REMOVAL OF NAME OF MEMBER AS COSPONSOR OF H.R. 94

Mr. PETERSON of Minnesota. Mr. Speaker, I ask unanimous consent that my name be withdrawn as a cosponsor from House Resolution 94.

The SPEAKER pro tempore (Mr. LINDER). Is there objection to the request of the gentleman from Minnesota?

There was no objection.

ADJOURNMENT TO MONDAY, SEPTEMBER 25, 1995

Mr. ARMEY. Mr. Speaker, I ask unanimous consent that when the House adjourns today, it adjourn to meet at noon on Monday, September 25, 1995.

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

There was no objection.

ADJOURNMENT FROM MONDAY SEPTEMBER 25, 1995 TO WEDNESDAY, SEPTEMBER 27, 1995

Mr. ARMEY. Mr. Speaker, I ask unanimous consent that when the House adjourns Monday, September 25, it adjourn to meet at noon on Wednesday, September 27, 1995.

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

There was no objection.

DISPENSING WITH CALENDAR WEDNESDAY BUSINESS ON WEDNESDAY NEXT

Mr. ARMEY. Mr. Speaker, I ask unanimous consent that the business in order under the Calendar Wednesday rule be dispensed with on Wednesday next.

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

There was no objection.

SPECIAL ORDERS

The SPEAKER pro tempore (Mr. LINDER). Under the Speaker's announced policy of May 12, 1995, and under a previous order of the House, the following Members will be recognized for 5 minutes each.

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Florida [Mr. GIBBONS] is recognized for 5 minutes.

[Mr. GIBBONS addressed the House. His remarks will appear hereafter in the Extensions of Remarks.]

HELPING VICTIMS OF HEMOPHILIA-ASSOCIATED AIDS

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Florida [Mr. GOSS] is recognized for 5 minutes.

Mr. GOSS. Mr. Speaker, for 6 years I and my staff have worked with victims of hemophilia-associated AIDS seeking justice and assistance from the Federal Government. Because hemophiliacs rely on blood-clotting products made from human blood, they are at an enormous risk of contracting blood-borne diseases. In the 1980's, tragedy struck this community, and approximately 8,000 Americans—or one-half of all hemophiliacs in this country—became infected with the deadly virus that causes AIDS. This tragedy occurred in part because the Federal Government failed to fulfill its unique responsibility for regulating the safety of blood products and for taking aggressive action to prevent the spread, through blood products, of the HIV virus. That conclusion was strongly supported in a recent report of the Institute of Medicine, a highly respected, objective, scientific analysis arm of the National Academy of Sciences. This report has confirmed my belief that the Federal Government shares the responsibility for what happened, since the regulatory system failed to respond to the clear early warning signs of blood-borne AIDS. As a result, in my view the Federal Government has a clear and compelling obligation to provide compassionate assistance to the victims of what has been called the worst medical tragedy in modern history. I have introduced legislation, called the Ricky Ray Hemophilia Relief Fund Act, to establish a compensation program that would allow the Government to own up to its obligation. This bill is named for a 15-year-old Florida boy who died in December 1992, and whose family today still suffers from his loss and the ongoing illnesses of Ricky's two brothers, who are also HIV positive hemophiliacs. The Ricky Ray bill, which carries more than 125 bipartisan cosponsors, establishes a trust fund from which eligible victims could each claim $125,000. The legislation specifies that the trust fund, once authorized, would sunset after 5 years and would be capped at a total of $1 billion, with the funds to come from the annual appropriation process. Some people have asked, what makes these victims special? What is it about this tragedy that moves us to provide Government compensation?

What is unique about the victims of hemophilia-associated AIDS? In my view, the record is clear: Government has established a unique regulatory scheme for blood products, overseeing their safety under the auspices of both the Food, Drug, and Cosmetic Act and the Biologics Act. In making its regulatory decisions about the safety of blood products, the FDA, until just recently, relied heavily on advice from an advisory panel comprised in large part of people with expertise from the blood banking industry itself. In addition, we have a national blood policy, established in 1974, that outlines our commitment to blood and blood products as a national resource. And blood products are exempted from national product liability legislation, fostering the development of a unique legal framework in which blood products are shielded from normal product liability standards under nearly all State laws.

Mr. Speaker, this is a brief outline of why I believe a strong case can be made that this situation—in which we have about one death every day of a hemophiliac with AIDS—is unique and requires a special Federal response. I understand that the Federal Government cannot become involved in every tragic case that occurs in this country. But this case is unique—and the Federal Government has a unique responsibility for what went wrong. I urge my colleagues to look at H.R. 1023—and I again ask that our Judiciary Committee schedule hearings to consider the complex regulatory, legal, and ethical questions this tragedy raises.

Mr. Speaker, it is not going to go away. Every day one more person is going to die tragically, and it is partially our fault. We need to deal with it.

HEARINGS ARE NEEDED ON MEDICARE REFORM PROPOSALS

The SPEAKER pro tempore. Under a previous order of the House, the gentlewoman from Colorado [Mrs. SCHROEDER] is recognized for 5 minutes.

Mrs. SCHROEDER. Mr. Speaker, I have come to the floor to talk a bit about what my biggest fear as a Member has always been, and that has been not being prepared.

Mr. Speaker, it is so difficult to try very hard to find out what is going on and to be prepared. I was trained as an attorney, and I learned you never step into a courtroom, you never do anything without being prepared.

Well, let me tell my colleagues in this Medicare-Medicaid debate, there is no way anyone can be prepared. Here we are on the eve of the 1 day of hearings that they are going to grant on Medicare, and there is still no bill. There is still no bill.

So, if we wanted to go to those hearings tomorrow and be prepared, I do not know how we would do it. Today, they released 60 pages of conceptual language, but there are no numbers. How do we know if they add up or do not add up? We do not know what the Congressional Budget Office is saying.

Mr. Speaker, I think that this is playing very fast and loose and I am very troubled, because if I were an average American watching this and watched the barbs being traded back and forth across the aisle, they are filled with both bravado and bluster and everything else. But the bottom line is there is no there there. They do not have a real bill there.

The same thing has happened with Medicaid. On Medicaid we did not have even 1 day of hearings. They just moved immediately into a markup. We are beginning to find out what is coming out of that markup, which is really