TRIBUTE TO PATSY GUADNOLA

HON. SCOTT McINNIS

OF COLORADO

IN THE HOUSE OF REPRESENTATIVES

Wednesday, October 22, 1997

Mr. McINNIS. Mr. Speaker, I'd like to a take a minute to tell you about a woman who has been instrumental in the lives of so many children on the Western Slope of Colorado. Her name is Patsy Guadnola and she taught music in Glenwood Springs for over 51 years. She was such a knowledgeable and patient teacher that she even taught music to me. Ms. Guadnola is the type of individual that we could all learn from, as she has given so much of herself to the people.

Ms. Guadnola is the youngest of 10 brothers and sisters who were Italian immigrants. She has witnessed the town of Glenwood Springs evolve from a town of dirt roads and a two lane bridge to a town now considering a light rail system and a bypass for its main street.

Her love of music, children, and family has been the constant that has rooted her so deeply in the community. When she was just a child, her brothers and sisters contributed money so that she might take piano lessons. When she was 12, she began playing the organ on Sundays at St. Stephen's Catholic Church, a commitment she continues to this day.

Following Ms. Guadnola's graduation from the University of Northern Colorado and the Julliard School of Music, she returned home and began work as the music teacher at the Glenwood public schools for grades 1 to 12. She taught in the very same room where she discovered her own desire to one day become a music teacher herself.

For 40 years Ms. Guadnola taught music in the elementary and high school. Following her retirement from the public school, Ms. Guadnola went on to teach music for 11 more years at St. Stephen's Catholic School.

With a career spanning 51 years, Ms. Guadnola has enjoyed watching many locals grow from children to adults.

Ms. Guadnola's legacy lives around her in the people she has taught and continues to see. In her former students she sees a little bit of herself living on especially in those who have gone on to a career in music or teaching.

Mr. Speaker, it is people like Patsy Guadnola who make the Western Slope of Colorado the wonderful place it is. She is truly an inspiration to us all, and as one who learned so much from her myself, I can say she will always be greatly appreciated for what she has done.

MEDICAL RESEARCH

HON. LEE H. HAMILTON

OF INDIANA

IN THE HOUSE OF REPRESENTATIVES

Wednesday, October 22, 1997

Mr. HAMILTON. Mr. Speaker, I would like to insert my Washington Report for Wednesday, October 15, 1997 into the CONGRESSIONAL RECORD:

SETTING FUNDING PRIORITIES FOR MEDICAL RESEARCH

The United States is the world's leader in medical research. We spend more each year on research to cure and prevent disease than any other nation, and we are also at the forefront of developing new and innovative treatments for diseases ranging from heart disease to breast cancer to AIDS. The benefits of this research are manifest. Americans are living longer than ever before, and we are much more successful at fighting disease.

The federal government will spend about $13 billion on medical research this year, which is 37% of the total amount spent on research by all sectors. An important issue for Congress, the medical community and average Americans is how that money is spent. In general, Congress gives the National Institutes of Health (NIH), the government's lead agency for medical research, broad discretion in setting research priorities, that is, in deciding how funding is allocated to research on various cancers and other diseases. Congress has earmarked money in recent years for specific types of illnesses, such as breast cancer and prostate cancer. But by and large, NIH is still the lead decisionmaker. This approach is premised on the view that NIH, rather than Congress, has the expertise to make the best professional judgments about funding priorities and will make its decisions based on public health requirements and hard science, not political pressures.

LOBBYING FOR RESEARCH DOLLARS

There is some concern, however, that this process is becoming increasingly politicized. One measure of this change has been the proliferation of groups lobbying the federal government for research dollars. There are over 2,800 registered lobbyists on health issues, including 444 specifically on medical research. Lobbying on research funding is not necessarily a bad thing. It can, for example, bring attention to illnesses which have been underfunded and otherwise provide decisionmakers with helpful information.

The question, though, is how far lobbying can go before it undermines the integrity of the decisionmaking process. Lobbying for research dollars is intense, with different advocacy groups fighting for limited resources. The NIH budget, unlike most agency budgets in this period of government downsizing, has nearly doubled in the last decade. It is nonetheless uncertain whether these increases can be sustained under the recent balanced budget agreement. Furthermore, competition for NIH grants is intense. About 75% of the research grant proposals submitted to NIH do not receive funding. Lobbying efforts appear in some cases to have succeeded in shifting more research dollars to certain diseases, particularly AIDS and breast cancer.

HOW FUNDING IS ALLOCATED

NIH-funded research is wide-ranging. It encompasses everything from accident prevention to basic research on the root causes of disease to research on specific diseases, such as heart disease, diabetes and AIDS. NIH considers many factors when allocating research dollars among various diseases, including economic and societal impacts, such as the number of people afflicted with a disease; the infectious nature of the disease; the number of deaths associated with a particular disease; as well as scientific prospects of the research.

Congressional debate has focused on how NIH funds research on specific diseases. Comparing funding levels can be a tricky business. Research on one disease can have benefits in other research areas. Likewise, funding of basic research may not be categorized as funding for a specific disease even though the basic research may be related to the fundamental understanding and treating of the disease. Nonetheless, NIH does categorize funding by disease area and, according to the most recent statistics, it dedicates $2.7 billion to cancer research, including $400 million to breast cancer research; $2.1 billion to brain disorders; $1.5 billion to AIDS research; and $1 billion to heart disease. Other well-known diseases get lesser amounts. For example, diabetes research gets $320 million, Alzheimer's research $330 million, and Parkinson's research $83 million.

NIH critics say that these funding priorities fail to focus on those diseases which afflict the largest number of Americans, but rather emphasize those illnesses which get the most media and public attention as well as the most effective lobbying efforts. For example, the leading cause of death in the U.S. is heart disease, followed by cancer, stroke and lung disease. AIDS-related deaths rank eighth. A recent study suggested that in 1994 NIH spent more than $1,000 per affected person on AIDS research, $93 on heart disease, and $26 on Parkinson's.

CONCLUSION

Congress has held hearings this year on how NIH sets its funding priorities, and is now considering a proposal to direct an independent commission to study the matter and make recommendations on how to improve funding decisions. Others have proposed more dramatic measures, such as having Congress, rather than NIH, earmark funds or at least set funding guidelines for the agency.

I am wary of proposals to involve Congress too directly in the funding decisions of the NIH. Medical research involves complex questions of science and technology, and Congress is not well-equipped to make policy judgments in this area. I am concerned that, if Congress took to micro-managing agency decisions in this way, special interests would overwhelm the process. Funding allocation should be guided by science and public health demands, not by lobbying efforts or politics, and the process used by NIH has been successful. Its research has produced advances in the treatment of cancer, heart disease diabetes and mental illness that have helped thousands of American families.

I am, nonetheless, sympathetic to the view that the NIH should give more attention when setting priorities to the societal and economic costs associated with particular disease areas. Setting funding priorities, particularly in an era of tight Federal budgets, is a difficult process and involves difficult choices. When NIH decides to emphasize one area of research, it necessarily means less funding will be available for other, worthy areas of research. The key point is that the decisionmaking process be generally insulated from political pressures.

HEART OF GOLD

HON. HOWARD L. BERMAN

OF CALIFORNIA

HON. HENRY A. WAXMAN

OF CALIFORNIA

HON. JULIAN C. DIXON

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Wednesday, October 22, 1997

Mr. BERMAN. Mr. Speaker, it is no surprise to my colleagues, Mr. WAXMAN and Mr. DIXON, and me that Carmen Warschaw has been named the Heart of Gold Honoree by the Medallion Group of Cedars Sinai Medical Center and will be given this prestigious award on October 25, 1997.

Few people in America have contributed so much intellect, time, energy, and passion to