

Finally, I am pleased that the underlying bill requires that state entities receiving a Charter School Program grant describe how they will ensure that all charter schools receiving CSP funds through its grant will meet the educational needs of students with disabilities and English language learners.

In my view, these improvements to the Federal Charter School Program enhance quality, accountability, and equity for charter schools participating in the federal CSP program and ensure that only states with strong oversight will receive CSP federal dollars.

In my congressional district, public charter schools like IDEA public schools are transforming lives. Under the extraordinary leadership of Tom Torkelson and JoAnn Gama, IDEA public schools are closing achievement gaps, increasing high school graduation rates, and preparing students for college and careers. At this time, I personally want to thank them for their outstanding work in the Rio Grande Valley of South Texas.

In closing, I commend Chairman KLINE and ranking member MILLER for their tremendous leadership on this bipartisan bill and urge my colleagues on both sides of the aisle to support the passage of H.R. 10.

Mrs. McMORRIS RODGERS. Mr. Chair, I rise in strong support for H.R. 10, the Student Success and Opportunity through Quality Charter Schools Act, and the promise that charter schools hold to ensure that all students are able to reach their full potential.

Let me also take this opportunity to congratulate Washington State and the eight charter schools that have been certified to open in the state within the next two years, including PRIDE Prep Charter School in Spokane. Washington State has made significant reforms to its educational system and should be recognized for its efforts.

Charter schools are about empowerment and opportunity. Giving parents the ability to meet the needs of their children, particularly those students who are disadvantaged, have special needs, or are English Language Learners.

I know firsthand the benefits of a charter school education. My own son, Cole, was enrolled in Apple Tree charter school here in DC and he flourished. Apple Tree was able to provide him with an innovative education that was targeted to meet his needs. All parents should have this choice and opportunity for their children.

H.R. 10 moves us in that direction by encouraging states to expand and replicate high performing charter schools. It gives security to states and school boards that space will be available to build schools or rehabilitate them. Finally, H.R. 10 encourages the distribution of best of practices to ensure all schools have access to critical information.

No one in this Chamber would argue that a strong education system is foundational to keeping our nation competitive and a leader in the 21st century and beyond. And, no one will argue that a strong, quality education for our children is integral for their growth, their development and their success for whatever path they choose. H.R. 10 takes us toward that goal.

I encourage my colleagues to support H.R. 10.

The Acting CHAIR. All time for general debate has expired.

Mr. KLINE. Mr. Chair, I move that the Committee do now rise.

The motion was agreed to.

Accordingly, the Committee rose; and the Speaker pro tempore (Mr. MASSIE) having assumed the chair, Mr. BISHOP of Utah, Chair of the Committee of the Whole House on the state of the Union, reported that that Committee, having had under consideration the bill (H.R. 10) to amend the charter school program under the Elementary and Secondary Education Act of 1965, had come to no resolution thereon.

CANCER RESEARCH

The SPEAKER pro tempore. Under the Speaker's announced policy of January 3, 2013, the gentleman from New Jersey (Mr. LANCE) is recognized for 60 minutes as the designee of the majority leader.

Mr. LANCE. Mr. Speaker, tonight, my colleagues and I rise to discuss a matter that has touched virtually every family America and is one of the great public health challenges of our time—or indeed, of any time—and that is the challenge of cancer, the diagnosis no person wants to hear and the battle no one should face alone.

From those in treatment to those working toward prevention to friends and family dealing with the terrible illness of a loved one, everyone knows someone who has been afflicted with cancer. Cancer has been the great health menace of the last century.

But now, here in the 21st century, medical advancement, innovative treatments, and the genius of many scientists and medical doctors are everyday bringing us closer to a cure.

We await the advent of new technologies and of work here in Congress to deliver the tools and resources both to public and to private industry to spur the research and collaborations that will change the health of the world.

It is my judgment that the United States is really the medical center of the entire world and that its brilliant medical doctors and scientists here in this country will lead the charge in the new century.

Clinical oncologists are on the cutting edge of that research and are responsible for many of the advances in cancer care that are improving the lives and prognoses for many cancer patients.

This year marks the 50th anniversary of the American Society of Clinical Oncology, a group which represents nearly 35,000 oncology professionals across the world.

When ASCO was founded in 1964, it dedicated itself to a challenging mission: a commitment to conquer cancer through research, education, prevention, and the delivery of high-quality patient care.

When ASCO was founded, cancer was widely regarded as an untreatable disease, with fewer than one-half of patients alive 5 years after diagnosis. There was an undeniable stigma associated with a cancer diagnosis that left

many patients to suffer in silence, with minimal support, and worse, few effective therapies.

But because of the work of passionate advocates and tireless champions, the expertise of talented medical professionals, including those at the American Society of Clinical Oncology, today the survival rate is higher than two-thirds.

Better cancer prevention and detection, improved care coordination, and the use of palliative care have proven to improve patients' quality of life dramatically and to increase survival rates dramatically.

ASCO has put forward new technologies such as nanotechnology, medical imaging, and health information technology that are leading to entirely new ways to develop therapies. If these advances are fully realized, people with cancer will be able to receive more personalized and more effective treatment.

In my work on the Energy and Commerce Committee, and particularly on its Health Subcommittee, I am sure that the wave of the future is personalized medical care. In a coordinated capacity, the members of the committee, and particularly of the subcommittee, are working together to create that new wave of the future regarding personalized medicine.

Federal investments in cancer research have also resulted in a massive increase in the number and the quality of treatments available to cancer patients.

I have the highest confidence in Dr. Francis Collins and his team at the National Institutes of Health. I have toured NIH's magnificent facility in Bethesda, the best of its kind on the face of the Earth. I can report that some of the best doctors, the greatest intellects, and dedicated professionals are working every day to course the future of medicine and tackle this terrible disease.

We must continue our Nation's commitment to NIH to keep the United States as the global center of medical innovation.

Yesterday, Mr. Speaker, the chairman of the Energy and Commerce Committee, Mr. UPTON of Michigan, convened a roundtable with many of the most brilliant doctors regarding issues affecting the NIH. We were privileged that Dr. Collins joined us.

But the work will not be done alone by public entities such as the Federal Government and NIH. In fact, great minds from across this Nation and around the world have brought their desire to rid the world of cancer to some of the finest companies on the forefront of this research.

I am honored to say that many of these life science leaders in the medical and biopharmaceutical research and development field call the district I serve and the State I serve, New Jersey, home. There is work on cancer solutions every day in labs I have the honor of representing.

The district I serve, Mr. Speaker, has more pharmaceutical and medical device employees than any other district in the United States. But that is not to say we are alone. There are magnificent facilities across this country. They will be described, I believe, by colleagues of mine this evening.

I know there is great interest and commitment in the House of Representatives, as demonstrated by the participation this evening of distinguished Members, including Mr. HIGGINS of western New York. And certainly, without a doubt, Buffalo is one of the leading centers not only in this Nation but across the globe in medical technology and medical research, and extremely high-quality institutions of medical care.

Of course, there is the work of the House Energy and Commerce Committee. Our committee has broad jurisdiction over Federal agencies and policies important to health care, to medical research, and to the life sciences sectors.

I also have the honor of serving as the Republican chair of the Rare Disease Caucus, another mantle by which we discuss needs and ideas in the cancer support community. I am joined in that caucus with the Democratic chair, Congressman CROWLEY of the great city of New York.

One of the major endeavors of the Energy and Commerce Committee will be to pursue an initiative of Chairman UPTON's that he has titled, "The 21st Century Cures," an effort that aims to accelerate the pace of cures and medical breakthroughs here in the United States.

For the first time, Congress will take a comprehensive look at the full arc of accelerating cures, from the discovery of clues in basic science to streamlining the drug and device development process to unleashing the power of medicine in the treatment delivery phase.

□ 2015

In one of the inaugural hearings this week, the incredible advancements in cancer research were discussed, and the great opportunities presented to advance new cures and treatments for other diseases were discussed.

The committee will focus on the cycle of discovery, development, and delivery that saves lives. We, in Congress, want to work effectively and efficiently and ensure that there is no gap between 20th century science and the Washington regulatory process.

ASCO is well-positioned for the type of 21st century science the committee is working to facilitate: accelerating the pace of clinical cancer research, establishing a new approach to therapeutic development and new technologies to obtain a greater understanding of cancer biology, and the needs that Congress and the administration are willing to work together for solutions to the market.

Let me say, Mr. Speaker, that we are anxious to work with the administra-

tion, and we want to be a partner with the executive branch, making sure that we work as effectively as possible in fighting cancer.

This is, by no means, a partisan matter; and, indeed, it goes beyond being a bipartisan matter. It is really non-partisan in nature.

Besides providing better outcomes for patients, benefits of more rigorous trial designs include the ability to design smaller and smarter clinical trials that can be conducted faster than larger trials that aim for smaller benefits for patients.

These steps represent significant new momentum toward a 21st century research system that realizes the potential of precision medicine. As we personalize medicine in this country, it is based, in no small measure, on precision medicine; and this, again, is the wave of the future.

On these critical public health issues, the public and private sector have worked together to make a difference in improving the highest quality of health care, the highest quality that the American people deserve.

Congress is contributing by giving public research the 21st century tools to compete on the global stage and empowering private innovators to solve these great complexities in American laboratories. This is how Congress should work, together, on issues that make a lasting difference.

Too often, Mr. Speaker, we are viewed as divisive, as overly partisan, as not coming together on the great issues confronting the American Nation. Let me make as clear as possible, on the fight against cancer, we are working closely together; and we are working with our partners in the non-profit sector and our partners in the private sector.

This is a three-legged stool. One of those legs—indispensable—is the involvement of the Federal Government, particularly through NIH, but through other agencies as well and through our oversight capacity here in Congress, making sure that drugs are brought to market as quickly as possible with, of course, recognizing that paramount is the safety of those drugs brought to market.

ASCO and those of us in the Congress and leaders in the life science industries renew our commitment to the millions of patients and their families who will benefit from more timely access to innovative medical technologies.

More than 40 years ago, President Nixon declared a war on cancer, and tremendous advances have been made from that initial declaration of war; but the war has not yet been fully won, and it is our responsibility, in our generation, to make sure we do as much as possible so that that war will be won.

While we do not know the cure for all cancers, we do know that awareness is the best protection, and well-rounded care during and after treatment is the best therapy.

These burdens often fall on loved ones. I am thankful for the families and the advocates whose challenges we may never understand fully, but whose commitment to loved ones is unyielding and inspiring.

To ASCO and the other heroes of cancer care, I thank you for all that you have done and all that you will continue to do. We are here, in Congress, in a bipartisan capacity, to help give you the tools you need to succeed in the fight against cancer.

Mr. Speaker, I yield to the distinguished gentleman from New York (Mr. HIGGINS).

Mr. HIGGINS. Mr. Speaker, I want to thank my colleague from New Jersey for his leadership on this issue, for his eloquent opening, and I want to echo his sentiments in congratulating the American Society of Clinical Oncology.

As my colleague has said, we have made major advancements in cancer research in this country. Thirty years ago, less than 50 percent of those who were diagnosed with cancer lived beyond 5 years of their diagnosis. Today, it is over 65 percent for adults and over 80 percent for children.

Historically, you had, really, three options with cancer. You could burn it out through radiation, you could cut it out through surgery, or you could poison the fast-growing cancer cells; but the problem is you were also killing healthy cells, as well, through chemotherapy.

Today, because of medical research, we now have smart drugs, drugs that will attack fast-growing cancer cells, without attacking fast-growing healthy cells.

We also have a number of clinical trials going on, including right in Buffalo, New York, at Roswell Park Cancer Institute, clinical trials for vaccines that treat the body's dendritic cells toward the goal of helping the body naturally fight cancer.

We have made major progress, but as my friend from New Jersey has said, we still have much further to go.

People realize that early detection is very, very important in effectively treating cancer. Less than 10 percent of cancer deaths occur from the original tumor.

It is when cancer metastasizes, when it grows, when it advances to a vital organ that we need, is when cancer becomes lethal. That is why it is important for early detection, which will dramatically increase the survival rate of cancer patients.

As the gentleman from New Jersey also indicated, Buffalo and western New York is home to Roswell Park Cancer Institute, the first comprehensive cancer center in the entire Nation.

Roswell Park gave the Nation and the world chemotherapy in 1904. It gave the Nation and the world the prostate-specific antigen test, the PSA test, to detect prostate cancer; and it also did groundbreaking work in the link between tobacco use and smoking and cancer.

One of every three women in this Nation will develop invasive cancer in their lifetime. One of every two men, during their lifetime, will develop invasive cancer. The incidence is higher for men because they smoke more.

We have a long way to go. We have made major progress. The gentleman had said Richard Nixon had declared a war on cancer in 1971, and that was a major, major initiative on the part of the Federal Government.

What we know also, from cancer research, is the only failure in that research is when you quit or you are forced to quit because of lack of funding.

A lot of these new drugs that are coming to market today have been in various phases of discovery for the past 20 years, so to sustain cancer research is to produce promising new therapies, but to also encourage young researchers to stay in the field.

That is our obligation, as Democrats and Republicans of this body, in recognizing that we must fully fund the National Institutes of Health and the National Cancer Institute.

Mr. LANCE. I thank the gentleman.

Mr. Speaker, I now yield to the gentleman from Tennessee (Mr. FLEISCHMANN).

Mr. FLEISCHMANN. Mr. Speaker, to my distinguished colleagues from New Jersey and from New York, I thank both of you all for addressing this issue, which is of national importance.

What both of my colleagues have said, Mr. Speaker, is correct. Cancer is a hideous disease, and we need a national commitment to beat this horrific disease.

I want to talk tonight to the American people about a personal experience that I had with cancer. At the same time, I want to also, as my distinguished colleagues did, honor the American Society of Clinical Oncology for their efforts to fight cancer.

When I was 9 years old, my mother developed breast cancer. I was more worried about playing baseball, being a kid; and I can remember vividly the doctor saying: your mother has cancer.

My parents were from the World War II generation. My mother was born in 1922, my dad in 1925, and they did not have a formal education; but I knew something was very wrong that night, and I knew my mother was going to have breast cancer surgery, but I didn't know what cancer was.

We had hoped and prayed that she would get better. Well, about 2 years later, unfortunately, that cancer did metastasize. At the time, my father was working away several hundred miles to keep a job, and I was an only child, and I can remember my mother waking up screaming in pain.

Actually, I didn't realize the cancer had come back, and actually, I called my dad, at that time, who was working in Pittsburgh; and basically, he called the surgeon, and the surgeon said: bring her on in, but I think the cancer is back.

Unfortunately, despite some chemotherapy and treatment, she lost that battle to cancer when I was 13 years old. I was a freshman in high school. That so impacted my life, my father's life, our entire outlook about cancer.

My father came from a generation where a cancer diagnosis was a death sentence, sadly. I can remember him crying when my mother was first diagnosed. He was crying uncontrollably, and I didn't understand why.

He said: no, no, no, this is going to be awful.

Sadly, it was. Interestingly enough, my father did live to the ripe old age of 87½, but I was before my subcommittee—and for the people watching tonight, I serve on the House Appropriations Committee, and one of my subcommittees is the Labor, Education, and Health and Human Services Committee, which actually funds the National Institutes of Health and the National Cancer Institute.

So for those watching—and I applaud my colleague from New Jersey when he was talking about all the other committees, but this committee actually funds research, and it is so, so critically important.

I was actually talking to the head of the NIH at that day and went outside and got a call from my father's doctor. He indicated that my father had an esophageal cancer.

Again, despite the fact that I was almost 50 years old and had a law degree, I didn't understand the gravity of that.

Fortunately, in this great body, in the House of Representatives, I serve with some very fine doctors, men and women who are outstanding doctors. I sat down with some of them, and they told me the gravity of the situation.

Sadly, my father lost that battle to esophageal cancer in 3 months. I went with him to the doctor, and I saw him through that process, and it was a sad process.

□ 2030

What we all know, this story that I have shared and that I have experienced has been experienced by millions of Americans. And sadly, the statistics show that cancer is on the rise, the incidence of cancer is on the rise.

Again, my colleagues alluded to the fact that President Nixon declared war on cancer many years ago. Well, this is a war that is ongoing, and this is a fight that we cannot lose. America ought to lead the way.

In this body, we control spending. We should control the spending. But I think sometimes about all of the waste, fraud, and abuse, duplicative programs and the like where we could actually show a great resolve—not as Republicans, not as Democrats, but as Americans—to beat this hideous disease. And I do want to commend the men and women who are oncologists who fight this fight every day.

In my district, the Third District of Tennessee, I have some very fine cities. One of those cities is Oak Ridge. And in

Oak Ridge is the Oak Ridge National Laboratory, and that laboratory is doing groundbreaking cancer research. So there is a Federal component to this. Our great universities are fighting this great fight.

And when I have young men and women come to me and say, "What should I do when I grow up?" I suggest medicine. It is a noble profession. It still is.

I feel sorry for a lot of the folks who are doctors today because they are facing a lot of challenges, and I think this body ought to resolve to help that profession so that profession, including the oncologists, can continue to provide the health care necessary to fight cancer and other diseases.

But as we move forward as a nation, I would just hope that we would stop and think about the magnitude of the effect of this horrific disease. Cancer one is not cancer two. There is no question about that. We have made tremendous strides toward several cancers, and that is great. We need to defeat breast cancer, but we need to defeat all cancers.

I was so sad to learn that the fight against so many cancers has still been futile. There are so many cancers out there that the success or survival rate is still so low. And I have learned that, actually, as a Congressman.

For those watching, I know our popularity and our numbers in this body sometimes are not that high, but I want to assure the American people that one of the things I do best and I think my colleagues do best is we get educated. People come from around the world, from around the country, constituents, oncologists, doctors, scientists, and they educate us, Mr. Speaker. They educate us about the progress being made on cancer or, sadly, in some cases, the lack of progress being made.

So it is my commitment not only to my constituents, but to all Americans. And I am proud to serve in this body. This is the people's House. This is a wonderful, wonderful body. Our Founding Fathers gave us this body, and our men and women who are fighting to preserve our freedoms in uniform every day allow us to have the great debates that go on in this Chamber.

But there must be a resolve, Mr. Speaker, to defeat cancer. We can do it. The cure for cancer is out there. The strides are being made. And as we work together as Americans, I sincerely hope that we can beat this hideous disease and help the men and women who are going through this and their families. The toll on families is horrific. I saw that as a young boy. I saw it as an adult man.

So, again, I want to thank the oncologists for fighting the good fight. I want to thank my colleagues for allowing me to address this issue tonight. And it is my fervent hope and prayer that we address this, as Americans, and defeat this hideous disease.

Mr. LANCE. Mr. Speaker, I yield to the distinguished gentlelady from Texas.

Ms. JACKSON LEE. I thank the distinguished Congressman from New Jersey, Congressman LANCE, for having this very special Special Order this evening and my friends, Congressmen BRIAN HIGGINS, CHUCK FLEISCHMANN, and JOHN CARNEY, for sponsoring this evening's Special Order to recognize the 50th anniversary of the American Society of Clinical Oncology.

One would wonder what seven physicians were doing some 50 years ago. And I am glad that they came together to recognize the vibrance and the vitality of their specialty and the importance of gathering together. They had their first real meeting with 51 physicians in November of 1964. And I am glad that they organized because, as we watch the progression of research and care in the treatment of cancer, we owe a great deal to them. Let me tell you why: because when they founded this organization in 1964, cancer was perceived as largely untreatable. In fact, even today, we still have the remnants of that fear when you get that diagnosis.

Many people call it the big C. There is trepidation and fear. And I would say to you that when those physicians organized in 1964, they understood the awesome and ominous task that they had. Only a handful of hard-to-tolerate and mostly ineffective therapies were even available. And they organized to provide for physicians with proper professional educational background material and the opportunity to come together to facilitate their own improved management of patients with neoplastic diseases, supporting collaborations in medical and research organizations, and initiating and coordinating and cooperating on projects of investigation.

So I am glad to celebrate them today because, in the cancer hospitals across America—and I have the privilege of having in my community MD Anderson. And among the work that MD Anderson does, it collaborates with our local clinics and other hospitals because everyone knows that everyone cannot get into a specific cancer hospital, but they may be in a general hospital in which there is a cancer unit. Those oncologists collaborate with the oncologists in the major cancer centers of America.

And I simply want to thank my colleagues here because MD Anderson has benefited from your understanding of the need for cancer research dollars.

The NIH is an entity that we should fully fund, and I am on record to have that funding. \$32 billion is what will put that entity in a position to do its work.

I was interested to listen to the gentleman who spoke of both his mother and his father. And I believe when Members come to the floor and speak of their personal and human experiences, it draws us closer to our con-

stituents and to our colleagues who have walked some of the similar territories.

So as I have listened to his story, mine is different, for I heard that diagnosis—cancer, breast cancer. And I didn't hear it quickly, because when I suspected that my physician was calling to say that, all of a sudden, my phone didn't work, and it was quite difficult to reach me. I was on an airplane. I was in a meeting.

And even in this era of new research, to hear that is a startling and overwhelming experience. But the good news is that oncologists have grown in their research, working with the NIH over these 50 years, and they have been able to give families and children not 100 percent, maybe not even 90 percent, but they have been able to cut the mortality rate of pediatric cancer. All of us know how heart-wrenching that is, how difficult it is to see a child suffer with cancer.

There was a story in my local newspaper. I talked with one of my neighbors a distance away from my community who, sadly, lost their 3-year-old. The community gave that 3-year-old a princess parade some months ago; and, sadly, she lost her life. It is heart-wrenching to see a family member suffer without relief.

But yet, through the oncologists and their research and the work that we are doing here in the United States Congress to support that research, we have been able to impact pediatric cancer. We have been able to work to impact breast cancer. And I have continued to work to highlight the idea that cancer, in all of its forms, can ultimately be cured.

I would like to cite the physicians at MD Anderson. I visited with one today who talked about the new attitude that they have and wanting to get woven into care a large sector of preventative care because they realize that we are living longer. And by living longer, that is a plus, but they are recognizing that more elderly are now susceptible to cancer in their older years and, therefore, we need research, preventative care to be able to get in front of that so that the cost of saving their life can be the amount needed to do so, but that we can put a stop to them losing their life because we have engaged in preventative care.

So I have offered amendments on something called the triple-negative breast cancer. It is one of the most deadly aspects of breast cancer. It impacts minority women, African American and Hispanics, white women and Asians, all women.

I remember being in a breast cancer walk, and a young woman came up to me who, I guess, had been reading everything about it. She hugged me and said, "I am here to walk for my mother. I saw what you are doing for triple-negative"—a Hispanic young woman. "She did not make it, but thank you."

That is how families are. They are so grateful for any recognition of the pain

that they went through, that even if they lost their loved one, they are so happy that maybe you are doing something to help others. So I am glad that we are here tonight to be able to acknowledge oncologists who are the very ones who would come and bring forward these new ideas.

Might I just briefly say these few points: one, with respect to triple-negative breast cancer, between 10 and 17 percent of female breast cancer patients have triple-negative. It is three times more likely to cause death than the most common form of breast cancer. Seventy percent of women with metastatic triple-negative breast cancer do not live more than 5 years after being diagnosed. There is no targeted treatment available. The American Cancer Society calls this particular strain of breast cancer "an aggressive subtype associated with lower survival rates."

But the good news is that in my conversations with MD Anderson, among the many finite research areas that they are doing, they have included triple-negative breast cancer. I know that those oncologists are going to give us a new day.

So Congressman LANCE, I thank you for honoring now 50 years of oncologists working to ensure that there is a cure. And I want to acknowledge Dr. DePinho, who is the new CEO of MD Anderson, his wife and the amazing research that she is doing, and all of the oncologists there.

But as I close, I would like to recognize a dear friend, MD Anderson oncologist Dr. John Mendelsohn, who served as the CEO for any number of years. Many of my colleagues here in the United States Congress know him well. I call John a friend. He will be honored by the American Society of Clinical Oncology for its 50th anniversary through the organization's Oncology Luminary series. He is an oncologist, as we know. He served as president of MD Anderson through an incredibly productive period of nearly 15 years. The institution doubled in size during his tenure and aimed at higher excellence. He has an international reputation. And he and his collaborators in California produced monoclonal antibody 225, which inhibits human cancer cell proliferation by blocking the signal and pathways that are activated by the receptors for epidermal growth factor.

There are many whom we can cite tonight, but I simply want to celebrate that there is a specialty called oncology that could cause more of us to answer that phone call when we are called and to receive that diagnosis in a way that we know there is hope and that family members will know there is hope and other family members who are now facing a diagnosis of cancer of their loved one will have hope.

Oncologists have given us that hope as they continue to research, and I stand ready with my colleagues to provide the right kind of research and

funding for them to continue to look to save lives.

I thank the gentleman for yielding.

Mr. Speaker, I want to thank my colleagues Congressmen LEONARD LANCE, BRIAN HIGGINS, CHUCK FLEISHMANN, and JOHN CARNEY for sponsoring this evening's special order to recognize the 50th anniversary of the American Society of Clinical Oncology.

On April 9, 1964, the American Society of Clinical Oncology held its first organizational meeting when 7 physicians who are known as the founders of the organization.

Fifty-one physicians attended the first meeting of the American Society of Clinical Oncology in Chicago in November of 1964.

The ASOC supports oncologists by: providing physicians with proper professional educational background material and the opportunity to facilitate their own improved management of patients with neoplastic diseases; supporting collaborations with other medical and research organizations, national and otherwise, with a view of enhancing professional education in the area of diagnosis and treatment of patients with neoplastic diseases; and initiating, coordinating and cooperating in projects of investigation of human neoplastic disease.

At the time ASCO was established in 1964, cancer was largely untreatable. Only a handful of hard-to-tolerate and mostly ineffective therapies were available.

I want to thank and recognize the Oncologists who serve the residents of the City of Houston for their work and dedication in providing treatment and care to cancer patients.

CONGRESSWOMAN JACKSON LEE'S WORK ON WOMEN'S HEALTH AND SAFETY

I introduced H.R. 80, the Triple-Negative Breast Cancer Research and Education Act.

The bill requires the Director of the National Institutes of Health (NIH) to expand, intensify, and coordinate programs for the conduct and support of research on triple-negative breast cancer (breast cancers whose cells are negative for estrogen receptors, progesterone receptors, and the HER2 protein on their sources).

Directs the Secretary of Health and Human Services (HHS), acting through the Director of the Centers for Disease Control and Prevention (CDC), to develop and disseminate to the public information regarding triple-negative breast cancer, including information on: (1) the incidence and prevalence of such breast cancer among women, (2) the elevated risk for minority women, and (3) the availability of a range of treatment options.

Requires the Secretary, acting through the Administrator of the Health Resources and Services Administration (HRSA), to develop and disseminate information on triple-negative breast cancer to health care providers.

Last year, I offered an amendment that was added to the House of Representatives' Department of Defense Authorization bill that directs the Department of Defense Office of Health to collaborate with the National Institutes of Health to provide resources to identify specific genetic and molecular targets and biomarkers for TNBC.

TRIPLE NEGATIVE BREAST CANCER (TNBC)

Triple-negative breast cancer (TNBC) is a term used to describe breast cancers whose cells do not have estrogen receptors and progesterone receptors, and do not have an ex-

cess of the "HER2" protein on their cell membrane of tumor cells.

Between 10–17% of female breast cancer patients have the triple negative subtype.

Three times more likely to cause death than the most common form of breast cancer, 70% of women with metastatic triple negative breast cancer do not live more than five years after being diagnosed.

There is no targeted treatment available for TNBC. The American Cancer Society calls this particular strain of breast cancer "an aggressive subtype associated with lower survival rates."

Triple Negative Breast Cancer (TNBC) cells are usually of a higher grade and size; Onset at a younger age; More aggressive; and more likely to metastasize

TNBC is in fact a heterogeneous group of cancers with varying differences in prognosis and survival rate between various subtypes. This has led to a lot of confusion amongst both physicians and patients.

Apart from surgery, cytotoxic chemotherapy is the only available treatment; targeted molecular treatments while being investigated are not accepted treatment.

POPULATIONS AFFECTED BY TNBC

TNBC disproportionately impacts younger women, African American women, Hispanic/Latina women, and women with a "BRCA1" genetic mutation, which is prevalent in Jewish women.

TNBC usually affects women under 50 years of age.

More than 30% of all breast cancer diagnoses in African American women are of the triple negative variety. Black women are far more susceptible to this dangerous subtype than white or Hispanic women.

Women with TNBC are more likely to have distance metastases in the brain and lung and more common subtypes of breast cancer.

Breast cancers with specific, targeted treatment methods, such as hormone and gene based strains, have higher survival rates than the triple negative subtype, highlighting the need for a targeted treatment.

HOUSTON IS HOME TO MD ANDERSON

I would like recognize MD Anderson Oncologist Dr. John Mendelsohn who will be honored by the American Society of Clinical Oncology for its 50th anniversary through the organization's "Oncology Luminaries" series.

Dr. Mendelsohn is an Oncologist at MD Anderson, which is located in the city of Houston Texas.

Dr. Mendelsohn served as president of MD Anderson through an incredibly productive period of nearly 15 years. The institution more than doubled in size during his tenure, while aiming for even higher excellence in patient care and research.

Dr. Mendelsohn brought to MD Anderson an international reputation for his research on how the binding of growth factors to receptors on the surface of cells regulates cell functions.

He and his collaborators in California produced monoclonal antibody 225, which inhibits human cancer cell proliferation by blocking the signaling pathways that are activated by the receptors for epidermal growth factor.

His subsequent research in the laboratory and the clinic pioneered the universally adopted concept of anti-receptor therapy that targets key cell signaling pathways as a new form of cancer treatment.

I join my colleagues in honoring and recognizing the important contribution to advances

in cancer treatment made possible by the American Society of Clinical Oncology.

Mr. LANCE. Mr. Speaker, I think the impassioned remarks of my distinguished colleague from Texas are an indication of her tremendous advocacy on behalf of this issue, not only for her constituents, not only for all of the residents of the great State of Texas, but, indeed, for the entire American people.

□ 2045

Mr. Speaker, my distinguished colleague from Texas spoke movingly about breast cancer. Yesterday, I spoke to a group of advocates dedicated to the treatment of breast cancer and working to ensure that women are educated about breast reconstruction surgery and care options following cancer treatments.

These advocates, working out of love for their mothers, daughters, sisters, and wives, have championed the Breast Cancer Patient Education Act, which will take an educational approach to breast cancer treatment and allow women to have full access to their options.

Since 1998, health care plans that offer breast cancer coverage have been required to provide breast reconstruction surgery and prostheses. Surprisingly, however, Mr. Speaker, recent studies report that up to 70 percent of women eligible for breast reconstruction following cancer treatment are not fully informed of their reconstruction and care options by their general surgeon, and this is particularly true in minority communities.

Many of these advocates have been through great challenges personally, and I have heard both here in Washington and in my offices in New Jersey the stories of fear and insecurity that come with the diagnosis, as the distinguished gentlelady from Texas has indicated, and the despair of having so many questions and too few answers. I hope that at an early date the Congress will pass the Breast Cancer Patient Education Act to work to change that.

In another area of cancer that we have not mentioned this evening, I have worked with colleagues on both sides of the aisle regarding pancreatic cancer, and I know oncologists are fighting hard against this very virulent form of cancer. The survival rate for pancreatic cancer, Mr. Speaker, unfortunately, has not increased in 40 years, and the 5-year survival rate, as I understand it, is 7 percent.

It is incumbent upon those of us here in Congress to ensure that NIH and those involved in cancer research at the Federal level do as good a job as possible regarding pancreatic cancer. I acknowledge this evening all of those who are working in that area, as well. The ASCO founded 50 years ago has a great, great history over these last five decades, but much more needs to be done, and we will do it together.

I conclude this evening, Mr. Speaker, on a personal note. I have a twin brother, and we lost our mother to breast

cancer when we were 12 years old. Now, this was almost 50 years ago. Just think of the tremendous progress that has been made in the last 50 years, certainly with the leadership of the ASCO. But more progress needs to be made. And to all of us who have been affected, either personally or familially, based upon our family, regarding the issue of cancer, we stand here on the floor of the House to work together in this bipartisan capacity—and might I suggest nonpartisan capacity—to make sure that as we move forward we move forward together in what I know will be a successful fight.

We will win the war against cancer. We will win it working together in the best traditions of the American Nation. Mr. Speaker, I yield back the balance of my time.

RECOGNIZING CHALLENGE ENTERPRISES AND THE ABILITYONE PROGRAM

The SPEAKER pro tempore. Under the Speaker's announced policy of January 3, 2013, the Chair recognizes the gentleman from Florida (Mr. YOHO) for 17 minutes as the designee of the majority leader.

Mr. YOHO. Mr. Speaker, I rise today to recognize Challenge Enterprises of north Florida and the AbilityOne program.

Challenge Enterprises employs more than 300 citizens in my district alone, 179 of whom are disabled persons employed on projects acquired directly as a result of the AbilityOne program. This program has been of great assistance in helping our disabled citizens achieve meaningful employment.

Challenge Enterprises' motto is "The power of people and possibilities." I have visited their facilities to meet their staff, workers, and the wounded warriors to learn what they do and saw firsthand how the AbilityOne program enhances the quality of their lives.

Therefore, Mr. Speaker, it is with pleasure that I thank the staff, the workers, and the volunteers of Challenge Enterprises and the AbilityOne program for helping disabled citizens of my district and of north central Florida become productive, self-reliant citizens of their community and of the Third Congressional District.

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

LEAVE OF ABSENCE

By unanimous consent, leave of absence was granted to:

Mr. COTTON (at the request of Mr. CANTOR) for today and the balance of the week on account of the funeral of a friend.

Mr. MCALLISTER (at the request of Mr. CANTOR) for today and the balance of the week on account of a death in the family.

Mr. PALAZZO (at the request of Mr. CANTOR) for the balance of the week on account of the death of a close friend.

Mr. BISHOP of Georgia (at the request of Ms. PELOSI) for today and May 9.

Mr. RUSH (at the request of Ms. PELOSI) for today.

ENROLLED BILL SIGNED

Karen L. Haas, Clerk of the House, reported and found truly enrolled a bill of the House of the following title which was thereupon signed by the Speaker:

H.R. 3627. An act to require the Attorney General to report on State law penalties for certain child abusers and for other purposes.

ADJOURNMENT

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

The motion was agreed to; accordingly (at 8 o'clock and 51 minutes p.m.), the House adjourned until tomorrow, Friday, May 9, 2014, at 9 a.m.

EXECUTIVE COMMUNICATIONS, ETC.

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

5594. A letter from the Director, Issuances Staff, Department of Agriculture, transmitting the Department's final rule — Eligibility of the Republic of Korea To Export Poultry Products to the United States [Docket No.: FSIS-2012-0019] (RIN: 0583-AD49) received April 28, 2014, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Agriculture.

5595. A letter from the Associate Director, National Institute of Food and Agriculture, Department of Agriculture, transmitting the Department's final rule — Hispanic-Serving Agricultural Colleges and Universities (RIN: 0524-AA39) received April 23, 2014, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Agriculture.

5596. A letter from the Under Secretary, Department of Defense, transmitting the 2014 Major Automated Information System (MAIS) Annual Reports (MARs); to the Committee on Armed Services.

5597. A letter from the Under Secretary, Department of Defense, transmitting the annual report on operations of the National Defense Stockpile (NDS) in accordance with section 11(a) of the Strategic and Critical Materials Stock Piling Act as amended (50 U.S.C. 98 et seq.) detailing NDS operations during FY 2013; to the Committee on Armed Services.

5598. A letter from the Acting Under Secretary, Department of Defense, transmitting a letter on the approved retirement of Lieutenant General John F. Mulholland, Jr., United States Army, and his advancement on the retired list in the grade of lieutenant general; to the Committee on Armed Services.

5599. A letter from the Under Secretary, Department of Defense, transmitting Report to Congress on Corrosion Policy and Oversight Budget Materials for FY 2015; to the Committee on Armed Services.

5600. A letter from the Secretary, Department of Health and Human Services, transmitting the 2013 Actuarial Report on the Financial Outlook for Medicaid; to the Committee on Energy and Commerce.

5601. A letter from the Secretary, Department of Commerce, transmitting a certification of export to China; to the Committee on Foreign Affairs.

5602. A letter from the Assistant Secretary, Legislative Affairs, Department of State, transmitting the Department's report entitled, "Advancing Freedom and Democracy"; to the Committee on Foreign Affairs.

5603. A letter from the Assistant Secretary, Legislative Affairs, Department of State, transmitting a report entitled "Report to Congress on Iran-Related Multilateral Sanctions Regime Efforts" covering the period from August 7, 2013 to February 6, 2014; to the Committee on Foreign Affairs.

5604. A letter from the Assistant Secretary, Legislative Affairs, Department of State, transmitting the Department's report for the period ending January 15, 2014 on the activities of the Multinational Force and Observers (MFO) and U.S. participation in that organization; to the Committee on Foreign Affairs.

5605. A letter from the Assistant Legal Adviser, Office of Treaty Affairs, Department of State, transmitting a report prepared by the Department of State concerning international agreements other than treaties entered into by the United States to be transmitted to the Congress within the sixty-day period specified in the Case-Zablocki Act; to the Committee on Foreign Affairs.

5606. A letter from the Acting Director, Office of National Drug Control Policy, transmitting Report to Congress on High Intensity Drug Trafficking Areas (HIDTA) Program Funds to Address Methamphetamine Trafficking; to the Committee on the Judiciary.

5607. A letter from the Paralegal Specialist, Department of Transportation, transmitting the Department's final rule — Airworthiness Directives; The Boeing Company Airplanes [Docket No.: FAA-2013-0331; Directorate Identifier 2011-NM-170-AD; Amendment 39-17792; AD 2014-05-19] (RIN: 2120-AA64) received April 16, 2014, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

5608. A letter from the Paralegal Specialist, Department of Transportation, transmitting the Department's final rule — Airworthiness Directives; The Boeing Company Airplanes [Docket No.: FAA-2013-0089; Directorate Identifier 2012-NM-166-AD; Amendment 39-17806; AD 2014-06-02] (RIN: 2120-AA64) received April 16, 2014, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

5609. A letter from the Paralegal Specialist, Department of Transportation, transmitting the Department's final rule — Amendment of VOR Federal Airway V-625, Arizona [Docket No.: FAA-2014-0093; Airspace Docket No. 14-AWP-1] (RIN: 2120-AA66) received April 16, 2014, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

5610. A letter from the Paralegal Specialist, Department of Transportation, transmitting the Department's final rule — Airworthiness Directives; British Aerospace Regional Aircraft Airplanes [Docket No.: FAA-2013-1012; Directorate Identifier 2013-CE-037-AD; Amendment 39-17807; AD 2014-06-03] (RIN: 2120-AA64) received April 16, 2014, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

5611. A letter from the Paralegal Specialist, Department of Transportation, transmitting the Department's final rule — Airworthiness Directives; Rockwell Collins, Inc. Transponders [Docket No.: FAA-2013-0966; Directorate Identifier 2013-CE-040-AD; Amendment 39-17799; AD 2014-05-27] (RIN: 2120-AA64) received April 16, 2014, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

5612. A letter from the Paralegal Specialist, Department of Transportation, transmitting the Department's final rule — Airworthiness Directives; SOCATA Airplanes