

and "Exodus," which sold over a million copies. As a distinguished pedagogue, he has written seven books on music and taught in Detroit, Chicago, New Orleans, and throughout Europe.

Eddie Harris was born in Chicago where he discovered his love for music by playing piano and singing with gospel choirs. He soon extended his musical studies to the vibraphone, the clarinet, and the saxophone and later traveled widely with the 7th Army Symphony Band. His saxophone, piano, and experimentalism with synthesizers and trumpets thrust him into international spotlight as an innovative and creative symbol of jazz where he remains today.

Once called a musical Michelangelo, Harris earned a reputation by experimenting with different playing techniques, most notably by exploring the possibilities of electronic saxophone amplification. His interests are as broad as his talents, and he is known for his influence on funk and for the revolutionary impact of his introduction of rock music into jazz fusion. I am pleased that Legends of Jazz is honoring this great musical force who holds well-deserved respect and admiration.

LEGISLATION AMENDING THE FEDERAL MEAT INSPECTION ACT

HON. TIM JOHNSON

OF SOUTH DAKOTA

IN THE HOUSE OF REPRESENTATIVES

Thursday, October 12, 1995

Mr. JOHNSON of South Dakota. Mr. Speaker, I am pleased today to introduce legislation that would require that imported meat and meat food products containing imported meat be labeled as such and that certain eating establishments serving imported meat inform customers of that fact.

America's livestock producers are proud of their record of producing quality meat and meat food products from American raised livestock. While labeling products from other industries for country of origin is commonplace, imported meat and meat food products containing imported meat are not labeled at all. With the passage of the Canadian Free Trade Agreement, NAFTA, and GATT, we are moving toward more imported meat. Exports of American meat are high quality, value added items that American exporters are proud to advertise as American produced. On the other hand, meat imports into the United States tend to be of lower quality and importers generally do not advertise the country of origin.

I think that American consumers deserve to know the source of their meat and meat food products. Because imported meat tends to be nongrain-fed beef that is lower in quality, it is doubtful that consumers will learn the source of such meat from vendors.

The legislation that I am introducing will allow America's consumers to know the source of their meat and meat food products. Considering that food safety and the wisdom of production systems in other countries are concerns that consumers consistently have, this legislation allows the competitive free market to determine the prices and demand for imported meat and meat food products.

Mr. Speaker, I am certain that you and the rest of my colleagues would agree that it is in the interest of free enterprise to provide solid

information to American consumers. I ask my colleagues to join me in making this commonsense change to the Federal Meat Inspection Act.

ALZHEIMER'S PATIENTS NEED FDA REFORM

HON. JOHN J. DUNCAN, JR.

OF TENNESSEE

IN THE HOUSE OF REPRESENTATIVES

Thursday, October 12, 1995

Mr. DUNCAN. Mr. Speaker, I would like to share with my colleagues an article written by my constituent, Alzheimer's activist George Rehnquist of Knoxville, TN. Mr. Rehnquist is a retired Tennessee Valley Authority engineer and founder of the Families for Alzheimer's Rights Association.

One of the most wasteful, bureaucratic agencies in the Federal Government today is the FDA. They have delayed approval for medicines for sometimes up to years to the detriment of the health of American citizens.

Mr. Rehnquist's personal experience with drug research brings awareness to the needless deaths caused by FDA's senseless delay of approval on vital medicines. I agree that Congress should no longer tolerate this practice.

ALZHEIMER'S PATIENTS NEED FDA REFORM (By George D. Rehnquist)

If officials of the Food and Drug Administration (FDA) had to take care of an Alzheimer's patient 24 hours a day, 7 days a week, month after month and year after year, the medicine my wife needed would have been approved in record time. As it was, the FDA tied the medicine up in red tape until tens of thousands of Alzheimer's patients who could have been helped by the medicine had died. Congress is considering legislation to reform this agency to make it more responsive to the needs of patients. Hopefully, Congress will stop FDA from playing God with the lives of terminally-ill patients.

My wife, Lucille, was diagnosed with Alzheimer's disease in 1981, but her symptoms began before that, in 1970. She was in her early fifties when she began to get lost on shopping outings. She had to stop playing bridge, because she couldn't remember what cards had been played. She also had to leave her secretarial job at the Tennessee Valley Authority because the work was getting too confusing for her, and she complained that she felt like she was in a continuous daze.

When we got the Alzheimer's diagnosis—at Duke University Medical Center—I was shattered. There was no medicine, no cure. They told me she might not know me in a year, and that I wouldn't be able to take care of her—I'd have to put her in a nursing home.

Determined to help my wife, I took early retirement so I could take care of her in our home. I also read everything I could about the disease, and called up people who were doing research. When I read a report that Dr. William K. Summers was having some success with an experimental intravenous drug called THA, or tetrahydroaminoacridine. I contacted him immediately.

Dr. Summers agreed to treat Lucille, and we flew to California. After four days of treatment, the change was miraculous. Lucille came out of her daze and even baked brownies for Dr. Summers. When she took a orientation test, she got 9 out of 12 answers correct—compared to only one out of 12 before treatment with the drug. She could drive and do housework.

"I'm back to my old self again!" she rejoiced.

Because Lucille couldn't stay in the hospital to continue intravenous treatment, I tried to get the drug in pill form. That was my first battle with the FDA.

Dr. Summers had been trying to get permission to treat people with oral THA for several years, but had no success. After two years of pleading with and cajoling the FDA, interventions by my Congressman, and, finally, a letter to President Reagan, the permission came through for Dr. Summers to give Lucille THA in pill form under a "compassionate IND (investigational new drug)". Lucille was the first patient to get THA in pill form. She continued to improve and we had five good years together before the disease progressed to the point where she had to enter a nursing home.

THA is a palliative—not a cure—for Alzheimer's. But for Alzheimer's patients and their families, THA is the only thing that offers any hope at all. THA gave Lucille and me more than five good years together. That should be all the evidence of effectiveness FDA needs. Patients with terminal diseases should be able to make their own decisions about whether or not a drug works.

Once Lucille entered a nursing home, she had to stop taking the drug. The reason: the nursing home could not give her a drug that hadn't been approved by the FDA. She declined steadily.

Meanwhile—after an article by Dr. Summers was published in *The New England Journal of Medicine*—the medical community and the families of Alzheimer's patients clamored for the FDA to approve THA. But the FDA kept throwing blockades. The agency bashed Dr. Summers' research and cited danger of liver damage (which was benign and reversible). The agency also claimed that the medicine wasn't effective, although the families of patients who had been helped by it knew better.

Finally, after six years of hearings and red tape, the FDA approved the medicine in late 1993. If the agency had acted more quickly, it could have helped many people and saved millions of dollars by enabling families to take care of Alzheimer's patients at home instead of in nursing homes.

THA, now known by the brand-name Cognex, is now available by prescription and should help many patients have a better quality of life. It is not a cure, but I am concerned that when a cure is finally developed it, too, will get tied up in red tape.

The way drug development and regulation works now, it takes nearly 15 years between the time a drug is developed and the time it is available at the pharmacy. Sick people—particularly people with Alzheimer's disease—can't wait that long. For the sake of people waiting for cures for this and other diseases, Congress must act now to change the way the FDA operates.

In my struggle with the FDA, I have found rude bureaucrats who were arbitrary and capacious. I believe this come from wielding absolute power for too long. I believe that the power of FDA must be reduced, not expanded as President Clinton now desires.

LUTHERAN BROTHERHOOD SERVES COMMUNITIES ACROSS AMERICA

HON. JAMES A. BARCIA

OF MICHIGAN

IN THE HOUSE OF REPRESENTATIVES

Thursday, October 12, 1995

Mr. BARCIA. Mr. Speaker, today I want to publicly salute and give thanks to Lutheran