United States of America

Congressional Record

PROCEEDINGS AND DEBATES OF THE 104th CONGRESS, FIRST SESSION

Vol. 141 WASHINGTON, TUESDAY, JULY 18, 1995 No. 116

House of Representatives

The House met at 9 a.m. and was called to order by the Speaker pro tempore [Mr. SHAW].

DESIGNATION OF THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore laid before the House the following communication from the Speaker:

WASHINGTON, DC,
July 18, 1995.

I hereby designate the Honorable CLAY SHAW to act as Speaker pro tempore on this day.

NEWT GINGRICH,
Speaker of the House of Representatives.

MORNING BUSINESS

The SPEAKER pro tempore. Pursuant to the order of the House of May 12, 1995, the Chair will now recognize Members from lists submitted by the majority and minority leaders for morning hour debates. The Chair will alternate recognition between the parties, with each party limited to not to exceed 25 minutes, and each Member except the majority and minority leaders limited to not to exceed 5 minutes.

LEARNING THE LESSONS OF THE PAST

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Florida [Mr. GOSS] is recognized for 5 minutes.

Mr. GOSS. Mr. Speaker, the famous admonition that those who cannot remember the past are condemned to repeat it is often put another way: We must learn the lessons of the past to prevent making similar mistakes in the future. When it comes to the safety of the Nation's blood supply, this simple adage translates into a message of life and death. We know that during the early 1980's blood and blood products became tainted with the virus that causes AIDS. The early clues that there was a problem manifested themselves in the hemophilia community, because people with hemophilia frequently use products made from blood that is pooled from thousands of donors. We now know that during the early 1980's, approximately one-half of the Nation's hemophiliacs—some 8,000 people—became infected with the virus that causes AIDS through the use of contaminated blood-clotting products.

How did this happen? Why did the system that was established to safeguard the supply of blood and blood products fail to heed early warning signs and prove so slow to respond to a dangerous threat? How can we prevent such a tragedy from happening again? More than 2 years ago, I joined with Senators GRAHAM of Florida and KENNEDY of Massachusetts in asking HHS Secretary Donna Shalala to conduct a review of the events surrounding this medical disaster. The results of that intensive and objective review have come to us in the form of a report, presented last week by the National Academy of Sciences' Institute of Medicine—the IOM. The conclusions of this report are important—not just for their candor in describing the quote ''Failure of leadership and inadequate institutional decisionmaking processes'' unquote to meet the challenge of a deadly new blood-borne disease—but also for their recommended changes to the system.

In underscoring the Federal Government's shared responsibility for the safety of the blood supply, the report concludes that the FDA—which has regulatory authority over blood and blood products—quote ''Consistently chose the least aggressive option that was justifiable.'' On several occasions, the report found, the FDA quote ''Did not adequately use its regulatory authority and therefore missed opportunities to protect the public health.'' Unquote. And it notes that decisionmakers acted with an abundance of caution, seeking to engender quote ''a minimum of criticism.'' Unquote. All of these observations led the IOM to recommend a series of changes in the way the FDA regulates blood and blood products—and improvements in Public Health Service structure to yield early and aggressive response to new threats to the blood supply.

The IOM panel also proposes a no-fault compensation program prospectively for future victims of adverse consequences from the use of blood and blood products. But what about the 8,000 victims of the tragedy that has already happened? Although this question was beyond its purview, the IOM suggested that its prospective recommendation quote ''Might serve to guide policymakers as they consider whether to implement a compensation system for those infected in the 1980's'' unquote. And so I ask my colleagues to consider H.R. 1023, a bill I introduced in February that now has 110 bipartisan cosponsors. The Ricky Ray Hemophilia Relief Fund Act named for a victim from my old congressional district, as it is known, establishes a compensation program for the victims of hemophilia-associated AIDS. It is based on the premise that has now been supported by the IOM report, that Government shares responsibility for what happened. It is also based on the understanding that blood and blood products are unique—as is the Federal responsibility for them.

We have a national blood policy, put in place in the mid-1970's, that says we have a commitment to a safe supply of blood and blood products. In fact, as part of our recognition that these are unique resources deserving special consideration, we have placed the regulation of blood and blood products under the aegis of two separate laws. Mr. Speaker, as we learn from the mistakes of the past, let us be sure we stand up to our obligations for them. I urge my

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