Stanford Sleep Clinic was opened to diagnose and treat sleep problems.

Dement's terminology is probably his most famous contribution to public awareness of sleep disorders. ''Gentlemen,'' he declared before a House committee in 1985, ''the national sleep debt is more important that the national monetary debt.'' He estimates that sleep disorders cost the economy $100 billion a year in lost productivity.

In the late 1970s, Dement and Stanford researcher Mary Carskadon (now a professor at Brown University) discovered a way to quantify sleepiness. They developed the multiple sleep latency test, still the standard in the field, which proved that sleepiness increased as sleep was curtailed. If they were surprised to find that the body kept track of each hour of sleep missed, they were astonished to realize that the only way to pay back this ''sleep debt'' and alleviate daytime sleepiness was to get exactly that many hours of extra sleep on subsequent nights.

In addition, we are tremendously bad judges of our own sleep debt's size. A study by Thomas Roth, director of the Henry Ford Sleep Disorders Center at the Henry Ford Hospital in Detroit, revealed that even among average people who are pathologically drowsy, as sleepy as those with narcolepsy, most do not think they have a problem with daytime sleepiness.

Despite advances in the field Dement worries over the inability of general practitioners to recognize and diagnose sleep problems—even among those close to home. Dement tells of a time when he became so frustrated by the lack of referrals from Stanford doctors that he walked into a waiting room at the hospital and offered people sitting there the chance to get a free sleep test worth $1,000. Of the five who accepted, three turned out to have apnea.

Although surveys show that the public is more aware of sleep disorders, they are still tremendously under-diagnosed. Dement is currently studying how primary care doctors recognize and treat sleep disorders in small towns. He still gets shocked by the results: Practically zero cases of apnea were diagnosed by the physicians, although further investigation has shown that one in five patients had apnea. ''I had one doctor who had 200 patients with apnea, and he didn't even know it,'' says Dement with exasperation. ''There are 200,000 more doctors like him out there.''

The most recent data are even more shocking: 80 percent of those diagnosed with apnea in the survey town of Moscow, Idaho, have a very severe form that usually leads to death from heart attack or stroke within 10 years. ''I almost couldn't believe the data myself, but it is solid,'' Dement says.

''I don't like medical malpractice suits,'' Dement says with anger, ''but some day, some smart lawyer is going to realize all these people are dying because of an obvious, but missed, diagnosis, and is going to make a fortune in wrongful death cases. The signs are so obvious, a 6-year-old could make a diagnosis.''

NOISY IS THE NIGHT

(By Lisa Sonne)

Hi, my name is Lisa, and I am married to an apneac.

Don't think I'm unhappy. Victor is a great guy—a Stanford man, smart, funny, kind, a wonderful husband and friend . . . and he did warn me. But for the first six months of our marriage, we have been taking life ''one night at a time.''

Every evening, we settle in as newlyweds for our sweet dreams. But then the snoring starts. In order to sleep, I create Walter Mitty-like scenarios. My husband is Paul Bunyan—with a power saw—and he's turning already-felled trees into boards for Habitat for Humanity, or my husband is a dentist with an intermittent drill helping the mouths of needy children. I fall asleep with a smile on my face.

Then, his snoring stops with an eerie, breath-defying silence, and I bolt awake in emergency mode with adrenaline pumping. I watch helplessly as he begins his nightly ritual of raspy gasping and groping for air with his whole chest heaving. Just when I'm ready to shake him to make him breathe, he inhales a huge gulp of air and goes back to snoring. I lie there awake, waiting for the next frightening silence.

Apneacs usually don't wake up enough to be cognizant of their body's betrayal, but those sleeping next to them often do. And both have been snatched away from deep rest and finished dreams. I took Dr. Dement's ''Sleep and Dreams'' class years ago and remember the dangers of sleep deprivation and REM robbery. In the battle against exhaustion, naps have become acts of survival for us, not lazy indulgences or luxuriant escapes.

Fortunately, my apneac is not in denial. He is tired of being tired, and says he is ''willing to do anything to be better in bed.'' Determined to move beyond apnea, Victor endured laser surgery in the spring of 1997 to reduce soft tissue in his palate that may have been obstructing his night breathing. He then underwent three separate rounds with an experimental procedure called somnoplasty. But in March 1998, another sleep study revealed quantitatively that Victor's apnea had gotten worse. One hundred eighty-four times during the night, his breathing was obstructed enough to disrupt his sleep and threaten the supply of oxygen to his brain. And his was only a ''moderate'' case. My heart goes out to the apneac and spouse of a ''serious'' case.

A series of doctors in New York recommended major surgery to further reduce his soft palate, but their predictions for success ranged from a high of 80 percent to a low of 50 percent. How can you decide what to do when your brain is sleep impaired? I wonder if ''no rest for the weary'' was coined by an apneac. I suggested that Victor try getting some uninterrupted dream time with a CPAP machine. It uses continuous positive airway pressure (CPAP) to force air into your lungs through a face mask while you sleep. This was not the paraphernalia we had imagined during the honeymoon phase of our lives. But sometimes the route to ''good dreams'' takes a surprising turn.

For me, the CPAP machine's loud hum was a lullaby compared to the usual snoring and gulping, but for my spouse, wearing the mask ''is like standing up in a convertible going 80 miles an hour with your mouth open.'' Exhausted from the apnea, he was able to fall asleep under the air assault, and it worked—for a while. The continuing blast hurt his sinuses and he would rip the mask off in his sleep. Clearly this was not a long-term solution for us.

So, at last, in our quest for deep sleep, we came to Stanford's renowned pioneer in sleep surgery, Dr. Nelson Powell. He spent two hours with us, conducted tests, asked and answered a wide range of questions. We learned that we are part of an unrecognized epidemic. Powell thinks that sleep disorders may be the cause of depression, impotence and accidents for tens of thousands of people. And then there are the spouses. He said motor response tests actually found the spouse worse off than the apneac. Friends of mine started sharing their nocturnal woes (years of spouses sleeping in separate rooms) and diurnal daze (nap fantasies and chronic exhaustion).

We're ready to end this nightmare. My husband is scheduled for surgery at Stanford: Moving his tongue forward to enlarge his airway may be the solution. He should be out of the hospital in two days. Then, when we settle in for sweet dreams—we may finally be able to finish them!

We look at it this way: We spend one-third of our lives (eight of every 24 hours) sleeping . . . or trying to. We hope to be married at least 45 years. That means 15 years of our future will be spent in bed together. We don't want to have to wait until we die to rest in peace.

LET SLEEPING DOGS LIE

Why do we sleep? Believe it or not, the question remains an enigma. Part of the answer, though, may rest with a brood of Dobermans at Stanford University. These dogs are generally energetic and friendly, but if they get excited about special food or a new toy they flop to the ground, completely paralyzed. They suffer from narcolepsy. Their narcoleptic attacks last just minutes, and then they rise as if nothing had happened.

''A normal dog can eat a dish of food in a few minutes, but it might take a narcoleptic dog an hour because he keeps collapsing,'' says researcher Emmanuel Mignot. The dogs are not hurt or suffering, merely afflicted by cataplexy, a paralysis or muscle weakness that is part of the narcolepsy syndrome. The dogs can fall asleep briefly during this cataplectic attack, or they can remain conscious but unable to move.

Narcolepsy is the only sleeping disorder known to arise from a glitch in a primary sleep mechanism. By looking at the disorder in dogs, scientists hope to discover how the brain puts itself to sleep and what sleep does for the body in humans with narcolepsy. Recently, Mignot isolated the gene for nacolepsy—canarc-1—in these dogs and found that it is a variant of a normal immunoglobin gene. Immunoglobins are proteins that the immune system creates to scavenge invading microbes. At this point, researchers don't know why an immune gene causes sleep attacks. Mignot and colleagues speculate that narcolepsy may be an autoimmune disorder, like lupus or multiple sclerosis. But narcoleptic dogs and people lack other signs that usually accompany autoimmune disorders.

A more tantalizing possibility is that normal sleep is somehow related to the operation of the imune system.

Mignot and his colleagues are now using their work with the dogs and other research to search for a human gene for narcolepsy. Mignot feels he will have it soon, in six months to two years, and hopes that the discovery will clarify what causes narcolepsy and suggest a possible cure.

50TH ANNIVERSARY OF RAC

HON. GEORGE RADANOVICH

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Wednesday, November 3, 1999

Mr. RADANOVICH. Mr. Speaker, I rise today to pay tribute to the Raisin Administrative Committee, RAC, for 50 years of service. The California raisin industry members remember trying times after World War II.

During the war, the raisin industry had been given the opportunity to introduce California raisins overseas when the agriculture industry was called upon to produce a plentiful food and fiber supply not only for the United States, but for our allies.

When the war ended, California raisin industry members wanted to maintain the demand for their product overseas, but times were hard. It was time to plan for the future. A. ''Sox'' Setrakian is a leader in the industry who will forever be remembered for his dedication to the California raisin industry. He was the driving force behind the California Raisin Administrative Committee's implementation.

''Sox'' arrived in the United States from Izmir, Turkey, with little more than the clothes on his back. He became one of the most influential raisin industry leaders of all time. He was involved in the grape and raisin industry sharing the concern for more markets to accommodate the raisin production.

Raisin growers agreed that they needed to create a demand for the raisin supply. Things began to change in 1949 when the Agricultural Marketing Agreement Act of 1937, and the California Marketing Act of 1937, the federal marketing order was made effective in August of 1949. It would be managed under its administrative body known as the Raisin Administrative Committee, RAC. This is what the industry needed to expand its presence in the world. The purpose of RAC is to control the administration of California raisins.

It has been 50 years since RAC's implementation and it is stronger than ever. Today the industry credits ''Sox'' Setrakian who was the first chairman of RAC, leading the industry forward and opening new markets for California raisins.

Mr. Speaker, I want to pay tribute to the Raisin Administrative Committee, RAC, for leading the way for California raisins. I urge my colleagues to join me in wishing RAC many more years of continued success.

TRIBUTE TO THE LATE TOM McCULLOCH

HON. SCOTT McINNIS

OF COLORADO

IN THE HOUSE OF REPRESENTATIVES

Wednesday, November 3, 1999

Mr. MCINNIS. Mr. Speaker, I wanted to ask that we all pause for a moment to remember a man who will live forever in the hearts of all that knew him and many that didn't. Tom McCulloch was a man who stood out to those around him. Friends remember him as a man who enjoyed the soil and the outdoors. But, most of all, he enjoyed his family and friends. His two sons, Kevin and Lance, and daughter Barbara brought him endless joy. He was known as a good and upright man.

His history in the Durango, Colorado area dates all the way back to the 1890's when his family homesteaded the ranch that is known today as one of the most beautiful in the country. Working the land was his passion; a friend of his, Arthur Isgar, said it was his pride and joy. When he was not working on his ranch he was at his medical practice in Durango. Friends contend that no one knew medicine better than Tom.

Tragically, when Dr. McCulloch was on his way to Egypt for a sightseeing trip, his plane EgyptAir flight 990 crashed just off the coast of Massachusetts.

Tom McCulloch is someone who will be missed by many. His friends and family will miss the man that they all enjoyed spending time with. The rest of us will miss the man who exemplified the selflessness that so few truly possess. It is with this, Mr. Speaker, that I say goodbye to a great American. He will be greatly missed.

ANTITRUST TECHNICAL CORRECTIONS ACT OF 1999

SPEECH OF

HON. HENRY J. HYDE

OF ILLINOIS

IN THE HOUSE OF REPRESENTATIVES

Tuesday, November 2, 1999

Mr. HYDE. Mr. Speaker, I rise in support of H.R. 1801, the Antitrust Technical Corrections Act of 1999, which I have introduced with Ranking Member CONYERS. H.R. 1801 makes four separate technical corrections to our antitrust laws. Three of these corrections repeal outdated provisions of the law: the requirement that depositions in antitrust cases brought by the government be taken in public; the prohibition on violators of the antitrust laws passing through the Panama Canal; and a redundant and rarely used jurisdiction and venue provision. The last one clarifies a long existing ambiguity regarding the application of Section 2 of the Sherman Act to the District of Columbia and the territories.

The Committee has informally consulted the antitrust enforcement agencies, the antitrust Division of the Department of Justice and the Bureau of Competition of the Federal Trade Commission, and the agencies have indicated that they do not object to any of these changes. In response to written questions following the Committee's November 5, 1997 oversight hearing on the antitrust enforcement agencies, the Department of Justice recommended two of the repeals and the clarification contained in this bill. The other repeal was recommended to the Committee by the House Legislative Counsel. In addition, the Antitrust Section of the American Bar Association supports the bill, and I ask unanimous consent to insert their comments in the RECORD.

First, H.R. 1801 repeals the Act of March 3, 1913. That act requires that all depositions taken in Sherman Act equity cases brought by the government be conducted in public. In the early days, the courts conducted such cases by deposition without any formal trial proceeding. Thus, Congress required that the depositions be open as a trial would be. Under the modern practice of broad discovery, depositions are generally taken in private and then made public if they are used at trial. Under our system, this act causes three problems: (1) it sets up a special rule for a narrow class of cases when the justification for that rule has disappeared; (2) it makes it hard for a court to protect proprietary information that may be at issue in an antitrust case; and (3) it can create a circus atmosphere in the deposition of a high profile figure. In a recent decision, the D.C. Circuit invited Congress to repeal this law.

Second, H.R. 1801 repeals the antitrust provision in the Panama Canal Act. Section 11 of the Panama Canal Act provides that no vessel owned by someone who is violating the antitrust laws may pass through the Panama Canal. The Committee has not been able to determine why this provision was added to the Act or whether it has ever been used. However, with the return of the Canal to Panamanian sovereignty at the end of 1999, it is appropriate to repeal this outdated provision. The Committee has consulted informally with the House Committee on Armed Services, which has jurisdiction over the Panama Canal Act. Chairman SPENCE has indicated that the Committee has no objection to this repeal, and the Committee has waived its secondary referral. I thank Chairman SPENCE for his cooperation.

Third, H.R. 1801 clarifies that Section 2 of the Sherman Act applies to the District and the territories. Two of the primary provisions of antitrust law are Section 1 and Section 2 of the Sherman Act. Section 1 prohibits conspiracies in restraint of trade, and Section 2 prohibits monopolization, attempts to monopolize, and conspiracies to monopolize. Section 3 of the Sherman Act was intended to apply these provisions to the District of Columbia and the various territories of the United States. Unfortunately, however, ambiguous drafting in Section 3 leaves it unclear whether Section 2 applies to those areas. The Committee is aware of at least one instance in which the Department of Justice declined to bring an otherwise meritorious Section 2 claim in a Virgin Island case because of this ambiguity. This bill clarifies that both Section 1 and Section 2 apply to the District and the Territories. All of the congressional representatives of the District and the Territories are cosponsors of the bill.

Finally, H.R. 1801 repeals a redundant antitrust jurisdictional provision in Section 77 of the Wilson Tariff Act. In 1955, Congress modernized the jurisdictional and venue provisions relating to antitrust suits by amending Section 4 of the Clayton Act. At that time, it repealed the redundant jurisdictional provision in Section 7 of the Sherman Act, but not the one contained in Section 77 of the Wilson Tariff Act. It appears that this was an oversight because Section 77 was never codified and has rarely been used. Repealing Section 77 will not diminish any jurisdictional or venue rights because Section 4 of the Clayton Act provides any potential plaintiff with the same jurisdiction and venue rights that Section 77 does and it also provides broader rights. Rather, the repeal simply rids the law of a confusing, redundant, and little used provision.

Since the Committee on the Judiciary ordered this bill reported, we discovered two drafting errors that we have corrected in the current managers' amendment that is before the House. One change corrects an incorrect reference to the United States Code. Secondly, we discovered that the language describing the scope of commerce covered by the territorial provision did not precisely parallel that in the existing section 3 of the Sherman Act, and we have changed that language so that the new subsection 3(b) will parallel the existing law.

In addition, we realized after reporting the bill that it would be helpful to clarify the effect of these changes on pending cases. Because the public deposition matter does not affect the litigants' substantive rights, we have made that change apply to pending cases. The other three changes could affect the substantive rights of litigants. For that reason, we have not made those changes apply to pending cases, although we believe that it is unlikely that there are any pending cases that are affected.

I believe that all of these provisions are noncontroversial, and they will help to clean up some underbrush in the antitrust laws. I recommend that the House suspend the rules