

facilities in the world and emerged as a national figure in cancer clinical research. A noted innovator and academic, Dr. Salmon invented numerous medical techniques that have had a major impact on biology, and he authored nearly 400 scholarly papers.

Although ailing with cancer, Dr. Salmon set aside time to educate me about a fatal flaw—literally—in our health care system that contributes to cancer's carnage. He informed me that our system discourages patients eligible for cancer clinical trials, the most effective type of care for many with cancer, from enrolling. I learned that if it were not for clinical trials, we wouldn't have the successful treatments that we enjoy today.

Dr. Salmon inspired me to develop the Access to Cancer Clinical Trials Act, which today I rename the "Dr. Sydney E. Salmon Access to Cancer Clinical Trials Act" in his memory. I am both proud and duty bound to honor a great man with this legislation. The act guarantees cancer patients access to any federally approved cancer clinical trial by requiring insurers to pay the routine patient costs—blood work, physician visits, etc.—that would be covered if the patient was in the standard treatment of care. The measure would not require health insurers to pay for the cost of new drugs, securing informed consent, collecting and managing data or complying with research-related paperwork. All of these costs would be paid by the sponsor of the clinical trial.

For many cancer patients, cancer clinical trials are not only the best option, they are the only option. If we increase participation in cancer clinical trials we increase the survival rate and provide hope for those afflicted with this horrible disease.

Unlike the managed care bill that recently passed the House, the Sydney Salmon Clinical Trials Act isn't limited to trials sponsored by government agencies, but also covers FDA trials. Coverage of FDA trials is a critical component of anti-cancer legislation. Two-thirds of trials are FDA-approved trials. Moreover, it is not enough to only cover trials conducted by government agencies when we know that many of the most important advances occur in private trials. The proper policy is to encourage participation in all trials that meet stringent guidelines, not just those sponsored by government agencies. I will urge the House-Senate Conference that ultimately develops the final managed care reform package to include language guaranteeing all cancer patients access to safe and federally approved clinical trials.

Participation in cancer clinical trials is dangerously low. Twenty percent of cancer patients are qualified candidates for clinical trials, yet only 3 percent participate in them. One of the major reasons for this disparity is the uncertainty regarding whether routine patient care costs will be covered by managed care companies.

The decline in enrollment in trials at the Arizona Cancer Center corresponds with the rise of managed care. In 1995, the Center enrolled 398 cancer patients in 169 different clinical trials. In 1998, the numbers dropped to 246 patients enrolled in 158 studies.

Managed care companies might be excused for their policy on cancer clinical trials if stud-

ies suggested that the cost of covering routine expenses were prohibitive and would increase the ranks of the uninsured. This is not the case. A Mayo Clinic study revealed that the costs of clinical trials averaged a trivial five percent more than standard therapy.

But not trivial are the costs of not permitting patients to enroll in clinical trials. Research is thwarted, the war on cancer is hindered and patients who have no other hope for treatment needlessly suffer. The advances in treatment that clinical trials develop—virtually all standard therapies evolved from clinical trials—ultimately reduce the cost of providing care by reducing treatment costs. As evidence of the effectiveness of clinical trials, consider that for most childhood cancers the survival rate is nearly 75 percent, in large part because 80 percent of children participate in clinical trials. Insurance companies seem to be suffering from an acute case of myopia when it comes to covering these state-of-the-art treatments.

As a conservative Republican, I've always been opposed to mandates. But the federal government has an obligation to support research and development. Unless Congress acts, and acts decisively, vital research opportunities will be lost. Some 40 major cancer groups support the approach taken in the Dr. Sydney E. Salmon Access to Cancer Clinical Trials Act. Congress should listen to the cancer community and ratify this approach.

LEASING RIGHTS FOR THE NAVAJO NATION

HON. TOM UDALL

OF NEW MEXICO

IN THE HOUSE OF REPRESENTATIVES

Thursday, October 28, 1999

Mr. UDALL of New Mexico. Mr. Speaker, today I introduce legislation, which is being co-sponsored by my colleagues J.D. HAYWORTH of Arizona and CHRIS CANNON of Utah, that provides for the leasing of oil and gas rights on certain lands held in trust for the Navajo Nation or allotted to a member of the Navajo Nation. This legislation would correct a serious problem facing the Navajo people in Arizona, Utah and New Mexico—the issue of "fractionated lands."

From the late 1800's through the early 1900's, the Federal Government attempted to force Indian people to assimilate by allocating parcels of traditional tribal lands to individual tribal members. This practice resulted in alternating parcels of lands being owned by individual tribal members, the state, the federal government, or other private landowners. Navajo owners were granted an undivided interest of their entire allotment as were their heirs. An undivided interest meant that the heirs received an interest in the entire original allotment rather than a portion of the original land. For example, if four heirs were to receive equal interest to a 160 acre parcel, each heir would receive a 25 percent interest in the entire original allotment—not 40 acres. Over time the number of owners with an interest in an allotment is compounded or fractionated.

This unique system has not served the Navajo people well. After nearly a century, this allotment policy has become a nightmare for the

Navajo people. Keeping records straight has become an impossible task. In many cases, owners can no longer be located while some individuals are completely unaware that they are heirs to an interest in a parcel. Many times, title to a parcel is clouded when just one owner dies without a legal will.

Over the years, Congress has tried to deal with fractionated lands and other issues governing Indian land ownership without success. These issues are complex and will not fully resolved overnight. In the mean time, I believe it is appropriate to consider a stop-gap measure aimed at stimulating near-term economic development on fractionated Navajo lands. The bill I am introducing today will facilitate the leasing of Navajo allotted land for oil and gas development by authorizing the Secretary of the Interior to approve oil and gas leases on Navajo allotted lands when less than 100 percent of the owners agree to such lease—a mechanism that is already available to non-Indians in most states.

Mr. Speaker, this is a companion bill to a bill that has already been introduced in the other chamber on July 1, 1999, by Senator BINGAMAN of New Mexico and co-sponsored by Senators HATCH and BENNETT of Utah, and Senator MCCAIN of Arizona.

IN HONOR OF THE WOODBRIDGE-
PERTH AMBOY ROTARY CLUB ON
ITS 75TH ANNIVERSARY

HON. ROBERT MENENDEZ

OF NEW JERSEY

IN THE HOUSE OF REPRESENTATIVES

Thursday, October 28, 1999

Mr. MENENDEZ. Mr. Speaker, I rise today to recognize the Woodbridge-Perth Amboy Rotary Club for seventy-five years of dedication and service to the community.

With more than 2,500 local clubs in 174 countries, Rotary International's membership surpasses 1.2 million members, and the organization is world renowned for its efforts in serving the needs of its communities. Made up of men and women with diverse professional backgrounds, the Rotary Club was created so that its members could come together to donate their time and talent to benefit the communities in which they live and work.

The Woodbridge-Perth Amboy Rotary Club joined in this honorable cause in 1923 with the efforts of 17 members. Over the years, this club has distinguished itself through a strong tradition of member participation and active involvement in worthy community activities, focusing on humanitarian efforts and youth issues.

From remodeling homes that provide low-income housing and pledging funds that benefit senior residents, to working with the World Health Organization to eradicate illnesses such as polio in impoverished nations and providing relief for earthquake victims in Europe, members of the Woodbridge-Perth Amboy Rotary Club have remained committed not only to the people of the 13th Congressional District of New Jersey, but have extended their compassion throughout the world.

The Rotarians also have an unwavering commitment to improving their communities by