We also must fund the emerging threats that we see arising. Missile capabilities around the world are coming up. Iran, Iraq are now developing medium-range missiles that North Korea already has.

Tomorrow, Mr. Speaker, I would ask our colleagues to join us on the Rayburn Triangle where we will unveil one of the Army's newest programs called THAAD, along with a Scud missile, a 40-foot-long missile that was used by Saddam 7 years ago to kill 28 young Americans in Saudi Arabia. This new Army system that we are desperately tying to fund in this difficult budget environment is designed to meet that threat in the 21st century.

I urge our colleagues to join the Army and the Ballistic Missile Defense Organization in seeing firsthand the kind of technology that we are trying to produce in this very difficult budget environment.

A NEW NATIONAL GOAL: ADVANCEMENT OF GLOBAL HEALTH

The SPEAKER pro tempore (Mr. DEAL of Massachusetts). Under the Speaker's announced policy of January 7, 1997, the gentleman from Pennsylvania (Mr. GEKAS) is recognized for 60 minutes as the designee of the majority leader.

GENERAL LEAVE

Mr. GEKAS. Mr. Speaker, I ask unanimous consent that all Members have 5 legislative days within which to revise and extend their remarks on the subject of this particular special order.

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

There was no objection.

Mr. GEKAS. Mr. Speaker, this special order is centered around our effort to double the appropriations, to double the funding, as it were, of the National Institutes of Health over the next 5 years.

I have for a long time appreciated the special efforts made by our scientists, researchers across the country, as have all Members of Congress as we see new, spectacular advances made in research and development of technologies, new ways to cure age-old diseases, those that have scourged the earth for all these years, and new ways of treating people who have reached older age, how to treat infant deaths and the scourge of handicaps that are across the land.

All these research methods and scientific methodologies have blossomed over the last several years to such an extent that we feel confident that to redouble, using those words advisedly, the effort on the part of our entire society will benefit that society in a million different ways.

Pursuant to that, back in November of last year I introduced H.R. 2889. Now this bill would have created and still is extent and could create, if passed, a national commission for the new national goal, that goal being the advancement of global health.

Mr. Speaker, the 20th century saw a goal for the United States thrust upon it.

□ 1845

Our country was designated the role in this entire global conflict that we witnessed during the 20th century of preserving democracy, of repelling total totalitarianism in all of its forms, and advancing the cause of democracy throughout the world. We did that in responding to World War I, and we did magnificently for the sake of preserving Europe; in World War II to preserve the world on every side of the planet, as it were. Since then, in all of the skirmishes and battles and conflicts that have occurred, including Korea and Vietnam and Desert Shield, Desert Storm later, Panama, Grenada, one names it, Bosnia today, the 20th century saw the United States emerge as the saviour of democracy and the proponent, the chief proponent, of democracy. So we met our goal to repel totalitarianism and to preserve democracy.

Now, what should be the goal of the next century, of the 21st century? My legislation calls for the establishment of a commission to determine that the goal for our country should be to eradicate disease from the face of the earth.

Now, this is a great humanitarian goal implicit in the language that I just used, to eradicate disease from the face of the earth, but it also carries with it an enlightened self-interest for our country. Since our country leads the world in pharmaceuticals and research, in development of technologies and biomedical advancements, in biotechnical concepts, in all of the science that is required to hone in on the eradication of disease, not only will we be steadily moving towards the goal of preventing and eradicating disease, but at the same time we will fashion a new leadership, economic worldwide leadership, for our country in producing the wherewithal by which to eradicate those diseases. What that means is more jobs, more enterprise, more prosperity, while helping save humanity from the ravages of the diseases in every corner of the world that too often are unattended.

So what this Special Order here tonight does, it fits splendidly into the goal, the vision that I see for the 21st century. Our message tonight is that now is the time to double, we say to double the appropriations, the funding mechanisms for the National Institutes of Health, which, after all, are the bulwark of all the research and the development that is required to meet these visions that we have of combating disease.

Mr. Speaker, if we relegate funding to the National Institutes of Health of something like 15 percent, to increase the funding for the next 5 years at 15 percent per annum, we would be doubling the number of dollars now being spent for that magnificent institution that provides so much benefit to mankind, the National Institutes of Health.

For instance, right now we spend about $14 billion. We would go up to $28 billion, or the doubling about which we speak, by the year 2003. Now, we have been averaging about a 7 percent increase each year. I understand that this year the President offered a 9 percent increase; the Senate version of the proposals would probably be about 11 percent, and we hope that we can do a little better than that and meet the first leg, the first test of trying to double it by getting up to 15 percent. If we do so, then we will see tremendous momentum build up so that we can accelerate the rate and the breadth of the research that is required to meet that vision of eradication of disease among the citizens of the world.

The other feature of what we are doing here is that we did not come up with this idea about the worthwhileness of the National Institutes of Health just simply by saying it. About 5 or 6 years ago we established the Biomedical Research Caucus here in the House of Representatives.

The gentleman from Alabama (Mr. CALLAHAN), the gentlewoman from California (Ms. PELOSI), the gentleman from Massachusetts (Mr. KENNEDY) and myself are the current cochairs of that Biomedical Research Caucus. We have had over 60 or so special lectures by the most advanced scientists that we could muster as our lecturers to bring us up to date on the various progresses made by the National Institutes of Health. Among them have been about a dozen Nobel Prize winners in their particular field.

So you name the disease, Mr. Speaker, and I will name a lecturer, renowned lecturer, who has appeared in these very halls of the House of Representatives to give us an update on those diseases. Arthritis, AIDS, women's breast cancer, multiple sclerosis, Parkinson's disease, you name it. I challenge you and I will tell you, not only did we have a luncheon on it, I can even tell you the menu for the luncheon, but also who was the guest speaker and who brought us up-to-date on these developments. In every single case, cloning, new technologies, we even had the people from the space program come to tell us the advancements that were made by reason of space research in these very same scientific methodologies about which we speak.

Now, what is the purpose of all of these things? To bring us up to date to these diseases, but also to give incentives to Members of the House to redouble their efforts to bring about solutions and treatments for the various diseases about which we speak. I must tell my colleagues that in many of these cases, just around the corner lies the final solution to a lot of these archaic diseases that have plagued us for so long.

Now, how do we do this? I have colleagues here who are ready to speak on these subjects. I will yield to the gentleman from Florida (Mr. STEARNS).

Mr. STEARNS. Mr. Speaker, I thank my colleague from Pennsylvania (Mr.

GEKAS), and I am honored to be here on this Special Order to help him with the endorsement of accelerated funding for the NIH.

As chairman, cochairman with the gentleman from Texas (Mr. GREEN), of the Genetic Privacy and Health Records Task Force of the Committee on Commerce, I can fully understand and appreciate the gentleman's feelings about accelerating the funding for NIH.

It is interesting that when I came to Congress, we were spending almost $18 billion a year for foreign aid, and if anybody said, well, why are we spending so much money for foreign aid, yet we are spending so little for the NIH, I think we have been forceful in trying to get more money for NIH, but we still have a long way to go.

As the gentleman from Pennsylvania (Mr. GEKAS) mentioned, we are now at $14 billion a year. One says, well, that sounds like a lot of money, but when we think of the kinds of things it can do for all Americans and for all of humanity, this is not enough money, and I think so much could be done.

I would like to just, for example, take my colleagues into the area I am familiar with, and that is taking advantage of some of the new opportunities in genetic engineering. For example, as we end this millennium, we will have completed a program to map and identify the entire human genome, but we will not have begun to access this new information. As my colleagues may be aware, I have been working on this legislation before the Committee on Commerce to ensure protective measures for genetic privacy to individuals so that we can move forward with these new technologies for all of our mutual benefits.

But where is this technology occurring? It is occurring at the National Institutes of Health. In the new area of NIH research opportunities, genetics is one of the most exciting and promising developments in molecular medicine. Once the map of the normal function of human genes is made available within the next few years, we will then, Mr. Speaker, be able to make comparisons with our own unique genetic blueprint. This will herald in a whole new era of computer collaboration with molecular medicine to develop a DNA chip, transferring the functions of human genome to a computer chip to be run for comparison for diagnostic and treatment purposes against our own genetic map. I mean, that is an enormous endeavor. It is going to require a lot of research.

The NIH is on the leading edge of doing this, and we need to fund that project, because the ultimate guarantee for all of us is better health by this DNA chip in transferring the function of the human genome to a computer chip so that we can run these comparisons to find out what particular genes are defective or what particular genes provide a predisposition for any of us for certain diseases.

The software and hardware that will be needed to be developed by the cooperative efforts of genome biologists, mathematicians and engineers to make the new field of genetics a reality will require this increased funding for the NIH. So again, I think it is a good case for all Members to be down here on the House floor to argue forcibly the need for increased funding for the NIH.

I think when we talk about funding for the NIH, we perhaps should put it into human terms, and I want to give my colleagues a case example of where this study, this research, has benefited all of us. The first debate in medical circles in the late 1960s and early 1970s was about the role of cholesterol in heart disease. Many scientists reasoned that a high-fat diet clogged the arteries and must surely contribute to heart attacks and strokes. Others argued that because so many Americans who dined on high-fat foods had apparently healthy hearts, cholesterol might just be sort of a wrong, a scapegoat.

Two physician scientists, Michael Brown and Joseph Goldstein of the University of Texas Southwestern Medical Center of Dallas, were treating children at the time, and this is interesting, who had heart attacks before the age of 10. Now, they discovered that the kids' arteries were as full of cholesterol deposits as those of a 50-year-old beef-eating man. Soon they identified the gene that controls special receptors on the surface of the liver, and other body cells, that removed the bad cholesterol before it has a chance to wreak havoc in blood vessels. None of the children with early heart disease had the gene needed to break down the bad cholesterol. So in 1985, Dr. Brown and Dr. Goldstein won the Lasker Award for discovering the mechanism that controlled cholesterol metabolism, and that same year they shared the Nobel Prize.

So that is an example of just simply scientists having the time and energy, working through the National Institutes of Health, through the grants, are able to solve some of the major problems.

I would like to identify another case example by Judah Folkman who generated a new approach to treating cancer that is directed not at the cancer cell itself, but at blood vessels that feed tumors. The cells that line blood vessels put out a host of proteins or growth factors to which tumors are attracted. If the tumors are deprived of its proteins, the cancer can be starved without harming the healthy cells the way normal chemotherapy does. This is a remarkable and once ridiculed idea that is now being tested in recurring and metastatic cancer. Based on Folkman's work, experiments with unique tumor-suppressing drugs will soon be ready for breast, colon, prostate and other cancer trials.

So, Mr. Speaker, we have here a need for this funding for research, and I think many of us are on the House floor today to say that the budget of $14 billion is not enough. A lot of us around here talked about being fiscally responsible, but here is a case where the direct benefits from increasing the funding for the NIH will be enormous. I am happy to say that there are other Members who have stepped forward to do just this.

Recently, Senator CONNIE MACK from Florida, my Senator, advocated doubling the NIH funding over the next 5 years. So I have joined with him and others to double this funding, to increase it, because I think they are consistent with the views of conservative budget policy. We get the biggest bang for the buck by this research to help all Americans, particularly when we look at what the population is doing today. It is aging, and we have Medicare still not completely out of solvency, right now is solvent to the year 2010, but we are going to see more and more baby boomers coming in, and we need this research to protect their lives.

So I was glad to join with Senator MACK and others in the House, with the gentleman from Pennsylvania (Mr. GEKAS) to increase funding for the NIH. It is a wise investment for the many health care results we achieve, and it is not that ambitious an enterprise when we consider that at the current rate of expenditures, we will double NIH funding in 10 years rather than the 5 that the gentleman from Pennsylvania (Mr. GEKAS), proposed.

□ 1900

We are suggesting that we provide this additional funding, we do it now, and I think the important theme tonight is to make all Members aware of the need to get behind this. It is not a lot of money.

As I say, the foreign affairs budget is almost higher than the NIH budget, and so now is the time to continue our efforts.

Mr. Speaker, I yield back to the gentleman from Pennsylvania.

Mr. GEKAS. Mr. Speaker, I thank the gentleman for his remarks and I now yield to the gentleman from Washington (Mr. NETHERCUTT).

Mr. NETHERCUTT. Mr. Speaker, I thank the gentleman from Pennsylvania (Mr. GEKAS) for yielding to me.

Mr. Speaker, there is no greater tragedy in life that all of us must face at some time or another than facing a debilitating and serious and chronic disease. It touches Democrats, Republicans, people of all races and religions. It is a fact of life.

It is my pleasure to be here tonight to talk in support of not only the efforts of the gentleman from Pennsylvania to increase funding for the National Institutes of Health, but to stand up in support of that national health organization that leads the world in health research.

I just happened to visit for the second time the National Institutes of Health a week ago Monday. And I commend that visit to every Member of this body; to go out to the NIH and see the resources that we have there, that

we taxpayers fund in order to try to make lives better by curing disease. It is a remarkable experience to see it and to meet with the leaders of the centers and the institutes, the 21 centers and institutes of the National Institutes of Health.

Mr. Speaker, it is celebrating its 50th year, approximately, this year, having been the Public Health Service over the years and being the National Institutes of Health in recent times. I must say, Mr. Speaker, that the history is a proud one. There have been tremendous developments and progress achieved by the scientists, the researchers, the medical professionals, the nurses, the administrators at the National Institutes of Health. It is worthy of a Federal taxpayer commitment to enhance this research, to seek cures in our society for the very serious diseases which affect all Americans and, indeed, all people around the world.

I think we have to look at what increased funding would do. It would certainly help bridge the gap between the National Academy of Sciences and the NIH. There is research going on, scientific research going on throughout this entire government. The Department of Defense has a breast cancer facility and bank that looks at the incidence of breast cancer and blood work that would lead to cures for this terrible disease.

The National Aeronautics and Space Administration does tremendous work on microgravity. In fact, as we speak, there is a satellite and a space station somewhere and a research facility somewhere engaged with NASA doing this great research that is going to help people deal with the chronic diseases that affect their lives.

Mr. Speaker, I happen to have a special interest in diabetes research. In fact, I am proud to be one of the cofounders of the Diabetes Caucus with the gentlewoman from Oregon (Ms. FURSE), and 158 Members are now part of this Diabetes Caucus. We set out over the last three years that I have been in Congress to work very hard to raise the interest level and the understanding of diabetes.

The Speaker of the House, NEWT GINGRICH, has been a great leader in terms of providing additional funding for NIH, for the research mission to cure diabetes, because diabetes affects about 27 cents out of every Medicare dollar. It is spent in the treatment of diabetes and the very serious complications that can come if a diabetic does not take care of himself or herself. Things like blindness, amputations, heart disease, kidney failure, all of those things are consequences of lack of treatment and lack of care for the disease called diabetes that is a killer disease in our society.

So it has been our pleasure, with the other 157 Members, along with the gentlewoman from Oregon (Ms. FURSE) and myself, to push very hard this idea that we have to have increased funding at the National Institutes of Health, in specific terms the National Institute for Diabetes, Digestive and Kidney Diseases, which does this great research on how to cure diabetes.

Mr. Speaker, if we cure diabetes, we will have a better society. If we cure cancer, we will have more productivity among all Americans and around the world. So it is in our interest, our national interest, to dedicate ourselves to increased funding for the National Institutes of Health.

When I visited the National Institutes a week ago Monday, I had a chance to meet with the director of the National Cancer Institute, and he showed me some graphic pictures of a gentleman who was a patient there of the hospital at NIH with skin cancer, a terrible outbreak. Terribly devastating consequences of that disease are present today in our society.

Through the research that has been done at NIH to introduce the concept and the substance of Interleukin, to allow the body to beef up its damaged-cell fighting capability, its natural mechanism for fighting disease, that Interleukin component works wonders. In fact, I had the chance to meet the gentleman who was the subject of the pictures I was shown with his cancer developed earlier in last year. And now I looked at him, and I know through this great research effort, his skin was clear.

So this is one example of how we can cure this disease called cancer 50 percent of the time. We cannot cure all the cancers in America and in the world, but we can cure about 50 percent, I am informed. So it is in our interest, having been touched by cancer in my own family and having been touched by diabetes in my own family, it is in our interest to devote ourselves to this effort to increase research funding for this great institute.

Along with that increased research funding, I think we need to encourage the NIH, encourage the scientists, the 55,000 scientists around the country, through our university systems who do NIH research as NIH grant recipients, to make sure that the money we devote to this institute and this agency is spent wisely. I do not doubt that it is, but I also feel as though we can focus better, perhaps, the resources of America, to allow the NIH to focus better and the institutes to focus better, to work better toward preventive cures and prevention of disease.

The gentleman from Pennsylvania (Mr. GEKAS) and I and others and the Speaker of the House this year, and a lot of Democrats, voted very forcefully in favor of the balanced budget agreement which provided $30 million for diabetes research for five years, $30 million times five; and $30 million times five, $150 million, for Native American research, which is a population disproportionately affected by diabetes.

Speaker GINGRICH and others worked very hard to get Medicare coverage for the preventive side of diabetes, mammographies in women, prostate analysis in men, and the colorectal screening, all covered now and in this year in the Medicare program. That is going to save dollars on the other end.

And with this kind of research for treatment and cures through the NIH, we are going to be a better and healthier and happier and more productive and less wasteful society.

The Diabetes Working Group that we introduced is going to help focus the NIDDK, National Institutes for Diabetes, Digestive and Kidney Diseases, in how we set a chart, set a pathway to cure diabetes. I think it is a great model, Mr. Speaker, for other institutes to follow: To marshal the best minds, the best researchers, the patients, the children, the people who are affected by these devastating diseases, chronic conditions, mobilize them to chart a path, to chart a course to a cure or to better treatment or to making life easier with a particular disease. That is what the Diabetes Working Group is doing.

In fact, they are meeting this week again, all of these great minds and great scientists from around the country, to focus on how we can chart a path for additional research dollars to be spent, all in the cause of curing diabetes and its complications.

I think we have to recognize also that the consumer has a say in all of this, and increased funding for NIH, doubling the funding over the next five years, coordinating that funding with other scientific research throughout the government, has to have as a main component a consumer involvement. If we go out to the National Institutes of Health and see the National Health Library, it is hooked up to the Internet. It gets thousands of hits per month, per week, per day, to see and learn about disease and how NIH is working so very dramatically to help cure and treat those kinds of diseases.

That is a component that is very much a part of this NIH funding doubling. So that we can have the consumer who is touched by multiple sclerosis or AIDS or Alzheimer's or diabetes or cancer or Parkinson's or all the other diseases that are prominent in this country, they have a resource in the National Institutes of Health to touch immediately, to find out about that disease, to help a loved one get through it, to learn about it.

I know that is a common occurrence when people are touched by a disease. The first inclination that we all have is to find out about it, to learn about it and figure out how we can understand the current treatments. This is a value to doctors. It is a value to the consumer. It is a value to the researcher. And, by the way, we have to get good researchers funded through the NIH, the basic research that is done there and the applied research that is done there.

So this is a joint effort that joins diseases, it joins medical specialties across the board. It joins people from Congress, it joins special interest

groups who care deeply about a particular disease. It joins the teachers and students, and families. It joins all Americans in one common cause, one common objective. That is to cure disease in America and throughout the world.

The United States is the leader in that effort. It is the leader because we have the best scientists, the best minds, the best technology, the best resources and the greatest commitment, I submit, to reach this great goal of curing disease globally.

So I want to thank the gentleman from Pennsylvania (Mr. GEKAS) and thank the Speaker and all the others who care deeply about this issue. We will join with our colleagues and make this a reality in the next five years and hopefully get it all done this year.

Mr. GEKAS. Mr. Speaker, we thank the gentleman. His remarks have been right on point. We in the Biomedical Research Caucus recognize the gentleman from Washington (Mr. NETHERCUTT) as one of our leading advocates of focus and concentration on the disease of diabetes. We thank him.

Mr. Speaker, the target of all this and the absolute goal of this special order is to convince the Committee on the Budget that it ought to respond to the resolution that we offered about doubling the funding for the National Institutes of Health over the next five years.

The gentleman from Ohio (Mr. KASICH) chairman of the Committee on the Budget, and the gentleman from South Carolina (Mr. SPRATT) ranking member, have been very workmanlike over the past several years in preparing the budgets for the entire government, of course. We want them to pay special attention to the doubling of the funding effort for the National Institutes of Health.

How do we do that? They have some problems because they are under the constraints that they are, of course, trying to convince us we must maintain, and they are correct, capping on spending so that we can stay within the parameters of the balanced budget that we supported not too long ago and which, of course, has to continue in order for our country to prosper, to make sure that we never fall back into the deficit mode and that the balanced budget carries with it all the benefits that it should.

Well, how do we convince them to be able to do this doubling effort and still maintain those caps? That is an interesting problem, and one which we think can be addressed if only the chairman and the ranking member of the Committee on the Budget will look at the possibilities that lie before us to be able to do that without violating the balanced budget or the guidelines or the caps that they have instituted to protect the fiscal integrity of the Congress and of the government.

□ 1915

We submit that any proceeds that might be forthcoming from the tobacco settlements that may or may not occur or the tobacco financing that can still occur, even without the overall settlement to which all the States are a party, that is a source of funding which would be a natural to devote to medical research, because it does not even have to be stated.

The causes of some of the worst diseases that we have emanate from smoking. We want to try to defeat both ends of the smoking cycle, to prevent teenagers from taking up the habit and to treat those who did not avoid the ravages of smoking, causing all the health problems that we know about.

So we want to be able to say that tobacco increased funding should be devoted, at least partially, towards medical research in the National Institutes of Health on how to prevent all the dastardly diseases that follow a lifetime of smoking.

So that is a natural, but that is not the only source that we can muster for dedication to the National Institutes of Health. We also have what is now being termed as the budget surplus. We are fortunate enough by all the configurations that have been entered into by the Committee on the Budget to be able to proclaim budget surpluses.

What better source for application of surpluses than that which we speak about here tonight, the National Institutes of Health? To be able to pour in a couple of billion dollars a year from the $10 billion or $12 billion or $14 billion or $20 billion, $30 billion per year surplus that we may be enjoying the next several years would be facilitating the doubling of the funding that we are talking about without really harming the path that we will have established for creating surpluses.

So we believe that the letter that we have sent to the Committee on the Budget serves those purposes. We sent a letter dated April 8, 1998, to the gentleman from Ohio (Mr. KASICH), chairman, and the gentleman from South Carolina (Mr. SPRATT), ranking member, signed by, oh, I do not know how many, but a couple of dozen of our Members in which we discussed this very same prospect.

In fact, the last paragraph, the last cogent paragraph, I would like to read into the RECORD.

We say, ''We respectfully request that the Committee on the Budget consider using a combination of sources and funding mechanisms to achieve the doubling goal for the National Institutes of Health. These funding sources include general revenues, budget surpluses, and budget offsets. We also request that the Committee on the Budget consider establishing a reserve fund to capture offsets from any tobacco settlement for the purpose of funding biomedical research and for other purposes stated in the settlement.''

So we are explicit to the powers that be in the budget process. We are not saying, please, oh, help us and double the efforts. We are suggesting concrete methodologies for accomplishing the doubling effort without harming the balanced budget for which the gentleman from Ohio (Mr. KASICH) and the gentleman from South Carolina (Mr. SPRATT) have worked so hard and which we support and which we do not want to violate in any way.

We just want the priorities to be set for the next century to include a heavy emphasis on biomedical research and all the efforts that can go into eradicating disease worldwide with the implicit benefits not only to humanity but to the economic leadership of our Nation.

Mr. Speaker, I include for the RECORD the following:

CONGRESS OF THE UNITED STATES,
Washington, DC, April 8, 1998.

Hon. JOHN KASICH,
Chairman, House Budget Committee, Washington, DC.

Hon. JOHN SPRATT,
Ranking Member, House Budget Committee, Washington, DC.

DEAR CHAIRMAN KASICH AND RANKING MEMBER SPRATT: As the Budget Committee begins consideration of the Fiscal Year 1999 Budget Resolution, we urge you to provide sufficient budget authority and outlays to provide a $2 billion increase (15%) for the National Institutes of Health (NIH). This is the first step toward achieving a doubling of the NIH budget over the next five years.

We recognize the pressures and trade-offs that you and your Budget Committee colleagues face in maintaining a balanced budget, but we ask that you consider the benefits derived from America's commitment to medical research, including a reduction in health care expenditures. Medical research is a budget saver, not a budget buster.

Recent breakthroughs in medical and health sciences have dramatically improved the quality of life for all Americans, and continue to yield cures and new treatments for the debilitating diseases which plague our society. The United States leads the world in the field of biomedical research, and will continue to lead the world only through a national commitment to increase support for the NIH.

Based on this record of success, and the tremendous potential for the future, we support sufficient budget authority and budget outlays to double NIH funding over the next five years, and to provide an increase of $2 billion for Fiscal Year 1999 over the current appropriated level.

We respectfully request that the Budget Committee consider using a combination of sources and funding mechanisms to achieve the doubling goal for the NIH. These funding sources include general revenues, budget surpluses and budget offsets. We also request that the Budget Committee consider establishing a reserve fund to capture offsets from any tobacco settlement for the purpose of funding biomedical research and for other purposes stated in the settlement.

As the House Budget Committee begins preparing the FY 1999 Budget Resolution, we remind you of the historically strong and bipartisan support for the NIH, the world's premier research enterprise. We hope that you will honor our request to provide sufficient budget authority and budget outlays to accomplish the will of your colleagues in the House.

Thank you for your consideration. We look forward to working with you on this historic public health and quality-of-life initiative.

Sincerely,

George W. Gekas, Louise Slaughter, Connie Morella, Martin Frost, James

Leach, Randy ''Duke'' Cunningham, Eni F.H. Faleomavaega, Sam Gejdenson, Anna Eshoo, Cliff Stearns, Joseph Kennedy, Brian Bilbray, Rosa DeLauro, Martin Meehan, James Greenwood, Albert Wynn, Steve Horn, Fred Upton, Jose Serrano, Lois Capps, Gene Green, Jim McDermott, Brad Sherman, Robert Borski, Carolyn McCarthy, Edward Markey, Bobby Rush, Frank Mascara, Dennis Kucinich, Bob Clement, Max Sandlin, Harold E. Ford, Jr., Earl Hilliard, Jerrold Nadler, James McGovern, Nydia Velazquez, Members of Congress.

CONGRESS OF THE UNITED STATES,
Washington, DC, March 24, 1998.

JOIN US IN URGING THE BUDGET COMMITTEE TO MAKE MEDICAL RESEARCH A PRIORITY

DEAR COLLEAGUE: As the House Budget Committee begins the process of formulating the FY 1999 House Budget Resolution, we are writing to ask you to sign the attached letter to Chairman Kasich and Ranking Member Spratt Supporting sufficient budget authority and outlays to accomplish two goals. First, to enable the House to provide a $2 billion increase for the National Institutes of Health (NIH) in FY 1999, and second, to enable the House to double NIH funding over the next five years.

Throughout history, the United States has been the world leader in biomedical research. The benefits derived from America's commitment to medical research have led to lifesaving medical breakthroughs, dramatically improving the quality of life for men and women throughout the world, and substantially reducing health care expenditures. Our investment has contributed to the development of innovative medical technologies and made America's pharmaceutical and biotechnology industries second to none.

Research has demonstrated that many diseases can be prevented, eliminated, detected or managed more effectively through a vast array of new medical procedures and therapies. The devastation once caused by polio has been virtually eliminated in most of the developed world. For the first time in history, overall death rates from cancer have begun a steady decline in the United States. Genetic research has enabled Americans to learn if they are more likely to develop osteoporosis, breast cancer, Lou Gehrig's disease, sickle-cell anemia, or some other disease. People with Parkinson's disease, diabetes, Alzheimer's disease, AIDS, and other ailments are living longer, healthier lives. But there is much more for us to learn, and much more we can do to enhance the quality of life for America's ill, frail, and disabled.

America's historic dedication of resources to biomedical research has had a real and lasting impact on our lives and those of our parents, children and grandchildren. The health and well-being of future generations depends upon strengthening our dedication to the principle that the federal government, in partnership with the private sector, has a legitimate role to further the advancement of science.

Turning those discoveries into new methods of treating disease will make every American a beneficiary of these monumental achievements. We ask you to join this effort by agreeing to sign the attached letter to Chairman Kasich and Ranking Member Spratt. To co-sign the letter please contact Seth Johnson in Congressman Gekas' office at x54315.

Sincerely,

GEORGE W. GEKAS.
ANNA ESHOO.

A full exposition of our plans to double the funding for NIH would not be complete without mentioning some key entities that have helped us all along in bringing to the floor all the special problems and special opportunities that we have as the research community begins the work of the 21st century.

We have four research societies, for instance, like the Whitehead Institute, the Human Genome Project, MIT, Dr. Mike Bishop, who is a Nobel laureate for oncogenes, co-recipient with the NIH Director Harold Varmus as the chief program advisor, all who are the umbrella group that helps us put on these biomedical research caucuses, briefings, luncheons, and other special projects that have heightened the level of understanding among Members of the House as to what progress is being made on all these.

By the way, Mr. Speaker, you should know that, in these biomedical research luncheons, not only do Members come but the real important people of the House of Representatives attend, the staffers, the staffers who are charged with the responsibility in their respective Member's offices to discharge the issues of health for their Member, for their congressman, attend these luncheons regularly and become well updated on all the advances that we have made and which the research community has produced.

We also have the Federation of American Societies for experimental biology which issues news bulletins on advances made on a regular basis; and, just recently, they provided for us a whole series of statements on some of the progress that has been made.

Some of their goals are to have the NIH increase its investment in collaborative translational investigations by supporting more grants engaging both basic and clinical biomedical scientists as co-investigators. These are the wool from which the whole cloth is being constructed to try to hone in on and concentrate on eradicating disease from the face of the earth.

We also have lists of research opportunities, if we double this effort, from the Campaign for Medical Research, from the Joint Steering Committee for Public Policy, as we have mentioned, and from various sources that are implicitly and explicitly involved in what we intend to try to accomplish.

Mr. Speaker, I include that list that we have of the cosponsors to H. Res. 363 urging the Committee on the Budget to double the funding for the RECORD:

44 COSPONSORS

Rep. Porter—02/12/98.
Rep. Morella—03/05/98.
Rep. Stearns—03/05/98.
Rep. Pickering—03/05/98.
Rep. Towns—03/05/98.
Rep. Kennedy, P.—03/05/98.
Rep. Cooksey—03/05/98.
Rep. Eshoo—03/16/98.
Rep. Moakley—03/16/98.
Rep. Green—03/16/98.
Rep. Kennelly—03/16/98.
Rep. Davis, D.—03/16/98.
Rep. Faleomavaega—03/16/98.
Rep. Pelosi—03/24/98.
Rep. Clay—03/24/98.
Rep. Bachus—03/24/98.
Rep. Gutierrez—03/24/98.
Rep. Gonzalez—03/24/98.
Rep. Greenwood—03/25/98.
Rep. Filner—04/01/98.
Rep. Fattah—04/21/98.
Rep. Gejdenson—04/21/98.
Rep. Frank—03/05/98.
Rep. Coyne—03/05/98.
Rep. Cunningham—03/05/98.
Rep. Evans—03/05/98.
Rep. Clayburn—03/05/98.
Rep. McCarthy, C.—03/05/98.
Rep. Kennedy, J.—03/16/98.
Rep. Boehlert—03/16/98.
Rep. Peterson, J.—03/16/98.
Rep. Pallone—03/16/98.
Rep. Woolsey—03/16/98.
Rep. Mink—03/16/98.
Rep. Callahan—03/24/98.
Rep. Bentsen—03/24/98.
Rep. Furse—03/24/98.
Rep. Farr—03/24/98.
Rep. Sanders—03/24/98.
Rep. Bilbray—03/24/98.
Rep. McGovern—03/25/98.
Rep. Spence—04/01/98.
Rep. Rush—04/21/98.
Rep. Jenkins—04/21/98.
Rep. Baldacci—4/28/98.

That covers everything that I might have wasted the Speaker's time in presenting at this juncture.

Suffice it to say, again, if indeed the United States continues to be and wants to remain the leader in the world of pharmaceuticals, of biomedical research, biotechnological advances, of all the efforts made towards one goal, to eradicate disease from the face of the earth and to remain the chief spokesman in the world and the chief entrepreneur in these enterprises, then it is a natural gigantic step for us to double the funding for the National Institutes of Health. We trust that the Members of Congress will see it as clearly as we do and help us in this effort.

Mr. PORTER. Mr. Speaker, I am very pleased to speak on the importance of doubling funding for the National Institutes of Health.

In my judgment, basic biomedical research, funded through the National Institutes of Health, is one of our Nations highest priorities. The work performed by the scientists at the NIH campus, as well as those scientists who are funded by the NIH at our Nation's premier academic institutions and nonprofit organizations, is virtually important. There commitment to battling disease has provided signficiant hope for the prevention, treatment, and eventual eradication of disease in the future.

There is hardly a more vital endeavor. Biomedical research lengthens and improves the quality of life for every American—indeed, for every human on this planet. Our country's continued lead in biomedical research—we are the envy of the world in this regard in both basic and applied research—means higher economic growth and the kind of high-tech, high paying jobs for our children and grandchildren that we want. Indeed, biomedical research is the best investment our Government makes because it pays for itself thousands of times over in terms of health care cost savings. The savings from one discover—the Salk vaccine—has paid for all the costs of NIH over its entire 50 year history and there have been thousands, tens of thousands, of such discoveries. In addition, basic research, the kind

most often pursued by NIH and NIH grantees will only be funded by Government; there is no immediate profit motive. Finally, scientific opportunities have never been greater. If we fail to find the resources to take advantage of them, we risk the lives and health of our people and all of the dear economic advantages of our leadership.

I serve as chairman of the Appropriations Subcommittee which funds the National Institutes of Health—as well as the Departments of Education, Health and Human Services, and Labor. Because there is such potential for real progress in treatment, cure, and prevention of disease through NIH research, I'm committed to providing NIH Director Dr. Varmus, the resources he and his colleagues need to advance their work.

Over the last several years, we have achieved great success in doing just this. In fiscal year 1996, despite tremendous budget battles, and frankly, little support from the administration, the Congress provided the NIH with a 5.7 percent increase. For FY97, we increased the NIH by 6.9 percent, and in 1998, by 7.1 percent to nearly $13.65 billion.

Over its 50-year life, the annual real rate of increase in the NIH funding has been about 3 percent. But despite these strong increases the number of research proposals funded is barely keeping up with the number of promising proposals that are available. Because the opportunities in science are unprecedented, I strongly doubling Federal funding for all basic research over 5 years. With this strong commitment, the NIH will be able to pursue many more scientific opportunities that currently go unfunded.

The goal of finding a cure for the diseases that touch every individual in our society is an objective that should be above political partisanship and economic and social divisions. I urge my colleagues to work for this noble goal by viewing the NIH as a whole, the sum of extraordinary science that transcends the artificial boundaries of institute and seeks to cure or alleviate all diseases that afflict humankind.

Mr. BENTSEN. Mr. Speaker, I rise today to express my strong support for maximizing funding for biomedical research through the National Institutes of Health (NIH). I believe that our Nation must increase this investment to capitalize on recent medical advances and ensure that the NIH has the necessary resources to conduct cutting-edge research on diseases such as heart disease, diabetes, cancer, and AIDS.

I believe that doubling the NIH budget is the best approach to meet this goal. In the coming weeks, I plan to offer an amendment in the House Budget Committee to double the NIH budget. As we know, President Clinton has proposed a Fiscal Year 1999 NIH budget of $14.8 billion, an increase of $1.15 billion or 8 percent. The President also proposed increasing funding for biomedical research by at least 50 percent from 1999 to 2003. The President's proposal represents a good starting point, but Congress must make biomedical research an even higher priority, as we have in recent years. The Senate budget resolution includes a 11-percent increase in NIH funding, to add $1.5 billion to the NIH budget. I believe the House budget should include at least the Senate level of funding and preferably the $2 billion increase called for in House Resolution 363, which was introduced by our colleague Mr. GEKAS and which I am co-sponsoring.

Doubling the NIH budget is necessary to ensure that we are meeting the research needs of our scientific community. The NIH supports the work of more than 50,000 scientists within the United States. Yet, on average only one in five of peer-reviewed NIH grants are funded. We need to increase the number of peer-reviewed grants so that more life-saving and cost-effective treatments and therapies can be discovered. In addition, in this age of managed care, the NIH must increase its budget to ensure that clinical trials continue. Academic health centers, where many of these trials are conducted, have traditionally used surplus revenues from patient care to supplement federal funding. With managed care, these surpluses are disappearing just as our scientific community is ready to develop new treatments and therapies for cancer and other diseases. With this added investment, more scientists would be able to conduct research that will reduce health care costs and save lives.

I believe that investment in biomedical research is cost-effective for taxpayers. A recent National Science Foundation study found that advances resulting from government investments in research and development, totaling about $60 billion a year, has produced big results. This study found that more than 70 percent of scientific papers identify government funding, not private research funding, as critical to new patents and biomedical discoveries.

I also believe that investing in the NIH helps our economy to grow. For every dollar spent on research and development, our national output is permanently increased by 50 cents or more each year. The government funds the basic research which biotechnology and pharmaceutical companies use to create new therapies and treatments for cancer, diabetes, and heart disease.

As the representative for the Texas Medical Center, one of our Nation's premiere research centers, I have seen firsthand that this investment is yielding promising new therapies and treatments for all Americans. During a recent tour at the Texas Medical Center, I reviewed a gene therapy project which is helping to map the human genome. With this new information researchers hope to understand the genetic basis for disease and provide new therapies by fixing genetic abnormalities.

I strongly urge Congress to provide maximum funding for the NIH and urge my colleagues to support this effort.

Mr. BILIRAKIS. Mr. Speaker, As chairman of the Health and Environment Subcommittee, which has jurisdiction over the National Institutes of Health (NIH), I want to take this opportunity to express my strong support for increasing Federal funding to support the vital, life-saving research performed by NIH experts. I recently endorsed a proposal to double Federal funding for the National Institutes of Health (NIH) over the next 5 years.

On March 26, my Health and Environment Subcommittee held a hearing on new developments in medical research. This hearing was an important opportunity to learn more about the NIH priority-setting process and ongoing research efforts related to a number of specific diseases.

At this hearing, we heard testimony from a distinguished group of witnesses, including Muhammad Ali, National Spokesman for the National Parkinson Foundation, Dr. Harold Varmus, NIH Director, and representatives of patient groups. While advocating different approaches to disease research funding, all agreed on the need to provide more money for biomedical research.

To that end, I recently introduced H.R. 3563, the Biomedical Research Assistance Voluntary Option or ''BRAVO'' Act. This bipartisan measure would allow taxpayers to designate all or a portion of their Federal income tax refund to support NIH biomedical research. These taxpayers would be entitle to a charitable deduction under existing provisions of the Internal Revenue Code.

Under my bill, funds designated by taxpayers for use in biomedical research would be transferred by the Treasury Department to the gift fund of the National Institutes of Health. The bill specifically states that transfers to the gift fund may not offset amounts that otherwise would be appropriate for the National Institutes of Health.

In addition, my bill would give the Treasury Department flexibility in developing regulations to implement the Act. The bill would only require the designation to be made either on the first page of the return or on the page bearing the taxpayer's signature.

Passage of the BRAVO Act will help channel additional funds to support the critical research efforts ongoing at NIH. I remain committed to working with my colleagues to achieve the goal of doubling Federal funding for NIH over the next 5 years.

Mrs. MORELLA. Mr. Speaker, I am pleased to join my colleague from Pennsylvania, Congressman GEKAS, in this important special order on the critical importance of biomedical research funding. The National Institutes of Health (NIH) is located in my congressional district, and I am proud to represent this premier biomedical research institution.

Tonight, we are devoting this special order to the goal of doubling the NIH budget over the next 5 years. The NIH, the world's leading biomedical research institution, is one of the great success stories of the Federal Government. Our current $13.6 billion investment in biomedical research is a real ''bang for the buck''—saving lives and reducing health care costs, while improving the quality of health care and creating jobs and economic growth.

The historical support of the NIH by Congress and both Republican and Democratic administrations has produced a comprehensive network of more than 50,000 scientists and technicians at more than 1,700 research universities, academic medical centers, and institutions throughout the United States.

NIH-sponsored research provides economic returns of incalculable value. The spawning of the biotechnology revolution is beyond question, with increased sales in 1996 of $10.8 billion (a 15 percent increase over 1995) and the addition of 10,000 new high-tech jobs to our national economy. In 1993 alone, NIH contributed nearly $45 billion to the U.S. economy and over 726,000 jobs. Our country's economic leadership has been secured in large part by our ability to translate scientific discoveries into new product development for export.

However, many Americans still face life-threatening health problems, and new medical challenges constantly arise. For most of these conditions, research offers the best, and, in many cases, the only hope. In recent years, NIH-sponsored research has produced major advances in the treatment of cancer, heart disease, diabetes, HIV/AIDS, rheumatoid arthritis,

and mental illness that have helped save hundreds of thousands, if not millions, of lives.

Currently, fewer than one-third of reviewed grants are funded. Our failure to improve this ratio will cause important scientific leads to be delayed or lost. It will also deter young, talented scientists from careers in biomedical research. The resulting loss in scientists and new ideas could endanger U.S. competitiveness.

Funding biomedical research through the NIH is today's investment in America's future. We must make a substantial commitment now if we are to ensure the future health and economy of our Nation.

As I have for the past several years, I circulated the congressional funding letter, along with Congressman JOE KENNEDY, urging the Appropriations Committee to provide a 15-percent increase for the NIH for Fiscal Year 1999, the first installment toward our goal of doubling the NIH budget. I am pleased to report that we had more than 80 co-signers on this bipartisan letter.

I am also pleased to be a cosponsor of the resolution, introduced by Congressmen GEKAS and PORTER, expressing the sense of Congress that the NIH budget be doubled within 5 years. I also co-signed the letter to Budget Committee Chairman JOHN KASICH, urging that the budget resolution provide an adequate allocation to the Labor-Health and Human Services-Education Subcommittee in order to allow such an increase in funding.

Mr. Speaker, I look forward to continuing to work with my colleagues here tonight to substantially increase our commitment to biomedical research.

Mr. CUNNINGHAM. Mr. Speaker, I rise today to join my colleague from Pennsylvania (Mr. GEKAS) in addressing the critical need for increased funding for the National Institutes of Health (NIH).

I am submitting letters from my constituents who have shared with me the importance of NIH funding to their lives. These letters eloquently make the case for increased NIH funding.

Again, I want to thank my colleague from Pennsylvania for leading this debate tonight and encourage all my colleagues to support increased funding for NIH.

ARTHRITIS FOUNDATION®,
San Diego, CA, April 24, 1998.

Hon. RANDY CUNNINGHAM,
Rayburn House Office Building,
Washington, DC.

DEAR REPRESENTATIVE CUNNINGHAM: This is to share our concerns and express the importance of doubling the funding to the National Institutes of Health (NIH). Funding research is critical to addressing the causes, treatments, and prevention of arthritis, musculoskeletal and skin diseases. Over 40 million Americans have some form of arthritis and it is predicted that by the year 2020 that number will increase to 60 million.

Arthritis occurs at all ages, destroys the quality of life for people who have it, and requires medical care over long periods of time. The current economic costs are estimated to be at least $143 billion. Arthritis and related diseases are the most common causes of chronic illness in the United States and are the leading causes of time lost from work.

Arthritis researchers are making great strides in understanding these diseases. Some of the advances sponsored by NIAMS include: new understandings of the roles of immune system abnormalities, infectious agents, and genetic factors in rheumatoid arthritis; development of new experimental treatments for osteoarthritis, significant insights into the specific genetic factors involved in lupus; and improved total hip replacement materials and techniques that have enhanced quality of life and productivity for many people.

While these are significant advances, we need to continue to support researchers and new investigators so that more answers can be found to reduce the incidence and prevalence of arthritis.

The Arthritis Foundation spent $16 million in 1997 on arthritis research and has committed to more than doubling that amount to $37 million by the year 2000. Please support our commitment by doubling the funding to NIH so that we can work together towards finding a cure for and prevention of arthritis.

Your time and efforts are greatly appreciated by all who have arthritis.

Sincerely,

JULIE SCHWARTZ,
Associate Vice President.

UNIVERSITY OF CALIFORNIA, SAN DIEGO,
April 27, 1998.

Hon. RANDY ''DUKE'' CUNNINGHAM,
House of Representatives,
Washington, DC.

DEAR DUKE: I am writing to urge you to support the goal of doubling the budget of the National Institutes of Health (NIH) in 5 years, and to specifically support a $2 billion increase in the NIH appropriation for FY99. Such action will be an important step towards expanding one of our country's greatest assets, namely the biomedical research supported by the NIH.

To remind you, Federal support of biomedical research and the NIH is of crucial importance to the health and vitality of the people in our country. Historically, this type of research has led to, and continues to lead to, new treatments for previously incurable diseases, as well as new and lower cost treatments for already treatable diseases. Both types of breakthroughs are of crucial economic benefit to the country (imagine the cost of caring for people afflicted with polio if a vaccine had not been developed with federal support). Both types of breakthroughs also reduce much needless human suffering. In addition, biomedical research will be a critical component in the long-term solution of the Medicare financial crisis. Expensive, and ultimately treatable diseases of the elderly such as Alzheimer's, diabetes, and cancer play a large and growing role in skyrocketing medical costs to our society.

Biomedial and other scientific research are also both economical drivers; they create knowledge and insights that lead to new inventions, new companies, innovation, and economic growth. Research supported by the NIH is the main engine that drives the increasingly important Biotechnology industry in this country, and will continue to do so in the foreseeable future.

I also want to point out that the health and quality of life of our citizens is just as much a national security issue as is military defense. Surely, the battle against viruses, bacteria, cancer and other debilitating diseases is just as important to the security of all of the American people as is our vigilance against threats from abroad.

Finally, I want to note that increased funding for NIH research is likely to be supported by the vast majority of your constituents. Recent polls found that 9 out of 10 Americans believe that we are not spending enough on medical research; they overwhelmingly favor medical research over environmental, defense, or energy research. In addition, there are data to support the view that Americans are willing to pay for biomedical research. For example another poll found that 71% of Americans would be willing to pay 1% more for insurance if there were some way to funnel the revenues exclusively to biomedical research.

This is a crucial time in our country's history. The 21st century has the potential to be the golden age of medicine and human health. We must not waver from our determination to make our country the healthiest and wealthiest ever. Biomedical and other scientific research is one of the most time-tested methods for achieving these ends. Your support will help us to achieve these important goals.

Sincerely,

LAWRENCE S. B. GOLDSTEIN, PH.D.

UNIVERSITY OF CALIFORNIA, SAN DIEGO
April 24, 1998.

Hon. RANDY CUNNINGHAM,
House of Representatives,
Washington, DC.

DEAR CONGRESSMAN CUNNINGHAM, I understand that you're going to participate in a discussion of the NIH budget on April 28, and I'm writing to urge you to support as strongly as possible the initiatives of the Congress, as well as the Administration to increase the budget allocation for NIH for the next fiscal year. Finally the public realizes that NIH is a magnificent national success story. The United States is leading the world in biomedical research and for the first time in years, morbidity by cancer and cardiovascular diseases is decreasing. The Human Genome Program promises a true avalanche of useful information for diagnostic and follow-up of human diseases and advances made in cellular and molecular medicine continue to be unusually exciting, often leading to practical applications in biotechnology, as well as in the pharmaceutical industry. It would be highly regretful if for myopic financial consideration the momentum we have achieved in biomedical research will be lost. I thank you in advance for your support. I'm available for additional information, if needed and, I remain,

Gratefully yours,

GEORGE E. PALADE, M.D.
Professor, Division of Cellular and Molecular Medicine.

UNIVERSITY OF CALIFORNIA, SAN DIEGO,
April 28, 1998.

Hon. RANDY ''DUKE'' CUNNINGHAM,
U.S. House of Representatives,
Washington, DC.

DEAR REPRESENTATIVE CUNNINGHAM: I am writing to thank you for participating in the floor discussion on doubling the NIH budget tonight. As a research scientist, I know first hand the many benefits that biomedical research provides for this country. The federal government's support of basic science has led to spectacular advances in health while also contributing to our national economic growth. Investment in medical research is the first and critical step in prevention, treatment, and control of disease, which in turn will lead to longer, healthier, and more active lives. However, many Americans still face life-threatening health problems, and new medical challenges are arising. For most of these conditions, research offers the best and in many cases the only hope.

I want to thank you for supporting the effort to substantially increase our investment in biomedical research, which is critical to the health and well-being of our nation.

Sincerely yours,

SCOTT D. EMR,
Professor of Cellular and Molecular Medicine.

APRIL 27, 1998.

Hon. RANDY ''DUKE'' CUNNINGHAM,
U.S. House of Representatives,
Washington, D.C.

DEAR REPRESENTATIVE CUNNINGHAM: I would like to strongly encourage you to support the goal of doubling the budget of the National Institutes of Health (NIH) in 5 years, and, in particular, to support a $2 billion increase in the NIH appropriation for FY99. The opportunities for advances in biomedical sciences over the coming decades are unparalleled. The United States has provided worldwide leadership in biomedical science research over the years primarily because of the visionary decision to establish the National Institutes of Health in the 1940's. No other country has done this.

The opportunities in the decades ahead are extraordinary as we see a merging of technologies in the physical, chemical and computational sciences and their applications to biology and disease. Whereas we have made advances with telescopes and rockets that probe the universe in the past, we are now poised to make equivalent progress by focusing our microscopes inward to cells and molecules. An investment in the NIH is not only a sound investment in the benefits it will reap for treating disease, for curing disease, and for eradicating pathogens, it is also a sound economic investment. Not only will it reduce health care costs, the basic science that has grown from basic biomedical research supported by NIH has fueled our rapidly growing biotechnology industry. Once again we are undisputed world leaders. We must continue to lead.

Federal support of biomedical research and the NIH is of crucial importance for the health and vitality of the people in our country. Historically, this type of research has led to, and continues to lead to, new treatments for previously incurable diseases, as well as new and lower cost for treatments. Both types of breakthroughs are not only of crucial economic benefit to the country, but also reduce much needless human suffering. Biomedical and other scientific research are also both economic drivers; they create knowledge and insights that lead to new inventions, new companies, innovation, and economic growth. As indicated above, research supported by the NIH is the main engine that drives the increasingly important Biotechnology industry in this country, and will continue to do so in the foreseeable future.

This is a crucial time in our country's history. The 21st century has the potential to be the golden age of medicine and human health. Our ability to realize this vision depends on the creative leadership of you and your colleagues. Your support will help us to achieve these important goals and is greatly appreciated.

Sincerely,

SUSAN S. TAYLOR, Ph. D.

APRIL 27, 1998.

Hon. RANDY CUNNINGHAM,
Rayburn House Office Building,
Washington, DC. 20515.

DEAR REPRESENTATIVE CUNNINGHAM, Alzheimer's disease is one of the greatest threats to the personal and financial security of most Americans as they reach their retirement years. It is also one of the greatest threats to Medicare and Medicaid. Today, 4 million Americans have Alzheimer's. Most of them are Medicare beneficiaries; on an average, the cost to the Medicare system is almost 70% more than beneficiaries who are not cognitively impaired. This is true even though Medicare does not pay for most of the care they need. Nearly half of the Medicare beneficiaries also receive Medicaid, because they have used up all of their own resources paying for long term care.

By the time the baby boomers reach the age of greatest risk in the next century over 14 million Americans will have Alzheimer's disease. It is hard to see how we can save Medicare and Medicaid for future generations if we let that happen.

There is an answer to Alzheimer's disease and to other costly diseases. The answer is medical research. Scientists now know that changes in the brain start as much as 20 years before the disabling symptoms of Alzheimer's appear. That means that in most of the baby boomers who will eventually get Alzheimer's, the disease process has probably already begun.

The progress that has been made in Alzheimer's research in the past decade is truly remarkable. But just when the path to real answers to the disease is becoming clear, the funding for Alzheimer's research has slowed to the point that scientists cannot begin the important work on prevention that must begin today if we are going to save the baby boomers from the disease.

If we can delay the onset of Alzheimer's disease for even 5 years, we can reduce the incidence of Alzheimer's disease in half and save as much as $50 billion in the annual cost of care. That is one of the best investments in the future that Congress can possibly make.

Time is running out! That is why the Alzheimer's Association is asking Congress to increase funding for Alzheimer's research this year by $100 million, and to increase the overall funding for NIH by at least 15%. Thank you for your support of cause.

Sincerely,

RON HENDRIX.

Ps: My father died of Alzheimer's disease on December 26, 1997, after 10 long hard years. My mother died 7 years earlier due to stresses brought upon by caregiving. I don't want my children to face this disease. Please help!

APRIL 27, 1998.

Hon. RANDY CUNNINGHAM,
U.S. House of Representatives,
Washington, DC.

DEAR MR. CUNNINGHAM: Along with 2,500,000 other Americans, a thief resides in my home, robbing my eleven year old son Skyler of his health, his ability to learn, his self-confidence, his personal safety, and perhaps, one day, his life. The intruder is epilepsy, a brain disorder that presents in the form of seizures. Epilepsy can affect anyone; any gender, any ethnicity, at any age, at any time, and in 30% of all cases, the cause remains unknown.

Modern treatments are successful in fully or partially controlling seizures in about 85% of cases. Unfortunately, my son is counted in the additional 15% for whom all known medical treatments have been tried and failed. Skyler has been on every seizure medication available in the world, including clinical and compassionate use trials. At times it has been difficult to distinguish which were worse, the seizures which assault his brain and body, or the drugs which cause him to lose his balance, his speech, his kidney and liver functions, and at times, his will to live. He has undergone obscure medical therapies such as steroid injections, immuno-globulin transplants, and ketogenic diets. And still Skyler has debilitating seizures everyday of his life.

Mr. Cunningham, research holds the only hope that my son might live a productive and meaningful life. New medications with fewer side effects are desperately needed. Research alone holds the key to treatments for epilepsy and many other catastrophic brain diseases and disorders. Congress must increase the federal commitment to biomedical research by allocating sufficient funding to the efforts at the National Institutes of Health and Center for Disease Control.

Please, on behalf of all Americans who live with the thief epilepsy, like my son Skyler, support initiatives to double the total national commitment to medical research from all sources. It is Skyler's only hope.

Sincerely,

TRACEY J. FLOURIE.

APRIL 26, 1998.

DEAR CONGRESSMAN CUNNINGHAM: I have a beautiful, lovable 13 year old daughter, Cassady, who was diagnosed with Insulin Dependent Diabetes when she was 10. She did nothing to cause it. It is still a mystery why certain people get type I diabetes. She is a normal 13 year old; she loves to go to movies, talk on the phone with friends, play softball, basketball and soccer, figure skate, play piano and go to our church's youth group.

This could happen to anybody. We do not know of any diabetes in my husband's or my families.

We say prayers every night and when she was first diagnosed, she would pray for God to help her get over the diabetes. I had to tell her the bad news: once you get insulin dependent diabetes (Type I), it never goes away. Every day for the rest of her life she will have to prick her finger and test her blood from 4 to 6 times a day and inject insulin from 3 to 5 times a day. And the insulin must be done in proper dosages and at proper times or she will die. That is until there is a cure. Diabetes can have a horrible effect on these children's bodies. One of every 7 dollars in health care and one of 4 Medicare dollars are spent on diabetes and its complications.

So what is the answer? Research to find a cure. These two reasons: (1) to reduce the human suffering and deaths, and (2) to save the billions of dollars that are spent treating diabetes and its complications. Sixteen million Americans have diabetes. (That's Type I and II.)

That is why, as a mother, I feel it is important to join with the many parents and volunteers at the Juvenile Diabetes Foundation is urging a 15% increase in NIH funding this next year and a doubling of the NIH funding in the next 5 years. Thank you for all you are doing to help. Your compassion and commitment are deeply appreciated.

JANET KINTNER.

TOBACCO REPORT ON TEENS

The SPEAKER pro tempore. Under the Speaker's announced policy of January 7, 1997, the gentleman from New Jersey (Mr. Pallone) is recognized for 60 minutes as the designee of the minority leader.

Mr. PALLONE. Mr. Speaker, I want to address a number of issues tonight: first, a very important domestic issue, and that is the tobacco settlement and some recent information that has come out which supports, in my opinion, the need or the suggestion that many of us have made, that we need to move forward quickly and pass a tobacco bill that is very stringent in its effort to try to get after the problem of teen smoking in this country. That basically increases the Federal tax on cigarettes so that the money can be used for these tobacco prevention programs, particularly among young people.

Then I would like to move on from there and talk about a couple foreign