

I believe that his nomination constitutes an extreme circumstance, an extraordinarily extreme circumstance; yet there can be no filibuster based upon this deal that was negotiated. His view that the eighth amendment protection against cruel and unusual punishment does not bar certain inhumane treatment of prison inmates, and this was repudiated by the United States Supreme Court. Again, I believe this is an extraordinary circumstance which again was negotiated away.

The same thing, I hope people look at Justice Owen once again. She was nominated for the fifth circuit. She is known for her dissents opposing women's rights and reproductive rights and favoring corporate interests against consumers and workers.

Mr. Speaker, we are not talking about nominees with a record of impartiality and informed reflection when making decisions. These are administration choices who were nominated, nominated under the threat of a filibuster. Heaven knows whom the administration will nominate now that that threat is gone.

The American public needs to understand that this entire process, the entire process, just threatening the nuclear option, is an abuse of power. It was designed to water down our constitutional systems of checks and balances and to turn the Congress into a rubber stamp for the President.

So I appeal to my colleagues in the other body to uphold our constitutional system of checks and balances and to at least vote against these extreme nominees that are coming forward. Extraordinary circumstance, I ask the Members, what constitutes an extraordinary circumstance when we look at nominees who affect the decisions that affect our daily lives, our children's lives?

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

(Mr. CLEAVER addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

CHRONIC FATIGUE AND IMMUNE DYSFUNCTION SYNDROME

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

Mr. DAVIS of Illinois. Mr. Speaker, over 800,000 Americans have chronic fatigue syndrome, CFS, also known as chronic fatigue and immune dysfunction syndrome, or CFIDS. This is a complex and debilitating medical disorder characterized by profound exhaustion, intense widespread pain, and severe problems with memory and concentration. It usually lasts for years; and recovery, in the few cases where that occurs, is slow and unpredictable.

Because the symptoms of CFS are common to other conditions and no diagnostic tests exist, it is often overlooked by health care providers. In fact, government studies show that only 15 percent of those who have CFS have been diagnosed by their doctor. It is even more difficult for CFS patients to get appropriate symptomatic treatment or to obtain disability benefits if they become too disabled to work.

The cause of CFS is not yet known. Much of what we do know about CFS has been documented by researchers funded by the National Institutes of Health and the U.S. Centers for Disease Control and Prevention. Here are some facts: women age 30 to 50 are at greatest risk for developing CFS, and Latinos and African Americans are at greater risk for CFS than Caucasians or Asians. Children can get CFS too, although it is more common in teens than younger children. The condition may begin suddenly as with the flu, or it may build gradually over time. Physical or mental exertion makes symptoms significantly worse.

Individuals with CFS are severely impacted by the disease; and according to the CDC studies, their functional status is the same as or worse than those suffering from obstructive pulmonary disease, osteoarthritis, and coronary heart disease. People with CFS often lose the ability to maintain full-time employment, attend school, and participate fully in family life. Symptomatic treatment can provide some improved quality of life, but is generally inadequate in helping patients return to normal activity levels. The Nation's economy is also seriously affected. The annual direct cost of lost productivity due to CFS is \$9.1 billion, an amount equivalent to our largest corporations' annual profits. This sum does not include medical costs or disability benefits.

There is hope, though. The Department of Health and Human Services has chartered a CFS Advisory Committee that meets quarterly to advise the Secretary for Health on research and on education policy as it relates to CFS. The CDC is conducting promising research that may lead to a diagnostic test. Other researchers are following important leads that may improve treatment and deepen understanding of the way CFS affects various body systems. However, in fiscal year 2004, just \$15 million was spent by the Federal Government to conduct research on this devastating illness.

CFS consistently ranks at the bottom of the NIH funding charts; and even during the period when Congress was doubling the NIH budget, support for CFS research declined. A June 2003 commitment by NIH Deputy Director Vivian Pinn to issue a request for applications for CFS has not been fulfilled. The Secretary for Health has not yet acted on a set of 11 recommendations delivered by the CFS Advisory Committee on August 23, 2004.

Many challenges remain, and more Federal funding is needed to answer

basic questions. CFS warrants the support of this Congress, and we must find a way to do more for the hundreds of thousands of Americans affected by this serious illness.

HONORING FALLEN SOLDIER LANCE CORPORAL LAWRENCE R. PHILIPPON AND THE STRENGTH OF HIS FAMILY

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

Mr. LARSON of Connecticut. Mr. Speaker, I rise to speak of the inspiration and strength of Ray and Leesa Philippon and their family in confronting the ultimate sacrifice, the loss of their son Lance Corporal Lawrence R. Philippon, who on Mother's Day, May 8, tragically lost his life while serving his country in Iraq. In 2002 Lance Corporal Philippon answered his country's call to service and joined the United States Marine Corps. Again stepping forward for his country, Lance Corporal Philippon came up and gave up his position with the Washington, D.C. Color Guard to become an infantryman with the 3rd Battalion Second Marines deployed to Al Qaim, Iraq.

In the eulogy, Ray Philippon spoke of his son's courage, his ability to overcome life's obstacles, his Forrest Gump-like philosophical manner in dealing with life. He was proud of his family, his fidelity to the Marine Corps, his commanders, his President. He was 22 years old.

Ray Philippon; his daughter, Emilee; and Olivia Lawrence, Larry's fiancée, spoke eloquently and emotionally. How this father, a veteran himself, found the strength and composure to deliver a compelling, humorous, and heartfelt tribute to his son is among the remarkable traits of the human character. He transcended his pain and heartache and credited his strength as coming from his son. He capped his comments with a final salute to his son that left no dry eye in the church.

Reverend Miller quoted Scripture and the New Testament, repeating the refrain: "No greater love can a man have than to lay down his life for his friends."

Governor Rell rose and spoke tearfully and with empathy as both a mother and the State's chief executive. Her heartfelt response, her grace veiled only by her tears of motherly sympathy, were equally moving.

As we all pause this Memorial Day to honor the fallen, our hearts are filled with gratitude for those brave soldiers, like Lance Corporal Philippon, who have laid down their lives for their country but also for their families who gave their sons and daughters to military service. In honor of those soldiers and families, I hereby submit for the RECORD his mother's farewell, a letter Leesa Philippon composed on Mother's Day, the day she learned of her son's death. This letter's sincerity, love, and