

Nation—our constitutional Republic—and carried it as fellow soldiers were killed and who advanced freedom here in America, their blood will be on our hands because we wouldn't even stand for the Constitution when there were no bullets being fired. We have got to stand up for America and for our Constitution.

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

#### ALZHEIMER'S

The SPEAKER pro tempore (Mr. BRIDENSTINE). Under the Speaker's announced policy of January 3, 2013, the gentleman from California (Mr. GARAMENDI) is recognized for 60 minutes as the designee of the minority leader.

Mr. GARAMENDI. Mr. Speaker, tonight, I want to spend some time with my colleagues discussing something that we actually can do for every American family, something that the Congress of the United States can take action on soon, like this week, when we pass our appropriations bill or, perhaps, next week if we fail to get the job done this week.

We can help every American family tomorrow, the next day, and on into the years out ahead if we take action. The subject matter of tonight is about an issue that affects every American family wherever you are out there—my own family, your family, the families of my staff, perhaps even the families of those who are working with us tonight.

This is an illness. This is an illness that has become the most expensive and will soon become the most pervasive illness in America. It is Alzheimer's. It is dementia associated with Alzheimer's. It is a devastating illness.

It is one that robs individuals of their mental abilities. It robs them of their memories of their families, of their work, of their lives. It confuses and muddles their thoughts, and eventually, it will destroy that individual, so tonight, we talk about Alzheimer's.

Is there anyone out there, any family, any individual, who hasn't seen this illness? I think we all have.

Let's get into it in some detail. A little later, as my colleagues join us, we will continue the discussion and talk about what we can do—your Representatives. There are 535 of us—435 here in the House of Representatives from every part of this Nation and from every walk of life and from every community, and there are the 100 Senators from every State. Let's use some of these charts to see if we can get a better fix on what we are actually facing here in America.

Let's see. Alzheimer's is the most expensive disease in America. One in five Medicare dollars is currently spent on people with Alzheimer's, 20 percent of every Medicare dollar. In fact, the total cost of Alzheimer's today—this year, 2014—is over \$215 billion—a quar-

ter of a trillion dollars. More and more of that money will come from Medicare as the baby boom population begins to move into its more senior years.

This illness is not just found in seniors. We are also learning about the early onset of Alzheimer's, men and women in their thirties and forties—early Alzheimer's. Of course, it extends on, mostly in the more senior population, 60–65 and above.

This is an illness that is also associated with genetics. If you have Alzheimer's in your family, there is a higher probability that you will have Alzheimer's yourself, but it is also an illness that is associated with brain damage that can occur from concussions.

I think we have all heard about the National Football League players who have suffered with one form of dementia or another and who have died early because of it. We also know that traumatic brain injuries are the most common injuries found among our troops who have returned from Afghanistan and Iraq.

Alzheimer's, it is there. It is very expensive.

What can we look forward to in the future? Let's see. This is Medicare and Medicaid—the Federal Government expenditures—not the family expenditures, not the expenditures by health insurance companies. This is just the Federal Government.

Today, it is about \$122 billion. By the end of this decade, it will be \$195 billion. As this wave of baby boomers passes through our demography and through our society, we expect, by the year 2050, that the Federal Government will be spending over \$880 billion—\$120 billion short of \$1 trillion—on this illness, and this may be just two-thirds of the total cost. Well over \$1.2 trillion will be spent in about 35 years on this illness.

Do you want to bust the budget? Do you want to see the deficits of America soar almost uncontrollably? Then look to Alzheimer's and dementia and the effect that they will have on the Federal budget deficit. Pay attention to these numbers because these numbers are the story of the American Federal budget and of the personal budgets of families across this Nation—Alzheimer's and dementia, \$880 billion of Medicare and Medicaid money by 2050.

There is another way of looking at it. It is a different graph but the same story. The already high cost of Alzheimer's will skyrocket as the baby boom moves through the population. There it is: the same numbers, the same graph, the same extraordinary challenge facing America.

I should also mention that this is not just an American issue; this is an issue for every advanced economy in the world. If you are able to avoid the childhood illnesses—the illnesses that kill so many in the developing world—then those economies that have advanced to the more developed economies face the exact same population

surge and costs associated with Alzheimer's and dementia.

What can we do about it? We can actually do a lot. I suspect, if you are looking at this on your TV screens or are here in the audience, you really only see the green line. This speaks of the treatment for Alzheimer's: today, \$250 billion by Federal and local and private.

On this one over here is research, treatment versus research. It is the old adage: You spend it now or spend a lot more later. A penny saved is a penny earned.

What does research amount to? I have to pull this up close—oh, here it is. We are spending \$122 billion to \$150 billion or so of Federal and State money. What are we spending on research? \$566 million. Billions? Millions? What does research amount to? It actually works. Research actually will solve problems, medical research.

How long have we been at polio? I remember growing up around the issues of polio. It was very common in our communities, then some money was spent on research and a polio vaccine. You don't see polio in our communities anymore.

The research worked with the development of the Salk vaccine, followed by other vaccines to treat polio. It is essentially wiped out in America. It only exists in a few very isolated places in the world. If we were to spend the money on a vaccination in those areas, we would see polio disappear from our world. The same thing happened with smallpox.

I want to show you something more of today. Let's look at the research budgets for those programs that are active today: investments in health research at the National Institutes of Health, \$2,014; cancer research, \$5.4 billion on cancer research.

Enough? Probably not. We probably could and should spend more on cancer research. Should we do so, I would suspect that we would see even more success in treating cancer in its earliest stages.

HIV/AIDS, nearly \$3 billion on HIV/AIDS—have we solved the problem? No, but we have certainly figured out how people can live with HIV/AIDS, and we are probably going to see a vaccine sometime in the near future. This is what we are currently spending—nearly \$3 billion—on HIV/AIDS.

Cardiovascular issues—stroke, heart attacks, other kinds of cardiovascular illnesses—just around \$2 billion or slightly more is spent on that.

The most expensive, the most prevalent of all of the illnesses is Alzheimer's, \$566 million. It's not billions—not \$2 billion, not \$3 billion, not \$5.5 billion—but \$566 million.

What is the result of all of this? What does it mean when you spend this kind of money on research? It really means something very good happens, that something really, really good happens when you spend money on research. With polio research and a polio vaccine, polio is no longer found in the United States.

Let's look at these major illnesses. What does it mean? What does it mean when we spend money on cancer research? Let's take a look here at deaths from major diseases and the change in the number of deaths from 2000 to 2012: breast cancer down 2 percent, prostate cancer down 8 percent.

What happens when you spend \$5.5 billion a year on cancer research? Cancer deaths fall—success. On heart disease—cardiovascular illnesses—we spend about \$2 billion a year, and we see heart disease dropping by some 16 percent. That is deaths from heart disease dropping by 16 percent and stroke dropping by 28 percent.

□ 1730

So what is the use of research? Well, if you want to live, it is a pretty good thing to spend money on, particularly if you are thinking about getting cancer or any of the cardiovascular illnesses: heart disease, stroke, heart attacks and the like.

HIV/AIDS, do you remember that number? HIV/AIDS, nearly \$3 billion was spent on HIV/AIDS, and deaths from HIV/AIDS are down 42 percent in the United States.

So what does it mean when you spend money on research? It means really good things for Americans, and around the world a similar result. You spend that money on the research dealing with these major illnesses, and you will see the death rates drop all across this Nation.

HIV/AIDS is down by 42 percent, spending \$3 billion a year; cardiovascular, \$2 billion a year.

And this purple line over here, what happens when you spend \$566 million a year on research for Alzheimer's? Alzheimer's deaths from 2000 to 2010 were up, increased by 68 percent. There is a story here. There is a lesson here. There is something that 535 of your Representatives, the American people's Representatives, should be paying attention to; and that is, if we want to deal with the most devastating, the most expensive, and, increasingly, the most common illness in America—the one that always will lead to death, the one for which there is no cure presently, the one for which there is not the kind of support needed for those people that suffer from Alzheimer's—then and we had better start talking about solutions. Research is a part of it.

How much do we think could be spent this year in the appropriation bills that are now coming before us? What if we were to add \$200 million, about a 40 percent increase? What would it mean? It means that we will probably, over the next couple of years, begin to see profound knowledge about the human brain, about how it functions, about the diseases of the human brain, and about how we can attack Alzheimer's.

I don't expect it to be done in 2 years, but I know that out there, in the mind institutions at the University of California-San Francisco, University of

California-Davis, down at UCLA and in other research institutions around this Nation, we are learning how the brain functions. We are learning about the diseases of the brain. And if we were to invest this year an additional \$200 million, we would see a flourishing of knowledge. And maybe, maybe in one of those research institutes, they would find the key to solving the Alzheimer's puzzle. And if they were to do so, we would see a profound reversal in these numbers; and this blue dramatic increase of 68 percent more deaths from Alzheimer's over the last decade, we would see that reverse, and hopefully we would see it go down.

I would like to continue our discussion here with my colleagues. I have noticed that my colleague from California, JACKIE SPEIER, representing the Peninsula, has arrived.

I think your district comes very close to that great research institution, the University of California-San Francisco. I am not sure if it is in your district, but I know it is on the border of your district, if not in your district.

Ms. SPEIER, if you would join us to talk about this issue, I know it has been on your mind and in your heart. You have been a leader in California and back here in Washington on this issue. So thank you so very much for joining us in our discussion about the most prevalent and the most expensive of all diseases in America.

Ms. SPEIER. I thank the gentleman from California.

You are right. For more than 25 years, I have actually represented UCSF in the State legislature and then here in Congress, except as a result of reapportionment in the last 2 years. So I no longer technically represent the institution.

Mr. GARAMENDI. Well, I get to represent the University of California-Davis, and it is in my district, although the hospital and the research center are not. So I guess we share the same sadness.

Ms. SPEIER. Yes, and the same real joy in knowing that there is extraordinary research going on at both of those institutions.

I thank the gentleman for drawing such laser focus on the issue of Alzheimer's disease and why it is, in fact, the number one most prevalent disease in this country.

I brought down this Alzheimer's Association sash that many of us wore when our constituents came into town, pleading with us to do more about Alzheimer's research. Many of us took pictures with them and said, yes, we are very supportive, but it is really time for us to put our money where our mouth is. It is not good enough to wear a purple sash and say that you are supportive of Alzheimer's research when, in fact, what we are spending in terms of Alzheimer's research is so much less than it is with every other disease.

As you were pointing out with your chart—I have a very similar chart as well—we are spending \$566 million a

year on Alzheimer's disease. Good. There is no question about it. But it is not good enough. It is not good enough in comparison to what we are spending on cardiovascular disease, on HIV/AIDS, or on cancer—\$5 billion, \$5.5 billion on cancer research.

But let's talk about the big elephant in the room. I mean, we already know that we are not spending nearly as much money on Alzheimer's research as we are on other conditions and we need to pump that up, but let's talk about the elephant in the room. The elephant in the room is not the Republican elephant. It is the elephant on the issue of Alzheimer's.

Why is it so important for you and me and every American to be concerned about Alzheimer's research? Because it is going to choke us financially in a very short period of time. We are now spending about \$214 billion a year on the cost of health care. Now, that is \$150 billion in costs for Medicare, and then another \$37 billion in costs for Medicaid.

So it is costing us a lot of money today, but the real choker is how much it is going to cost us in 2050. In 2050, it is going to cost us over \$1.2 trillion. So we owe it to our families, we owe it to our constituents; we owe it to the American people, we owe it to the Medicare system and the Medicaid system to find a cure or find a way to early detection and then to slow the process of this particular disease.

Now, in my county, we have about 15,000 people living with Alzheimer's right now and more than 45,000 caregivers. Nationally, in 2012, 15.5 million caregivers provided an estimated 17 billion hours of unpaid care, valued at \$220 billion, which brings me to my next point, and it is about women.

This issue is a women's health issue. Now, it is true that women—60 percent of Alzheimer's and dementia caregivers are women. They are often unpaid in providing those services. But nationally, a woman in her sixties has an estimated lifetime risk for developing Alzheimer's of something like 1 in 6. For breast cancer, what we have been so focused on, it is 1 in 11.

Here is the most stunning figure of all. Two-thirds of the 5 million seniors with Alzheimer's disease in this country are women. Two-thirds are women. So this is, indeed, a women's health issue and one that we have to take very seriously.

So with that, Mr. GARAMENDI, I know you have other participants in this, and I thank you for yielding.

Mr. GARAMENDI. Thank you very much, Ms. SPEIER. I really appreciate you bringing the women's issue to this.

The last 3 years of my mother-in-law's life were spent in our home as she went through the process of Alzheimer's. And it is, indeed, a women's issue. Two-thirds, as you say, are women. And we experienced that. Fortunately, for us, it worked out very well for us and our family.

But we are not unique, and while our experience was sad but good in some

ways, that is not always the case. This is a huge, huge burden. Not only are the women the ones who suffer, but the women are often the ones who care for those who have it.

So I thank you so much.

I notice my friends from the east coast have joined us. We often do an east-west thing here. My two friends are debating who is going to go first.

Mr. FATTAH, why don't you go first, and we will go from there.

Mr. FATTAH. Thank you. I appreciate that.

We were together just recently in your district at the Staglin Scientific Symposium, focusing on some of the challenges related to diseases and disorders of the human brain. This issue that you raise on the floor tonight is the most dominant challenge that we face in terms of a degenerative brain disease.

It is not by accident that Prime Minister David Cameron, when leading the G7, said that dementia was the world's global challenge. It is not by accident that here in our own country we have created, through the great work of Members like yourselves and others, a major focus now on Alzheimer's as one of the brand-name dementias that has affected millions of Americans and will affect millions going forward.

I have led an effort in the appropriations process focusing on the human brain, both mapping the brain and challenging and chasing cures and treatments for diseases. This neuroscience initiative, Fattah Neuroscience Initiative, has been focused on the fact that these 600-plus diseases of the brain affect over 50 million Americans; but there is none more costly than Alzheimer's, none that are affecting more families than Alzheimer's. And it is so important.

We just had an incident the other day of a very prominent restaurant owner here in Washington who was said to have gone missing in New York City because she is suffering from this disease.

I was happy to be at the launch of the Give To Cure effort, which is an effort to build support so that the "valley of death," as it is called, in terms of major research that needs to go forward to clinical trials, working with my good friend Rafi Gidron from the Israel Brain Technologies and so many others.

This morning I met with the new president of Cal Tech and talked about the efforts there at a great university in your State, and they received well over 10 percent of the initial awards in the BRAIN Initiative from NIH because of the leading research. I have been—and some of the people think I may have some designs on retiring to California. I have spent some time there now with Stanley Prusiner, who is a Nobel laureate in neurology. He was the first one working with people like Virginia Lee and John Trojanowski to begin to really understand the early formation of this disease and how it affects people.

I want to talk just for a minute about how this affects families—and then I will yield—not about the science of it. There are significant scientific hurdles, with over 100 billion neurons, tens of trillions of connections. We do not now know how the brains of human beings work, but we don't have a good understanding yet of how the brains of much smaller insects or animals actually function. This is a great scientific challenge. I think it is the most important frontier for all of science to focus on, and that is why I am so dedicated to it.

When it comes to families—and I heard you speak about your own—this is something that has a tremendous impact. And dementia is something that, as people are healthier, their bodies are healthier, their brains are degenerating. We are going to face more and more of this.

We had a former Speaker of the House, Newt Gingrich, talk about, if we could just reverse for a few years the onset of Alzheimer's, it could save our country trillions of dollars. But put the dollars aside. What this is really about is valuing families and understanding that as much as science is something that we all take a great interest in, that what should focus us is to make sure that our scientific endeavors are focused on how to improve the life chances of the people who we represent.

□ 1745

So the World Health Organization says there are a billion people worldwide, NIH says 50-plus million Americans suffering from brain illnesses. We know that you have your finger on the pulse, Mr. Speaker, and I thank you for conducting this Special Order.

I know that so many members want to participate, I am going to now yield back my time, but you can count on us as we go forward to continue to work with you and to work with the pharmaceutical industry and to work with our academic enterprises, and we are going to have even more success going forward not just in finding treatment but we have to put as our goal finding a cure. So thank you.

Mr. GARAMENDI. Thank you so very much, Mr. FATTAH, and thank you for your role on the Appropriations Committee trying to move the money into this research so that we can address this. You mentioned the Staglins out in California and their project, which is the One Mind project, our former colleague Mr. Kennedy involved in that project, trying to pull together the research from around the world and here in the United States specifically, so that there is a sharing of knowledge back and forth from these various research centers, so that the synergy would come from the knowledge that may exist at Cal Tech or New York, which we will undoubtedly hear about in a few moments, or in your country out in Pennsylvania.

Mr. FATTAH. If the gentleman would yield for just a second.

Mr. GARAMENDI. Sure.

Mr. FATTAH. I met just a few days ago with Henry Markram with the European Human Brain Project, where the EU has put now a billion-and-a-half euros on the table to help with the mapping of the brain. One of the things that we talked about and what is clear is that we have to bring these global efforts together and connect them. This is not about one researcher somewhere discovering the solution to this. This is going to take a combined effort, and we have to have a certain urgency about it, and we have to demand that it be done now. Thank you.

Mr. GARAMENDI. Well, thank you so very, very much. I am going to turn to my colleague from our normal East-West dialogue here that we have done so many days, so many times over the last few years.

Mr. TONKO, thank you so very much for joining us once again as we talk this time about—we usually talk about jobs and the economy and how we can build it, but this time we are talking about Alzheimer's, so please.

Mr. TONKO. Well, thank you, Representative GARAMENDI, for leading us in a very important discussion during this Special Order. There is no denying that all of us, Members of the House and beyond, if you are to ask individuals out there across this country if Alzheimer's or dementia issues have impacted their family, the immediate response is absolutely.

I think all of us have been touched by those devastating impacts, those outcomes that befell our loved ones, and the ripple effect onto that circle of family and friends. It is devastating. You in a sense lose that individual, and it is a very painful process certainly for those individuals living with Alzheimer's and dementia, and for their immediate families and loved ones and caregivers who watch as they painfully travel the journey with those individuals. So I think for us to take that human element, that impact and that dynamic, and put it into working order, we would be well served to acknowledge that Alzheimer's is the most expensive disease in America. It is driving bankruptcy if it goes unaddressed. And when one in every five Medicare dollars is spent on a person with Alzheimer's or dementia, the warning signals should be out there for sounder budgeting, to put our focus on a cure, on research, on developing those opportunities that will bend the cost curve, so to speak, that will enable us to address with dignity and common sense and economic sustainability the issues of Alzheimer's and dementia.

The impact upon our culture is so much so the economic drain is at about \$214 billion in 2014. That is an immense economic toll that is placed upon budgets, be they Medicare, Medicaid, local budgets, or not-for-profits that make it their goal to best serve individuals, especially in their elderly years, and to be able to assist in that effort by advancing the efforts of the study of the

brain that have been initiated by this President, by President Obama and his administration, is a very, very worthy investment.

It will tell us much about several diseases out there and allow us to again approach an issue with dignity and facts at our fingertips that will then provide for the best prioritization of how to respond to those issues.

Now, much has been said about research here tonight, and rightfully so. It is very critical that we, you know, grow the investment on research. I have participated in our annual town halls that are called for in the National Alzheimer's Project Act, and that National Alzheimer's Project Act requires that we gather together to understand how well the services are coming together, what the needs are, and how we plan appropriately for ongoing budgets.

There you receive, all of us, the very disturbing testimony that reaches us, impacts our thinking, and certainly speaks to our hearts and souls about what we need to do, painful journeys that individuals have made. I can vividly recall a high school friend mentioning that her husband no longer knew her name but knew her voice. These are painful bits of testimony to absorb, and they motivate us. They ought to motivate us and challenge us to move more quickly in this effort to fund research and find a cure and find better treatments.

The efforts that I think are important here that follow the National Alzheimer's Project Act is to put together a more clinical response, and I think the Alzheimer's Accountability Act, which I have cosponsored, allows for H.R. 4351 to respond to the Alzheimer's planning in a way that clinicians and those directly involved in the service delivery system to the Alzheimer's community, they will advise what those budgeted amounts should look like in an annual effort from here to the threshold year of 2025. That is an absolute essential.

I applaud our efforts here in the House with Representative GUTHRIE and others—as I said, I am a cosponsor—looking to make certain that we have a much more accountable, logistic, well-planned, and professional-driven estimate that will move us forward with each and every budget year to respond to this crisis in America, and it indeed is at crisis proportion.

So Representative GARAMENDI, these are efforts that I think need to be made. The commitment that starts with the human element, the compassion that needs to be expressed on behalf of the people of this country via this House, via Congress, both Houses speaking to a legitimate request that authorizes the investment in research, that puts together a plan that is run by clinicians that advise the United States Government as to how to best respond, what those levels, those thresholds should be from now to the benchmark year of 2025, and to make certain that we do it all within our

professional capacity in harnessing the resources that are required.

We grow, we cultivate an intellectual capacity in this country of which we are very proud, and one that should serve us abundantly well, and it is important to have our hearts and souls measure that opportunity, to put together the best blueprint for addressing this crisis. Let's move forward with a sound, resounding commitment of support to these individuals and their caregivers.

You know, when we look at the statistics out there, one in nine over the age of 65 is impacted by Alzheimer's, one in three in age category 85-plus. And guess what? That is the fastest-growing age demographic in our country. So in order to plan and plan well for the onslaught of baby boomers who will enter into these given demographics, we need to make commitments, and we need to again bend that cost curve by investing now in research, preventative therapies, and certainly study of the brain, efforts that are promoted by the President and the administration to make certain that we can move forward effectively and compassionately and allow for the best choices to be made.

So I thank you for leading us in this very important discussion, Representative GARAMENDI, and I am convinced that with the facts at our fingertips and with the elements of compassion and dignity that should respond to the Alzheimer's community, we can get these important measures achieved.

Mr. GARAMENDI. Mr. TONKO, thank you so very much for your bringing to us the information about actions that have already been taken. The Alzheimer's plan that you discussed lays out a process by which the National Institutes of Health will develop a program of research, bring it directly to Congress so that we can then analyze it and hopefully fund that research. It is the pragmatic way of dealing with it. As you said, it is based upon a studied step-by-step process to get to the solution of Alzheimer's.

There is also other legislation. Our former colleague, now Senator MARKEY, put together a bill that is called the HOPE Act, and that is one that would require that Medicare take specific account of Alzheimer's, and that in the Medicare program, there be a method for Medicare to fund early diagnosis of Alzheimer's and then the early treatment. As was said by one of our colleagues earlier, a delay of a couple of years or 3 or 4 years in the onset of serious Alzheimer's is extraordinarily beneficial to the individual and to the family, and, in a larger context, to the budget of the individual family, their insurance company, as well as the Federal government through Medicare and Medicaid.

So that program also speaks to the caregiving that is necessary and Medicare picking this up. It is clearly going to be the illness that will bust the bank unless we can get ahead of it, and

that is where the research comes into focus and into play. We can do this.

There is another angle to this. I was going to take this up with Mr. FATTAH when he was here. He was talking about other agencies and other governments that are involved in dealing with this. About a month ago I had the opportunity to spend about an hour with the new Secretary of Veterans Affairs, Mr. McDonald, and we were talking about the various challenges that the Department of Veterans Affairs has dealing with all of the veterans, and it wasn't long before the conversation turned to traumatic brain injury and PTSD, post-traumatic stress syndrome, both of which are illnesses or problems of the human brain.

We were discussing how the Department of Veterans Affairs is dealing with this. It turns out that they also have a research budget, and we know that he was unaware of some of the research that was going on both at the NIH and what Mr. FATTAH talked about, the One Mind program that our former colleague Mr. Kennedy is involved in in pulling together the research that is available around the world, bringing that research together so that the synthesis of it could be a much more rapid solution to the problems that Mr. McDonald faces in the Veterans Administration dealing with post-traumatic stress illnesses as well as traumatic brain injury.

So all of these things come together, and in dealing with it, ultimately we carry a heavy burden of responsibility here in Congress.

Mr. TONKO. Absolutely. You talked too about the caregivers, and it is theorized that nearly 60 percent of those caregivers who respond to Alzheimer's patients and those living with dementia are impacted with tremendous emotional stress, and they rate that as high or very high. And then of that 60 percent of caregivers, literally one-third is suffering from some order of depression. So the impacts here continue to sprawl and cause greater expenditure for those who are doing their good deed, responding to the needs of loved ones or friends or the patient population out there, and then they are impacted by this order of depression.

□ 1800

It is assumed that has added additional cost to the system of our health care drain, and that is at \$9.3 billion. That estimate goes over the year of 2013, so it is very easy to begin to do the calculus here on the cost of status quo, of not responding in deep measure or in wise capacity, so as to put together the sort of research that we require and the respite relief programs that are essential.

Having talked to a number of caregivers during my tenure here, now closing out my third term, but before that in the State Assembly of New York, I would routinely hear from folks who would deal with these situations, these family issues in ways that they never imagined would be possible.

I know of some spouses that indicated to me that, while they stayed home full time being the caregiver, they eventually sought employment and used every bit of that salary that came from that new employment to go toward the cost of caregivers. Now, they did that in order to save a relationship.

It was a tremendous emotional drain on their relationship because it is not easy serving as a caregiver. Individuals have told me, as spouses, that they have gone out and sought full-time employment and again passed over that salary to the respite person.

That is the sort of painful pressure under which individuals and couples—families—are living. It is a very difficult assignment many have chosen to keep their loved one at home.

There are issues of safety, economic duress, and certainly our system has to respond to that, so the sooner we set our sights on a cure, on funding that is adequate and effective for research purposes and for developing the responsiveness of the medical teams out there, via perhaps pharmaceutical assistance and development there, the better our economic situation will be in regard to these struggles.

Here is a chance for Congress to respond in very magnanimous terms that will allow us to state cumulatively that we get it, that we are there in order of compassion, that we understand it is about a dignity factor, it is about quality of life, and it is about providing hope to situations that may be rendered hopeless.

Isn't that the best element of work that we can do here to bridge that order of hope to those who have been so stressed and who have been given a walk in life, a journey that is powerfully painful?

I just appreciate the fact that we are utilizing these opportunities, such as this Special Order, to bring to the attention of those concerned with these issues to a laser-sharp focus and to allow for people to speak out there as the general public in support of measures that can be taken, of budget appropriations that can be secured, of opportunities that come in securing the resources essential to go forward and offer the fullest response that we can.

Again, health care situations are driven by this. There are huge costs if we don't respond to the needs of individuals living with Alzheimer's, and then there is that ripple effect that is happening all too frequently for the caregiver community that is also worn thin because of this assignment, because of this mission that they embrace.

It is honorable that they do these things, but we also have to work the system here on the Hill in Washington, to respond to them with a degree of reverence and common sense and fully acknowledge that there are efforts that can be made here that bend that cost curve and speak to the situations at hand in the most effective manner.

Representative GARAMENDI, I thank you for bringing us together on this evening of thoughtfulness here concerning dementia and Alzheimer's as a particular stress.

Mr. GARAMENDI. Thank you, Mr. TONKO, for joining us in this Special Order hour. Working with you has always been a pleasure. I think this subject is one that you and I and our colleagues will want to take up as the days go forward.

In the spring, the 2015 Alzheimer's Day will occur once again here in Washington, DC. There will be thousands of people coming to Congress, knocking on our doors, grabbing our lapels, and asking us to pay attention to this illness.

I want to review some of the costs, and then basically wrap this up. You talked about home care. There are articles that appeared recently in The Sacramento Bee about elderly people taking care of each other, a wife taking care of her husband in their 50th year of marriage with severe Alzheimer's, the love that is so apparent, but also the difficulty of an elderly person taking care of another elderly person.

We can address that. That is what the HOPE legislation is all about, bringing Medicare into this.

The research thing that we talked about earlier, I am going to put up very, very quickly a couple of charts. This one, what is going to happen to the Federal budget if we do not address Alzheimer's, it is \$122 billion today; in 35 years or 40 years, we are going to look at over \$800 billion, and that doesn't include the private sector. It is going to be \$1.2 trillion spent on this, so we are going to bust the budget. If you are a deficit hawk, you should be paying attention to this.

What do we need to address it? Well, we certainly need care for the caregivers. We have talked about that. We also need research. The plan that was in the earlier legislation laying out the Alzheimer's plan called for an additional \$200 million this year on top of the \$566 million that we are currently spending.

Keep in mind that, for cancer, it is nearly \$5.5 billion; for HIV/AIDS, nearly \$3 billion; and cardiovascular illnesses, just about \$2 billion annually spent in research at the National Institutes of Health.

They are very good, it is very important, and not a nickel should be taken away from that, but we should add \$200 million this year as we complete the appropriation process right now.

People ask, "Where can we find the money?" Well, let's see. We just said we are going to spend \$5.6 billion in Syria and Iraq—new money. I know that my work on the Armed Services Committee—I am on the Strategic Forces Subcommittee. We are talking about more than \$12 billion over the next 6–7 years rebuilding a nuclear bomb that nobody knows what to do with.

Maybe there are choices that we can make. Would America be better off

with a new nuclear weapon or rebuilt nuclear weapon, spending \$12 billion or so on that, or maybe spending it on Alzheimer's research?

Our work is about choices, Mr. TONKO. How are we going to allocate the resources of this Nation? My suggestion is we go where every family in America will be affected, every family, either directly as my family has been directly impacted by this. My mother-in-law lived with us the last 3 years of her life, dying at the age of 92; yes, we were affected.

We know the genetic issues. My grandchildren are looking out there and saying, "This is a genetic thing, Papa. What about me?" So that worry carries through our family, and I suspect it carries through every family in America, either directly or indirectly.

Let's make a choice. Let's make a choice to attack with research, with care, with funding the most expensive, most common, most deadly illness in America and in other developed countries: dementia and Alzheimer's.

We can do it. This is not an impossible task. This is simply a task of focusing like a laser on this issue, and when we do, we will find the same success that we have seen with heart, cancer, and HIV/AIDS—not cured, not stopped, but a very significant drop in the deaths associated with those illnesses.

Mr. TONKO, I have completed my statements tonight. I think you have another comment.

Mr. TONKO. I would just like to attach my comments to those you have just closed your statement by.

This bankruptcy that is driven by certain catastrophic situations with health care costs are impacting far too many families, and this order of work here in the Congress is about prioritizations. We have spent trillions on war, and we have really diminished the investment in domestic programming, including health care.

We come up with all sorts of efforts called sequestration, which is a hidden attack on investments in our domestic agenda. We have to be cautious about how we are guiding those priorities that we are establishing in our budgeting here in Washington, but if we were to prioritize based on where the public demands are, let me suggest, in closing, that I have gone to the Alzheimer's walk in my district for the past several years, and every year, the same statement is made: "This is the largest crowd ever assembled."

It keeps growing. It tells me the consciousness of this country, that we want something done for this dreadful disease, doing something that will cure individuals who are walking and living with Alzheimer's and dementia.

The people have asked for this by their participation in local fundraising events. Is that the way that we respond to a crisis, by hoping we have good weather on the walk day, that we reach our intended goal that given year, as people are strapped with expenses of caregiving and medications?

There is a better way to complement that, to lead the effort here in Washington with the research, with the cure that can be found, with the advancements in the pharmaceutical industry to be able to extend life and enhance life and the quality of life. That is what I think is so powerful about the opportunity we have here.

I believe we can be those agents of hope. I do believe firmly that the priority here is to address this crisis that is devastating our American families and our economy. Let's go forward and be those agents of hope. Let's provide for a better tomorrow, and let's show people that there is a compassion that accompanies the efforts here in Washington.

Representative GARAMENDI, thank you for bringing us together on an important discussion that needs to be followed up with resources and public policy and certainly prioritization that brings us to the threshold of responsiveness that is so needed and so deserved and is so correct.

Mr. GARAMENDI, I thank you very much, Mr. TONKO, for joining us tonight. I also thank my colleagues, Mr. FATTAH from Pennsylvania and Ms. SPEIER from California, for joining us on this important subject.

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

#### MESSAGE FROM THE SENATE

A message from the Senate by Ms. Curtis, one of its clerks, announced that the Senate has passed without amendment a bill of the House of the following title:

H.R. 5069. An act to amend the Migratory Bird Hunting and Conservation Stamp Act to increase in the price of Migratory Bird Hunting and Conservation Stamps to fund the acquisition of conservation easements for migratory birds, and for other purposes.

The message also announced that the Senate has passed a bill of the following title in which the concurrence of the House is requested:

S. 1000. An act to require the Director of the Office of Management and Budget to prepare a crosscut budget for restoration activities in the Chesapeake Bay watershed, and for other purposes.

#### LEAVE OF ABSENCE

By unanimous consent, leave of absence was granted to:

Mr. ADERHOLT (at the request of Mr. MCCARTHY of California) for today on account of a family illness.

Mr. DOYLE (at the request of Ms. PELOSI) for today on account of family medical issues.

#### ADJOURNMENT

Mr. GARAMENDI. Mr. Speaker, I move that the House do now adjourn.

The motion was agreed to; accordingly (at 6 o'clock and 12 minutes p.m.), under its previous order, the House adjourned until tomorrow,

Wednesday, December 3, 2014, at 10 a.m. for morning-hour debate.

#### EXECUTIVE COMMUNICATIONS, ETC.

Under clause 2 of rule XIV, executive communications were taken from the Speaker's table and referred as follows:

8124. A letter from the Assistant to the Board, Board of Governors of the Federal Reserve System, transmitting the Board's final rule — Financial Market Utilities [Regulation HH; Docket No.: R-1477] (RIN: 7100-AE09) received November 21, 2014, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Financial Services.

8125. A letter from the General Counsel, National Credit Union Administration, transmitting the Administration's final rule — Federal Credit Union Ownership of Fixed Assets (RIN: 3133-AE05) received November 24, 2014, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Financial Services.

8126. A letter from the Federal Co-Chair, Appalachian Regional Commission, transmitting the Commission's semiannual report from the Office of Inspector General for the period April 1, 2014 through September 30, 2014; to the Committee on Oversight and Government Reform.

8127. A letter from the Secretary, Department of Health and Human Services, transmitting the semiannual report on the activities of the Office of Inspector General for the period ending September 30, 2014; to the Committee on Oversight and Government Reform.

8128. A letter from the Chairman, Occupational Safety and Health Review Commission, transmitting the Commission's Performance and Accountability Report for Fiscal Year 2014; to the Committee on Oversight and Government Reform.

8129. A letter from the Director, Congressional Affairs, Federal Election Commission, transmitting the Commission's Fiscal Year 2014 Agency Financial Report; to the Committee on House Administration.

8130. A letter from the Trade Representative, Executive Office of the President, transmitting a letter regarding a new trade agreement in the World Trade Organization aimed at eliminating tariffs on a wide range of environmental goods; to the Committee on Ways and Means.

8131. A letter from the Chief, Publications and Regulations, Internal Revenue Service, transmitting the Service's final rule — Qualified Transportation Fringe (Rev. Rul. 2014-32) received November 25, 2014, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Ways and Means.

8132. A letter from the Chief, Publications and Regulations, Internal Revenue Service, transmitting the Service's final rule — Treatment of Certain Amounts Paid to Section 170(c) Organizations under Certain Employer Leave-Based Donation Programs to Aid Victims of the Ebola Virus Disease (EVD) Outbreak in Guinea, Liberia, and Sierra Leone [Notice 2014-68] received November 25, 2014, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Ways and Means.

8133. A letter from the Chief, Publications and Regulations, Internal Revenue Service, transmitting the Service's final rule — Salvage Discount Factors and Payment Patterns for 2014 (Rev. Proc. 2014-60) received November 25, 2014, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Ways and Means.

#### REPORTS OF COMMITTEES ON PUBLIC BILLS AND RESOLUTIONS

Under clause 2 of rule XIII, reports of committees were delivered to the Clerk

for printing and reference to the proper calendar, as follows:

Mr. HENSARLING: Committee on Financial Services. H.R. 3240. A bill to instruct the Comptroller General of the United States to study the impact of Regulation D, and for other purposes (Rept. 113-640). Referred to the Committee of the Whole House on the state of the Union.

Mr. HENSARLING: Committee on Financial Services. H.R. 4200. A bill to amend the Investment Advisers Act of 1940 to prevent duplicative regulation of advisers of small business investment companies (Rept. 113-641). Referred to the Committee of the Whole House on the state of the Union.

Mr. HENSARLING: Committee on Financial Services. H.R. 4569. A bill to require the Securities and Exchange Commission to make certain improvements to form 10-K and regulation S-K, and for other purposes; with an amendment (Rept. 113-642). Referred to the Committee of the Whole House on the state of the Union.

Mr. SESSIONS: Committee on Rules. House Resolution 766. Resolution providing for consideration of the bill (H.R. 5771) to amend the Internal Revenue Code of 1986 to extend certain expiring provisions and make technical corrections, and for other purposes, and providing for consideration of the bill (H.R. 647) to amend the Internal Revenue Code of 1986 to provide for the tax treatment of ABLE accounts established under State programs for the care of family members with disabilities, and for other purposes (Rept. 113-643). Referred to the House Calendar.

Mr. BRADY of Texas: Joint Economic Committee. Report of the Joint Economic Committee on the 2014 Economic Report of the President (Rept. 113-644). Referred to the Committee of the Whole House on the state of the Union.

#### PUBLIC BILLS AND RESOLUTIONS

Under clause 2 of rule XII, public bills and resolutions of the following titles were introduced and severally referred, as follows:

By Mr. BENTIVOLIO (for himself, Mr. BROWN of Georgia, and Mr. STOCKMAN):

H.R. 5779. A bill to amend the Internal Revenue Code of 1986 to provide a deduction for elementary and secondary private school tuition, and for other purposes; to the Committee on Ways and Means.

By Mr. BRADY of Texas (for himself, Mr. McDERMOTT, Mr. CAMP, Mr. LEVIN, Mr. RANGEL, Mr. LEWIS, Mr. SAM JOHNSON of Texas, Mr. BLUMENAUER, Mr. PASCRELL, Mr. GERLACH, Mr. BOUSTANY, Mr. BUCHANAN, Mr. ROSKAM, Mr. REED, Mrs. BLACK, Mr. GRIFFIN of Arkansas, Mr. KELLY of Pennsylvania, Mr. RENACCI, and Mr. VAN HOLLEN):

H.R. 5780. A bill to amend title XVIII of the Social Security Act to improve the integrity of the Medicare program, and for other purposes; to the Committee on Ways and Means, and in addition to the Committee on Energy and Commerce, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.

By Mr. VALADAO (for himself, Mr. NUNES, Mr. MCCARTHY of California, Mr. MCCLINTOCK, Mr. CALVERT, Mr. LAMALFA, and Mr. COSTA):

H.R. 5781. A bill to provide short-term water supplies to drought-stricken California; to the Committee on Natural Resources.