

HEALTH CARE RESEARCH
FUNDING

Mr. DURBIN. Mr. President, another critical part of this conversation is health care research.

One of the most outstanding men serving the Federal Government in America is named Francis Collins. He is an amazing man who heads up the National Institutes of Health. He is a great physician and a great researcher.

When the United States wanted someone to head up the Human Genome Project, they picked Francis Collins. He managed to bring that project to success by providing more information than anyone ever dreamed of, and now we are better in treating problems and diseases across America.

I went to see him last year at the National Institutes of Health. We talked about medical research in America, and what he had to say was terrifying. There has been a 23-percent decline in medical research in the United States over the last 10 years. We have not even kept up with inflation in providing money for medical research, and that is not lost on people in the research field.

We are now finding that our medical researchers are older and older. Younger researchers have given up. They don't think they are getting approvals for their research applications. As they leave the field, the new generation of researchers has diminished and our ability to find cures has also diminished.

At the same time that the United States is backpedaling and falling away from its leadership in biomedical research, the rest of the world is charging forward. The European Union is making massive investments in medical research and in just a few years the Chinese will pass the United States for the first time in their investment in biomedical research. They understand that in addition to finding cures, biomedical research is really the opening for entrepreneurship, profitability, pharmaceutical companies, medical devices, and they want to make sure China is in the lead. Why isn't the United States in the lead?

I will speak about two particular diseases that need to be researched.

Mr. REID. Will my friend yield for a question?

Mr. DURBIN. I am happy to yield.

Mr. REID. Mr. President, I have to leave the floor in a moment, and I would like to direct my question to my friend, the senior Senator from Illinois.

I too met with Francis Collins. He is a genius. We are so fortunate that he is there. He told me something I can't get out of my mind—sequestration. It took \$1.5 billion away from the things that the Senator from Illinois has been talking about. The second year of sequestration will take away \$2 billion.

I read in the press that Republicans in the House—with their budget and the budget over here—are going to continue the sequestration.

I ask my friend, what will that do to Francis Collins and the people he has working at that institution?

Mr. DURBIN. Mr. President, I will respond to the Democratic leader and say that I have heard the same thing. There are some Republicans in the House who believe that sequestration—this across-the-board cut—is what we should do, and I could not disagree more.

I chair the Defense Appropriations Subcommittee. If we go forward with the sequestration, this will be devastating to America's national defense. If we get into this practice of cutting back in biomedical research, it will not only deny us the basic money we need to fund research grants—and we are now funding a lower percentage than we have in decades—it will also mean a discouraging message to researchers. They are going to think: What is the point in becoming an NIH researcher if the government and Congress will not provide the basic resources we need? The third element, which we cannot overlook, are all of the millions of people in the United States and around the world who are praying that we will be able to come up with breakthroughs when it comes to medical research.

In the United States of America, a person is diagnosed with Alzheimer's disease once every 68 seconds. Last year we spent over \$200 billion on Medicare and Medicaid for the care of Alzheimer's patients.

What Francis Collins has said to me is that if we can dedicate growth in research funds, we can—with the grace of God and maybe miraculously—find a cure or find a way to delay the onset of Alzheimer's, even for a few months. The savings to the Federal Government would be so much more than the actual cost of the medical research.

This notion of cutting back on NIH research, which some in the House are pushing, is really an effort that will cost us more in the long run—not to mention the human suffering.

Mr. REID. Mr. President, if I could, through the Chair, ask my friend one final question. During my last trip to the National Institutes of Health, when I met with Dr. Collins and others, one of the issues they were so in tune with was that they were so close to having a universal vaccine for flu. In the past they would come up with the best solution they could for a flu vaccine every year. If we are fortunate, it is 50-percent effective. They are very, very close to having a universal vaccine for flu.

Tens of thousands of people in the United States die from the flu every year. Why didn't they proceed? Sequestration. They didn't have the money to continue the research.

I thank my friend very much for bringing this subject up. It is something that is devastating not only to the scientific community, but it is devastating to the people out there who would benefit from the research who really don't know what could be in store for them.

It is such a shame for our country that China—Japan has done a good job for many, many decades. They have the lowest death rate in the world. The European Union is trudging way ahead of the United States in something on which we have lead forever.

Mr. DURBIN. Mr. President, I thank the Senator from Nevada.

It was not that long ago that America was consumed with Ebola and what it meant in terms of threats to life in Africa, the United States, and around the world, and it was right that we focused on stopping the scourge of the Ebola epidemic in Africa.

But there was a concern, as well, expressed over and over again this last fall, about how many Americans would be a victim to this Ebola epidemic. It turns out at the end of the day that fewer than a handful were actually affected by it, but every year in the United States and around the world, hundreds, if not thousands, die from flu—influenza.

Again, just to get to the point the Senator from Nevada makes, we are penny wise and pound foolish by denying the money for research for a universal flu vaccine that will save lives around the world. A minimal investment in the United States can make a dramatic improvement in the morbidity and mortality of those who are affected by flu.

So I thank the Senator from Nebraska for joining in this conversation this morning and talking about the biomedical research deficit which we are facing in the United States.

I wish to mention one or two other specific examples in this field. The kind of research we are talking about at NIH holds great promise when it comes to treating disorders such as multiple sclerosis. MS is an unpredictable and disabling disease that affects the central nervous system. Symptoms range from numbness and tingling to blindness and paralysis, and there is no known cure.

Today more than 2.3 million people have been diagnosed with MS worldwide, including 20,000 in my home State of Illinois.

Typically, MS is diagnosed between the ages of 20 and 50, but between 8,000 and 10,000 children and adolescents live with it in America, people such as Meghan Malone. In 2004, at the age of 14, Meghan was diagnosed with MS. Her first symptoms began when she was in the eighth grade. She lost vision in her right eye for a few days. One year later her feet went numb while she was out trick or treating with friends. By the next morning she couldn't feel her thighs, and a few days later she was completely numb from the waist down.

Her parents quickly brought her to the hospital where she was diagnosed with MS. She panicked, thinking she was too young for this disease and afraid of what it meant for her future, but she is doing what she can to stay healthy. She spends a lot of time exercising every day. She tries to think positively.

Since her diagnosis, Meghan has gathered her friends and family to participate in Walk MS every May. There is one in my hometown of Springfield, IL. They have raised over \$50,000—Meghan has—to help fight the disease. Meghan said:

I walk to give hope to others who are newly diagnosed with MS. It wasn't easy to hear those words and I think by walking I can help others find ways to be positive about their diagnosis.

The National Multiple Sclerosis Society has been sponsoring Walk MS since 1988 and they have raised \$870 million to support research. The National Multiple Sclerosis Society and people such as Meghan are doing their part, but if the Federal Government is going to do something it has to do its part. We have to make an investment at the National Institutes of Health to complement the efforts by private citizens and generous people across America to fund research in these diseases.

Let me give an example. Jonah Chan and his team at the University of California in San Francisco can teach us a lesson. Dr. Chan's team invented a new technology that led to the discovery of a drug normally used for allergies that has the potential to repair the nervous system in people with MS, but this important discovery needs further Federal investment in biomedical research to move these early findings to promising treatments. Here is what I have done. I have introduced the American Cures Act. It will increase funding at the Nation's top four biomedical research agencies, a 5-percent annual budget increase over and above inflation—the National Institutes of Health, the Centers for Disease Control, the Department of Defense, and the Veterans' Administration medical research programs. The American Cures Act will make funding for critical biomedical research projects less political and more predictable.

Dr. Collins at NIH told me: If you gave us regular funding increases of 5 percent real growth a year for 10 years, I will prove to you that investment will come back tenfold in helping the improvement of health in the United States and reducing the cost of health care. I believe him. I have confidence in him. So why would we not do it? We should be making this commitment.

Cystic fibrosis is another example of federally funded basic research that improves people's lives. The other day Patrick Magner, a sophomore at Loyola Academy in Wilmette, IL, wrote to me about his two young brothers. John is 12 years old, a fully functioning sixth grader, and Matthew is 9 years old and plays sports in school. On the outside, one would never know they are dealing with cystic fibrosis.

John and Matt both take about 30 pills a day to help with their basic digestive functions. This doesn't include several other prescriptions, over-the-counter drugs, and daily therapy. They consider themselves lucky because 50 years ago people with cystic fibrosis

didn't live long enough to even attend school. Today, with more advanced treatment, life expectancy for people with cystic fibrosis has increased over 800 percent. Research generated by NIH funding continues to give John and Matt hope for their future.

Their older brother Patrick wrote:

Without this funding, my two younger brothers might not be alive today. This funding is crucial to not only curing cystic fibrosis, but other diseases as well.

That is the promise of the American Cures Act. It allows America's smartest medical researchers to continue to find treatments to stop progression and one day, God willing, find a cure for diseases such as MS, cystic fibrosis, and many more.

Last week I joined Senator BOB CASEY of Pennsylvania on his resolution to support Multiple Sclerosis Awareness Week. I would also like to acknowledge the work of Senators WYDEN, HATCH, BROWN, MARKEY, and others on behalf of fighting this terrible disease. Together, along with the American Cures Act, these efforts are improving people's lives.

In order to lead to breakthrough cures for these diseases, we need as a nation—as a government—to take the lead. This research shouldn't be a low-budget priority; I think it should be one of the highest.

I look forward to working with my colleagues on both sides of the aisle to make Federal funding for biomedical research the true national priority which it is.

Mr. President, I yield the floor.

The PRESIDING OFFICER (Mr. COTTON). The Senator from Washington.

KING V. BURWELL

Mrs. MURRAY. Mr. President, I wish to say a few words about the oral arguments in King v. Burwell that took place last week. Similar to many of us on the floor today, I was here when we fought to get the Affordable Care Act passed. I know firsthand our top priority was to help all Americans get more affordable health care coverage. That goal is clear in the history and in the text of this law. I am confident the Supreme Court will reach the same conclusion; that no matter how the health care exchange is set up in any State, if people qualify for tax credits, people should get them just as Congress intended. Unfortunately, many of our Republican colleagues appear to be hoping for the opposite outcome.

I wish to take a step back to note how appalling this particular situation is. Right now Republicans seem to be rooting for a ruling that would take away millions of Americans' health care coverage. They seem to want a ruling that would put their own constituents' health at risk, and that amounts to a tax increase on 6.5 million people of about \$3,200 a year.

Working families should not have to pay the price for Republican political games, including this Supreme Court

case that they pushed for. If I were a mother who no longer has to worry about what happens if my child breaks an ankle or a struggling worker who now has a little bit more to spend on groceries because their health care insurance no longer costs so much, I would have a lot of tough questions for Republicans right now. I would wonder why on Earth Republicans are so focused on taking apart a law that is helping families get quality, affordable health insurance.

The Affordable Care Act was a critical step forward in terms of making sure our health care system puts patients and families first. Over 10 million Americans have gained coverage in the last 2 years. In fact, today the uninsured rate is at a near-historic low. Health care coverage is more affordable for families across the country, and we are seeing important improvements in the quality of care patients are getting.

We have a lot more work to do to strengthen our health care system, but there is no question that this law is doing what we set out to do: expand access to affordable health care for all—Americans. Democrats want to build on this progress.

So while we see Republicans putting politics first ahead of families' needs, Democrats are going to be focused on building on the Affordable Care Act with more coverage, not less; more affordability, not less; and better quality, not less.

We know the work to put patients first didn't end when the Affordable Care Act passed. That is why we are going to keep working to move our health care system forward, not backward, for our families.

Mr. President, I yield the floor.

The PRESIDING OFFICER. The Senator from Indiana.

WASTEFUL SPENDING

Mr. COATS. Mr. President, last month I came to the floor to launch what I call the "Waste of the Week." We look at how we spend the taxpayers' dollars. We all know the biggest issue over the past several years is now sort of fading into the ether is the fact that the government continues to spend the taxpayers' money in reckless ways, including not balance our budget and go deeply into deficit spending every year, then borrow to cover the cost, and increase our debt limit from the staggering \$18 trillion-plus and growing. My purpose in coming to the floor was to highlight some examples of this waste.

I wish to step back for a moment to say this follows numerous bipartisan efforts to deal with a larger issue, and that is our debt and deficit, in a way that we can put a budget proposal together to get us out of this mess and stop loading up our children and grandchildren with the responsibilities and costs they probably will not be able to repay without significant sacrifice in terms of their standard of living.