Mr. Speaker, the Government of Turkey knows how the game is played here in Washington. They have recently signed a $1.8 million year contract for the lobbying services of several former Members of this Congress to push for the helicopter deal.

I urge the administration to resist this type of pressure, and I call on my colleagues in Congress to join me in using our position as elected officials to prevent this helicopter deal. Providing these helicopters to Turkey does nothing to promote American interests or values, does nothing to promote stability, and does nothing to advance the cause of human rights.

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MICROBICIDES DEVELOPMENT ACT OF 2000

The SPEAKER pro tempore (Mr. HAYES). Under a previous order of the House, the gentlewoman from Maryland (Mrs. MORELLA) is recognized for 5 minutes.

Mrs. MORELLA. Mr. Speaker, today I am joined by the gentlewoman from California (Ms. PELOSI) in introducing the Microbicides Development Act of 2000, legislation to promote the development of a new technology for preventing sexually transmitted diseases, including HIV.

Across this country and around the world, AIDS is rapidly becoming a women's epidemic. In the United States, women constitute the fastest growing group of those newly infected with HIV. Worldwide almost half of the 14,000 adults infected daily with HIV in 1998 were women, of whom nine out of 10 live in developing countries. In Africa, teenage girls have infection rates five to six times that of teenage boys, both because they are more biologically vulnerable to infection and because older men often take advantage of young women's social and economic powerlessness.

Equally alarming, the United States has the highest incidence of sexually transmitted diseases, STDs, in the industrialized world. 15.4 million Americans acquired a new STD in 1999 alone. Sexually transmitted diseases, including HIV/AIDS, represent a women's health emergency. Biologically and socially, women are more vulnerable to STDs than men. Many STDs, again I say that is sexually transmitted diseases, are transmitted more easily from a man to a woman and are more likely to remain undetected in women, resulting in delayed diagnosis and treatment and more severe complications. Not only are women at greater risk of acquiring STDs than men; but in most cases the consequences of contracting STDs, including infertility, ectopic pregnancy, cancer, and infant mortality, are more serious and permanent for women.

Yet 20 years into the AIDS crisis, and at a time when the incidence of STDs is reaching epidemic proportions, the only public health advice to women about preventing HIV and other STDs is to be monogamous or to use condoms. Experience has shown, however, that for many women, neither message is realistic or effective. A woman cannot protect herself by being faithful if her sexual partner is not, nor can every woman always insist on condom use. In Africa, for example, where women account for 55 percent of the continent's HIV infections, women typically have little say over condom use and too often the consequences in terms of lost trust, abandonment, or abuse are perceived as more threatening than the risk of contracting a disease. Women clearly need an alternative.

This legislation has the potential to save billions in health care costs. The total cost to the U.S. economy of STDs, excluding HIV infection, was approximately $10 billion in 1999 alone. When the cost of sexually transmitted HIV infection is included, that total rises to $17 billion.

Federal funding is key. Currently, less than 1 percent of the budget for HIV/AIDS-related research at the National Institutes of Health is being spent on microbicide research, and best estimates show that less than half this amount is dedicated directly to product development. Clearly, this is not nearly enough to keep pace with the growing STD and HIV epidemics. For 2001, our legislation will ensure that Federal investment in this critical research be doubled from the current level of less than $25 million.

There is an urgent need for HIV and STD prevention methods within women's personal control. Since the early 1990s, topical microbicides have attracted scientific attention as a possible new technology for preventing STDs, including HIV.

Not only do microbicides make good sense from a public health perspective but recent studies demonstrate that women want and need prevention alternatives. A recent survey by the Alan Guttmacher Institute estimated that 21 million American women are interested in a microbicidal product. Microbicide acceptability studies in 13 countries worldwide, six in Africa, two in Latin America, three in Asia plus France and Poland, have documented high interest and willingness to use microbicides.

Five of the top 10 most frequently reported infectious diseases, that is 87 percent of all cases, are sexually transmitted. Over one in three adults age 15 to 65 are now living with an incurable viral STD. Dr. Anthony Fauci, director of the National Institute of AIDS and Infectious Diseases, has stated that he considers microbicide research a priority in the fight against AIDS and STDs.

Dr. Peter Piot, Executive Director of UNAIDS, the United Nations agency that coordinates a global response to the HIV epidemic, has said,

> There is an urgent need for more methods to prevent HIV infection, especially those that put women in control. The search for an effective and safe vaginal microbicide has been progressing too slowly—we need more researchers from the public and private sectors acting with appropriate urgency to develop a microbicide.

A number of obstacles currently impede the development and introduction of microbicides. For major pharmaceutical companies, there is skepticism about whether such products would be profitable after the costs of research and marketing are met because such products would have to be inexpensive. Concern has also been raised over liability, since microbicides would promise to offer some protection against life-threatening illness, even though levels of product efficacy would be stipulated in labeling.

Absent leadership by major pharmaceutical companies, small biopharmaceutical firms, academic and nonprofit institutes have taken the lead on microbicide research and development. However, many small companies and nonprofit entities lack the resources to take a potential product through the rigorous clinical trials required to evaluate products for FDA approval.

Researchers estimate that it costs up to $50 million to complete research on an existing compound (and at least twice that to start from scratch with a new compound)—far more than many of these small companies and nonprofit entities have the capacity to invest.

Public funds are necessary to fill in the gaps in the research and development process and to create incentives for greater investment by private industry. Without federal leadership and funding, a microbicide is not likely to be available anytime soon.

Despite scientific promise and public health need, investment in microbicide research has been woefully inadequate. Through the work of the National Institutes of Health, non-profit research institutions, and small private companies, a number of microbicide products are poised for successful development. Some 24 products are currently in or ready for clinical (human) trials and 36 promising compounds exist that could be investigated further. But this ''pipeline'' will only be unblocked if the federal government helps support the necessary safety and efficacy testing necessary to move the best candidates to the marketplace.

Public health officials and members of Congress need to take notice. Given the growing number of promising microbicides in development, we have everything we need to bring a microbicide to market within five years—except the money. That's why Representative NANCY PELOSI and I are introducing legislation today that increases the federal investment in this potentially life-saving technology. Specifically, our bill, the ''STD Microbicide Development Act of 2000,'' does the following:

Instructs the Director of the National Institutes of Health to establish a program to support research to develop microbicides, including expanding and intensifying basic research on the initial mechanisms of STD infection, identifying appropriate models for evaluating safety and efficacy of microbicidal products, enhancing clinical trials, and expanding behavioral research on use, acceptability and compliance with microbicides.

Instructs the NIH Director, in consultation with all relevant NIH institutes and federal agencies, to develop a 5-year implementation plan regarding the microbicides research program.

Authorizes $50 million in FY 2001, $75 million in FY 2002, and $100 million in FY 2003 for federal microbicide research and development.

Mr. Speaker, thanks to the leadership of Leslie Wolfe and the Center for Women Policy Studies who first brought the need for microbicides research to my attention, I introduced Women and HIV/AIDS research and prevention legislation back in 1990. Congress has confirmed the importance of microbicides research by including report language I submitted during the appropriations process calling for greater NIH attention to this research. Now that the reality of a microbicide is much closer, more resources and greater coordination of federal research is urgently needed. With vigorous attention and sustained investment, a microbicide could be available within five years.

Microbicides represent another potential weapon in the arsenal against HIV/AIDS and Stds. Microbicides would be an important complement to potential HIV vaccines since they are likely to be available sooner, will be easier and cheaper to distribute, and will be effective against a range of sexually transmitted infections. They are particularly important for women, whose risk of infection is high and whose direct control over existing prevention options is low.

Microbicides will give women all over the world one more way of protecting themselves against the ravage of HIV/AIDS and other Stds. I urge all of my colleagues to support the important legislation we are introducing today, and give women and their families a fighting chance against the HIV and STD epidemics. Women in this country and around the world, as well as their partners and children, desperately need and deserve more options to stop the spread of deadly infections.

GULF WAR ILLNESSES

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Washington (Mr. METCALF) is recognized for 5 minutes.

Mr. METCALF. Mr. Speaker, America has been built by the bravery and sacrifice of patriots. Exactly 135 years ago this week, Abraham Lincoln stood on the east steps of this grand Capitol building and delivered his second inaugural address. Thousands stood in silent attention as he delivered his concluding paragraph:

> With malice toward none; with charity for all; with firmness in the right as God gives us to see the right, let us strive on to finish the work we are in; to bind up the Nation's wounds; to care for him who shall have borne the battle, and for his widow and his orphan, to do all which may achieve and cherish a just and lasting peace among ourselves and with all nations.

Mr. Speaker, there is nothing more important our country can do than bind up the wounds of those who fight for the freedom of all Americans. We must fulfill the promises we have made to our sons and daughters who have put on the uniform of this country.

In 1991, American troops began coming down with an alarming spectrum of maladies which soon became known as Gulf War illnesses. These valiant soldiers offered their lives in service to America. They deserve every effort by their government to answer questions about what might have made them sick. They deserve every effort by their government to try to find treatment for their illnesses.

But what is really happening? Unfortunately, some in government have given the appearance that they will do everything in their power to block the answers to the questions and to block the search for treatments. A recent scientific, peer-reviewed study showed an overwhelmingly large number of tested veterans suffering from Gulf War illnesses are testing positive for antibodies to squalene. This study, ''Antibodies to Squalene in Gulf War Syndrome,'' was recently published in the February 2000 issue of Experimental and Molecular Pathology. On January 31, I and nine of my House colleagues sent a letter requesting that the Department of Defense do an objective analysis of this study. We had great hope for that test, that this study might prove to be a breakthrough that would lead to better treatments for suffering Gulf War era veterans.

While waiting for a response to our request, I discovered that the Department of Defense was misrepresenting and attacking the article on its own Anthrax Vaccination Inoculation Program Web site, AVIP. In one section, AVIP even claimed that the conclusions derived from the test results in the study had no scientific basis. The results of a peer-reviewed study published in a scientific journal have no scientific basis? This is an outrageous statement. Our DOD is obviously stonewalling this issue. Therefore, I sent a letter to Secretary Cohen requesting that the inaccurate AVIP statements be removed. DOD needs to do this immediately.

Last week, DOD delivered the response requested by myself and nine colleagues. I had hoped that DOD would seize this opportunity to conduct a legitimate, thorough inquiry of the scientific, peer-reviewed study. Instead, we were provided irrelevant material and an anonymous half-page analysis. It is difficult to imagine that DOD would expect Congress to accept a half-page anonymously written analysis as an appropriate response to our request. The main point of our letter was completely ignored.

Mr. Speaker, we need answers and action from DOD, not a maze of smoke and mirrors. The people's representatives are asking for answers from Secretary Cohen, and all we are getting is stonewalling and bureaucratic delay tactics. How can DOD expect to regain the seriously eroded trust of its military personnel if misrepresentations posted on the official Web site are allowed to go unchallenged and congressional requests for legitimate information are stonewalled?

Mr. Speaker, Secretary Cohen must intervene to halt the misinformation campaign being waged by DOD officials concerning issues surrounding antibodies to squalene research. He must provide Members of Congress and those suffering from Gulf War illnesses the real answer. The Department of Defense must stop this deadly game of delay and distraction.

ISSUES AFFECTING THE WEST

The SPEAKER pro tempore. Under the Speaker's announced policy of January 6, 1999, the gentleman from Colorado (Mr. MCINNIS) is recognized for half the time until midnight as the designee of the majority leader.

Mr. MCINNIS. Mr. Speaker, I appreciate the time that I have been given this evening. The gentleman from Utah (Mr. HANSEN) who is a longtime friend of mine and I intend to spend the next little while with Members talking about issues that are important to the West. As many Members know, my district is the Third Congressional District of the State of Colorado. That district geographically is larger than the State of Florida. I adjoin the fine State of Utah.

As Members know, many of the issues that we share in Utah are very similar to the issues in the State of Colorado. In fact, as we look at the map that I have here to my left, many issues of the West, whether we are talking about Wyoming, Montana, Idaho, Nevada, Arizona, New Mexico, we have many similar issues in the West.

Tonight, to begin our remarks, I thought I would talk a little about what the concept of multiple use really means. What is multiple use? Why is it critical to the West? What is the history of multiple use? We really need to turn our clocks back in time and look at the beginning of this country, when most of the populations, again referring to the map to my left, were on the East Coast.

Back then, possession really was nine-tenths of the law. In other words, you really had to go out and occupy the land. You could not just have a deed. We kind of take that for granted today. If we have a deed for property, we go down and register it at the county courthouse and we do not have to worry about going out and standing on the land in order to continue possession or sometimes even able to initiate possession.

In the frontier days, you had to do that. What our forefathers, the problem they ran into is people really did not want to leave the East. Our new country had just made some purchases. We got land like through the Louisiana Purchase, and we needed to get people out there. Just the fact that we bought the land from other countries as a young country did not mean we really were going to be able to hold on to the land. What we had to do is move people onto the land. We had to give people incentive to move from the East to go to the West.

And so to give that kind of incentive to our citizens of this young country,