diseases).

New approaches to restoring function after spinal cord injury.

New effective vaccines for infectious disease such as AIDS, tuberculosis, and malaria.

WHO WAS THE FIRST TO CALL FOR DOUBLING OF THE NIH AND NSF BUDGETS FOR BASIC RESEARCH?

In 1993, the magazine Science published a call for action by two Nobel Prize Laureates, and other science leaders Drs. Michael Bishop, Harold Varmus and Mark Kirschner, who plead that their Government and their Congress double the amounts of federal funding for the basic research being undertaken by the National Institutes of Health over a period of five years. This was not the enterprise of some creative lobbyists, but rather born from the thoughtful, rational and scientific deliberations of some of the foremost minds in science. When Members of this great Chamber consider their votes for the consistent and substantial increases in funding of basic research at the National Institutes of Health and the National Science Foundation, they can rely with great confidence on the fact that these scientists placed their entire reputations on the line in making the recommendation that this Government and this Congress continue to expand their investment of federal dollars in basic research.

RECOMMENDATIONS

These great scientists stated and I quote in part, ''If the United States is to realize the promise of science for our society, the new Administration should take action on several fronts:

Develop an economic strategy for optimizing investment in biomedical research, which would take into account the new opportunities that have been made available by the recent revolution in biology, the potential for reducing health-care costs, and the benefits to agriculture and industry. Until a full evaluation has been completed, Drs. Bishop, Varmus, and Kirschner recommend increasing the NIH budget by 15% per year, which would double the budget in current dollars by 1998. This increase would provide funds for approximately 30% of approved grants, thereby retaining healthy competition and exploiting the major areas of scientific opportunity.

Generate a comprehensive plan for the best use of federal funds for biomedical research.

Institute a mechanism for the periodic evaluation of peer-review procedures, utilizing scientists from inside and outside the government.

Facilitate the application of fundamental discoveries by encouraging technology research in the private sector.

Ensure that new departures by the NIH and NSF in education and technology do not diminish the support of basic research.

Strengthen the position of the presidential advisor on science and technology.

Create a program for long-term investment in research laboratories and equipment.

Increase federal attention to science education.''

These were the recommendations of America's best and brightest scientists in 1993 and we should work to fulfill and implement these excellent recommendations.

SCIENCE AND THE NEW ADMINISTRATION

(J. Michael Bishop, Marc Kirschner, Harold Varmus)

With the new presidential Administration now in office, the scientific community is hopeful that measures will be taken to enhance research and the contributions it can make to our society. What little was said of research during the presidential campaign concerned technological improvement and economic stimulus. This limited focus probably arose from the necessities of electoral politics. Now it is important to broaden the discussion to include aspects of the scientific enterprise that are essential for its long-term viability.

The opportunities for progress through science are greater than ever. However, the last decade has witnessed an accelerating erosion of the infrastructure for fundamental research in the United States. If that erosion is not reversed soon the pace of discovery will necessarily decline, with widespread consequences for industry, health care, and education.

In hopes that President Clinton and Vice President Gore will soon address the prospects for basic science in the United States, we offer our view of how fundamental research benefits our nation and what should be done to secure those benefits for the future. We speak here for biomedical research, our area of expertise, but believe that our remarks illustrate problems and opportunities found throughout science.

THE PROMISE OF BIOMEDICAL RESEARCH

Recent progress in biomedical research has brought an understanding of molecules, cells, and organisms far beyond anything anticipated a generation ago. The benefits of this progress include the makings of a revolution in preventive medicine, novel approaches to the diagnosis and treatment of cancer, heart attacks, infections, inherited diseases, and other ailments; the prospect of improving agricultural productivity in ways never imagined by the Green Revolution; new tools for environmental protection; and a renewed impetus to stimulate and inform public interest in science.

The economic benefits of these gains are substantial. Consider two examples: First, it is often argued that advances in research increase the costs of health care. However, biomedical research typically generates simpler and less costly devices; Inexpensive viral vaccines now save the United States billions of dollars annually; new tests for viruses have helped cleanse our blood supply, greatly reducing the economic losses from diseases that are spread by transfusion; and growth factors for blood cells are cutting the costs of caring for patients who receive bone marrow transplantation or chemotherapy for cancer. Second, fundamental research spawned the biotechnology industry, of which our nation is the undisputed leader. Biotechnology is a growing contributor to our economy, a source of diverse and gratifying employment, a stimulus to allied industries that produce the materials required for molecular research and development (R&D), and a vigorous partner to our academic institutions in the war against disease.

CHALLENGES TO BIOMEDICAL RESEARCH

Despite the progress, preeminence, and promise of American biomedical research, the enterprise is threatened by inadequate funding of research and its infrastructure; flawed governmental oversight of science, confusion about the goals of federally supported research, and deficiencies in science education.

The productivity of biomedical research is limited most immediately by financial resources. In 1992 the nation spent about $10 billion on biomedical research, mostly by congressional appropriations to the National Institutes of health (NIH). This investment is too small by several measures: (i) The United States currently devotes between $600 and $800 billion annually to health care, yet less than 2% is reinvested in the study of disease. In contrast,the defense industry spends about 15% of its budget on research. (ii) U.S. expenditures on R&D as a percentage of our gross national product have been declining steadily and are now lower than those of Japan and Germany. Moreover, 60% of our R&D dollars is designated for defense. (iii) The funding of approved NIH grant applications has fallen below 15% in some categories and under 25% in many, compared with rates of 30% or more in the preceding two decades, when progress was so rapid. Under these conditions, outstanding proposals cannot be pursued, first-rate investigators have become dispirited, and even the best students are discouraged from pursuing a career in science. (iv) Outstanding institutions lack funds for laboratories and replacement of inadequate instruments; as a result, the conduct of biomedical research is constrained and even dangerous.

Biomedical research is also impeded by outmoded procedures for the federal administration of science. Agencies that should be working together to promote research in the life sciences, instead remain separated in competing departments. NIH has suffered from a chain of command that requires approval from secretaries and undersecretaries with little expertise or interest in science. Some sources of funding for research in the life sciences lack appropriate mechanisms or expertise for initiating, judging, and administrating programs, and others have not adapted their mechanisms appropriately to the progress that has been made in research. For example, many of the NIH study sections, traditionally the pride of the peer-review system, are now organized according to outmoded or otherwise inappropriate categories. In addition, the government has not learned how to involve the scientific community adequately in administrative decisions to initiate targeted projects. To cope with a decaying infrastructure, Congress has occasionally appropriated substantial funds for construction, but they have done so in a way that circumvents peer review and serves local needs rather than the advancement of science as a whole.

The confidence that the scientific community once had in the federal governance of biomedical research has been further eroded by the use of inappropriate criteria for appointments to high-ranking positions, particularly within the Department of Health and Human Services. In recent administrations it has become commonplace to consider political views on issues such as abortion and the use of fetal tissue in research. This tendency has compromised our ability to select leaders on the basis of their scientific accomplishments and their capacity to manage complex programs and make objective decisions.

These administrative problems have been compounded by confusion over the goals of federally supported biomedical research. Economic woes have encouraged call for increased application of current knowledge to practical problems in all branches of science. These appeals have special resonance in biomedical science now that so many opportunities for practical applications are at hand. In recent months such calls for applied science have gained further prominence because they have been championed by National Science Foundation (NSF) director Walter Massey and Representative George Brown (D–CA), a long-time friend of science. (1)

Claims that ''society needs to negotiate a new contract with the scientific community . . . rooted in the pursuit of explicit, longterm social goals'' (2) are, however, based on debatable assumptions and threaten the viability of our greatest asset—basic research. Such claims imply that basis research has become an entitlement program, although evidence shows it to be underfunded. They presume that basic and applied research can be unambiguously distinguished, although the experimental objective of academic and industrial sectors of biomedical research are often synonymous. They seem to deny that science has produced benefits for society, although its positive effects on health and the economy can be readily measured. Finally, in asking that federally supported academic investigators become responsible for practical applications, they ignore the demonstrated ability of the biotechnology and pharmaceutical industries to develop the fruits of basic science.

Enactment of policies that favor practical applications over basic science or narrowly defined objectives over scientific excellence is likely to come at the expense of traditional, broadly conceived explorations of biology. At this stage in the growth of biomedical science, when major discoveries are still unpredictable, this sacrifice would jeopardize the scientific progress required for social benefits and economic growth in the future. This year, for example, the NSP budget for basic research declined, despite an overall increase that benefited more applied areas.

The long-range future of biomedical science is also jeopardized by the deterioration of our educational programs in math and science. Academic institutions and the biotechnology and pharmaceutical industries depend on the nation's schools to supply a competent work force by stimulating interest in scientific thought and by training students in scientific methods. Many indicators show that we are failing to achieve these goals, especially with students in their early school years and when our performance is compared to those of other countries. We are also failing to produce an informed public that can respond intelligently to scientific advances.

RECOMMENDATIONS

If the United States is to realize the promise of science for our society, the new Administration should take action on several fronts.

(1) Develop an economic strategy for optimizing investment in biomedical research, which would take into account the new opportunities that have been made available by the recent revolution in biology, the potential for reducing health-care costs, and the benefits to agriculture and industry. Until a full evaluation has been completed, we recommend increasing the NIH budget by 15% per year, which would double the budget in current dollars by 1998. This increase would provide funds for approximately 30% of approved grants, thereby retaining healthy competition and exploring the major areas of scientific opportunity.

(2) Generate a comprehensive plan for the best use of federal funds for biomedical research. Development of new strategies, programs, and funding mechanisms should include the active participation of the scientific community and not originate solely from administrative directives.

(3) Institute a mechanism for the periodic evaluation of peer-review procedures, utilizing scientists from inside and outside the government. Efforts should be made to ensure that the thematic alignments of review panels accurately reflect contemporary progress and opportunities in biomedical research.

(4) Facilitate the application of fundamental discoveries by encouraging technology research in the private sector, culmulating alliances between industry and academia, and clarifying the federal areas of conflict of interest.

(5) Ensure that new departures by the NIH and NSF in education and technology do not diminish the support of basic research. If the Administration or Congress provides new mandates or new requirements for the NIH and NSF, it should also provide the necessary additional funds.

(6) Strengthen the position of the presidential adviser on science and technology. The adviser should have strong credentials as a scientist and as an administrator, be alert to contemporary developments in both the biological and physical sciences, be encouraged to consult the diverse representatives of the research community, and have regular access to the president and vice president.

(7) Establish the NIH as an independent federal agency and consolidate the authority of the director over the individual institutes.

(8) Apply appropriate criteria to the choice of science administrators. Appointments should be based on stature in the research community and administrative ability rather than on political and religious considerations.

(9) Implement a uniform and comprehensible policy for indirect costs that provides incentives to institutions for cost savings and ensure that the funds will be used only to support the infrastructure required for research.

(10) Create a program for long-term investment in research laboratories and equipment based on peer review of merit and need rather than on political affiliations

(11) Increase federal attention to science education. Measures could include the development and dissemination of new curricula and textbooks, enrichment programs for established teachers, improvements in the training of science teachers, and scholarships and other incentives for prospective science teachers.

CONCLUSION

We look to our new president and vice president for leadership in fulfilling the promise of science for our nation. We hope that they will not fall prey to the view that the problems of our society might be solved by a shift in emphasis from basic science to applied research. Instead, the U.S. federal government should act decisively and soon to revitalize the support of fundamental as well as applied research. President Clinton and Vice President Gore have spoken clearly on health care, economic policy, and education. We ask them to do the same on the issues that confront science (3).

REFERENCE AND NOTES

1. D. Thompson, * * * 140, 84 (25 November 1992).

2. G. Brown, Los Angeles Times (8 September 1992), P. 12.

3. This policy forum is based in part on a statement prepared in November 1992 by the Joint Steering Committee for Public Policy, representing the American Society for Cell Biology, the American Society for Biochemistry and Molecular Biology, the Biophysical Society, and the Genetics Society of America.

STATEMENT OF PURPOSE FOR THE BIOMEDICAL RESEARCH CAUCUS

To broaden support and knowledge of basic and clinical biomedical research issues throughout the Congress in a bipartisan manner.

To support the excellent work of existing Committees and Members with jurisdiction over National Institutes of Health, National Science Foundation, science research and health issues. The caucus seeks to augment their work.

To encourage careers for men and women in biomedical research among all segments of our society by ensuring stability and vitality in the programs at the National Institutes of Health and the National Science Foundation.

To inform and educate the Congress about potential and actual advances in health care made by our investment in biomedical research. Also, we will explore future advances that could be achieved with increase support.

To maintain our economic advantage in world markets in biomedical research and resulting biotechnology enterprises.

To provide an educational forum for discussion and exchange of ideas on issues involving biomedical research.

Biomedical Research Caucus Co-Chairs:

Congressman George W. Gekas, Congresswoman Nancy Pelosi, Congressman Sonny Callahan, and Congressman Ken Bentsen.

CONGRESSIONAL BIOMEDICAL RESEARCH CAUCUS

2000 SCHEDULE OF EVENTS

March 1, 1999, Angiogenesis in Health and Disease, Napoleone Ferrara, Genentech, Inc.

March 29, 2000, Caucus 10th Anniversary Commemoration, Harold Varmus, Memorial Sloan-Kettering Cancer Center.

April 4, 2000, Using Genomics to Study Human History, Mary-Claire King, University of Washington.

May 3, 2000, Race and Ethnicity in Human Health and Disease, Harold Freeman, North General Hospital, New York.

June 7, 2000, Metastasis: How Cancer Cell Invade the Body, Richard Hynes, Massachusetts Institute of Technology.

July 12, 2000, Bioinformatics and Human Health, David Bolstein, Stanford University.

September 6, 2000, The Crisis at Academic Health Centers, Samuel Thier, Partners HealthCare System, Inc.

October 4, 2000, Pharmacogenetics & Genomics: Tailor-Made Therapies, Elliot Sigal, Bristol-Myers Squibb.

CONGRESS OF THE UNITED STATES,
HOUSE OF REPRESENTATIVES,
Washington, DC, June 7, 2000.

JOIN ME IN COSPONSORING H.R. 2399 THE NATIONAL COMMISSION FOR THE NEW NATIONAL GOAL: THE ADVANCEMENT OF GLOBAL HEALTH

DEAR COLLEAGUE: The entire world acknowledges that the 20th century was engaged by our nation's leadership in the removal of the threat of totalitarianism and of world communism. The national goals were the safeguarding and expansion of democracy through the maintenance of military and political power. With the fall of the Berlin Wall, these goals were made a reality. As we approach the beginning of the 21st century, America has a unique opportunity to channel the genius of its technology, industrial might, scientific research and dedicated will of our people into a positive goal equal to the 20th century challenge of defeating totalitarianism. Today, it is time to rechannel these tremendous energies to an all-out effort to enhance the health of Americans and to combat disease worldwide.

America has both humanitarian and enlightened, self-interested reasons to commit to the global eradication of disease—such accomplishments would protect our citizens, improve the quality of life, enhance our economy, and ensure the continued advancement of American interests worldwide. While the actual eradication of disease on a global scale may not be possible, the pursuit of such a goal could lead to new products in health care, new medicines, and new methods of treating disease.

On June 30, 1999, I introduced H.R. 2399, the National Commission for the New National Goal: The Advancement of Global Health Act. This legislation would create a Presidential/Congressional commission to investigate how we as a nation can commit ourselves to the goal of the global eradication of disease. Specifically, this commission would recommend to Congress a nationwide strategy of coordination among governmental health agencies, academia, industry, and other institutions and organizations that are established for the purpose of preventing and eradicating diseases.

In order to accomplish these objectives, H.R. 2399 sets two tangible goals for the Commission. First, the Commission would assist the Center for Vaccine Development at NIH to achieve global control of infectious diseases. In addition, the Commission would use NIH and NSF to expand health resources and research information globally through Internet conferencing and data dissemination capabilities. The Commission would be authorized to spend up to $1 million as seed money to coordinate and attract private and public funds, both at home and abroad, to reach these goals.

The knowledge and unbounded imagination of our researchers, doctors and scientists have ensured the preeminence of research that has fostered our freedom and economic well being. Now, we can empower these individuals in a all-out effort to devise the methods and substances to eradicate disease worldwide. The concern for human life requires us to muster all available resources, bolstered by a concerted, dedicated will to eradicate diseases from the face of the Earth.

Please join me and Rep. John Porter in cosponsoring this important legislation. If you have any questions about this proposal, or would like to become a cosponsor, please contract Matt Zonarich at 5–4315.

Very truly yours,

GEORGE W. GEKAS,
Member of Congress.

H.R. 2399

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 ''National Commission for the New National Goal: The Advancement of Global Health Act''.

SEC. 2. FINDINGS.

The Congress makes the following findings:

(1) During the 20th century the United States led the world in defeating totalitarianism and communism.

(2) The United States also led the world in spreading and establishing democracy in every region.

(3) The end of global conflict and the end of the Cold War, now guaranteed by the power and leadership of the United States, allow the Nation to establish new goals for the 21st century.

(4) The United States, the world leader in the research, development, and production of technologies, medicines, and methodologies utilized to prevent and cure disease, has established a Center for Vaccine Development at the National Institutes of Health that could assist in the global control of infectious diseases. Infectious disease is the number one global health challenge killing 11 million people globally and 180,000 people in the United States and is the third leading cause of death in the United States. The United States has the resources, through the National Institutes of Health and the National Science Foundation, to expand health research information globally through the use of Internet conferencing and dissemination of data.

SEC. 3. ESTABLISHMENT.

There is established a commission to be known as the ''National Commission for the New National Goal: The Advancement of Global Health'' (in this Act referred to as the ''Commission'').

SEC. 4. DUTIES OF COMMISSION.

The Commission shall recommend to the Congress a national strategy for coordinating governmental, academic, and public and private health care entities for the purpose of the global eradication of disease. The Commission shall address how the United States may assist in the global control of infectious diseases through the development of vaccines and the sharing of health research information on the Internet.

SEC. 5. MEMBERSHIP.

(a) MEMBERSHIP OF THE COMMISSION.—The Commission shall consist of individuals who are of recognized standing and distinction and who possess the demonstrated capacity to discharge the duties imposed on the Commission, and shall include representatives of the public, private, and academic areas whose capacity is based on a special knowledge, such as computer sciences or the use of the Internet for medical conferencing, or expertise in medical research or related areas.

(b) NUMBER AND APPOINTMENT.—The Commission shall be composed of 15 members appointed as follows:

(1) The Secretary of Health and Human Services (or the Secretary's delegate).

(2) The Chairman of the Federal Trade Commission.

(3) The Director of the National Institutes of Health.

(4) The Director of the National Science Foundation.

(5) 3 Members of the Senate appointed jointly by the President of the Senate and the President pro tempore. Not more than 2 members appointed under this paragraph may be of the same political party.

(6) 3 Members of the House of Representatives appointed by the Speaker of the House of Representatives. Not more than 2 members appointed under this paragraph may be of the same political party.

(7) 2 individuals appointed by the President, by and with the advice and consent of the Senate, from among individuals who are not officers or employees of any government and who are specially qualified to serve on the Commission by virtue of their education, training, or experience.

(8) 3 individuals appointed by the President from among individuals who will represent the views of recipients of health services. Not more than 1 member appointed under this paragraph may be an officer or employee of the Federal Government.

(c) CONTINUATION OF MEMBERSHIP.—If a member was appointed to the Commission as a Member of Congress and the member ceases to be a Member of Congress, that member may continue as a member for not longer than the 30-day period beginning on the date that member ceases to be a Member of Congress.

(d) TERMS.—Each member shall be appointed for the life of the Commission.

(e) BASIC PAY.—Members shall serve without pay.

(f) QUORUM.—Nine members of the Commission shall constitute a quorum but a lesser number may hold hearings.

(g) CHAIRPERSON; VICE CHAIRPERSON.—The Chairperson and Vice Chairperson of the Commission shall be designated by the President at the time of the appointment.

(h) MEETINGS.—The Commission shall meet monthly or at the call of a majority of its members.

SEC. 6. POWERS OF COMMISSION.

(a) HEARINGS AND SESSIONS.—The Commission may, for the purpose of carrying out this Act, hold hearings, sit and act at times and places, take testimony, and receive evidence as the Commission considers appropriate.

(b) POWERS OF MEMBERS AND AGENTS.—Any member or agent of the Commission may, if authorized by the Commission, take any action which the Commission is authorized to take by this section.

(c) OBTAINING OFFICIAL DATA.—The Commission may secure directly from any department or agency of the United States information necessary to enable it to carry out this Act. Upon request of the Chairperson or Vice Chairperson of the Commission, the head of that department or agency shall furnish that information to the Commission.

(d) GIFTS, BEQUESTS, AND DEVISES.—The Commission may accept, use, and dispose of gifts, bequests, or devises of services or property, both real and personal, for the purpose of aiding or facilitating the work of the Commission. Gifts, bequests, or devises of money

and proceeds from sales of other property received as gifts, bequests, or devises shall be deposited in the Treasury and shall be available for disbursement upon order of the Chairperson or Commission. For purposes of Federal income, estate, and gift taxes, property accepted under this subsection shall be considered as a gift, bequest, or devise to the United States.

(e) MAILS.—The Commission may use the United States mails in the same manner and under the same conditions as other departments and agencies of the United States.

(f) ADMINISTRATIVE SUPPORT SERVICES.—Upon the request of the Commission, the Administrator of General Services shall provide to the Commission, on a reimbursable basis, the administrative support services necessary for the Commission to carry out its responsibilities under this Act.

(g) CONTRACT AUTHORITY.—The Commission may contract with and compensate government and private agencies or persons for administrative and other services, without regard to section 3709 of the Revised Statutes (41 U.S.C. 5).

SEC. 7. REPORTS.

(a) INTERIM REPORTS.—The Commission may submit to the President and the Congress interim reports as the Commission considers appropriate.

(b) FINAL REPORT.—The Commission shall transmit a final report to the President and the Congress not later than 12 months after the date of enactment of this Act. The final report shall contain a detailed statement of the findings and conclusions of the Commission, together with its recommendations for legislative, administrative, or other actions, as the Commission considers appropriate.

SEC. 8. TERMINATION.

The Commission shall terminate 30 days after submitting its final report pursuant to section 7.

SEC. 9. EFFECTIVE DATE.

This Act shall take effect 60 days after the date of its enactment.

SEC. 10. AUTHORIZATION OF APPROPRIATIONS.

There are authorized to be appropriated not to exceed $1,000,000 for fiscal year 2000 for the National Institutes of Health to carry out coordination activities under this Act with the Commission, the National Science Foundation, and other appropriate groups to transfer health research information on the Internet and to transfer the benefits of the infectious disease vaccine development program.

SEC. 11. BUDGET ACT COMPLIANCE.

Any spending authority (as defined in subparagraphs (A) and (C) of section 401(c)(2) of the Congressional Budget Act of 1974 (2 U.S.C. 651(c)(2)(A) and (C))) authorized by this Act shall be effective only to such extent and in such amounts as are provided in appropriation Acts.

Mr. GEKAS. Mr. Speaker, we have here a little poster that tells the story and tells you the intricate number of steps and areas in which we are involved on behalf of the American people. That is the important thing. Are you not interested as an American in the person down the street who has cancer and might be dying from cancer? Are you not concerned about him? How about your own child who might need a new device, a new biotechnical device to sustain life? How about an elderly person that is beginning to be afflicted by Alzheimer's? Do we not want to do something about this? That is what we are going to be doing in the continued work of the National Institutes of Health. And doubling it will increase the focus and effort on every one of these diseases that can plague your family or the people down the street.

For instance, the human genome project will enable doctors to identify individuals at increased risk for diseases like hypertension and stroke, glaucoma, osteoporosis, Alzheimer's or severe depression. These are not just labels that we throw out. These are living organisms of disease that are killing us, that are hurting us as an American people; and we are trying through this effort to reduce the pain and suffering and to eliminate the early deaths that so hurt our Nation.

Our ultimate goal will be to find ways to prevent the development of progression of these diseases and design ways to intervene to prevent the development of these horrific diseases as we have said. Cancer therapy will change. Physicians will be able to customize cancer treatment by knowing a molecular fingerprint of a patient's tumor. That is important work. The genetic fingerprint of a person's cancer cells will be used to create a drug that will attack only the cancer cells and render targeted treatment which is more effective and safe. In other words, hit the cancer cells and do not allow this other destruction of tissues that so often this day and age while sometimes helping to cure the cancer kills the patient because of the reduction of vital tissues in other parts of the body.

These are living species that we are talking about. We will have effective vaccines for infectious diseases such as AIDS, tuberculosis and malaria. New science on the brain will lead to the treatments for alcoholism, drug abuse and mental illness. What this new funding brings about is progress in all of these things. Improvements in the treatment and prevention of disease are dependent on the generation of new ideas. We all know that.

The speed of discovery can be accelerated by devoting greater resources to the NIH and the National Science Foundation budgets. We have been saying that, we will resay it, it is important to restate it as often as possible, but it is absolutely vital.

One thing I want to mention, that not only do we along the way start to discover methodologies for preventing disease but there is a side dividend to the American people for all of this, because as we begin to treat and, let us say, cure kidney disease, just to give you an example, we would be saving millions and millions of dollars to the American taxpayers, to the Federal budget, to the local budgets by bringing about a closure to this terrible disease.

And when you add that combined with kidney disease are blindness, hypertension, all other kinds of side maladies, bringing them all into a cure or preventive methodology means that we will be saving not just the pain and suffering which are reason enough to try to do this but to have the added benefit of reduced health care costs which is so much on the mind of all the Members of the Congress and on the members of the public, knowing what bills they have for pharmaceuticals, for doctors bills, for HMOs, for hospital care, all of the various expenses to keep us healthy.

We will, as we progress towards doubling this effort of funding, come to a point where we are also saving money. That should be good news because that is one of our duties as Members of Congress, not just to bring about an investment in trying to prevent disease but also to do it as economically and with as much saving of taxpayers' money as possible.

Just to give you an example, in 1994, the direct costs for cancer, in billions, $41 billion was spent. Indirect costs, some $68 billion. So the total cost for cancer in 1994, $110 billion. What happens if we start to focus on certain cures and bring about a no cost to that kind of particular tumor or cancer that has taken the life of someone? We will not only have saved the life and other lives and prevent it, but the costs of health care go down proportionately.

Look at diabetes. In 1997, $44 billion actually spent, $54 billion of indirect costs, $98 billion in costs for just that, in one year, 1997. As we know, diabetes, back to kidney disease and other consequences of diabetes, the costs and the effects all mount up to the detriment of the American people. We are out to stem the tide of these adverse effects on our fellow Americans. And so on and so forth.

Look at pulmonary diseases in 1998, $21 billion. Kidney and urological diseases in 1985, $26 billion. Stroke, $28 billion. And so on and so forth. No wonder we have rising health care costs. All the more reason why we should be devoting our efforts, legislative and financial, fiscally, fiscal concentration, on defeating some of these diseases that plague us as they are doing. So we save lives and while we are doing it, not an inconsequential thing, we save taxpayers' money.

Now, what I want to do, also, is to mention here that in support of the NIH and all these efforts, about 10 years ago we developed a very unique lecture series here in the Capitol. The Biomedical Research Caucus as we framed it at that time was going to bring and has brought scientists of the first order to the Capitol to explain the latest developments and bring us up to date on what is happening in the field of women's breast cancer or Alzheimer's disease or Parkinson's disease. Just today, we had a wonderful lecture by astronauts and astronaut scientists, NASA scientists on microgravity and some of the things that are being discovered in space that help us here on Earth to early detection of certain diseases and prevention of other diseases, and the cure of some diseases.

Why? Because we are engaged in while we are funding space projects, marrying them to the National Institutes of Health so that the new science

of the space age can be adopted and adapted to human endeavors here on Earth, blending every new advance that we make, in space and on Earth.

Which brings me to something poignant in what we have been trying to say here. In one of our recent lectures on June 7, 2000, the subject was, just to give you an example, metastasis, how cancer cells invade the body. We all know what metastasis is. That is, a discovered tumor, even though excised from the body, can still result in the destruction of that individual, the death of that individual through metastasis, that it spreads to other vital parts of a body and the surgeons and the medical people are helpless to stem the tide of this metastasis, this spreading of the tumor.

Ironically, one of the stronger figures in our enterprise, a lady by the name of Belle Cummins, an attorney who has been helping us for years in all these projects and was very close to the scientists and to the legislators and knew the subject matter back and forth, was very helpful, as I say, on every detail of our massive enterprise here, herself was struck with cancer, a rare form of cancer, actually. But the cause of final death was the metastasis, the irreverent spreading of this cancer to other parts of the body which killed her and robbed us of a friendly agent in the gigantic enterprise in which we have found ourselves here.

The other kinds of subject matter we had, just in the year 2000, we have had some 90 sessions on Capitol Hill since we started this program and among the people who lectured to us were a handful, six or seven or eight, Nobel winners. I sometimes jokingly say they won the Nobel because they came and lectured to us, because we brought them to Capitol Hill. That is not exactly the case. But the point is that we have had the latest news that has been developed across the globe on the various diseases, from cloning and the genome project, the mapping of the human gene, all of these things are a part of the regular routine of our Biomedical Research Caucus, keeping all the Members of Congress aware of the various developments.

I see sitting with us one of the members of the Biomedical Research Caucus, as a matter of fact one of the cochairs, the gentleman from Texas (Mr. BENTSEN). I wish to yield to him now for the purpose of adding his commentary to this special order.

Mr. BENTSEN. I thank my colleague from Pennsylvania for yielding. Let me say, Mr. Speaker, at the outset that the gentleman from Pennsylvania (Mr. GEKAS) is the real driving force behind this particular effort in doubling the NIH budget as well as in the entire Congressional Biomedical Caucus.

I think all Members of the House and the American people owe him a great debt of gratitude for the tireless work that he has put into this effort. I also want to join with him in his comments regarding Belle Cummins. It was a tremendous loss to this effort and to many of us personally for the work that she had done in her tireless effort. She will be greatly missed. But perhaps in her loss, that should afford us the ability to redouble our efforts in trying to achieve the goal that she so much sought to see the Congress achieve.

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I also want to add, before I get to my prepared statement, my comments regarding the marriage of medical research and scientific research, because, in fact, in my congressional district that I have the honor of representing, it includes the Texas Medical Center and it abuts the Johnson Space Center; and the Texas Medical Center is the first biomedical research center of NASA.

It is a joint project between NASA and Baylor College of Medicine, Rice University and several other institutions, including some other institutions around the country.

This is something that the NASA administrator, Dan Golden, and his people came up with early on as an idea of how to leverage both the basic scientific research being done at NASA, with the medical research being done at our medical institutions with the hope that this type of leveraging can go on in other areas beyond medical research.

But it would not have happened, it would not have happened had it not been for the seed capital put in by the Congress through the National Institutes of Health and through the Medicare program and other programs that have established these academic medical centers which now are true laboratories for growth. It is a tremendous effort.

I want to say, I am not going to go through my whole statement, I will submit most of it for the RECORD, but I do have the honor of being one of the cochairs with the gentleman from Pennsylvania (Mr. GEKAS), he is the real chair, we just work for him in this process. He is absolutely correct on H. Res. 437, a sense of the House that the House should provide an additional $2.7 billion for the National Institutes of Health budget for fiscal year 2001.

This is one of the best things we could do in the United States in terms of what it does to continue to try and find cures for diseases that ail our populace and the populace of the world. People do not realize that we have a quarter of a million people who come to this country every year seeking medical treatment, because we have the best medical treatment in the world in the United States, and that is because of the leverage done off of the NIH.

This resolution would help to ensure that more scientists and doctors and researchers have the resources to conduct the cutting edge research. Today, only one-third of NIH peer-reviewed, merit-based grants are funded, and this additional investment would allow us to increase the number awarded each year and ensure, particularly, that the younger scientists have the resources that they need to find the cures to save the lives of so many Americans.

I am also convinced that this additional 50 percent investment in NIH is being wisely used. There are more than 50,000 scientists across the United States who directly benefit from NIH research funds.

At the Texas Medical Center, which I mentioned is in the district I represent, there was a total of $289 million funded through the NIH for clinical research projects in fiscal year 1999 alone. For many of these scientists, the NIH funding is critically important to funding their research and without it, they would not be able to test new therapies.

Today with many academic medical centers struggling to maintain their mission of training our Nation's health care professionals with the advent of managed care, providing quality health care services and conducting clinical research, it is critical, it is critical that they have adequate resources from the NIH.

Mr. Speaker, I also believe that investing in the NIH helps our economy to grow. For every dollar spent on research and development, our national output is permanently increased by 50 cents or more each year. There are not many government programs we can find that have that kind of yield on investment.

The government funds the basic research with which biotechnology and pharmaceutical companies use to create new therapies and treatments for cancer, diabetes and heart disease and the like.

A lot of our colleagues may say, why should we not just allow the private sector to fully fund this? The fact remains that there is a lot of research where the private sector will not go. The risk is far too great, and there is a large gap there, which only a public entity, in this case, the Federal Government, can fill that gap.

It can underwrite that risk and, yet, even doing that, we know that there is a tremendous return, not only in the better well-being and health of our citizens, which should be our first concern, but there is an economic return in the long run to the general economy of the United States, and that is a benefit I think all of us can be proud of.

Let me just finally say that we are all extremely excited with the announcement just this past month that the scientists who were mapping the human genome have made significant discoveries and are on the cusp of finalizing that project.

I was honored that Baylor College of Medicine is one of the three research organizations that are part of the NIH program. I met with the officials from the researchers from Baylor on numerous occasions about this program that they are doing, and I know that at one point it appeared there was a race between the Federally funded project

with worldwide assistance and the private project that was being done. But I think it goes without saying, had NIH not been there at the beginning, not funded this, we would not have seen a private entity come in to it.

Furthermore, and I have talked with many of the researchers about this, had there not been a Federal public domain involvement in something as critical as the human genome project, I think it is unlikely that we would have had the early commitment that the data that has been found will be data that is part of the public domain and not something that is down at the Patent Office that says that the future treatment that can be so critical to the future well-being of the American citizenry is something that we would have to go through a copyright and pay a premium for as opposed to something that we as Americans can all enjoy the opportunity of.

So I think it is a testament to the work of the NIH, and I would just say to my colleague, the gentleman from Pennsylvania (Mr. GEKAS), that, once again, on this particular issue, and there are other issues as well, but on this particular issue, he is very much on the right track, taking a leadership role in saying that the United States taxpayers should put its resources behind funding and doubling the budget for the NIH.

We get a tremendous return for our well-being, and I commend the gentleman for once again taking the lead on this and this resolution. I look forward to continuing to working with him on this until we achieve that goal of doubling it over the 10-year period.

Mr. Speaker, I rise today in strong support of H. Res. 437, a Sense of the House of Resolution that the House of Representatives should provide an additional $2.7 billion for the National Institutes of Health (NIH's) budget for Fiscal Year 2001. This $2.7 billion investment would be the third installment on our five-year effort to double the NIH's budget.

As one of four Co-Chairs of the Congressional Biomedical Caucus, I have strongly supported providing maximum resources for biomedical research conducted at the NIH. This $2.7 billion investment in NIH's budget will help to save lives and improve our international competitiveness. Our nation's biomedical research is the envy of the world, but we must continue this investment to ensure that we maintain this preeminence.

This resolution would help to ensure more scientists have the resources they need to conduct cutting-edge research. Today, only one-third of NIH peer-reviewed, merit-based grants are funded. This additional investment would help us to increase the number of grants awarded each year and ensure that young scientists have the resources they need to save lives and cure diseases.

I am also convinced that this additional 50 percent investment in the NIH is being used wisely. Today, there are more than 50,000 scientists who directly benefit from NIH research funds. At the Texas Medical Center, which I represent, the NIH provides a total of $289 million for clinical research projects in Fiscal Year 1999. For many of these scientists, the NIH funding is critically important to funding their research. Without it, they would not be able to test new therapies. Today, many academic health centers are struggling to maintain their mission of training our nation's health care professionals, providing quality health care services, and conducting clinical research. As managed care plans reducing reimbursements for health care services, the NIH funding helps to ensure that this mission is achieved.

I also believe that investing in the NIH helps our economy to grow. For every dollar spent on research and development, our national output is permanently increased by 50 cents or more each year. The government funds the basic research which biotechnology and pharmaceutical companies use to create new therapies and treatments for cancer, diabetes, and heart disease.

As the representative for the Texas Medical Center, one of our nation's premiere research centers, I have seen firsthand that this investment is yielding promising new therapies and treatments for all Americans. Just this month, it was announced by Baylor College of Medicine and 2 other research organizations have reached their goal of mapping the human genome. With this genetic map, researchers will have the information they need to develop new treatments to cure diseases such as cancer, heart disease, AIDS, and Alzheimer's. At Baylor College of Medicine, the NIH funding is leading to new information about pediatric AIDS treatments, tuberculosis, and prostate cancer treatments.

As a member of the House Budget Committee, I coauthored an amendment to add $2.7 billion to the NIH's budget. Although the NIH amendment was not successful, I believe it is critically important to continue to remind my colleagues of the potential for success with more investment in biomedical research. For many families, maximizing the NIH budget is an important part of their efforts to fight and beat chronic diseases such as heart disease and diabetes. As we learn more about the molecular basis for disease, we can bring new tools to defeat diseases and save lives.

As part of the Congressional Biomedical Caucus, we have also sponsored luncheons to discuss biomedical topics in Congress. These well attended luncheons provide an opportunity for Congress and staff to learn about new research programs which have been funded by the NIH-sponsored grants. This first-hand information will help to highlight how well these resources are being used.

I strongly urge the House of Representatives to support and become a cosponsor of H. Res. 437, legislation that would provide $2.7 billion more for the NIH's budget as part of the Fiscal Year 2001 budget process.

In a related matter, a conference is currently meeting to reconcile the differences between the two versions of Fiscal Year 2001 Labor, Health and Human Services, and Education appropriations bill. I am concerned that the House bill includes $18.8 million, a 6 percent increase above this year's budget. However, I am pleased that the Senate appropriations bill includes the additional $2.7 billion investment in the NIH that we need. I strongly urge my colleagues in this conference committee to adopt the Senate funding level so that the NIH's budget will be doubled over five years.

Mr. GEKAS. Mr. Speaker, we thank the gentleman from Texas (Mr. BENTSEN) for his very valuable contribution.

There is something I always wanted to put in the RECORD to how we got started on this tremendous effort on behalf of the National Institutes of Health, and after a number of searches of memory as to how this all began, we concluded that the starting point was an article written by scientists interested in expanding the avenue towards increased research.

In 1993, the magazine Science published a call for action by two Nobel Peace Laureates and other science leaders like Dr. Michael Bishop, Harold Varmus and Mark Kirschner, who at that time pleaded with their government and their Congress to double the amounts of Federal funding for the basic research being undertaken by the National Institutes of Health over a period of 5 years.

This was not the enterprise of some creative lobbyists, but rather born from the thoughtful rationale and scientific deliberations of some of the foremost minds in science.

When Members of this great Chamber consider their votes for the consistent and substantial increases in funding of basic research at the National Institutes of Health and the National Science Foundation, they can rely with great confidence on the fact that these scientists placed their entire reputations on the line in making recommendation that the government and the Congress continue to expand their investment of Federal dollars in basic research. So there we have it.

Dr. Kirschner, Bishop and Varmus preeminent scientists who thought it would be a great idea if we could double the effort of the NIH to get scientists to focus on new research and continued expanded research. We seized upon that, certain Members of Congress, and thought that was a light bulb for the Congress upon which to become enlightened as to progress that can be made.

And from that, emerged the effort about which we speak here tonight, the resolution to double the effort. We picked up adherence and supporters in the Senate of the United States, and lo and behold, again, we are here tonight reporting to the American people that we are intent on moving along on this spiraled staircase towards doubling the funding of the NIH within 5 years.

The 3rd year is here upon us, next year we will come back to these Chambers and see how far we have gotten and be able to report to my colleagues even more progress.

Mr. Speaker, the last item that we wish to record for my colleagues are some of the recommendations that have come out of the scientific dialogue on this important question. These great scientists stated, and I quote, in part, if the United States is to realize the promise of science for our society, the new administration, this was back in 1993, should take action on several fronts, and here are bits and pieces of these several fronts, develop an economic strategy for optimizing

investment and biomedical research, and what we are saying is, the doubling of the funding of NIH is one of those strategies.

Number two, generate a comprehensive plan for the best use of Federal funds for biomedical research; implicit in what we have said.

Institute a mechanism for the periodic evaluation of peer-review procedures utilizing scientists from inside and outside the government. That is very important in the world of health care, because if one scientist says a-ha, I can cure brain cancer overnight, that has to be evaluated and reviewed and criticized and analyzed, et cetera.

The American people know that we have a system in place that has checks and balances in everything we do, not the least of which should be in the discoveries or research breakthroughs that we see now on a daily basis.

They go on and say facilitate the application of fundamental discoveries by encouraging technology research in the private sector; that goes without saying. Strengthen the position of the Presidential advisor on science and technology, increase Federal attention to science education.

Do you know what? Without knowing it, it just dawned on me that about 2 years ago I introduced a concept, and it is in legislation and heading for a hearing in September, on something akin to this, that is, I believe that in the 20th century, the one which was just engulfed us in so many conflicts, so many tears, but so much progress at the same time, this century, our country was faced with one gigantic goal, that goal was to overturn tyranny and repression and to advance democracy, to repel tyrannical governments, Communism, Naziism, all of the tyrannical forms that have hurt us so blatantly across the years. Our goal as a Nation was to repulse all of that and to establish and reestablish and ferment democracy throughout the remainder of the world.

It dawned on me we ought to be stating a goal for the next century, for the 21st century. What should that goal be for the United States of America? In my judgment, it should be the eradication of disease from the face of the Earth.

Mr. Speaker, now the goal of repulsing tyranny and establishing democracy was worthwhile, we would not be in a position where we could even talk about eradication of disease as in a new goal, but listen to what has happened. Our country is the foremost in every endeavor of the human mind can generate, in everything. We are the superpower. We are the supersuperpower in everything. We do not want to be just the superpower in military strength, we have the capacity now to lead the world in those efforts that can lead to the eradication of disease.

Now, I mentioned this to Dr. Harold Varmus, who later became the director of the National Institutes of Health, and now most recently has transferred his talents to Sloan Kettering in New York, a renowned scientist, a Nobel winner.

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I mentioned this to him while he was director of NIH, that we ought to try to do something to try to eradicate disease across the face of the Earth. He said, ''George, I don't think we can actually eradicate every disease.'' I said, ''I know that, Harold. I know though the effort has to yield progress in the eradication of disease, even if we fall short of total eradication of every disease known to mankind.''

But the point is that should be the national goal. And if you look at it again, in rounder terms, the goal of eradicating disease that the United States would undertake would be in its own self-interest, its own enlightened self-interest.

Why? While we are trying to eradicate disease or leading the world in those efforts, we are producing new pharmaceuticals, new biotechnology devices, new methodologies for treating disease, for discovering new anecdotes, et cetera. While we are doing that then, we are creating economic fervor, economic opportunities and economic expansion, enterprises of every stripe while marching down the road towards leading the world, leading mankind, in the eradication of disease.

We are number one in biotechnology now, number one in biomedical research, number one in every effort leading towards these things. Why not then move towards this goal about which I speak?

Let me tell you that my bill, the one I have introduced and on which a hearing will be held, as I said in September, would create a commission of the greatest experts our country can produce on how we can begin this worldwide enterprise of eradicating disease from the face of the Earth. It would employ every sector of our country and all its citizenry, from teaching children in first grade about washing their hands before meals and in washing their hands as often as possible, a simple little gesture, as part of a global strategy to eradicate disease, not to mention space exploration and all of the other things about which we have made mention here today.

So from washing one's hands in kindergarten to climbing to Mars in 3 years, all of these things can be a part of the global effort on the part of the United States to eradicate disease from the face of the Earth; and these members of these commissions, the commission that I envision through this legislation, could create the steps necessary to begin that enterprise.

We have been joined by the gentlewoman from North Carolina, is that correct?

Mrs. CLAYTON. That is correct.

Mr. GEKAS. I get North and South mixed up once in a while.

Mrs. CLAYTON. South Carolina is good, but North is even better.

Mr. GEKAS. I yield to the gentlewoman.

Mrs. CLAYTON. Mr. Speaker, I thank the gentleman for his leadership on this issue and allowing me to participate. I think this issue that the gentleman brings before us is exciting and has great potential and is critical and needed.

Mr. Speaker, I strongly support the gentleman from Pennsylvania (Mr. GEKAS) and others in their effort to double the funding for the National Institutes of Health for research in the biomedical field. Research today will be the basis for the discovery of treatments and prescription drugs that will provide much needed benefits tomorrow.

Passive investments in biomedical research have resulted in better health and improved quality of life for all Americans, as well as a reduction in national health care expenditures. The Federal Government represents the single largest contributor to biomedical research conducted in the United States and must continue to play a vital role in the growth of this national biotechnology industry.

The National Institutes of Health is prepared to lead us into a new era of molecular medicine that will provide us with unprecedented opportunities for the prevention, the diagnosis, the treatment, the cure of all diseases that currently plague our society.

Currently more than 297,000 Americans are suffering from AIDS, and hundreds of thousands more with HIV infections. These Americans, although still facing serious and life-threatening health problems, can benefit from biomedical and biotechnology advances in the treatment of HIV. Biomedical advances assist in providing assurances of more effective and accessible and affordable treatment for persons with HIV and the hope of arresting the disease until a cure is discovered.

Patients with debilitating diseases such as osteoporosis and diabetes, or life-threatening cervical, breast, and prostate cancer will benefit from the further understanding of the principles of biometrics. The development of new hard tissue, such as bone and teeth, as well as the study of soft tissue development, holds great promise for the design of new classes of bio-materials and pharmaceuticals, and the diagnosis and analytical reagents for use in the treatment of disease and their side effects.

We are on the dawn of a biomedical revolution, and most Americans show overwhelming support for an increased Federal investment in biomedical research to improve the quality of their lives and of world citizens.

Again, I support the request to increase by $2.7 billion the budget to the National Institutes of Health to fund biomedical research. American biomedical researchers should not have to wait any longer than necessary to begin the new generation of discovery that awaits them and to benefit the

overall health of our great Nation and the world.

Again, I thank the gentleman for allowing me to participate.

Mr. GEKAS. I thank the gentlewoman.

Mr. Speaker, to bring to a close our special Special Order, I just want to repeat some of the promises that lie ahead with the continued development of our research capability: new ways to relieve pain, that goes without saying; medications for the treatment of alcoholism and drug addiction; clinical trials database to help the public gain access to information about all of these trials through the Internet and through other devices that we have.

I see our colleague, the gentleman from Iowa (Mr. GANSKE), who is seated here, ready to take a Special Order on his own. Just today he and I had a discussion about the Patients' Bill of Rights and the pharmaceuticals and all of that, which is a part of all of this; and I maintain if we can pass our bill and establish this commission to look at all the phases of health care for the eradication of disease, that the plight of our teaching hospitals, patient care, pharmaceuticals, everything that worries us on a daily basis, can be placed in a proper order to take the lead globally in the eradication of disease.

Mr. PACKARD. Mr. Speaker, I urge my colleagues to support increased funding for the National Institutes of Health (NIH). The NIH is the pre-eminent biomedical research enterprise in the world, relied on for its innovation by countries spanning the developing and industrialized world. The vast bulk of the NIH funding we appropriate goes to the large medical research institutions in this country that lead the fight against disease and illness.

The NIH has always enjoyed strong bipartisan support from Congress. An increase in NIH funding would accommodate substantial increases in the grants, training awards, and infrastructure improvements that are critical to the continued success of medical research. Additional funding would also give the NIH a greater ability to disseminate information on new breakthroughs to patients and health care providers. NIH researchers are on the verge of tremendous new discoveries in science and medicine.

Mr. Speaker, I again urge my colleagues to continue their support for the NIH in the best way possible—by increasing funding.

Mr. LAFALCE. Mr. Speaker, the National Institutes of Health benefits all Americans, and we should all be proud of the research work that they do. Thanks to the scientists, doctors and other professionals at NIH, we are closer than ever before to finding cures and improved treatments for diseases like Alzheimer's, diabetes and cancer. We need to show our unwavering commitment to the NIH and the important work that they do. That is why I strongly support doubling the NIH budget.

In addition to the countless health benefits that this will bring to the American people, it will result in savings as well. Every dollar that we invest, particularly in preventive medicine, will reduce hospitalization and the costs of treating a disease that we can cure. Diabetes is a prime example of this. It is estimated that one out of every ten health care dollars in the United States and one out of every four Medicare dollars is spent on diabetes care. If we invest enough money to follow all the promising leads that the congressionally-mandated Diabetes Research Working Group has identified, we can cure this disease. We should do that. Just think what it would mean to the 16 million Americans, and their families, who suffer from this disease. As Vice-Chair of the House Diabetes Caucus, I urge all of my colleagues to support this investment in finding a cure. And it truly is a cost-effective, life-saving investment. In this time of unparalleled prosperity, there is no reason that we can't do it.

Alzheimer's, arthritis, multiple sclerosis, osteoporosis, diabetes, cancer, autism, macular degeneration and on and on—we all have family, friends, constituents who are affected by these diseases in one way or another. Particularly as our older population continues to grow, we need to increase our commitment to health care. An appropriate investment now, when the resources are available, will translate into immeasurable savings, both in human life and in dollars, down the road.

This is truly an investment in our future. Let's make this commitment and let science show us how we can all live healthier, happier, longer lives.

Mr. FILNER. Mr. Speaker, I rise today in support of doubling the budget of the National Institutes of Health to further life-saving research.

The world is at the cutting edge of biomedical research breakthroughs that will alter forever the age-old battle of humans against disease. The discovery of cures for most life threatening diseases can, and will, be achieved in our lifetime. But, we can cross that ultimate frontier of an improved quality of life for all Americans only if this Nation commits itself to funding biomedical research at a sufficient level to do the job.

Mr. Speaker, we can demonstrate our collective resolve to accomplish that result by doubling the funding for the National Institutes of Health.

Our research is beginning to pay off. Hundreds of new drug discoveries are rapidly making their way through clinical trials. Through the concerted genome effort, we will in a very short time have effectively decoded the enormous amount of DNA sequence information that forms the blueprint for human ife. The developing field of proteomics will provide the tools to understand the function of proteins produced by genes. The quantity and quality of targets for the development of new drugs will be increased by a factor of previously unbelievable proportions. In addition, progress is being made in learning how to stimulate the immune system itself to fight cancer and other diseases. Immunotherapy, and gene therapy, as demonstrated by the scientists at the Sidney Kimmel Cancer Center in San Diego, are beginning to unlock the secrets of how to effectively combat disease in virtually every cell of the body. Anti-angiogenesis—a process which prevents the formation of new blood vessels which feed the cancer as it multiplies—offers great hope. The progress being made in San Diego research institutes suggest that the accelerating pace of laboratory discoveries will soon be translated into innovative treatments. In San Diego, basic science break-throughs are happening at the University of California, San Diego (UCSD)—one of the largest recipients of NIH funding in the country—and also at the Salk Institute, the Burnham Institute, and the Scripps Research Institute. And, the most dramatic results of these scientific advances may be demonstrated when they work in combination with chemotherapy, radiation, and surgery.

At the University of California at San Diego, for example, Dr. Mark Tuszynski has received approval from the FDA to test a form of gene therapy in humans with the dreaded Alzheimer's disease. Alzheimer's now afflicts 4 million Americans, a number which is projected to grow to 8 million in this country alone by the year 2020. Dr. Tuszynski will surgically implant genetically modified cells into the brains of human volunteers to determine if we can slow the progression of Alzheimer's disease and enhance the function of some of the remaining brain cells.

Mr. Speaker, charitable contributions and the scholarship of great universities and research institutes play important roles in the evolution of our scientific success. It is through the investment of significant Federal dollars in the National Institutes of Health that we can combine all of these positive forces to realize the medical miracles on our horizon. NIH promotes the research and coordinates the science. NIH helps to develop new skills of scientific investigators, and provides the stimulus for the emergence of new technologies.

I am privileged to represent San Diego, the biotech capital of the world. What we do in San Diego in collaboration with scientists around the globe will enhance life itself at a time in history when life is most worth living.

Now is the time to redouble our investment in biomedical research. America is at peace, our economy is prospering, our citizens are gainfully employed, our budget is balanced, and our surplus is real, There is no excuse to ignore what Americans want more than anything else: the cure of diseases which inflict death, pain, suffering, and economic distress to almost every family.

Mr. Speaker, let's do it; let's do it now.

Mr. CUNNINGHAM. Mr. Speaker, I am grateful to the gentleman from Pennsylvania (Mr. GEKAS) for arranging this special order tonight, to focus on the importance of doubling America's investment in health research over the next five years.

I am honored to be a cosponsor of his resolution, H. Res. 437, expressing the sense of Congress on how to accomplish our goal of doubling our national investment in health research. This research is the gift of America's hard-working taxpayers to this generation and the next—not just to Americans, but to the world.

Furthermore, for us to take fullest advantage of this investment, we must take care to invest it wisely. So in addition to increasing our work in basic health research at the National Institutes of Health, we should treat in a similar fashion our investment in the Centers for Disease Control and Prevention, and in the programs of the Health Resources Service Administration, which are vital to putting in practice the things we learn through basic health research. As a strong fiscal conservative, and as a member of the House Appropriations Subcommittee on Labor, Health and Human Services and Education, I am committed to working with my colleagues to achieve these goals within a limited federal budget.

Rather than to address this issue myself, I have asked several of my constituents and leaders in the field of health research to address this issue themselves. With the consent of the gentleman from Pennsylvania (Mr. GEKAS), I would like to insert in the RECORD at this point several letters, e-mails, and notes that describe in further detail the importance of doubling our investment in health research.

Mr. Speaker, I submit the following letters for the RECORD.

CHIRON CORPORATION,
Emeryville, CA, June 14, 2000.

Hon. RANDY ''DUKE'' CUNNINGHAM,
House of Representatives,
Washington, DC.

DEAR REPRESENTATIVE CUNNINGHAM: On behalf of Chiron Corporation's Blood Testing Division, I appreciate this opportunity to convey our support for increased funding for biomedical research.

Chiron Corporation, headquartered in Emeryville, California, is a leading biotechnology company with innovative products in three global healthcare markets: biopharmaceuticals, vaccines and blood testing. Chiron, and its partner, Gen-Probe Incorporated of San Diego, formed a strategic alliance in 1998 to develop, manufacture and market genomic nucleic acid testing (NAT) for detection of blood transfusion associated viruses such as Human Immunodeficiency Virus (HIV) and Hepatitis C Virus (HCV).

Genomic NAT is the next technological advance in ensuring the safety of the nation's blood supply. It detects small amounts of virus in donated blood before antibodies or viral proteins are detectable by current blood screening technologies. Today's blood testing methods depend solely on the detection of these antibodies or viral proteins, so newly infected donors may escape detection during the ''window period'' between infection and appearance of these serologic markers.

Since April of 1999, the Chiron-Gen-Probe partnership has been supplying NAT reagents, instrumentation, training, and technical support to U.S. blood centers performing NAT under FDA approved clinical protocols. The Chiron Procleix HIV–1/HCV Assay is currently utilized to screen approximately 75% of all volunteer blood donations in the U.S. In addition, the Armed Services Blood Program now routinely screens blood donations with the Chiron assay.

Genomic NAT testing has already increased the safety of the U.S. blood supply. In less than one year, testing by Chiron's system alone has detected 28 infected HCV donors and 4 HIV–1 infected donors. Identification of these infected donors prevented the potential transfusion of over 100 HCV and/or HIV–1 infected units of blood components. Scientific studies estimate that genomic NAT may reduce the window period of potential HCV infection by 70% and by nearly 50% for HIV. Recent studies also indicate that genomic NAT, when used on individual donor samples, may close the Hepatitis B Virus (HBV) window by 50% (as much as four weeks) compared to currently available tests.

Implementation of NAT has required the utilization of many new scientific inventions and innovations. One historic discovery in this effort was the genomic mapping of the HIV and HCV viruses by Chiron scientists. Gen-Probe Incorporated developed new high throughput genomic amplification and detection technologies known as TMA, that are required to detect very low levels of viruses in blood donations.

The National Heart, Lung, and Blood Institute of the National Institutes of Health contracted with Chiron's partner, Gen-Probe Incorporated, to develop genomic NAT testing assays and automation. All of these factors in combination have led to the development of genomic NAT as the new world standard in blood screening technology, and offers the promise of providing Americans a blood supply that is safer from risk of HIV, HCV and HBV transmission.

HCV is becoming a significant public health concern, both here in California and elsewhere. Despite these remarkable advances in blood testing and safety, our work is not complete. There are new viral strains that may contaminate our blood supply. The immensely important genomic amplification technologies are at the beginning of their technological life cycle. It is vitally important that the U.S. Government continues, and increases where possible, its investment in these areas of biomedical research.

Thank you again for the opportunity to provide Chiron's comments on this important public policy issue.

Sincerely,

RAJEN DALAL,
President,
Chiron Blood Testing Division.

POWEY, CA,
June 14, 2000.

DEAR CONGRESSMAN CUNNINGHAM: I am a 47 year old woman. My diabetes was discovered 40 years ago. I should be dead! Due to the advances in health research I am not only alive but a success despite my physical challenges.

I am a speaker for UCSD transplantation and animal research program. I should have died at the age of 15, being unconscious and having extremely high, unexplained blood sugars. I survived that challenge and then later went on to college supported by the Rehab. center for the blind in Connecticut. My kidneys failed as I was receiving my BA in Psychology and BS in Business. (Double Major). I then moved to San Diego and received my first kidney transplant. My right leg was amputated as I was in Graduate school. As I was finishing Graduate school I received my first Service dog for Physical assistance.

To make a long story short. I am able to drive with one good eye—medical research. I can walk, but do use a wheelchair, to reserve energy. I am now a licensed Marriage and Family Therapist!!! (long haul and Hall) AND I have founded and co run with my fiance, Leashes for Living Assistance/Service Dogs. A unique program enabling the challenged to train their own Service Dogs.

Without medical and health research I would not be able to give back so much to the community. I pride myself in the fact that along with the medical teams, I have worked hard to stay alive . . . and now am able to help others live happier and healthier lives despite their challenges.

With my highest regards for your endeavors,

CYNTHIA CLAY.

POLYCYSTIC OVARIAN
SYNDROME ASSOCIATION, INC.,
Rosemont, IL, June 14, 2000.

Rep. RANDY CUNNINGHAM,
Rayburn Bldg,
Washington, DC.

DEAR CONGRESSMAN CUNNINGHAM, We at the PolyCystic Ovarian Syndrome Association, Inc., or PCOSA, would like to add our voices in support of House Resolution 437, sponsored by Rep. George Gekas from Pennsylvania.

Polycystic Ovary Syndrome (PCOS) is a little understood endocrine disease that affects as many as 1 in 10 women and yet continues to be misdiagnosed by doctors. Recent research strides point only to the need for more research, education and raised awareness about PCOS, which is the leading cause of infertility and puts women at risk for type II diabetes, endometrial cancer, and cardiovascular disease. PCOSA is an international non-profit organization dedicated to the education and support of women with PCOS and their healthcare providers.

Dr. R. Jeffrey Chang, at the University of California at San Diego is a pioneer in the research and education of women and doctors about PCOS. Having edited one of the few texts on the subject for doctors, he remains a strong voice for women's health care. At our recent membership conference in San Diego, Dr. Chang spoke to patients and other doctors, and was even able to explain this complicated syndrome to members of the San Diego press. He is a tremendous asset to endocrinology and to California.

It is imperative that Dr. Chang's research, and that of his colleagues searching for the cause and treatment of PCOS, continue to be supported by the NIH until we understand the disease and have an answer for every single woman that suffers from it.

With Best Regards,

CORRINA P. SMITH,
Dir. of Media Relations.

UNIVERSITY OF CALIFORNIA, SAN DIEGO,
La Jolla, CA, June 12, 2000.

Hon. RANDY DUKE CUNNINGHAM,
House of Representatives,
Washington, DC.

DEAR DUKE, I am writing to urge you and your colleagues to support an increase in funding for the NIH for FY2001 that will keep us on track for doubling in five years. In spite of our continued and spectacular recent progress in the fight against disease, too many of our friends and loved-ones die prematurely or suffer needlessly from diseases that we could defeat if our research efforts could proceed more swiftly. This year alone, I have already lost one dear friend to a premature death from cancer, and several other friends are literally in a fight for their lives. I have also received many phone calls and letters from people afflicted with presently incurable diseases, but where research holds hope for treatment in the not too distant future. Better and faster biomedical research is clearly the best answer for these people. It is only by understanding fully the cellular and molecular basis for disease that we can then develop effective therapeutic strategies.

As you know, the House and Senate have been working toward the goal of the doubling of NIH by the year 2003. Congress has provided the necessity 15% increases over each of the past two years to meet this important goal. For FY2001, Congress must provide an increase of $2.7 billion in order to reach the doubling goal. These funds are critical for our continued rapid progress in the battle against cancer, diabetes, ALS, Alzheimer's and other diseases affecting millions of Americans.

I know that you share my belief that biomedical research and our fight against disease is one of our most important national priorities. I look forward to working together with you in the future on this important battle.

Sincerely,

LAWRENCE S.B. GOLDSTEIN, Ph. D.

Mr. CAPUANO. Mr. Speaker, I would like to take a moment to thank my colleague from Pennsylvania, Mr. GEKAS, for arranging tonight's special order, as well as the distinguished chairman of the Labor-HHS-Education Appropriations Subcommittee, Mr. Porter, for his work and dedication in support of biomedical research at the National Institutes of

Health (NIH). I believe it is essential that Congress move forward in its commitment to double the research budget at the NIH. Currently, scientists at the NIH are developing cutting-edge treatments for hundreds of diseases, including cancer, Alzheimer's, and diabetes. Increased funding for medical research and development will allow millions of Americans to lead healthier lives. I, therefore, rise in support of efforts to provide a 15% increase for NIH in FY2001. This increase will mark the third installment of the plan to double the NIH budget over a period of five years.

Each and every day, researchers at the NIH succeed in making important discoveries about the human body and the diseases that may effect it. These scientists work tirelessly to develop cutting-edge technologies that push the envelope of human capacity.

For FY2001, the NIH have developed four critical initiatives. These include: (1) Genetic Medicine—this involve the mapping of the human genome and the subsequent gene therapy. Advances in the treatment of cancer, chronic illness, and infectious disease may be possible through this work; (2) Clinical Research—this initiatives reinforces the goal of turning the results of laboratory research into treatment for patients; (3) Fostering Interdisciplinary Research; and (4) Eliminating Health Disparities. These four areas of scientific research present incredible opportunities that have the promise to generate tremendous benefits in the future. Providing increased funding for biomedical research today will allow millions of Americans to lead healthier lives tomorrow.

With this in mind, I urge each of my colleagues to support funding the full 15% budget increase for the National Institutes of Health.

Mr. BILIRAKIS. Mr. Speaker, I rise in support of increasing the Federal Government's commitment to biomedical research through the National Institutes of Health. As chairman of the Health and Environment Subcommittee of the House Commerce Committee, and as a member of the Congressional Biomedical Research Caucus, I am a strong advocate of this agency's vital mission. I have joined many of my colleagues in supporting efforts to double federal funding for the NIH.

The NIH is the primary Federal agency charged with the conduct and support of biomedical and behavioral research. Each of its institutes has a specialized focus on particular diseases, areas of human health and development, or aspects of research support. When we consider its role as one of the world's foremost research centers, it is amazing to remember that the NIH actually began its existence as a one-room Laboratory of Hygiene in 1887.

Medical research represents the single most effective weapon against the diseases that affect many Americans. The advances made over the course of the last century could not have been predicted by even the most far-sighted observers. It is equally difficult to anticipate the significant gains we may achieve in years to come through increased funding for further medical research.

Last year, Congress gave a substantial increase in funding to the NIH. The fiscal year 2000 omnibus appropriations law provided $17.8 billion for the NIH—an increase of $2.2 billion or 14 percent over the previous fiscal year. This increase represents a sizable down payment toward the goal of doubling its funding over 5 years. This year, I am hopeful that we can make similar progress in that regard.

As we work to increase Federal funding, I am also sponsoring legislation to encourage private support for NIH research efforts. My bill, H.R. 785, the Biomedical Research Assistance Voluntary Option or ''BRAVO'' Act, would allow taxpayers to designate a portion of their federal income tax refunds to support NIH research efforts. I introduced the bill on a bipartisan basis with the ranking member of the Health and Environment Subcommittee, Mr. BROWN of Ohio.

Mr. Speaker, every dollar invested in research today will yield untold benefits for all Americans in years to come. Indeed, our own lives might some day depend on the efforts of scientists and doctors currently at work in our Nation's laboratories. I urge all Members to join me in supporting a strong Federal commitment to biomedical research.

Mr. LEVIN. Mr. Speaker, I am pleased to join my colleagues on both sides of the aisle to talk about the importance of doubling the funding for the National Institutes of Health over the next 5 years. As we all know, we have already made two down payments on this goal, first in 1999 and again in 2000. Unfortunately, last month the House approved a Labor-HHS-Education bill which significantly backtracks from our commitment. We must insist on a bipartisan basis that this serious underfunding is corrected in conference.

I support full funding for the NIH on behalf of all of my constituents who struggle with illnesses that we do not fully understand. I know, as they do, that the work of NIH-funded scientists offers their best hope for a cure. At the same time, each year NIH researchers uncover new information which helps doctors better treat patients with heart disease, cancer, diabetes, mental illness, and many other terrible diseases.

The National Institutes of Health fund well over a third of all biomedical research in the United States. But NIH's role goes well beyond that, because NIH is the primary funder of all basic research. Basic research, which is generally focused on discovering new scientific principles, often cannot be patented and is therefore not appealing to for-profit companies. But basic research provides the building blocks on which new treatments and cures are built. Of the 21 most important medications introduced between 1965 and 1992, 15 were developed using tools from federally funded research. Seven were directly developed by government-funded researchers.

One of these exciting new drugs, Cisplatin, was developed by researchers in my home State at Michigan State University. Working with NIH's National Cancer Institute, biophysicist Barnett Rosenberg developed Cisplatin, an anti-cancer drug which cures sixty to sixty-five percent of testicular cancer cases and reduces risk of death by fifty percent when used to treat cervical cancer. Without NIH's expertise and resources, Dr. Rosenberg might not have been able to complete the pharmacology, toxicology, and clinical trials needed to get this drug to the cancer patients who need it.

Each year that we increase funding for NIH, we make possible more discoveries like this and we make sure that the public benefits from those discoveries. Currently, the economic cost of illness in the United States is estimated at about $3 trillion. An annual appropriation of $16 billion—less than 1 percent of the Federal budget—is a small price to pay to maintain NIH's strength in controlling and curing disease. I hope that all of my colleagues will join with me and the other members of the Congressional Biomedical Caucus in supporting full funding for the NIH and medical research.

Mrs. MALONEY of New York. Mr. Speaker, I join my colleagues in support of doubling the NIH budget for fiscal year 2001.

I thank my colleague GEORGE GEKAS for organizing this special order. This is one budget that affects every single American. Whether it is diabetes, Alzheimer's, cancer, or safe childbirth, the NIH is there as a shining star to protect our Nation and help us understand and treat dreaded diseases.

One of the diseases that NIH researchers feel could be cured in a matter of years is Parkinson's disease. I am proud to be the founder and co-chair of the Congressional Group on Parkinson's Disease with my friend and colleague FRED UPTON. We are so close to a cure for this disease.

Leading scientists describe Parkinson's as the most curable neurological disorder. Breakthrough therapy or—perhaps a cure—is expected within a decade. When have researchers ever said that they think they can cure a disease in 10 years?

I would like to focus my remarks tonight on the importance of giving NIH the largest increase possible. Specifically, I have been advocating for $71.4 million to implement NIH's Parkinson's Disease Research Agenda. During last year's appropriations debate, we were successful in including language to support the development of this research agenda for Parkinson's disease.

It truly is a roadmap for what needs to be done in the next 5 years to beg to a cure. I have spearheaded a letter to the conferees asking for the $71.4 million needed in the first year to enact this research agenda. I am very hopeful that we will get this money in the budget this year. But if we don't, I will introduce legislation requiring this plan be funded in its entirety.

Finally, I just want to mention that I am anxiously awaiting the release of the final guidelines on stem cell research. We worked hard in Congress this year to not let stem cell research get politicized. We stood firm that Parkinson's disease—along with diabetes, ALS, and a host of other diseases—must not be held hostage to extremists in Congress. I will continue to work for prompt implementation of this critical research when the guidelines are finalized. I thank my colleagues again for organizing this special order.

Mr. GEKAS. Mr. Speaker, reluctantly, because I am having a good time here, reluctantly, I am looking around, I see no other recourse except to yield back the balance of my time.

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GENERAL LEAVE

Mr. GEKAS. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days within which to revise and extend their remarks on the Special Order just given.

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