and widely supported. And, of course, the good feature, the unique feature, about it was the acquisition of U.S. citizenship.

The first civilian governor of Guam that was appointed by President Harry Truman was Carlton Skinner, who was a young, progressive governor, who made a very skillful transition from military to civilian government. He was a very important figure in the development of the Organic Act and the move from military to civilian government, and he also will be joining us in Guam on August 1 to commemorate the Organic Act.

But the politics of the environment changed along with elections to president, and in 1952, with the election of President Eisenhower, a new governor was selected for Guam, a man by the name of Ford Q. Elvidge, who wrote an article, after he finished his term, in the Saturday Evening Post entitled ''I Ruled Uncle Sam's Problem Child.'' It was a very uncomfortable article to read. Nevertheless, Ford Q. Elvidge allegedly had an experience which indicated how strong the military still was in Guam.

He was appointed to be governor of Guam, but up until the year 1962, people could not go to Guam and people could not leave Guam unless the Navy allowed them to leave or unless the Navy allowed them to come in. This was called military security clearance. Unless an individual had security clearance. This act lasted all the way until 1962. It was started right at the beginning of 1940, as the situation between Japan and the United States started to darken. So this military security clearance executive order was declared by President Franklin Roosevelt.

Well, Ford Q. Elvidge, as he boarded a plane to leave Honolulu to come to Guam to take over as governor was stopped by military officials who refused to let him go on the plane because he did not have the appropriate security clearance from Naval authorities, only pointing out how deeply rooted military authority was in the lives of the people. After some discussion on the matter, they finally relented and they allowed the governor of Guam actually to go to Guam.

So this situation existed in Guam for another 20 years. Finally, in 1968, an elective governorship bill passed the Congress allowing the people of Guam to elect a new governor. The judicial system was simultaneously changed to expand the scope of the authority of the local court system, and later on in 1970 and 1971, there were laws passed in the House of Representatives to create the office of the delegate for the Virgin Islands and a delegate for the people of Guam.

So after the completion of those elements it sort of completed the cycle and it certainly gave the sense that there was complete local self-government in Guam. The people of Guam elected their governor, but this was still 20 years after the original Organic Act. The people of Guam elected a delegate to Congress, which gave them some opportunity to participate in the affairs of the House, although, of course, in the final analysis, there is no voting representation.

An interesting story. When Mr. Won Pat first came as the first delegate, there was some discussion in the initial House rules as to whether to pay him a full salary or not. There was some discussion about that. Fortunately for all the successors to this office, they agreed that they would pay the same salary as they pay other Members of Congress. But it shows, in a way, the kind of step-by-step process.

But there was still something fundamentally incomplete about the Organic Act, and that is that at the end of the day the Organic Act is not a local self constitution. The Organic Act is an act of Congress. And every time we need to change portions of that act, we have to come back to Congress. There is a provision that allows the people of Guam to create a local constitution, but to date that has only been exercised once, and the proposed constitution was defeated because the people of Guam felt strongly that there was still a more fundamental issue even than the creation of a local constitution, and that is the exercise of self-determination.

As I indicated earlier, the United Nations system, which was organized by the victorious powers coming out of World War II, in order to demonstrate that they were on the right side of democracy and to show that they meant democracy for everyone, created a system called the nonself-governing territory system inside the United Nations. To this date, Guam and American Samoa and the Virgin Islands remain on those lists of nonself- governing territories because there has not been a full exercise of self-determination to decide in what direction they wish to go and what directions are made available to them by what is termed, in the United Nations language of this relationship, the administering power.

So Guam continues to be a nonself-governing territory. It remains a nonself-governing territory because it does not have any voting participation in the laws that are applicable to them in any respect. So an individual living in a territory and a law is passed here on the Endangered Species Act or a law regarding the regulation of land or the law regarding taxation, and that law has some applicability to that person, it violates the very first tenet of the American creed, which is government by the consent of the governed. And there is no consent to governance.

Now, one can argue that there is a sense of participation; that there is some level of involvement, but at the end of the day there is no real consent of the governed. And of course people in the territories do not vote for the President, though, of course, he is our President as much as he is the President of any other American, and we go off to war just like we go off to war with other Americans as well, and he is our Commander in Chief.

Today, at the end of the day and some 50 years having elapsed since the passage of the Organic Act, many see the Organic Act in Guam as reflective of past events and, to some extent, past political traumas; as seen as evidence of continued Federal control of Guam; as seen as passe at worst, maybe transitional at best. But I believe that that is looking backward, forgetting the sweet victory that the Organic Act represented in 1950.

It was the kind of progress that was possible at the time, and it was progress that many people worked hard to achieve. It took many people to get us to that point, and we must not forget the efforts of those very hard working, sincere persons from Guam, as well as their friends here in Washington, D.C. who brought genuine political progress to Guam. We must not forget that they slain real dragons, they overcame real barriers, and they brought down a system of military government that, in the final analysis, did not really want to leave.

So the Organic Act, while it is properly seen in its historical development for the island I represent is certainly not the Magna Carta for Guam or the declaration for Guam or not even the constitution for Guam, but it is an important document that embodied a fundamental shift of government from people in uniform to people in civilian clothes; a document that embodied the principle that there should be some consent of the governed over laws that are made locally; that embodied and most importantly recognized the loyalty of the people of Guam through an horrific occupation and finally declared them to be U.S. citizens en masse.

At this time that we recognize this very important anniversary for the people of Guam, we must be mindful of the fact that there are still many tasks ahead of us. But at least let us remember August 1, 1950, and on August 1, 2000 take time and reflect upon our past history, the work of such great people in my own island's history, like Antonio Borja Won Pat, F. B. Leon Guerrero, and B. J. Bordallo, and take the time to honor and pay tribute to those men.

VIOLENCE AGAINST WOMEN ACT AND NIH FUNDING

The SPEAKER pro tempore (Mr. WHITFIELD). Under the Speaker's announced policy of January 6, 1999, the gentlewoman from Maryland (Mrs. MORELLA) is recognized for 60 minutes as the designee of the majority leader.

Mrs. MORELLA. Mr. Speaker, I appear before this House in the hopes that we will make a resolution when we return from our district work period, a resolution that adds on to the commitment that we made in 1994 to

recognize and fight back against domestic violence and sexual assault by passing the Violence Against Women Act as part of the Crime Bill. That is what happened in 1994.

Now, over the past 5 years, over a billion dollars of Federal money has funded law enforcement training, shelters, counseling for victims, and prevention programs for batterers and children. With so little time left in the 106th Congress, we really must focus on reauthorizing the Violence Against Women Act. H.R. 1248, which I introduced, currently has 215 cosponsors, and it recently passed the Committee on the Judiciary by unanimous consent. Indeed, it should be considered in the full House just as soon as we return. The progress made by thousands of victims and advocates in every State and district could be in jeopardy if we do not.

Now, Mr. Speaker, I want to take this opportunity to talk about the National Institutes of Health, which is in my district, and again the commitment that we in Congress have made to double the funding for the National Institutes of Health over a 5-year period.

Over the last 6 years, we have been very fortunate to have the House appropriations subcommittee that deals with the National Institutes of Health chaired by my very good friend, the gentleman from Illinois (Mr. PORTER), who will not be seeking reelection for the next Congress. We indeed will miss him, his support, his interest in the health and the welfare of our Nation's citizens, and his commitment to doubling the funding of NIH over 5 years.

This objective, to which I am committed, to double this budget, began in 1998 when we successfully enacted a 15 percent increase in the NIH appropriation for fiscal year 1999. We succeeded again with another 15 percent increase for fiscal year 2000. And we are now at the third step in achieving our goal of doubling the NIH budget by 2003. I urge the conference committee on the appropriations for the Labor HHS bill to continue this commitment and fund NIH $20.5 billion, which is the full 15 percent increase of $2.7 billion. There is clearly no better time than now to recommit our pledge to doubling this funding.

Recent analyses by the Congressional Budget Office shows that this year's budget surplus is a record surplus of $232 billion. This is a $53 billion increase from the April projection. And over the next decade the CBO expects the surplus to grow between $4.5 trillion and $5.7 trillion, significantly more than what was expected just 3 months ago.

Mr. Speaker, Albert Einstein is quoted as having once said, ''The only justifiable purpose of political institutions is to ensure the unhindered development of the individual.'' As a political institution, we must do just that, to ensure the pursuit of science and unraveling the mysteries of mankind.

□ 1915

By way of science and knowledge, we are ensuring the unhindered development of the individual. The National Institutes of Health is a world renowned institution located in Montgomery County, Maryland. It is considered the leading force in mankind's continued war against all forms of cancer, HIV/AIDS, blindness, autoimmune diseases, mental illness, and so many life-threatening and debilitating diseases.

I doubt if there is one person in this Congress whose life or family is not affected by a disease that depends on the research being funded by NIH.

It is not by chance that the United States is the undisputed world leader in high-tech medical science and drug development. It is in large part because the Federal Government has made a commitment to fund basic biomedical research for over 50 years and create a strong partnership with the private sector to bring new life-saving treatments to patients throughout the world.

The Federal commitment to biomedical, behavioral, and population-based research is responsible for the continued development of an ever-expanding base that has contributed to medical advances that have profoundly improved the length and the quality of life for all Americans.

These are remarkable times, Mr. Speaker. Never before in the history of mankind have we experienced such an explosion of discoveries. Information gained from NIH research is revolutionizing the practice of medicine and the future direction of scientific inquiry.

Recently, the international Human Genome Project partners and Celera Genomics Corporation jointly announced that they have completed a working draft assembly of the human genome. This is a truly significant milestone for science and medicine.

For the first time in our history, researchers have available with just a few clicks on their computer the nearly 3.1 billion letters that make up the human instruction book. All of the sequence data produced by the publicly supported human genome project is deposited daily in GenBank, a freely available sequence database maintained by the NIH's National Center for Biotechnology Information.

Public consortium centers produce far more sequence data than expected. In a matter of about 15 months, 22 billion bases, or letters, of raw sequence data was produced, providing sevenfold coverage of the human genome. As a result, the working draft is substantially closer to the ultimate finished form than the consortium expected at this stage.

This is an NIH success story. Reaching this milestone is just the beginning. The project now turns more of its energy and resources to the development of tools to understand the instructions encoded in the billions of bases of DNA sequence. Alterations in our genes are responsible for an estimated 5,000 clearly hereditary diseases, such as Huntington's disease, cystic fibrosis, and sickle-cell anemia.

They are also believed to influence the development of thousands of others more common diseases, such as schizophrenia, Alzheimer's disease, cancers, heart disease, diabetes, and arthritis.

As a result, decoding this information is expected to lead to powerful new ways to prevent, diagnose, treat and cure disease. This will occupy the time and energy of biomedical scientists for decades to come.

When will there be a better time to invest in biomedical research than now? I do not know of one.

Yesterday, July 26, 2000, was the 10th anniversary of the Americans With Disabilities Act. Fifty-four million Americans have a disability. That is 20 percent of our population.

We have a dire need in this country to focus our efforts on the health of our citizens. The number of Americans over age 65 will double in the next 30 years to more than 69 million. A significant portion will develop some form of a disability.

Research is needed. It is needed to help reduce the enormous economic and social burdens that are posed by chronic diseases such as osteoporosis, arthritis, Parkinson's, and Alzheimer's disease, cancer, heart disease, and stroke.

With so many of these diseases that are debilitating or life-threatening, we are so close, so close to the finish line in finding a cure and being able to provide for a treatment or a cure. We now talk of finding cures for so many diseases in 5 years in our lifetime.

NIH-funded research enter many of these diseases, and that is the foundation underlying the search for answers. Without the essential role that the NIH is playing in our health care equation, we as a Nation will fail to achieve the goal of a healthier, more productive Nation.

The American people want increased funding for medical research. Many polls have shown that the majority of Americans support Federal investment in medical research. With this research, we have learned that disease is a complex and evolving enemy.

Despite the extraordinary progress that has been made in the fight against many diseases, serious challenges still exist. I want to mention several examples of a new preventive strategy against disease which is changing the lives of millions of Americans.

This month, NIH announced a new clinical trial of 10 research centers which will soon begin testing a promising technique for transplanting insulin-producing pancreas cells that may one day allow people with type-one diabetes to stop their insulin shots.

This year a team of researchers funded by the National Institute of Child Health and Human Development has found that infants who die of Sudden Infant Death Syndrome suffer from abnormalities in certain regions of the brain stem. This brings us closer to

finding a preventive treatment for SIDS.

In a ground-breaking, NIH-funded study published in the July issue of the proceedings of the National Academy of Sciences, researchers rapidly restored lost vision in a mouse model of Leber's. Leber's is a group of severe, early-onset, retinal degenerative diseases causing rapid vision loss at birth or during very early childhood.

This finding represents the first time researchers have restored vision in an animal model of retinal degeneration. The researchers are now moving toward doing human clinical trials.

Mr. Speaker, scientific advances resulting from NIH-supported research mean improved health and reduced suffering, job creation, biomedical research, and biotechnology, and far-reaching economic benefits touching every State through major universities, government laboratories, and research institutes.

In global competition, biomedical research and biotechnology are areas of strong American leadership and commitment. Continued support for the National Institutes of Health will ensure that American scientific excellence continues as we move through this century. We can afford to do no less for this generation and for generations to come.

I urge my colleagues to continue with our objective of doubling the budget for the National Institutes of Health.

LEAVE OF ABSENCE

By unanimous consent, leave of absence was granted to:

Mr. GILMAN (at the request of Mr. ARMEY) for July 24 and the balance of the week on account of medical reasons.

Mr. WOLF (at the request of Mr. ARMEY) for today until 1:00 p.m. on account of attending a funeral.

SPECIAL ORDERS GRANTED

By unanimous consent, permission to address the House, following the legislative program and any special orders heretofore entered, was granted to:

(The following Members (at the request of Mr. KIND) to revise and extend their remarks and include extraneous material:)

Mr. PALLONE, for 5 minutes, today.

Mr. CUMMINGS, for 5 minutes, today.

Mr. STRICKLAND, for 5 minutes, today.

Mr. KIND, for 5 minutes, today.

(The following Members (at the request of Mr. GOSS) to revise and extend their remarks and include extraneous material:)

Mr. DEMINT, for 5 minutes, today.

Mr. GOSS, for 5 minutes, today.

Mr. JONES of North Carolina, for 5 minutes, today.

Mrs. WILSON, for 5 minutes, today.

REPRINTED WITH CORRECTED TEXT AND TITLE, AS PASSED BY THE HOUSE ON JULY 19, 2000.

H.R. 2634

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the ''Drug Addiction Treatment Act of 2000''.

SEC. 2. AMENDMENT TO CONTROLLED SUBSTANCES ACT.

(a) IN GENERAL.—Section 303(g) of the Controlled Substances Act (21 U.S.C. 823(g)) is amended—

(1) in paragraph (2), by striking ''(A) security'' and inserting ''(i) security'', and by striking ''(B) the maintenance'' and inserting ''(ii) the maintenance'';

(2) by redesignating paragraphs (1) through (3) as subparagraphs (A) through (C), respectively;

(3) by inserting ''(1)'' after ''(g)'';

(4) by striking ''Practitioners who dispense'' and inserting ''Except as provided in paragraph (2), practitioners who dispense''; and

(5) by adding at the end the following paragraph:

''(2)(A) Subject to subparagraphs (D) and (J), the requirements of paragraph (1) are waived in the case of the dispensing (including the prescribing), by a practitioner, of narcotic drugs in schedule III, IV, or V or combinations of such drugs if the practitioner meets the conditions specified in subparagraph (B) and the narcotic drugs or combinations of such drugs meet the conditions specified in subparagraph (C).

''(B) For purposes of subparagraph (A), the conditions specified in this subparagraph with respect to a practitioner are that, before the initial dispensing of narcotic drugs in schedule III, IV, or V or combinations of such drugs to patients for maintenance or detoxification treatment, the practitioner submit to the Secretary a notification of the intent of the practitioner to begin dispensing the drugs or combinations for such purpose, and that the notification contain the following certifications by the practitioner:

''(i) The practitioner is a qualifying physician (as defined in subparagraph (G)).

''(ii) With respect to patients to whom the practitioner will provide such drugs or combinations of drugs, the practitioner has the capacity to refer the patients for appropriate counseling and other appropriate ancillary services.

''(iii) In any case in which the practitioner is not in a group practice, the total number of such patients of the practitioner at any one time will not exceed the applicable number. For purposes of this clause, the applicable number is 30, except that the Secretary may by regulation change such total number.

''(iv) In any case in which the practitioner is in a group practice, the total number of such patients of the group practice at any one time will not exceed the applicable number. For purposes of this clause, the applicable number is 30, except that the Secretary may by regulation change such total number, and the Secretary for such purposes may by regulation establish different categories on the basis of the number of practitioners in a group practice and establish for the various categories different numerical limitations on the number of such patients that the group practice may have.

''(C) For purposes of subparagraph (A), the conditions specified in this subparagraph with respect to narcotic drugs in schedule III, IV, or V or combinations of such drugs are as follows:

''(i) The drugs or combinations of drugs have, under the Federal Food, Drug, and Cosmetic Act or section 351 of the Public Health Service Act, been approved for use in maintenance or detoxification treatment.

''(ii) The drugs or combinations of drugs have not been the subject of an adverse determination. For purposes of this clause, an adverse determination is a determination published in the Federal Register and made by the Secretary, after consultation with the Attorney General, that the use of the drugs or combinations of drugs for maintenance or detoxification treatment requires additional standards respecting the qualifications of practitioners to provide such treatment, or requires standards respecting the quantities of the drugs that may be provided for unsupervised use.

''(D)(i) A waiver under subparagraph (A) with respect to a practitioner is not in effect unless (in addition to conditions under subparagraphs (B) and (C)) the following conditions are met:

''(I) The notification under subparagraph (B) is in writing and states the name of the practitioner.

''(II) The notification identifies the registration issued for the practitioner pursuant to subsection (f).

''(III) If the practitioner is a member of a group practice, the notification states the names of the other practitioners in the practice and identifies the registrations issued for the other practitioners pursuant to subsection (f).

''(ii) Upon receiving a notification under subparagraph (B), the Attorney General shall assign the practitioner involved an identification number under this paragraph for inclusion with the registration issued for the practitioner pursuant to subsection (f). The identification number so assigned clause shall be appropriate to preserve the confidentiality of patients for whom the practitioner has dispensed narcotic drugs under a waiver under subparagraph (A).

''(iii) Not later than 45 days after the date on which the Secretary receives a notification under subparagraph (B), the Secretary shall make a determination of whether the practitioner involved meets all requirements for a waiver under subparagraph (B). If the Secretary fails to make such determination by the end of the such 45-day period, the Attorney General shall assign the physician an identification number described in clause (ii) at the end of such period.

''(E)(i) If a practitioner is not registered under paragraph (1) and, in violation of the conditions specified in subparagraphs (B) through (D), dispenses narcotic drugs in schedule III, IV, or V or combinations of such drugs for maintenance treatment or detoxification treatment, the Attorney General may, for purposes of section 304(a)(4), consider the practitioner to have committed an act that renders the registration of the practitioner pursuant to subsection (f) to be inconsistent with the public interest.

''(ii)(I) A practitioner who in good faith submits a notification under subparagraph (B) and reasonably believes that the conditions specified in subparagraphs (B) through (D) have been met shall, in dispensing narcotic drugs in schedule III, IV, or V or combinations of such drugs for maintenance treatment or detoxification treatment, be considered to have a waiver under subparagraph (A) until notified otherwise by the Secretary.

''(II) For purposes of subclause (I), the publication in the Federal Register of an adverse determination by the Secretary pursuant to subparagraph (C)(ii) shall (with respect to the narcotic drug or combination involved) be considered to be a notification provided by the Secretary to practitioners, effective