a 2; it has gone in the interest of conciliation and compromise, so we now have one. And it is that the House stick by its position on a very important subject, and I appreciate the gentleman from Ohio's support on this.

What we have done in this bill, in both bodies, is to increase the information to consumers about credit reports. We have in various ways, by increasing the flow of information, given the consumers a better chance to know what is being said about them. But there was one flaw that came to me as I read the volumes of testimony that we got, namely, there was a problem with the input of the information at the outset, the accuracy. What we have is, in the law, a very low standard of care that the initial furnishers of the information have to have.

I understand they are having problems. We are not trying to overburden them. Indeed, I have talked to the gentleman from California (Mr. ROYCE) about some ways later on to modify this to keep people from being flooded; but essentially what the motion says is that we stick by the language in our bill that makes it easier, if you get this information and it tells you that there was some inaccuracy about you, this bill, this language, makes it easier for you to get that corrected. It means that you are entitled to more cooperation than under current law to get inaccurate information about you corrected. That is what we do. I appreciate the gentleman from Ohio's support.

Mr. OXLEY. Mr. Speaker, will the gentleman yield?

Mr. FRANK of Massachusetts. I yield to the gentleman from Ohio.

Mr. OXLEY. I thank my friend from Massachusetts for yielding.

Mr. Speaker, let me say to my good friend that this is a bill that passed this House a few weeks ago with, I think, 392 votes and had strong bipartisan support because of the work that the committee did in working with all sectors of the committee on this important issue. All of us know that we need to reauthorize the Fair Credit Reporting Act by the end of this year, and so time is of the essence. I am prepared to not only associate myself with the remarks of the gentleman from Massachusetts but also to support his motion to instruct.

Mr. MOORE. Mr. Speaker, I rise in support of the motion to instruct conferees being offered by the ranking Democratic member of the financial Services Committee, Mr. FRANK. As a member of that committee, I was deeply involved in the drafting and consideration of the Fair and Accurate Credit Transactions Act.

I was pleased to join with my colleagues, Representatives BACHUS, HOOLEY and BIGGERT, in introducing this bipartisan measure. This bill was approved in subcommittee on a vote of 41–0, in full committee by a vote of 63–3 and by the full House by a vote of 392–30 with one voting present. Earlier this week, the Senate approved a similar version of this bill by 95–2.

Mr. Speaker, this is the way Congress should work. This is the way our constituents want us to conduct their business. Consideration of this bill consistently has been bipartisan and thoughtful. All members of the committee with opinions and proposals on the issues raised by H.R. 2622 were able to offer amendments and participate in debate. The way in which this measure was handled made this a stronger piece of legislation than the version we introduced. I commend our committee's leadership, Chairman OXLEY and Ranking Democrat FRANK, for making this proposal.

The instructions before us today urge the conferees to agree to provisions in the House bill that will enhance the accuracy of information which creditors, retailers and other furnishers of information provide to consumer reporting agencies. They also add new requirements that provide consumers with an additional option to correct their consumer files by disputing information directly with individual furnishers of that information.

Mr. Speaker, the problems of inaccurate and incomplete information that plague the current credit reporting system are of great personal concern to those of our constituents who have suffered them. I'm sure each of us could relate instances involving constituents who have faced tremendous difficulty and aggravation in correcting inaccurate credit histories.

This legislation directly addresses these very real problems faced by people every day of the year. The provisions of the motion to instruct will ensure that the new law does so meaningfully.

Our credit system is the envy of every other country in the world. Our country, overall, does an excellent job of making credit available quickly and fairly to consumers and businesses. Enactment of H.R. 2622 will preserve and strengthen this system. I urge my colleagues to support the Frank motion and to support the conference report that should be before us within a few weeks.

Mr. FRANK of Massachusetts. Mr. Speaker, I yield back the balance of my time.

Mr. OXLEY. Mr. Speaker, I yield back the balance of my time.

The SPEAKER pro tempore. Without objection, the previous question is ordered on the motion to instruct.

There was no objection.

The SPEAKER pro tempore. The question is on the motion to instruct offered by the gentleman from Massachusetts (Mr. FRANK).

The motion to instruct was agreed to.

A motion to reconsider was laid on the table.

APPOINTMENT OF CONFEREES

The SPEAKER pro tempore. Without objection, the Chair appoints the following conferees: For consideration of the House bill and the Senate amendment, and modifications committed to conference: Messrs. OXLEY, BEREUTER, BACHUS, CASTLE, ROYCE, NEY, Mrs. KELLY, Mr. GILLMOR, Mr. LATOURETTE, Mrs. BIGGERT, Messrs. SESSIONS, FRANK of Massachusetts, KANJORSKI, SANDERS, Ms. WATERS, Mr. WATT, Mr. GUTIERREZ, Ms. HOOLEY of Oregon and Mr. MOORE.

There was no objection.

GENERAL LEAVE

Mr. OXLEY. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days to revise and extend their remarks on the motion to go to conference and the motion to instruct on the bill, H.R. 2622, and to insert extraneous material thereon.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Ohio?

There was no objection.

MOTION TO INSTRUCT CONFEREES ON H.R. 2660, DEPARTMENTS OF LABOR, HEALTH AND HUMAN SERVICES, AND EDUCATION, AND RELATED AGENCIES APPROPRIATIONS ACT, 2004

Mr. BELL. Mr. Speaker, I offer a motion to instruct.

The SPEAKER pro tempore. The Clerk will report the motion.

The Clerk read as follows:

Mr. BELL moves that the managers on the part of the House at the conference on the disagreeing votes of the two Houses on the bill, H.R. 2660, be instructed to insist on the highest funding levels possible for the National Institutes of Health.

The SPEAKER pro tempore. Pursuant to clause 7 of rule XXII, the gentleman from Texas (Mr. BELL) and the gentleman from Ohio (Mr. REGULA) each will control 30 minutes.

The Chair recognizes the gentleman from Texas (Mr. BELL).

Mr. BELL. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I rise today to address an issue that affects every Member in the House as well as every American that we speak for in this body. I am talking about the future health of our Nation and our commitment as a society to cure disease, end suffering, and improve the quality of life for our fellow citizens.

Disease does not discriminate in America. It is not partisan. It takes as its victims men and women of every race and ethnicity, every socioeconomic bracket, rich or poor, Republican or Democrat, young or old. Disease can strike anyone: cancer, Alzheimer's, Parkinson's, AIDS, diabetes, depression, ALS, multiple sclerosis, sickle-cell anemia, heart disease. The most talented, the most brilliant, the most loving and the most giving people in the world have been and continue to be victims of these baffling diseases. These are diseases that have affected America's best and brightest.

Health is the principal building block to our Nation's wealth and welfare. Our ability to produce, create, innovate, contribute, and lead this great country through the next generations and the true measure of greatness of our free society which promises life, liberty and the pursuit of happiness are in large part dependent on the commitment we in the United States Congress make to the future of health and science research and discovery. I am talking about the funding level this body determines for the National Institutes of Health, or NIH as it is known.

As all of my colleagues know, what began as a one-room laboratory of hygiene in 1887 is now today one of the world's foremost medical research centers. The National Institutes of Health is the steward of medical and behavioral research for our Nation. The NIH provides leadership and direction to programs designed to improve the health of the Nation by conducting and supporting research in the causes, diagnosis, prevention, and cure of human diseases.

Because we have invested in the NIH, it is estimated that 62,000 HIV-related deaths were prevented in the year 2000, 241,000 stroke-related deaths were prevented in the year 2000, and 815,000 coronary heart-related disease deaths were prevented in the year 2000. In cancer research alone, in childhood leukemia, the cure rate has reached 80 percent as a result of a host of new drugs. Testicular cancer now has a 91 percent cure rate, and for prostate cancer, the annual death rates have been reduced by 28 percent. Ovarian cancer can now be diagnosed through a simple blood screening. We now have the wonderful new drug Tamoxifen to treat breast cancer.

The proposal for fiscal year 2004 would be the smallest percentage increase for NIH in 18 years and a sharp deceleration from the 15 percent annual increases that NIH received in recent years under the bipartisan program to double the medical research budget. The House-passed version of the fiscal year 2004 Labor-HHS-Education Appropriations Act provides an increase of just 2.5 percent, which translates into $682 million, an increase that may not even keep up with the rate of inflation. The bottom line is, if there is a cure, the NIH will most likely find it. We must give them the proper resources to do their job.

This is not a partisan issue. This is our issue, yours and mine. I know I am not the only one that feels this way. I know that I am joined by my friends on both sides of the aisle. In fact, I am proud to say that I was joined by 213 of my colleagues in the House, both Democrats and Republicans, in sending a letter to the conferees urging them to provide the highest level of funding possible for the NIH. Therefore, it is my hope that we can continue to move forward on this issue in a bipartisan fashion, which is why I hope the leadership of both parties and my fellow colleagues on both sides of the aisle will all join me in voting for this motion to instruct on a matter I believe a majority of this body already supports. It is just too important to all of us here and to all Americans for us to ignore.

Mr. Speaker, I reserve the balance of my time.

Mr. REGULA. Mr. Speaker, I yield myself such time as I may consume.

(Mr. REGULA asked and was given permission to revise and extend his remarks.)

Mr. REGULA. Mr. Speaker, I am pleased today to rise to discuss the funding the Committee on Appropriations has provided to the National Institutes of Health and respond to the motion to instruct from the gentleman from Texas. I think all Members of the House have been touched by a family member or constituent with a heart-wrenching medical problem who turned to the research supported by NIH as their hope for recovery or relief from pain.

The fiscal year 2004 appropriation bills passed by the House and Senate continue the tradition of congressional support. The House bill provides almost a $700 million increase for NIH, one of the largest program increases in the bill and the largest increase in the Department of Health and Human Services. This comes on the heels of completing the doubling of funding for NIH over a 5-year period, from $13.7 billion to $27 billion in the short span of 5 years.

□ 1700

I think the chart we have here tells the story very eloquently. We can see on the bar graph how much since 1996 NIH funding has increased through the doubling mechanism, and it is very substantially more than it was when the Republicans took over. It was $13 billion. Now, it is $27 billion. And I think it shows the commitment of the majority party to NIH. Yes, it is a little bit less than the doubling era, but we cannot continue that; we do not have the resources, but it still provides an increase in new grants and the highest total level of grants in NIH's history. And because NIH had more than a $1 billion of one-time costs in fiscal year 2003 that can be converted to research funding in fiscal year 2004, the real increase for NIH is more than 6 percent, that is, for research programs, a level in line with most annual increases prior to the doubling.

I am confident that Dr. Zerhouni, the new director of NIH, will lead the agency on a productive new path in the postdoubling era. I am enthused about the ''road map'' he has unveiled after extensive consultation with the research community. Of course, we would all like to provide Dr. Zerhouni with the highest possible funding level in conference, and I am confident we will do that. I intend to support the gentleman's motion. I think the House has already demonstrated that they want to do it with the highest possible funding level in light of the resources made available to us as the Committee on Appropriations, and I have no quarrel with the gentleman and I know that we will, in conference, try to reach the highest funding level that is possible because NIH is an extremely important resource of this Nation. They have done great work over the years, and we are very supportive of them both in our subcommittee and the Committee on Appropriations and in conference.

Mr. Speaker, I reserve the balance of my time.

Mr. BELL. Mr. Speaker, I yield myself 1 minute.

I would like to thank the gentleman from Ohio for his support for the motion to instruct. And all I would like to say in response is that I hope that he will join me in trying to urge the conferees to look for the highest level of funding possible. In that 2.5 percent, while it may be a little bit more money, the rate of inflation is predicted to be 3.3 percent. So one could make the argument that this will be a net decrease and it will have a dramatic impact on the following diseases: cancer, Parkinson's, Alzheimer's, heart disease, HIV/AIDS, depression and mental illness, diabetes, dental diseases, measles, ALS, kidney disease, genome research.

Everybody knows the incredible need that we face, and I very much appreciate the gentleman from Ohio's recognizing that, and, hopefully, we can get a much higher level of funding from the conferees.

Mr. Speaker, I yield 3 minutes to the gentleman from Rhode Island (Mr. LANGEVIN).

(Mr. LANGEVIN asked and was given permission to revise and extend his remarks.)

Mr. LANGEVIN. Mr. Speaker, I thank the gentleman for yielding me this time.

I want to say that I rise in strong support of the Bell motion to instruct conferees on the Labor, Health and Human Services and Education Appropriations bill to increase funding for the National Institutes of Health to the highest level possible.

Mr. Speaker, I was proud to be a part of the Congress that worked together with Presidents Clinton and Bush to double the budget of the NIH between 1998 and 2003. I want to especially commend the gentleman from Ohio (Chairman REGULA) and the ranking member for their leadership on this issue.

The growth during those years has already yielded amazing results, and we are just beginning to see the fruits of that landmark achievement. Everyone agrees this investment in the future of medicine was the right decision to make for America and, indeed, for the world.

The outcomes of these cutting-edge projects are opportunities for us to understand diseases, improve health, and open the doors to future progress through the application of scientific research. We are on the road to obtaining the knowledge we need to more fully understand and ultimately control or defeat cancer, Parkinson's disease, diabetes, paralysis, and many other diseases and conditions. These projects also play a key role in preparing the Nation for incidents of bioterrorism.

Given how far we have come in this remarkable bipartisan effort, I am extremely disappointed that the Labor, Health and Human Services and Education Appropriations bill by the House this year contained a margin of increase that inconsistent with all that we have accomplished in recent years.

The House-passed increase of 2.5 percent would be the smallest percentage increase in 18 years, as aptly pointed out by my colleague, and would fail to sustain these projects that have only just begun. In fact, 2.5 percent falls far short of what is needed merely to keep up with inflation, again, pointed out by my colleague. Experts in the research field have made it clear to me that they need an estimated 8 to 10 percent increase in funding to renew the many ongoing multi-year research projects, while encouraging new research projects and exploring new ideas and avenues of inquiry.

Mr. Speaker, we must do all we can to encourage younger physicians and scientists interested in medical research careers to use their talents for the greater good. Millions of Americans now suffering with diseases and illnesses deserve our continued commitment to new research and ultimately to a cure. To that end, Mr. Speaker, I urge all of my colleagues to vote in favor of the Bell motion to instruct. I commend my colleague for offering the motion.

Mr. REGULA. Mr. Speaker, I yield 5 minutes to the gentleman from Florida (Mr. SHAW), a strong booster of the NIH.

Mr. SHAW. Mr. Speaker, I rise in very strong support for the motion to instruct. I think through the years in all the years that I have been in Congress, we have seen great bipartisan support when it comes to the National Institutes of Health, and it is because we are getting so close so many breakthroughs. Cures for cancer, cures for diabetes, the list goes on and on and on, and we are going to improve the quality of life for so many people throughout the world, and we are going to also extend the life of so many people.

When we look at the tremendous breakthroughs that we have had with diseases such as cancer, I myself was a victim of cancer, and it was, I think, probably the most dangerous cancer one can have, and that is cancer of the lungs. We do not spend nearly enough on lung cancer research. We need to do a much better job. We need to do more. Lung cancer kills more people than the next three combined, and this means we need to get moving over into that direction.

I asked the question once why do we not spend more on lung cancer? And one of the answers I got was that there are so few survivors that push for this and for more and more research in this area. And we get another answer: It is caused by smoking. I had not smoked in 30 years, and the type of cancer I had of the lung is the nonsmoking type of cancer. But early detection and this research is the key to wiping out all of these diseases.

My prognosis is very good. I get regular checkups, and I will be fine. But there are so many out there that are suffering, that the clock is ticking and their life is very limited, and I just lost two of my good friends in Ft. Lauderdale to lung cancer within the last year. And I was giving the eulogy for a very dear friend of mine only 2 months after my operation; she died of lung cancer. It is a terrible disease. We are so close to unlocking all these secrets, and we are so close to being able to offer more and more early detection with all the wonderful breakthroughs that we have had.

So I compliment the chairman and the gentleman from Texas (Mr. BELL) on the motion to instruct. I am sure that it will get wide bipartisan support, and I also want to applaud the tremendous increases in funding that we have had over the years. I think that shows that the Congress does definitely care. We are concerned about the life and the health of all Americans and people throughout the world who all benefit from the wonderful research that goes on at NIH.

Mr. BELL. Mr. Speaker, I yield myself 15 seconds.

I just want to thank the gentleman from Florida for his comments and evidencing the strong bipartisan support that this motion to instruct does enjoy.

Mr. Speaker, I yield 4 minutes to the gentleman from Maryland (Mr. VAN HOLLEN).

Mr. VAN HOLLEN. Mr. Speaker, I rise to support the motion of my colleague from Texas and thank him for his leadership on this issue.

If there is anything that we as a Nation ought to be able to agree on, it is our common resolve to fight and overcome the scourge of disease and disability. This is not a Democratic issue. This is not a Republican issue. It is an American issue. It is really a human issue. And I want to commend the gentleman from Ohio (Mr. REGULA) and the others who on a bipartisan basis over the years have helped double and really make a commitment to this issue.

There are literally tens of thousands of our fellow citizens and their families waiting today, right now as we are talking on this floor, for a cure or a treatment or a breakthrough that will mean the difference between sickness and health, between hope and despair, between independence and suffering, between life and death.

How disappointing, then, that after following through on our noble bipartisan effort to double our NIH budget over 5 years, we should be here today talking about an effective freeze on spending, on our investment in basic biological and biomedical research. It is as if we had our collective foot on the pedal together in a race for a cure on all these diseases and then all of a sudden we slam on the brakes. What happened? Did we win the race against these diseases? Of course not. Is there any less need today? No. Are there fewer promising avenues for research? Of course not. In fact, the opposite is true. We are poised, because of our investments over the last 5 years, to make breakthroughs in many areas if we continue to commit the necessary resources.

I am very proud of the fact that the National Institutes of Health has its home in my congressional district. We also have a flourishing biomedical research industry developing the medicines of tomorrow. We have just completed mapping the human genome. We are on the threshold of many new discoveries, many new cures, and we have the potential for breakthroughs in so many areas. Now is not the time to rest.

The House-passed appropriation calls for just a 2.5 percent increase, the smallest in 18 years, and effectively, when we consider the fact that biomedical inflation is 3.3 percent, it effectively takes us backwards. The Senate came in at 3.5 percent, barely standing still. What are we saying? What kind of message are we sending to our citizens? What are we telling our families? Sorry, the tax cuts were just too important? Sorry, this just is not one of our top priorities anymore? Do not worry, we need to take a breather, there is always next year? That is the wrong message to send. Diseases do not call it quits. Diseases do not say okay, time out for this year, wait until next year. And neither should we.

So I congratulate my colleague from Texas for offering this motion. I urge my colleagues on both sides of the aisle to continue that bipartisan support that we have had for the last 5 years in doubling the NIH budget. Let us continue it. Let us make a renewed commitment not to put the brakes on, which is unfortunately what this budget does. Let us take advantage of the investments and the knowledge we have gained over the last 5 years to follow through and come up with cures to so many diseases that plague our citizens.

□ 1715

Mr. REGULA. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, let me reiterate that in the last 5 years we have doubled the budget of NIH. We have had some wonderful results. They testified in our committee not long ago that today, because of advances in medical science, every 5 years life expectancy goes up 1 year. That is a tremendous breakthrough and achievement, particularly for our younger people. I look at my 20-month-old granddaughter and think how much more she will have in years, and, hopefully, quality years. That is the other challenge of NIH.

Let me say again that this is a little misleading to talk about a freeze, because last year we put a lot of money in construction, which is not in this budget. So in real terms of research this budget is up 6 percent, because of the money that will be available that has not been put into construction, as has been the case in other years.

I also want to commend Dr. Zerhouni, the new director of NIH. I

think we can look forward to his leadership being very effective on the part of this institution. He has developed a new road map, after extensive consultation with the research community; and the road map is designed to bring the NIH greater successes than they have experienced in the past. That is a great credit to his leadership; it is a great credit to Secretary Thompson, who named him to this position, and to President Bush, who supported this very strongly.

I think we can look forward to a continued period of great accomplishments from NIH. We are very supportive of this effort and will put the highest amount possible, as stated in the motion to instruct. We will do that.

But we have limitations. We have the budget. We have the dollars available to us. In our subcommittee, it is not just NIH. It is education; it is IDEA. There was an extra $1 billion we put in this year. There are a whole host of good programs.

I say our Subcommittee on Labor, Health and Human Services, Education and Related Agencies is the love-your-neighbor committee, because all 280 million Americans in one way or another have their lives touched by the education programs, by NIH research, by our Labor Department programs to help people get relocated and get new jobs in the event of plant closures.

So we are going to do the best we can. This motion to instruct, we are going to support it because it says essentially what the committee will try to do in conference.

Mr. Speaker, I yield back the balance of my time.

Mr. BELL. Mr. Speaker, I yield 3½ minutes to the gentleman from Massachusetts (Mr. MARKEY).

Mr. MARKEY. Mr. Speaker, I thank the gentleman from Texas for yielding me time.

Mr. Speaker, I want to begin by saying that this is a moment in American history where we begin to pay the price for the Bush tax cuts. For 3 years, we have been told that the $3 trillion worth of tax cuts that are now going to be put in place over the next 15 years, that we do not have to worry because it will not impact on education, it will not impact on Social Security, it will not impact on Medicare, it will not impact on Medicaid, it will not impact on NIH. Do not worry.

Well, the gentleman from Ohio did a wonderful job doubling the NIH budget over a 5-year period. He has got a heart of gold. But this issue is now out of his control. There is no money left. We have got to tighten our belt.

How about in Iraq? Well, not there. There, we have an ability to send $87.5 billion this year, on top of the $75 billion we have already spent. For NIH, sorry, no increase. No increase? Fourteen million Americans are going to have Alzheimer's by the time all the baby boomers have retired, 14 million. Five million are going to have Parkinson's disease by the time all the baby boomers have retired; 1½ million Americans are going to have ALS by the time all the baby boomers have retired.

For Iraq, $150 billion over a 1-year period. For NIH, for all of the health care security for every American family, after inflation, after some of the money which is going to have to now be spent on bio-defense and antiterrorism at NIH as well and coordination with the antiterrorism effort, we are going to see a net decrease in NIH spending.

Now, one of the by-products of all the NIH spending over the years has been the lengthening of life expectancy. That is good. But the problem is that it has made it clearer that when people age, all of these other diseases then manifest themselves, Alzheimer's, ALS, Parkinson's and many others for which we do not have a cure. We have cured the diseases that people died from in 1900, remarkably because of NIH; but we have not cured the diseases of the 21st century yet. That only can happen if NIH is fully funded.

Now, for smart bombs, an unlimited budget; for smart medical research, I am sorry, no increase.

Mr. Speaker, if we are not going to fund and leave the money in for the nursing home care for all of these people, and, by the way, half the people in nursing homes have Alzheimer's, guess who pays for it? Medicaid. When it hits 14 million, it is going to be Medicaid. But this tax cut is now going to make it impossible for us to fund that nursing home care for those senior citizens across our country.

So they either have to have it one way or the other in the Bush administration: cure these diseases, or leave the money in for the nursing home care. You cannot have it both ways.

Mr. BELL. Mr. Speaker, I yield 2 minutes to the gentlewoman from Colorado (Ms. DEGETTE).

Ms. DEGETTE. Mr. Speaker, I want to thank the gentleman from Texas (Mr. BELL) and the gentleman from Ohio (Mr. REGULA) for the great work they do for NIH.

I am here as the cochair for the Diabetes Caucus to encourage Members to vote for this motion to instruct. Diabetes is one of the fastest growing and deadliest diseases in the United States. Approximately 17 million Americans, or 6.2 percent of the population, have diabetes. NIH funding is essential to preventing, treating, and curing this disease. Research done at the NIDDK has been critical for the prevention and treatment of diabetes and its complications, which include blindness, kidney failure, heart disease, and amputation.

NIH research has shown that it is possible to stop the progression of the disease in newly diagnosed individuals; it has helped pinpoint the genes that cause the disease and its complications; and it has proven that normalization of blood glucose levels can help many people with the disease avoid complications.

Nothing, however, has shown more progress than the results we have seen in clinical trials involving the transplantation of insulin-producing cells into individuals with Type I diabetes. This groundbreaking research has truly brought us within the reach of a cure. So far, we are seeing an 80 percent success rate. By actually funding this research, we can help the Immune Tolerance Network support further clinical trials so that islet transplantation will be available for the millions of Americans with diabetes.

The tiny 2.5 percent NIH funding increase passed by the House means that some studies by the NIH will not be continued and that researchers with promising ideas will not be funded at all. We are stifling research with this anemic increase, and we are limiting the quality of health care available to all Americans.

Diabetes costs $132 billion a year and one in four Medicare dollars is attributable to individuals with diabetes. A larger investment now in this research will save money in the future.

Let us keep our promise to the children who visited this year. Let us remember them, and vote for the Bell amendment.

Mr. BELL. Mr. Speaker, I yield 2 minutes to the gentleman from Texas (Mr. GREEN).

(Mr. GREEN of Texas asked and was given permission to revise and extend his remarks, and include extraneous material.)

Mr. GREEN of Texas. Mr. Speaker, I rise in strong support of my neighbor in Houston's motion to instruct conferees to increase funding for the National Institutes of Health.

The NIH is the crown jewel of America's biomedical research system. Thanks to incredible work done at NIH, Americans are living longer, enjoying a better quality of life, and witnessing cures and treatment for diseases that once meant certain death.

The Congress made a commitment to build on the success of the NIH by doubling its budget over the past 5 years, and I congratulate the appropriations process. I was a strong supporter of that effort, and I am glad that the President signed that fifth and final installment last year.

But, in all honesty, 2.5 percent is an embarrassment. My concern, Mr. Speaker, is a saying we have in some rural areas, Don't eat your seed corn. That is what we are doing here. The NIH research is the seed corn for our biomedical successes. If we do not continue to provide much more than 2.5 percent, then we are eating our seed corn in our country. That should not happen, because, in the long run, and even in the short run, our constituents' health will directly be affected.

Mr. Speaker, this is the smallest increase in 18 years for the NIH, a sharp deceleration from the 15 percent annual increases; and that is why I say, let us not eat our seed corn. Let us provide the opportunity for us and our

children and our parents to continue to benefit from the success of NIH.

This leaves almost no room for any projects. According to NIH, just maintaining ongoing research projects will require funding increases totaling $652 million in FY 2004. That would eat up the majority of the $673 million increase in the bill.

Mr. Speaker, that is why it is so important that we provide much more money to NIH.

Again, I thank the gentleman from Houston, Texas (Mr. BELL) for providing this motion to instruct.

Mr. Speaker, I rise today in strong support of my Houston colleague's motion to instruct conferees to increase funding for the National Institutes of Health (NIH).

The NIH is the crown jewel of America's biomedical research system. Thanks to the incredible work done at NIH, Americans are living longer, enjoying better quality of life, and witnessing cures and treatment for diseases that once meant certain death.

The Congress made a commitment to build on the success of the NIH by doubling its budget over the past five years.

I was a strong supporter of that endeavor, and was proud that last year, the President signed the fifth and final installment of that promise.

But I, like my colleagues, was terribly disappointed that this historic increase was followed by an embarrassing increase of only 2.5 percent.

IThis is the smallest percentage increase in 18 years and a sharp deceleration from the 15 percent annual increases that NIH received in recent years under the bipartisan program to double the medical research budget.

This proposed increase doesn't even cover the costs of what it'll take to keep up with inflation.

And it leaves almost no room for any new projects. According to NIH, just maintaining ongoing research projects will require funding increases totaling $652 million in FY 2004. That would eat up the majority of the $673 million increase in the bill.

If we are really committed to providing the investments necessary to maintain our momentum, we must provide at least an 8–10 percent increase in NIH funding.

I urge my colleagues to support Congressman BELL's motion, and urge conferees to keep the momentum going by providing a sufficient increase for NIH.

Mr. BELL. Mr. Speaker, I yield 2 minutes to the distinguished gentlewoman from California (Mrs. CAPPS), who also serves as the Chair of the Cancer Caucus, as well as the Heart and Stroke Caucus.

Mrs. CAPPS. Mr. Speaker, I thank my colleague for yielding me time, and I rise in support of the Bell motion to instruct.

Mr. Speaker, there is not a Member of the House who is not terrifically proud of what goes on at the NIH and proud of the role that we play in funding this tremendous use of taxpayer dollars. We can see the direct connection between that investment and the very best health care in the world that is available because of the science that goes on there and the connections that are made between what happens out in Bethesda and the daily lives of not only American citizens, but people around the world who depend upon the research and the difference that it makes. These investments have provided us with cures for the diseases that once killed so many people.

Now we are faced with what the completion of the Genome Project has brought us, poised as we are on the edge of discovering treatments, prevention methods and cures for some of the most debilitating and costly diseases that we know in our world today.

As people are living longer, we find so many who struggle with heart disease, with diabetes, with Alzheimer's, with ALS, with a myriad of conditions, where the research that is going on there now and the studies that are building upon the Genome Project and being developed are going to bring us those cures.

I want to speak just for a minute, following in the sequence of other speakers, about cancer and what clinical trials mean. I speak from personal experience as well, knowing as I do how lives depend on the pipeline that comes from the research right here, that is the hope for the future for people who struggle today, who face being cut off, many in midlife with promising futures, and the economic value that we place on them.

For this, and many other reasons, I want us to turn what we are creating, a deficit in NIH funding, into an increase. I support the Bell motion to instruct conferees.

□ 1730

Mr. BELL. Mr. Speaker, I yield 2 minutes to the gentleman from Tennessee (Mr. COOPER).

Mr. COOPER. Mr. Speaker, I thank the gentleman from Texas for yielding me this time. This is a very important topic. I am a cancer survivor myself, but I think every family in America has been touched by serious illness, and the NIH can help if it is properly funded. We are very grateful for the increases in the past. I celebrate the leadership of the gentleman from Ohio; he is a great Member of this body. But I worry that others in his party who call themselves compassionate conservatives have left out the compassionate part.

To freeze the NIH budget at a time like this does serious damage to the research efforts that are going on all across this country, literally harming the futures of so many of our citizens. It is not the gentleman's fault. He has done the best that he can.

We all know that in this nonbinding motion that we are all about to vote for, it will really amount to very little change in that budget. We can and must do more. We must influence the President's budget-making process right now for his budget for next fiscal year. We need to make sure that we have no more freezes like this, no more inadequate increases, because the need is too great, whether it is cancer or heart or stroke or ALS or cystic fibrosis and a myriad of other diseases. People do not have the time to wait.

So it is very important that we tackle these issues. I would hope that the gentleman, as he votes for this nonbinding motion to instruct, and his colleagues, will do more than just put that vote up on the board and pretend that they are for a big increase, because we all know that in the President's budget this last year, there was not a big increase. There was not really much more than a freeze, and we have to do better than that.

So this is a time for us to really dig deep, to do the quiet, behind-the-scenes work that is necessary to make sure that our NIH budget genuinely increases to meet the terrific need, not only in our country, but around the world, because as the gentleman knows, we are inventing the cures for diseases around this world.

[From the Tennessean.com, Nov. 7, 2003]

REPRESENTATIVE JIM COOPER: DON'T LET CONGRESSIONAL BUDGET CUTS SLOW THE WAR AGAINST CANCER

(By Representative Jim Cooper)

Patty Corlew lives on a quiet street in Mt. Juliet. She's a wife and mother. She works part-time. She helps out at Boy Scouts and is someone folks describe as a solid friend and good neighbor. Patty Corlew is not someone you'd likely expect to be a protestor. Fortunately, you'd be wrong about Patty Corlew.

''My boys were almost 2 and almost 6 when I was diagnosed with breast cancer. Thanks for these last nine years. I only wish my friend Mary and Elizabeth and others could have shared them with me and watched their children grow and become grandmothers like I hope to become. Please find a cure.''

Patty Corlew is speaking out. She's added her name and her story to the growing list of Middle Tennessee-area cancer survivors who are concerned about the proposed level of funding for the National Institutes of Health (NIH) currently pending in Congress.

Those of us fortunate to live in Middle Tennessee don't have to look far to see the potential impact of a slowdown in NIH funding. Nashville is home to two of the leading medical research institutions working in partnership with NIH and its National Cancer Institute (NCI).

At the Vanderbilt-Ingram Cancer Center, a team led by Dr. Ray DuBois was the first to establish the link between colorectal tumors and an enzyme known as COX–2. Their findings helped explain why people who took large quantities of aspirin or drugs like ibuprofen over long periods of time had a lower incidence of colorectal cancer. Dr. DuBois is now the leader of a national study exploring whether COX–2 inhibitors might be used to prevent colorectal cancer as well as a variety of other cancers.

Meharry Medical College recently launched a long-term study of racial disparities in breast cancer. Women from minorities are more likely to die of breast cancer today even though they are less likely to get the disease. According to Dr. Ana Grau, cancer surgeon and director of The Breast Health Center at Metro General Hospital at Meharry, the center is determined to improve breast cancer survival rates for all women.

In another study, Vanderbilt-Ingram and Meharry are working together to answer one simple but important question: Why are African Americans, and all people in the South,

at greater risk of developing and dying from cancer than other ethnic or regional groups? The NIH-supported study will track more than 100,000 participants over five years to determine what lifestyle factors may be related to higher cancer rates for minorities and all residents in our region.

As these examples indicate, NIH is providing help and hope to millions of Americans today. Without the appropriate funding, however, future discoveries like these may be threatened.

In each of the past five years, NIH funding has increased by 14–15%. Last year, during congressional hearings, NIH leadership said the current pace of medical breakthroughs could only be maintained if NIH funding continues to grow at a level of 8–10%. Yet the House and Senate Conference Committee is expected to support the Bush Administration's NIH request: an increase of just 2.7%.

Like Patty Corlew, I am a cancer survivor. I was fortunate to discover my cancer early. And I am blessed to live in a community where cutting-edge cancer research and treatment is something we almost take for granted.

The examples described here of research being conducted at Vanderbilt-Ingram and Meharry are only three out of many promising studies currently underway at each institution. And Vanderbilt-Ingram and Meharry are not alone in working at the frontier of cancer research. More than 80% of NIH funding now goes to support research conducted at universities around the country.

In the next few weeks, Congress will be asked to decide the future direction of NIH work, whether the pace of disease exploration should continue at the aggressive level of recent years. In these tough economic times, every budget decision must be evaluated carefully. We must consider not only costs, but potential return on each taxpayer dollar we commit.

How do you measure the value of good health and quality of life?

As a member of the House Budget Committee, I am very concerned about the current trend in government spending. I strongly believe we cannot continue to ignore the rising deficit. But I also believe we cannot turn our backs on the progress currently being made in medical research. On the issue of NIH fund, I stand with Patty Corlew.

Mr. BELL. Mr. Speaker, I yield 3 minutes and 15 seconds to the gentleman from Maryland (Mr. HOYER), the distinguished whip of the minority party.

Mr. HOYER. Mr. Speaker, I thank the gentleman for yielding to the distinguished whip of the Democratic Party.

Mr. Speaker, our Republican colleagues, in my opinion, should review the work of Sir Isaac Newton. It was Newton, after all, who wrote 4 centuries ago: to every action, there is always opposed an equal reaction. Today we are seeing that principle play out right before our eyes.

Earlier this year, the majority party enacted its third tax cut in 3 years, the most recent one giving America's millionaires an average tax cut of $93,500. And what do we suppose is the reaction to that action? Underfunding the No Child Left Behind Act by $8 billion? Yes. Cutting heating assistance for our Nation's poor? Certainly. And the smallest percentage increase in funding for the National Institutes of Health in 18 years? Indeed, Mr. Speaker, it is true.

The 2.5 percent increase for NIH in the House-passed version of the Labor-HHS-Education appropriation bill, which is the same increase proposed by the Bush administration, pales in comparison to the 15 percent annual increases NIH has received in recent years under our bipartisan program to double the medical research budget. I would say, parenthetically, we actually did not do that. The number got to a double, but because we added $1.7 billion in additional responsibilities for our biomedical terrorist research, actually we did not reach the double. But the proposed 2.5 percent increase for NIH fails to keep up with inflation in research costs and will not allow for any real increase in research efforts. In other words, this is a retreat.

This appropriation even fails to provide funds to complete the John E. Porter Neuroscience Research Center, which is now under construction on the NIH campus.

Mr. Speaker, the 3.5 percent increase for NIH in the Senate is certainly preferable to what this body passed. But even that 3.5 percent increase would fail to cover the cost of renewing ongoing grants at committed levels and would barely keep pace with inflation. Therefore, Mr. Speaker, I urge my colleagues to support this important motion that the gentleman from Texas (Mr. BELL) has made to instruct offered by our side of the aisle, and the gentleman from Texas (Mr. BELL) in particular, to insist on the highest funding levels possible for NIH. We should not permit, Mr. Speaker, tax cuts for the most affluent Americans to squeeze out funding for research on Alzheimer's, cancer, heart disease, multiple sclerosis, and a host of other health concerns that affect the American people.

Isaac Newton was correct. For every action, there is an opposite reaction. Cutting NIH is that reaction.

Mr. BELL. Mr. Speaker, I yield myself the remaining time.

Mr. Speaker, what this comes down to is a question of priorities. There can be no higher priority in the United States of America than our Nation's health. Everybody listening knows the diseases that are impacted by NIH funding. It is no secret. And the gentleman from Ohio has certainly worked diligently over the course of the last 5 years to increase funding for the NIH, but this is not the time to stop. When progress is being made, we should not, as the gentleman from Maryland (Mr. VAN HOLLEN) pointed out, we should not put on the brakes.

If anyone doubts what a priority this is with health organizations across the country, they should know that over 600 major health organizations across the United States are supporting an increase in the NIH budget. The list includes the AARP, the National Academy of Health, Alzheimer's Association, American Academy of Family Physicians, American Academy of Pediatricians, American Association of Blood Banks. I could go on and on, and I would not even be out of the As.

The point is, this motion has wide, wide support in the medical research and educational communities, and they are not going to be satisfied if the conferees come back and say, 2.5 percent is as high of an increase as we can give. They are looking for a much higher degree of funding. The Senate has offered 3.5 percent, but that is not enough. There is no greater priority right now in the United States of America than the health of our fellow citizens.

Mr. Speaker, I encourage my colleagues to continue the bipartisan support for this motion to instruct the conferees to vote in favor of it. I would encourage the conferees to do all they can to raise the level of funding high above the 3.5 percent level.

Mrs. BORDALLO. Mr. Speaker, today I join my colleague's motion to instruct the conferees on the Labor-Health and Human Services and Education appropriations bill to increase funding levels for the National Institutes of Health (NIH) to the highest funding levels possible.

NIH is the recognized leader in medical research and the focal point for health research in our country. Studies funded by the Institutes, have led to advances in the prevention, diagnosis and treatment of many diseases. Still thousands of Americans die every day from five major diseases: heart disease, cancer, stroke, diabetes, and Alzheimer's. Of these, heart disease, diabetes and certain cancers disproportionately affect minority populations. Additional research is necessary to understand the impact of these and other diseases that affect our minority communities and to develop cures and identify behavioral interventions that are effective at prevention. We are more aware today that research is needed to understand the impact of these diseases on our minority communities. We must increase funding to continue current research and development and to allow for new projects. In doing so, we give hope to all those afflicted with disease.

The SPEAKER pro tempore (Mr. KLINE). Without objection, the previous question is ordered on the motion to instruct.

There was no objection.

The SPEAKER pro tempore. The question is on the motion to instruct offered by the gentleman from Texas (Mr. BELL).

The motion to instruct was agreed to.

A motion to reconsider was laid on the table.

REPORT ON RESOLUTION WAIVING REQUIREMENT OF CLAUSE 6(a) OF RULE XIII WITH RESPECT TO SAME DAY CONSIDERATION OF CERTAIN RESOLUTIONS

Mr. LINCOLN DIAZ-BALART of Florida (during debate on motion to instruct conferees on H.R. 2660), from the