nurses who tend to our sick. Day in and day out, these people carry out heroic acts with little or no recognition. John Wayne portrayed these people in his films, and they saw their efforts chronicled, and, in The Duke, these Americans saw a little bit of themselves. There will probably never again be another actor who so embodies all the best qualities of our Nation. There will certainly never be another John Wayne.

TRIBUTE TO GARRETT D. BOURNE
Mr. THURMOND. Mr. President, in honor of the American people today to pay tribute to Colonel Garrett “Gary” D. Bourne, as he prepares to retire from his career as an officer and a soldier in the United States Army.

Gary Bourne began his career more than 28 years ago when he was commissioned a second lieutenant in the Field Artillery, and spending his first tour of duty in the Airborne, Division. Throughout his career, Gary Bourne has expertly met the many challenges of military service as an Army officer, and he has faithfully served his Nation in a variety of command and staff assignments, both at home and abroad, including the continental United States, Vietnam, Europe, Southwest Asia, and Panama.

If there is one thing an officer in the Army wants to do, it is to command troops, and Colonel Bourne has done so at the battery and battalion levels. He ultimately held the much coveted position of Brigade Commander when he was tapped to lead the 210th Field Artillery Brigade. During his time with the 210th, the United States faced down Saddam Hussien, and Colonel Bourne was responsible for leading his brigade from Germany to Southwest Asia where his unit served as the covering force of the VII Corps during Operation Desert Storm.

From 1987–1990, Colonel Bourne traded in his Battle Dress Uniform for a suit and tie and joined the Army Legislative Liaison Office to the U.S. Senate. During those three years many of the issues we faced today were on the table. Colonel Bourne was responsible for these issues. We have come to know this dedicated officer who tirelessly worked to represent the interests of the Army to members of this Chamber, as well as to assist us with matters related to the Army.

After an almost three decade career in the Army, Colonel Bourne will soon leave the service as Chief of Staff of the Fifth United States Army and bring his service to the Nation to an end. The Colonel’s career has been distinguished, and it has been marked by his commitment to duty and selflessness. I commend Colonel Bourne on his career of accomplishment and wish him and his wife good health and great happiness in the years to come.

FDA PERFORMANCE ACCOUNTABILITY ACT
Mr. GRASSLEY. Mr. President, we have accomplished many things this Congress. Just this week we passed a comprehensive welfare reform proposal which will end welfare as we know it. We passed a meaningful small business tax relief bill. And, we will pass a momentous health insurance reform bill that will improve the availability and portability of health insurance coverage.

I would like to point out another opportunity Congress has to pass a significant reform proposal and that is the Food and Drug Administration Performance and Accountability Act. I hope we can consider this bill when we return in September.

The Senate Labor Committee has spent a considerable amount of time on this comprehensive piece of legislation. And, let me point out, this reform proposal passed out of committee on an 11 to 4 vote.

The commonsense proposals in this bill are designed to strengthen the agency’s ability to ensure that safe and effective new medicines are available to patients without delay by eliminating red tape and streamlining operations.

The FDA is designed to achieve the goal of ensuring a safe and effective approach. And, the FDA has been concerned to protect the public from unsafe drugs.

But, it is time to ensure that the agency becomes equally concerned about promoting public health by making effective new therapies available to patients as soon as possible. Patients can be harmed by delays in approving safe and effective new medicines just as they can by the approval of unsafe new medicines. I urge the majority leader to consider this legislation in a timely enough matter so that we can send it to the President and I ask unanimous consent to have printed in the RECORD an editorial by Senators Kastenbaum and Mikulski in support of this piece of legislation.

There being no objection, the editorial was ordered to be printed in the RECORD, as follows:

[From the Washington Post, July 26, 1996]

'THE FDA CAN WORK BETTER'
(Barbara Mikulski and Nancy Kassebaum)

The Post editorial “Reform Isn’t Risk-Free” continues the drumbeat of negative commentary on our efforts and the efforts of a bipartisan group of our colleagues over the last year to reform the Food and Drug Administration. The FDA is the Food and Drug Administration.

At the outset, we would make the point that a failure of these reforms is by no means a risk-free proposition. Inaction and delay victimize just as surely as the wrong action. We hear constantly about the deformities prevented in the early 1960s by the agency’s not approving thalidomide. Rarely, however, is a word spoken about the cases of spina bifida that could have been avoided had the FDA in the 1960s in permitting health claims to be made about the benefits of folic acid in preventing such neural tube disorders.

As the 1989 Edwards Commission report put it: “The agency should be guided by the principle that expedient approval of useful and safe new products enhances the health of the American people. Approving such products can be as important as preventing the marketing of harmful or ineffective products.” The Edwards Commission is one of a series of distinguished panels convened during the past two decades that have urged FDA reform.

The year-long process in which our legislation was developed, we drew heavily from the work on these expert panels. Contrary to The Post’s suggestion that we are running a poorly thought-out piece of legislation to the Senate floor, we believe that this bill embodies the best thinking on this topic produced over years and years of study.

Moreover, we have drawn as well from the successful experience of the FDA in expediting approval of AIDS drugs without jeopardizing safety and effectiveness. In response to sustained pressure from the AIDS community, the agency demonstrated that it could, in fact, change its culture and its procedures to implement reforms it had resisted for years.

Unfortunately, this experience has not been regarded as a foundation upon which to build further improvements but, rather, has been used as a reason to go on as it is. We believe further changes are unnecessary. Scientific methods and technology have changed dramatically since the thalidomide incident, while regulatory structures have barely bulged. Applications for the approval of new drugs typically run to hundreds of thousands of pages.

An incentive is growing for U.S. companies to manufacture and produce abroad, threatening our nation’s continued world leadership in new product development, costing American jobs and further delaying the public’s access to important new products.

It is disconcerting to us that our efforts are being regarded as a “hostile takeover” of the agency, as opposed to sincere effort to it is to enhance the professionalism, stature and effectiveness of the agency. The bill maintains the FDA firmly in the driver’s seat; it does not turn over all the regulatory power to the private sector, as critics have charged inaccurately. It encourages cooperation from the very beginning of the process so that costly delays can be avoided at the end of the road.

It is perhaps even more disconcerting to hear critics of our efforts suggest that we are working to put people outside the agency out of work in order to collect large campaign contributions from the drug industry.

The strong bipartisan vote in the Senate Labor and Human Resources Committee reflects the desire of Republicans and Democrats alike to make the FDA work better for all Americans. We have reached out to the FDA, and we are more than willing to put people at all levels of government to work to make their jobs easier and to ensure that the drug industry will be treated fairly.

Our determination to move forward is fueled by the plight of countless individuals who have contacted us over the years to request assistance in speeding the FDA’s evaluation of new therapies that hold promise for treating serious illnesses, such as amyotrophic lateral sclerosis (ALS), multiple sclerosis and cancer. For these individuals, the real risk is not that we will act in haste, but rather that we will fail to act at all.

Barbara Mikulski is a Democratic senator from Maryland. Nancy Kassebaum is a Republican senator from Kansas.