

The biomedical revolution which has taken root over the last couple of decades offers great promise. That is why I have been a proud supporter of the research efforts at the National Institutes of Health (NIH) and the National Institute on Neurological Disorders and Stroke (NINDS), the component of NIH charged with the study of Ataxia.

For example, NINDS-supported research has recently generated considerable new insights into more than 100 related gene defects which cause nervous system disorders. This work is particularly important to those suffering from the many forms of Ataxia which still cannot be specifically diagnosed. As we identify the genes responsible we can more quickly identify specific forms, and perhaps more importantly, begin developing treatment models.

Additionally, we need to continue to create incentives for additional private research aimed at the so-called orphan diseases. These relatively rare conditions do not receive the resources and attention that are often associated with more common public health problems like cancer and heart disease. I believe these special incentives for those developing orphan drugs have proven to be an unqualified success resulting in more new research on Ataxia, multiple sclerosis, ALS and other neurological disorders.

Even with all these efforts under way, it will still take time to even fully understand the questions we need to be asking about Ataxia. That is why it is so important to inform the public about this work and encourage the medical and emotional support those affected need. International Ataxia Awareness Day should be a substantial step in this direction, and I anticipate it will be an annual event. At the same time, we can hope that current research foreshadows a day when it will no longer be necessary to raise awareness of Ataxia.

SCIENCE SPENDING

HON. SHERWOOD L. BOEHLERT

OF NEW YORK

IN THE HOUSE OF REPRESENTATIVES

Thursday, October 5, 2000

Mr. BOEHLERT. Mr. Speaker, I insert in the record an op-ed piece that appeared in yesterday's Washington Post—an op-ed that I am also distributing as a Dear Colleague letter.

The column is by Dr. Harold Varmus, a distinguished Nobel Laureate and former director of the National Institutes of Health (NIH) who is now president of the Memorial Sloan-Kettering Cancer Center in New York City.

Dr. Varmus' point is that Congress needs to be investing adequately in science spending across the board, not just at NIH. Improvements in medicine rest on advancements in a wide variety of fields; we can't improve health in this country by focusing exclusively on NIH.

This is advice we would be wise to heed. The federal research portfolio has become too skewed toward medical research. We need to address that imbalance not by reducing funding for NIH but by increasing funding for the other federal research agencies. That would be a wise investment in this time of surplus.

I'm pleased to say that Congress is beginning to take steps in that direction. I know, for example, that the appropriations bill my good friend and neighbor Congressman JIM WALSH

has put together includes a substantial increase for the National Science Foundation (NSF).

But we need to make a comprehensive, consistent commitment to funding the entire federal science portfolio more generously. I look forward to working with my colleagues to accomplish just that.

[From the Washington Post, Oct. 4, 2000]

SQUEEZE ON SCIENCE

(By Harold Varmus)

In recent weeks both presidential campaigns have voiced their support of efforts to double the budget of the National Institutes of Health. This is an encouraging sign that the current bipartisan enthusiasm for medical research will continue in the next administration. But it also offers an opportunity to make an important point about the kinds of science required to achieve breakthroughs against disease.

The NIH does a magnificent job, but it does not hold all the keys to success. The work of several science agencies is required for advances in medical sciences, and the health of some of those agencies is suffering.

For the coming fiscal year, Congress has again—magnanimously and appropriately—slated the NIH for a major increase, its third consecutive 15 percent increase. By these actions, Congress has shown that it is determined to combat the scourges of our time, including heart disease, cancer, diabetes, AIDS and Alzheimer's disease.

But Congress is not addressing with sufficient vigor the compelling needs of the other science agencies, especially the National Science Foundation and the Office of Science at the Department of Energy. This disparity in treatment undermines the balance of the sciences that is essential to progress in all spheres, including medicine.

I first observed the interdependence of the sciences as a boy when my father—a general practitioner with an office connected to our house—showed me an X-ray. I marveled at a technology that could reveal the bones of his patients or the guts of our pets. And I learned that it was something that doctors, no matter how expert with a stethoscope or suture, wouldn't have been likely to develop on their own.

Of course, the X-ray is routine now. Medical science can visualize the inner workings of the body at far higher resolution with techniques that sound dazzlingly sophisticated: ultrasound, positron-emission tomography and computer-assisted tomography. These techniques are the workhorses of medical diagnostics. And not a single one of them could have been developed without the contributions of scientists, such as mathematicians, physicists and chemists supported by the agencies currently at risk.

Effective medicines are among the most prominent products of medical research, and drug development also relies heavily on contributions from a variety of sciences. The traditional method of random prospecting for a few promising chemicals has been supplemented and even superseded by more rational methods based on molecular structures, computer-based images and chemical theory. Synthesis of promising compounds is guided by new chemical methods that can generate either pure preparations of a single molecule or collections of literally millions of subtle variants. To exploit these new possibilities fully, we need strength in many disciplines, not just pharmacology.

Medical advances may seem like wizardry. But pull back the curtain, and sitting at the lever is a high-energy physicist, a combinational chemist or an engineer. Magnetic resonance imaging is an excellent example. Per-

haps the last century's greatest advance in diagnosis. MRI is the product of atomic, nuclear and high-energy physics, quantum chemistry, computer science, cryogenics, solid state physics and applied medicine.

In other words, the various sciences together constitute the vanguard of medical research. And it's time for Congress to treat them that way. Sens. Christopher Bond (R-Mo.) and Barbara Mikulski (D-Md.) have just proposed to double the budget of the National Science Foundation over five years. This admirable effort should be vigorously supported and extended to include the Department of Energy's Office of Science, which fund half of all research in the physical sciences and maintains the national laboratories that are central to biomedicine.

Scientists can wage an effective war on disease only if we—as a nation and as a scientific community—harness the energies of many disciplines, not just biology and medicine. The allies must include mathematicians, physicists, engineers and computer and behavioral scientists. I made this case repeatedly during my tenure as director of NIH, and the NIH has made significant efforts to boost its support of these areas. But in the long run, it is essential to provide adequate budgets for the agencies that traditionally fund such work and train its practitioners. Moreover, this will encourage the interagency collaboration that fuels interdisciplinary science. Only in this way will medical research be optimally poised to continue its dazzling progress.

H.R. 4292: THE BORN-ALIVE INFANTS PROTECTION ACT OF 2000

HON. JACK QUINN

OF NEW YORK

IN THE HOUSE OF REPRESENTATIVES

Thursday, October 5, 2000

Mr. QUINN. Mr. Speaker, I would like to commend my colleagues in the House of Representatives for demonstrating their overwhelming support for H.R. 4292 last week. The Born-Alive Infants Protection Act of 2000, which is designed to ensure that all infants who are born alive are treated as persons for purposes of federal law, passed the House with 385 votes.

It has long been accepted legal principle that infants who are born alive are persons and are entitled to the full protection of the law. In fact, many states have statutes that, with some variations, explicitly enshrine this principle as a matter of state law, and some federal courts have recognized the principle in interpreting federal laws. But recent changes in the legal and cultural landscape appear to have brought this well-settled principle into question.

Babies whose lungs are insufficiently developed to permit sustained survival are often spontaneously delivered alive, and they may live for hours or days. Others are born alive following deliveries induced for medical reasons, or following attempted abortions. Enactment of H.R. 4292 is necessary to ensure that all infants who are born alive are treated as legal persons for purposes of federal law.

H.R. 4292 is proposed to codify (for federal law purposes only) the traditional definition of "born alive" that is already found in the laws of most states: complete expulsion from the mother, accompanied by heartbeat, respiratory, and/or voluntary movements.

Although I was unable to vote on this legislation, I wholeheartedly support it and urge its enactment into law.

H.R. 4365: CHILDREN'S HEALTH ACT
OF 2000

HON. SUE WILKINS MYRICK

OF NORTH CAROLINA

IN THE HOUSE OF REPRESENTATIVES

Thursday, October 5, 2000

Mrs. MYRICK. Mr. Speaker, a woman who becomes pregnant in less than ideal circumstances has a difficult road ahead no matter what action she takes. She faces serious questions about what will happen to her future: Will the father help? How will I afford the costs? What will my family think and will they support my decision? How am I going to get through this? It is an incredibly scary time and the ultimate question is whether her life will ever be the same.

My biggest concern for a woman in this situation is that she may see abortion as the easiest solution—when there is no easy choice. Too often, I hear stories about women who are frantic for a solution and rush to an abortion clinic without learning about the long-term emotional and physical consequences. As a mother and a grandmother, I can tell you that pregnancy changes a woman's life forever—even if the pregnancy is not carried to term.

The law states that women have the right to choose between carrying the baby and aborting it. Before she makes the decision, I pray that she is given the information and the support to truly be able to choose what is best for her and the tiny baby.

This bill strengthens a woman's choices in two ways. First, it increases access to information about adoption in the health clinics where it is needed most. Women facing unplanned pregnancies deserve to hear about their options from a well-trained counselor who can provide accurate, up-to-date information and refer them to a reputable placement agency.

This bill also authorizes a new grant program for research and additional services (such as mobile health clinics to provide comprehensive health services, including ultrasound screenings), to enhance access to health care for pregnant women and infants, including grants to increase access to prenatal care, ultrasound services, and prenatal surgery.

Prenatal surgery is now a very realistic option. Look at this picture that was taken by Max Aguilera-Hellwag—this baby underwent prenatal surgery to correct spina bifida. Sarah Marie Switzer was born on August 22, 1999.

Mr. Speaker, there are many exciting programs contained in this bill, and I urge my colleagues to vote in favor of H.R. 4365.

IN RECOGNITION OF BENNIE L.
THAYER

HON. NYDIA M. VELAZQUEZ

OF NEW YORK

IN THE HOUSE OF REPRESENTATIVES

Thursday, October 5, 2000

Ms. VALAZQUEZ. Mr. Speaker, I rise today to pay a sad farewell to Bennie Thayer, the long-time President and Chief Executive of the National Association for the Self-Employed, who died October 2.

As a retailer and manufacturer himself, Mr. Thayer knew small business issues from the inside out. On the first day that I became the Democratic leader of the House Small Business Committee, he came to my office to advocate the need to accelerate the 100 percent deduction of health insurance for the self-employed.

He was a regular fixture in the Halls of Congress, where he frequently testified about the importance of simplifying government regulations for small businesses, clarifying the

home-office deduction and promoting tax fairness.

When Mr. Thayer talked, I listened, because I knew he spoke straight from the heart of the small business community.

He has such an impressive history of accomplishments on behalf of small businesses that it is impossible to list them all adequately. He chaired and served on the boards of numerous local and national business associations concerned with economic development, credit development, small business enhancement and general business growth. In this capacity, he advised three Presidents on small business issues.

He authored a book that examined health care issues from the standpoint of small business owners. It was called, "We, the People: An American Solution to Health Care Reform."

But his accomplishments don't stop there. He served as the State Chair of the Maryland delegation to the 1995 White House Conference on Small Business and as the Regional Implementation Chairman. He was also on the Microsoft Small Business Technology Board to promote computer and information technology to small businesses nationwide. And he served as the Co-Chairman of the Maryland Delegation to the 1986 White House Conference on Small Business.

He was a renowned public speaker, appearing on various radio and television shows to increase awareness of the opportunities and challenges of the self-employed.

I will remember Bennie Thayer as a passionate champion of small businesses, a man of principle and someone who cared deeply about his community.

While the nation's small businesses have lost a great advocate, Mr. Thayer's legacy will live on in Congress and in the hearts of the self-employed.

I salute Bennie Thayer and extend my sympathies to his family.