

So this resolution is very, very good. I hope it passes with a unanimous vote. I would also ask that perhaps the administration could pick one person with strong negotiating skills, who would go not with a club, but go to Russia and try to do everything possible to stop the shelling and the bombing. If they do not, this winter will be so brutal.

I would be one who would support aid by the Western governments, including ours, to the people who have gotten out of there and gone into Ingushetia. But we should do more, and bring some pressure on the Russians to stop the activity which is taking place. With that, I hope the resolution passes with a unanimous vote.

Mr. LANTOS. Mr. Speaker, I strongly urge all colleagues to vote for this concurrent resolution. I have no further requests for time, and I yield back the balance of my time.

Mr. GILMAN. Mr. Speaker, I have no further requests for time, and I yield back the balance of my time.

The SPEAKER pro tempore (Mr. SHIMKUS). The question is on the motion offered by the gentleman from New York (Mr. GILMAN) that the House suspend the rules and agree to the concurrent resolution, H. Con. Res. 206, as amended.

The question was taken.

Mr. SMITH of New Jersey. Mr. Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX and the Chair's prior announcement, further proceedings on this motion will be postponed.

SENSE OF HOUSE REGARDING DIABETES

Mr. BILIRAKIS. Mr. Speaker, I move to suspend the rules and agree to the resolution (H. Res. 325) expressing the sense of the House of Representatives regarding the importance of increased support and funding to combat diabetes.

The Clerk read as follows:

H. RES. 325

Whereas diabetes is a devastating, lifelong condition that affects people of every age, race, income level, and nationality;

Whereas diabetes is a serious disease that has a devastating impact, in both human and economic terms, on Americans of all ages;

Whereas an estimated 16 million Americans suffer from diabetes, and millions more are at greater risk for diabetes;

Whereas the number of Americans with diabetes has increased nearly 700 percent in the last 40 years, leading the Centers for Disease Control and Prevention to call it the "epidemic of our time";

Whereas approximately 800,000 people will be diagnosed with diabetes in 1999, and diabetes will contribute to an estimated 198,000 deaths this year, making diabetes the sixth leading cause of death;

Whereas diabetes costs our Nation an estimated \$105 billion each year;

Whereas more than 1 out of every 10 health care dollars in the United States and about 1 out of every 4 medicare dollars is spent on the care of people with diabetes;

Whereas more than \$40 billion a year in tax dollars are spent treating people with diabetes through medicare, medicaid, veterans care, Federal employee health benefits, and other Federal health programs;

Whereas diabetes frequently goes undiagnosed and an estimated 5.4 million Americans have the disease but do not know it;

Whereas diabetes is the leading cause of kidney failure, blindness in adults, and amputations;

Whereas diabetes is a major risk factor for heart disease, stroke, and birth defects and shortens average life expectancy by up to 15 years;

Whereas 800,000 Americans have type one diabetes, formerly known as juvenile diabetes, and 15.2 million have type two diabetes, formerly known as adult onset diabetes;

Whereas 18.4 percent of Americans age 65 years or older have diabetes and 8.2 percent of Americans age 20 years or older have diabetes;

Whereas Hispanic, African, Asian, and Native Americans suffer from diabetes at rates much higher than the general population, including children as young as eight years old who are now being diagnosed with type two diabetes;

Whereas there is currently no method to prevent or cure diabetes and available treatments have only limited success in controlling its devastating consequences;

Whereas reducing the tremendous health and human burden of diabetes and its enormous economic toll depends on identifying the factors responsible for the disease and developing new methods for treatment and prevention;

Whereas improvements in technology and the general growth in scientific knowledge have created unprecedented opportunities for advances that might lead to better treatments, prevention, and ultimately a cure;

Whereas after extensive review and deliberations, the Diabetes Research Working Group—established by Congress and selected by the National Institutes of Health—has found that "many scientific opportunities are not being pursued due to insufficient funding, lack of appropriate mechanisms, and a shortage of trained researchers";

Whereas the Diabetes Research Working Group has developed a comprehensive plan for diabetes research funded by the National Institutes of Health and has recommended a funding level of \$827 million for diabetes research at the National Institutes of Health in fiscal year 2000; and

Whereas the House of Representatives as an institution and Members of Congress as individuals are in unique positions to help raise public awareness about the need for increased funding for research and for early diagnosis and treatment: Now, therefore, be it

Resolved, That it is the sense of the House of Representatives that—

(1) the Federal Government has a responsibility—

(A) to continue to increase research funding, as recommended by the Diabetes Research Working Group, so that the causes of, and improved treatment and cure for, diabetes may be discovered;

(B) to endeavor to raise awareness about the importance of the early detection and proper treatment of diabetes; and

(C) to continue to consider ways to improve access to, and the quality of, health

care services for diagnosing and treating diabetes;

(2) all Americans should take an active role in fighting diabetes by using all the means available to them, including watching for the symptoms of diabetes, such as frequent urination, unusual thirst, extreme hunger, unusual weight loss, extreme fatigue, and irritability; and

(3) national and community organizations and health care providers should endeavor to promote awareness of diabetes and its complications and should encourage early detection of diabetes through regular screenings, education, and by providing information, support, and access to services.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Florida (Mr. BILIRAKIS) and the gentleman from Colorado (Ms. DEGETTE) each will control 20 minutes.

The Chair recognizes the gentleman from Florida (Mr. BILIRAKIS).

GENERAL LEAVE

Mr. BILIRAKIS. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days within which to revise and extend their remarks and include extraneous matter on House Resolution 325.

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

There was no objection.

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

Mr. Speaker, I rise in strong support of House Resolution 325. Over 16 million Americans suffer from diabetes and its complications. Tragically, diabetes is one of the leading causes of death and disability in the United States. I call it the silent disease, if you will, the silent killer.

As we all know, insulin is not a cure for diabetes. Therefore, we must increase funding for the research necessary to end this terrible disease. As chairman of the Subcommittee on Health and Environment of the Committee on Commerce and a member of the Congressional Diabetes Caucus, I am committed to achieving that goal. I have endorsed, along with so many others, a proposal to double Federal funding for the National Institutes of Health over 5 years.

The budget agreement passed by Congress last year made a sizeable downpayment toward that goal by providing a 15 percent increase in funding for the NIH. I am hopeful that we can continue that promising trend this year.

I have heard from many constituents about the lack of sufficient funding for diabetes research. I had the opportunity to share these concerns directly with Dr. Harold Varmus, the NIH Director, in a meeting in my office earlier this year.

I was also pleased to secure enactment of new preventative health benefits under Medicare as part of the 1997 balanced budget law. Under these provisions, which were based on legislation which I helped to author, Medicare

beneficiaries who are diabetic are reimbursed for outpatient self-managing training and supplies, such as blood testing strips.

House Resolution 325 serves to remind us all of the terrible toll diabetes extracts each year in our Nation. We should also take this opportunity to commend the tireless efforts of advocates of diabetes research. Mr. Speaker, for the millions of people whose lives have been touched by diabetes, we must renew and strengthen our commitment to end this terrible disease.

I urge my colleagues to support passage of House Resolution 325.

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

Ms. DEGETTE. Mr. Speaker, I yield myself 5 minutes.

Mr. Speaker, as the co-chair of the Congressional Diabetes Caucus and as an original cosponsor of this legislation, I would especially like to thank the gentleman from New York (Mr. LAFALCE) for his tireless efforts on behalf of this resolution. A similar resolution passed the other body 93 to zero, and I commend the gentleman from New York (Mr. LAFALCE) for bringing this quickly to the attention of the House of Representatives.

Mr. Speaker, there are several forms of diabetes, as we all know. I would like to focus in my remarks on how diabetes affects the lives of the children of this country.

Juvenile diabetes or Type I diabetes represents only a small percentage of the total cases of diabetes, yet the mortality of Type I diabetes is more than double the mortality of Type II diabetes. This disease affects over 1 million children nationwide. It strikes when they are young and it stays with them the rest of their lives. Type I diabetes is one of the most costly chronic childhood diseases, and it is one you never outgrow.

In Type I diabetes, someone's pancreas produces little or no insulin. Although the causes are not entirely known, scientists believe the body's own immune system attacks and destroys insulin-producing cells in the pancreas. Because insulin is for life, people with Type I diabetes must take several insulin injections and many finger-prick blood tests per day.

People have assumed for a long time that because people with Type I diabetes do not immediately die, that insulin is a cure. However, anyone who deals with diabetes on a daily basis knows that diabetes is one of the leading causes of death in this country. It is a major risk for heart diseases and stroke. It is still the leading cause of adult blindness, kidney failure, and amputations. It affects an estimated 16 million Americans, and it is the sixth leading causes of death due to disease in the United States, and the third leading cause in some minority groups.

Yet, diabetes research has received woefully little attention over the last

number of years, and many of us, including myself, the gentleman from New York (Mr. LAFALCE), and the gentleman from Washington (Mr. NETHERCUTT), the co-chair of the diabetes caucus, are working to make sure that this changes.

For every statistic that we see on the floor today, there is a human face behind it. This summer 100 children from all across the country visited us here in Washington to lobby on diabetes issues. One of the people they met with was the Secretary of Health and Human Services, Donna Shalala. A little boy, Preston Dennis from Phoenix, Arizona, gave the Secretary a doll which had hundreds of pins stuck in it to represent the hundreds of shots he has had to take since he was diagnosed with diabetes.

When I met with the Secretary about this issue earlier this fall, she showed me that doll, and she promised to keep it in her office until we find a cure for diabetes. There is good news here. We are at a critical point in diabetes research, and now it is time for Congress to step up and do its part to find a cure.

Last spring I had the honor of visiting the Joslin Diabetes Center at Harvard University, and visited with many of our leading scientists who are on the cusp of major breakthroughs. This disease I believe can be cured within 10 years if Congress will fully fund the diabetes research outlined in the congressionally-mandated Diabetes Research Working Group.

The DRWG recommended \$827 million for diabetes research. Yet, under the current budget outline for the National Institutes of Health, Centers for Disease Control and Prevention and other agencies, diabetes will be lucky to get \$500 million. This is certainly a substantial step in the right direction, but frankly, we are too close to a cure to fail to make the full commitment that we need.

We must expand epidemiological studies to include children with Type I diabetes. We also need to explore the critical role epidemiology plays in developing an effective public health strategy to address the startling growth in the number of children with Type II diabetes.

Again, I would like to thank the gentleman from New York (Mr. LAFALCE) for introducing this legislation so Congress can act together and with a strong voice to point out how much must be done to fight to cure diabetes.

I would also like to thank the gentleman from Pennsylvania (Mr. WELDON), our Vice-Chair of the caucus, for all of his efforts. I would especially like to thank the gentleman from Florida (Mr. BILIRAKIS), the chairman of my subcommittee on the Committee on Commerce, for his diligent efforts in this way. I hope this resolution will be the first of many efforts by this Congress to find a cure for diabetes.

Finally, I would like to say what the children say. Angela Bailey, a 10-year-old with diabetes, said this: "I could become blind, have a heart attack, or kidney disease. When I get old, I might even have to get an amputation. If there is a cure, then I won't have to worry."

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

Mr. BILIRAKIS. Mr. Speaker, I am pleased to yield 2½ minutes to the gentleman from California (Mr. BILBRAY), a member of the committee.

Mr. BILBRAY. Mr. Speaker, I rise today to support House Concurrent Resolution 325, expressing the sense of Congress regarding the importance of increasing support for the funding to combat diabetes and the research related thereto.

The fact is that diabetes is not only a great burden on the seniors of America, but it is also a great burden on many of the children of America. In the United States alone, 16 million people have diabetes, and another 6 million do not even know they have diabetes. Everyone knows somebody who is affected by diabetes. My mother is a diabetic. Some who served in this House a while back will remember that my nephew, Representative Bilbray from Las Vegas, died from diabetes or complications thereof.

Each year diabetes contributes to over 178,000 deaths because of associated complications with heart disease, kidney failure, stroke, not to speak of the blindness and the amputations related to the problem.

In addition to the pain and disruption of the disease to countless families, we need to talk about the billions of dollars it costs society overall in health care costs. I know we should not be talking about just dollars and cents, and we are not, but human misery does come at a price that goes beyond just human misery.

Mr. Speaker, I am proud in San Diego to have a program called the Human Mapping Research Project going on which will help many diseases, but especially diabetes. I ask us to continue this program of figuring out why the body does what it does, and the human mapping program will give us the ability to do that.

Mr. Speaker, I will continue to fight for increased resources for the National Institutes of Health, and I think all of us recognize that in the 1960s John Kennedy asked us to set a sight within 10 years to put a man on the moon. Maybe it is time that all of us, Democrat and Republican, get behind the next great challenge, and that is to put diabetes back into the history of the past, and make sure that generations of the future do not have to confront this health scourge.

Ms. DEGETTE. Mr. Speaker, I am very pleased to yield 4½ minutes to the gentleman from New York (Mr. LAFALCE), the sponsor of the resolution.

Mr. LAFALCE. Mr. Speaker, 16 million Americans suffer from diabetes. That is perhaps the principal reason that the Centers for Disease Control and Prevention recently called diabetes the epidemic of our time.

□ 1600

The impact diabetes has on the health of our population, on the national budget, is staggering. Every year, diabetes causes about 24,000 more people to lose their sight, 28,000 more people to undergo dialysis or transplantation for kidney failure, and 77,000 more people to lose their lives from heart disease. These diabetes-related side effects, in combination, shorten life expectancy by an estimated 15 years.

In the year 1999, approximately 800,000 people will be diagnosed with diabetes, and the disease will contribute to almost 200,000 deaths. In the United States, the number of Americans with diabetes has increased nearly 700 percent in the last 40 years, again a primary reason that the CDC has called it the epidemic of our time.

The public and private costs of diabetes are enormous—an estimated \$105 billion annually, including over \$40 billion a year in federal dollars. More than 1 out of every 10 health care dollars in the U.S. and about 1 out of 4 Medicare dollars is spent on diabetes care. In New York State, almost 600,000 people and 10% of our seniors have been diagnosed with diabetes at an annual public and private cost of about \$8 billion.

Diabetes kills one American every 3 minutes, and a new case of diabetes is diagnosed in the United States every 40 seconds. And, unfortunately, an estimated 5½ million Americans have diabetes right now and do not even know it.

But, Mr. Speaker, new research is filled with promise. The Diabetes Research Working Group created by Congress in 1997 has developed a comprehensive plan for future research that would cost \$827 million next year. Congress mandated this study, Congress has received its mandated report; and yet last year, we gave \$448 million, about half of what is called for, only 3 percent of the total NIH budget for diabetes. That is simply \$28 per patient. That is not enough.

Yet, Mr. Speaker, every day research and new technologies are improving diabetes diagnosis and treatment. For example, current diagnostic methods cannot always detect adult onset diabetes at the earliest stage of the disease, but a new technology has been developed that will diagnose adult onset diabetes as much as 5 years earlier than any current method by scanning the eye retina with low intensity fluorescent light. An early diagnosis can significantly reduce the risk of serious complications. We need to increase research for diagnosis.

Blood testing is also becoming less obtrusive. A continuous glucose moni-

toring system recently approved by the FDA continuously and automatically monitors glucose levels underneath the skin. Future generations of this device may permit the patient to monitor blood levels and connect to an insulin pump for seamless care.

A GlucoWatch, a device worn like a wristwatch, will test blood levels easily and painlessly. This device, which is pending FDA approval, is as successful at blood testing as conventional methods that require pricking the finger multiple times every day and causes only a slight tingling sensation. We need to increase research for blood monitoring.

We also must increase research for treatment. For example, we are at the brink of developing an ability to inhale insulin rather than inject it into the body multiple times per day.

Another burden for people with diabetes is the need to inject themselves with insulin. Several new drugs, taken orally, may reduce the need to take insulin injections. One class of drugs, called insulin sensitizers, helps to lower blood glucose primarily by reducing insulin resistance in muscles. Other groups of drugs work by suppressing glucose production from the liver, increasing insulin production by the pancreas, or decreasing sugar absorption from the intestine. For those who will still need insulin, a power is being developed that can be inhaled so that injections might not be necessary. We need to increase research for treatment.

In juvenile diabetes (type 1), insulin-producing cells, called islets, are destroyed, making daily insulin injections necessary. The Juvenile Diabetes Foundation (JDF) has established three Centers for Islet Transplantation, which will attempt to transplant healthy islets to cure juvenile diabetes and find new ways to prevent transplant rejection and other dangerous side-effects. The NIH and the JDF are also developing new ways to manipulate the immune system by inhibiting harmful immune responses while keeping protective ones intact. We need to increase research for cures.

Ultimately, genetics may hold the key to a cure. The American Diabetes Association has initiated the Genetics of Non-Insulin Dependent Diabetes Mellitus (GENNID) Study in order to maximize the rapid identification of the gene or genes involved in adult-onset diabetes. This study has established a national database and cell-bank to store information and specimens from families with long histories of the disease. The Human Genome Project, which is currently mapping the entire human genetic structure, may also provide significant clues to the nature of diabetes. Again, we need to increase research for treatment.

But the fight goes on. We must increase support and research for diabetes for diagnosis, for monitoring, for treatment, and ultimately for a cure.

Mr. BILIRAKIS. Mr. Speaker, I yield 4 minutes to the gentleman from Washington (Mr. NETHERCUTT), who co-founded the Diabetes Caucus here in the House with our former colleague who retired after last year, Mrs. Elizabeth Furse from Oregon. I hope that

Elizabeth is viewing in now to see that we are trying to carry on the fight, and she is being replaced, if that is the right word, by the gentlewoman from Colorado (Ms. DEGETTE) who is constantly talking in committee about the need to do something about diabetes.

Mr. NETHERCUTT. Mr. Speaker, I thank the gentleman from Florida (Mr. BILIRAKIS) for yielding me this time, and I certainly join virtually every other Member of this body in congratulating him for his leadership in this whole effort to try to cure this disease.

I also congratulate the gentleman from New York (Mr. LAFALCE) for his sponsorship of this resolution and certainly the gentlewoman from Colorado (Ms. DEGETTE), my colleague and friend, for her leadership as cochair with me of the Diabetes Caucus in the House, along with the gentleman from Pennsylvania (Mr. WELDON) and the gentleman from New York (Mr. LAFALCE) who serve as co-vice chairs of the Diabetes Caucus. It is a great effort that we are undertaking.

Mr. Speaker, I was touched by everyone who has spoken today already on this resolution. They spoke of the Diabetes Research Working Group product, which was a creation of this Congress. Through the Committee on Appropriations, money was budgeted to allow a study to be done. The product was this publication, "Conquering Diabetes." This is a publication that outlines a strategic plan for the 21st century to cure this disease.

It requires money. It requires commitment. It requires dedication. All of that is available through the efforts of this Congress and through the efforts of those people who work so many long hours to put this together, not the least of whom was Dr. Ronald Kahn, the Chair of the Diabetes Research Working Group, who worked tirelessly to make this report a reality and this cure a reality for the millions and millions of people who suffer from this very serious disease.

Mr. Speaker, we need to keep track, I think, of the statistical evidence relative to other diseases that are equally as difficult for people in the society, but I think it is illuminating and it is illustrative to see that this chart shows that there is an increasing incidence of death in connection with diabetes when, in fact, there seems to be in our country a decreasing incidence of death for cancer, for cardiovascular disease and stroke. They have all been very much on the minds of Americans to try to cure these diseases and undertake efforts to relieve the misery that comes from them, but diabetes is on the upswing.

The World Health Organization projects that diabetes will become, quote, "One of the world's main disabling and killers within the next 25 years." That is very serious and something that the Congress has to pay very clear and serious attention to.

This next chart looks at the economics of diabetes. The cost of diabetes to patients in society is \$6,562 per year to the person affected by diabetes. But the investment in diabetes research is \$30 per year per person. That is a trend that must change, in my judgment, and that is what we are able to change with this report, "Conquering Diabetes," and implementation of the Diabetes Research Working Group plan.

The budget recommendations for this program of "Conquering Diabetes" increase each year, but the goal is to cure the disease and apply research through the National Institutes of Health to good research opportunities that are out there. We know they are there. We know there are lots of opportunities available, it is just the need is there to make the commitment to fund those disease research efforts in order to cure this disease.

We cannot talk about the Diabetes Research Working Group or "Conquering Diabetes" without mentioning the efforts that are undertaken by the interest groups that support the efforts to cure diabetes. The American Diabetes Association, the Juvenile Diabetes Foundation, the American Association of Diabetes Educators, the Joslin Diabetes Center, the Centers for Disease Control and Prevention, the Indian Health Service, and private companies including Eli Lilly, Merck, and Johnson & Johnson. They are all part of the team.

Mr. Speaker, the disease of diabetes is indiscriminate. It disproportionately hurts minorities. It hits all of us where we live, in our families. It is incumbent upon this Congress to pass this resolution and implement this plan.

Ms. DEGETTE. Mr. Speaker, I yield 2 minutes to the distinguished gentleman from Puerto Rico (Mr. ROMERO-BARCELÓ).

Mr. ROMERO-BARCELÓ. Mr. Speaker, I urge our colleagues to support this resolution that aims to focus attention on a disease that has reached epidemic proportions throughout the Nation. In every single one of our districts, thousands of individuals suffer from diabetes. In fact, nationally, diabetes has increased 700 percent in the past 40 years.

For some reason that is not scientifically known, diabetes affects our minority populations in even more significant numbers than the rest of the population. Hispanics in general, and Puerto Rican Americans in specific, are especially at risk. The most recent statistics from the Centers for Disease Control indicate that Puerto Rico has the highest number of individuals diagnosed with diabetes in the entire Nation. The rate in Puerto Rico is almost double that of most States and three times that of many States. One out of every four inhabitants in Puerto Rico over 45 years of age has diabetes.

Mr. Speaker, there is a tremendous need for a national diabetes strategy

targeting the Hispanic population nationwide. This resolution is an important step to underscore the need for increased support and funding to combat diabetes. Right now, we have already approved in the House in Puerto Rico a bill to start a diabetes center for study of the diabetes high incidence in Hispanics, and the Senate has committed to approve funding for that center. Now, we need more funding. That is not enough. We need as much funding as we can get, and I think all of us should support this resolution.

Mr. BILIRAKIS. Mr. Speaker, I yield 2 minutes to the gentleman from New York (Mr. SWEENEY).

Mr. SWEENEY. Mr. Speaker, I thank the gentleman from Florida (Mr. BILIRAKIS) for yielding me this time. I congratulate the gentleman from New York (Mr. LAFALCE), my colleague and friend, for this important piece of legislation which I rise today in strong support of as a member of the House Diabetes Caucus.

Mr. Speaker, the statistics, we have heard them from a number of folks, but I would like to focus those from my district on the relevant information existing out there. There are more than 30,000 people in my district who combat this disease every day. In fact, every day 36 children are diagnosed with diabetes. Despite the fact that both children and adults are diagnosed, the gentleman from New York (Mr. LAFALCE) pointed out very accurately that over one-third of Americans go undiagnosed.

This is why I think it is of particular importance that we here in Congress take this up as a national issue, an issue of great priority, and move forward to try to find a cure. Insulin, as has been pointed out by the gentleman from Florida, is indeed not a cure. The National Institutes of Health recently estimated that diabetes is the single most expensive disease in the United States in terms of direct costs.

Like those who preceded me today, I support this resolution for people like 4-year-old Ivy Cerro from Moreau, New York, in my district whose mother worries every night that if she does not check her daughter's blood count again before she and her husband go off to bed that little Ivy will not make it through the night.

Mr. Speaker, I support H. Res. 325 for people like 41-year-old Tambrie Alden from Glens Falls, New York, a good friend of mine, who walks a blood sugar tightrope, staying just above the minimum level, because having high blood sugar can lead to serious problems in the long term. But by keeping her blood sugar down, Tambrie is often balancing on the brink of a diabetic coma.

Mr. Speaker, I will have the honor of addressing the Juvenile Diabetes Foundation Ball in Saratoga Springs this weekend celebrating the courage of Tambrie, Ivy, and thousands of others in my district who battle this disease

every day. I am proud to have the opportunity this weekend to share with my constituents that Congress is fighting for the people with diabetes by passing House Resolution 325.

As I said, I think it is an important piece of legislation; and I urge my colleagues to support it.

Ms. DEGETTE. Mr. Speaker, I yield 2 minutes to the distinguished gentleman from California (Mr. LANTOS).

Mr. LANTOS. Mr. Speaker, I thank the gentlewoman from Colorado (Ms. DEGETTE), my good friend, for yielding me this time, and I congratulate her and all the other leaders of our congressional Diabetes Caucus for their invaluable work.

Mr. Speaker, we learn from our young people on our staff. My top research assistant, a young gentleman, graduate of Dartmouth who has had diabetes since childhood, has been my teacher on diabetes; and I publicly want to acknowledge my debt to him.

I also want to acknowledge my debt to a young lady, a 16-year-old page whom I had the privilege and pleasure of appointing from the City of San Bruno in California, who a few weeks ago unexpectedly was discovered to have juvenile onset diabetes. Her parents flew in from California. Her condition has stabilized, and she is back on the job, and we are proud of her.

It is important to get beyond the statistics. Mr. Speaker, 16 million Americans have diabetes; 198,000 this year will die from complications of diabetes. What brings this disease home to each of us, however, is our child, our colleague, our friend who has it and who is on the verge of losing his life if proper care is not provided, if proper monitoring is not provided. But most importantly, if proper funds for research are not provided.

□ 1615

Diabetes research is an invaluable investment in lives and in dollars. The more we understand about this horrible disease the easier it will be to halt its spread and limit its complications.

Eighty years ago, Mr. Speaker, those afflicted with diabetes would die within months. During the intervening years, we have witnessed the invention of synthetic insulin, home glucose monitoring, insulin pumps, the thousand-dollar devices. We are asking for \$827 million in diabetes research at the National Institutes of Health; and on a bipartisan basis, we ought to get it.

Mr. BILIRAKIS. Mr. Speaker, I am pleased to yield 4 minutes to the gentlewoman from Maryland (Mrs. MORELLA).

Mrs. MORELLA. Mr. Speaker, I thank the gentleman from Florida for yielding me this time, but I also thank him for sponsoring this very important resolution. I thank the gentleman from New York (Mr. LAFALCE), our colleague on the other side of the aisle.

I also want to thank our co-chairs of the Congressional Diabetes Caucus, the gentleman from Washington (Mr. NETHERCUTT), the gentlewoman from Colorado (Ms. DEGETTE), and all of the Members who have come to rally for this very important resolution to call attention to it. I am very proud of being a member of the Congressional Diabetes Caucus, also.

The magnitude of the problem we have heard from the speakers today, it is clearly defined by these simple facts, and I think they bear some repeating that diabetes currently affects an estimated 16 million Americans, about 800 new cases diagnosed each year.

I want to point out that diabetes spares no group. It attacks men, women, children, the elderly, and people from every racial background. African, Hispanic, Native and Asian Americans, some of the fastest growing segments of our population are particularly vulnerable to diabetes and its most severe complications.

Diabetes strikes both ends of the age continuum. Children and young adults with type 1 diabetes face a lifetime of daily insulin injections and the possibility of early complications whose severity will likely increase over time.

I remember when the Juvenile Diabetes Foundation's Childrens Congress came to Capitol Hill and met with us, and we all found constituents within their group. I remember Jamie Langbein from Olney, Maryland; Rebecca Guiterman from Chevy Chase, Maryland, among the few. I remember their slogan was "Promise to remember me, promise to remember me."

Also, elderly diabetics are frequently debilitated by multiple complications.

Given all those statistics that we have heard, it is no wonder that the cost of diabetes is staggering. In one year alone, the Nation spends over \$105 billion in diabetes. More than one in every 10 U.S. health care dollars is spent for diabetes and one in every four Medicare dollars pays for health care of people with diabetes.

Mr. Speaker, I am very pleased that the overall level of funding for the National Institutes of Health, which is in the district that I am honored to represent, has again been increased by nearly \$3 billion above fiscal year 1999.

Unfortunately, the current funding and scope of diabetes research fall far short on what is needed to capitalize on many opportunities that are currently available. Approximately \$450 million was spent on diabetes-related research in fiscal year 1999.

While this amount has steadily increased since 1981, there was unanimous agreement in the Diabetes Research Working Group, established by Congress to identify research steps that were necessary to find a cure for diabetes, that this amount is far short of what is required to make progress on this complex and difficult problem.

Actually, the current budget for diabetes research represents less than one-half of 1 percent of the annual cost of diabetes. The Federal investment in diabetes represents about 3 cents out of every dollar or 3 percent of the NIH research budget.

Although it is impossible to determine what is an appropriate funding level for the many compelling and competing needs of NIH research funds, 3 percent is clearly a small investment for a disease that affects 6 to 7 percent of the population and accounts for more than 10 percent of all health care dollars.

The proportion devoted to diabetes research relative to the entire NIH budget has actually decreased by more than 30 percent since 1981 when the death rate due to diabetes has increased by 30 percent.

Well, we all know that real advances can be made by a significant investment in research and that it will greatly speed progress and understanding in conquering this disease and its complications. I ask this body to look to the importance of increasing this Federal investment and combatting diabetes and to agree to H. Res. 370.

Ms. DEGETTE. Mr. Speaker, I am pleased to yield 2 minutes to the gentleman from Texas (Mr. HINOJOSA).

Mr. HINOJOSA. Mr. Speaker, as an original cosponsor of this resolution and a member of the Congressional Diabetes Caucus, I rise to express my strong support for increased Federal funding for diabetes research and prevention.

I represent the 15th Congressional District of Texas, comprised of south Texas and the Rio Grande Valley. With the help of Dr. Maria C. Alen of the Texas Diabetes Council, I am well informed on this issue, as all of my colleagues who have spoken before me. For us, we know all too well the need to find a cure for this life-threatening disease.

It is staggering to realize that nearly 75,000 individuals of the Rio Grande Valley suffer from diabetes. More troubling, it is estimated that over 40 percent of diabetes in Texas are Hispanic.

The cost to the Nation is staggering, estimated at \$105 billion each year. More than one out of every 10 health care dollars in the United States and about 1 out of every Medicare dollars is spent on diabetes care.

The number of Americans with diabetes has increased nearly 700 percent in the last 40 years.

I believe we can find a cure for diabetes in our lifetime if Congress is willing to provide the necessary funds for the research. By adequately funding the fight, we will continue to make headway in stamping out diabetes once and for all.

I urge my colleagues on both sides of the aisle to express their support and vote to increase funding to combat diabetes.

Mr. BILIRAKIS. Mr. Speaker, I am pleased to yield 2 minutes to the gentleman from Utah (Mr. COOK).

Mr. COOK. Mr. Speaker, I rise in support of House Resolution 325. I want to thank the gentleman from Florida (Mr. BILIRAKIS) for yielding me this time. I also want to thank the gentleman from New York (Mr. LAFALCE) and my other colleagues on the Diabetes Caucus for their efforts to bring this important measure to the floor before the end of this session.

Diabetes is a disease which is affecting over 16 million Americans, many of whom are children. My father suffers from diabetes, and I know firsthand the pain and anguish this has caused him and my family.

I am also reminded of Natalie Sadler, a young girl in my district, who is courageously fighting diabetes, who came to Washington as Utah's representative at the Juvenile Diabetes Congress to ask for our help.

At least one in 10 Medicare beneficiaries are diagnosed with diabetes, and as our baby boomer population ages, this ratio will undoubtedly rise. Currently, 25 percent of Medicare costs are consumed by treating diabetes. Utah alone incurred almost \$615 million in direct and indirect costs because of diabetes.

While we were learning more about how to manage diabetes and minimize its complications, the message is not getting out. Many of our citizens, particularly Medicare patients, are not aware of what they need to do to prevent serious complications from diabetes. While they know to get annual physicals, 60 percent never receive annual eye exams, despite the fact that diabetes is one of the leading causes of blindness.

Prevention and maintenance, while important, are not a cure. We need to do all we can to ensure that all children and our elderly no longer have to suffer from this disease.

This legislation acknowledges the Federal Government's responsibility and role to improve access to treatment, raise awareness, and fund the necessary research to find a cure for diabetes.

I urge my colleagues to support this bill.

Ms. DEGETTE. Mr. Speaker, I am pleased to yield 1 minute to the gentleman from Texas (Mr. RODRIGUEZ).

Mr. RODRIGUEZ. Mr. Speaker, I rise in support of House Resolution 325, expressing the sense of the House of Representatives that the Federal Government should increase funding for diabetes research, raise awareness about the importance of early detection and treatment, help improve access to diabetes diagnoses and treatment, and that all Americans should help to fight the national epidemic of diabetes.

I and the San Antonio, Texas, community recently lost a good friend,

State Senator Greg Luna, to diabetes and the complications of diabetes. Senator Luna's passing is a testimony to the seriousness of the diabetes within the Hispanic population.

The disease affects nearly one in two Hispanics across this country and in our own backyards. Diabetes is the sixth leading cause of death in the United States. Cardio-vascular diseases, which are prevalent among Hispanics, is the leading cause of death among people with diabetes, accounting for more than one-half of all deaths.

It is crucial that we not only increase research into prevention and treatment of diabetes, but that our communities increase outreach to the high-risk populations.

In my congressional district in south Texas, statistics indicate that juveniles are more likely to acquire type 2 diabetes than any other. I ask the House to make sure that we fund this diabetes research.

Mr. BILIRAKIS. Mr. Speaker, I understand I have the right to close. Right now it does not appear like I have any further requests for time, and I reserve the balance of my time.

Ms. DEGETTE. Mr. Speaker, I am pleased to yield 2 minutes to the gentleman from Texas (Mr. REYES.)

Mr. REYES. Mr. Speaker, I want to thank the gentlewoman for yielding me this time.

Mr. Speaker, I tell my colleagues that I rise today in support of H. Res. 325 because I know personally the impact of diabetes, as both my mother and mother-in-law are diagnosed with it; and I have seen their daily struggles to manage this terrible disease.

Mr. Speaker, one of the most difficult things that I have done in recent months is to keynote a breakfast that was sponsored by the Juvenile Diabetes Foundation where I heard personal testimony from young people that are affected by this terrible disease.

Although there is currently no cure for diabetes, there are many effective treatments to head off diabetes-related complications such as blindness, kidney disease, amputations, heart disease, and other diseases that affect millions of people each and every day.

But, Mr. Speaker, diabetes has an even more debilitating impact in the Hispanic community, as some of my colleagues have pointed out. For example, among individuals over 20 years of age, Mexican-Americans are twice as likely than non-Hispanic whites to have this terrible disease, and more than 21 percent of Hispanics over the age of 65 have been diagnosed with diabetes.

These disproportionate numbers affect districts with significant Hispanic populations, such as mine in El Paso. This impact will only worsen because the Census Bureau projects that the Hispanic population in Texas will dou-

ble over the course of the next 25 years. Thus, the future health of America will be affected substantially by our success in improving the health of racial and ethnic minorities.

Research also provides the tools to improve access to community-based quality health care and the delivery of preventative and treatment services. The most important thing in my opinion that Congress can do for diabetes prevention and treatment is to prorate dollars to government health organizations for research and for treatment.

I urge each of my colleagues to support H. Res. 325.

Ms. DEGETTE. Mr. Speaker, I am pleased to yield 1 minute to the esteemed gentleman from Illinois (Mr. DAVIS).

Mr. DAVIS of Illinois. Mr. Speaker, I certainly want to thank the gentlewoman from Colorado for yielding me this time.

Let me just add my voice in strong support to all of the sentiments that have already been expressed by my colleagues. All of us have indicated that one does not have to go very far to see the impact, the effects of diabetes. My own mother died of kidney failure. My brother-in-law probably at this moment is undergoing dialysis treatment. The chairman of my political organization just a few months ago, one of my young associates who was a childhood diabetic, I used to take in between meetings, I would drop him off to get his dialysis treatment.

Here is an opportunity for this House, for this Congress, for all of America to get on board with a resolution that will provide the kind of resources for the research, the education, the treatment, the information that we really need to enhance the quality of life for millions.

□ 1630

Ms. DEGETTE. Mr. Speaker, I yield myself the balance of my time.

I do not think that we could be any more clear here today. We need to adequately fund diabetes research, and we need to do it now. There are over 260 Members of the Congressional Diabetes Caucus, which the gentleman from Washington (Mr. NETHERCUTT) and I chair. It is the largest caucus in Congress. There are 109 cosponsors of this piece of legislation. Every Member of Congress is touched in some way by a relative, by a friend, by a constituent with diabetes. The diabetes working group report sets out a clear path. The research we need to do is not useless, it is not frivolous, it is targeted, and it needs to be done.

I do not think we can say any more clearly to the administration and to the National Institutes of Health that we appreciate what they are trying to do but that they need to do more. They need to increase the funding for diabetes research so that we can cure this

disease and we can do it in the American spirit, in the way we always tackle all of these problems.

Again I wish to thank the gentleman from New York (Mr. LAFALCE) for bringing this resolution forward. It is important. And I would like to thank the hard efforts of everyone who continues to fight so that we may cure this deadly disease and that we may do it soon.

Mr. Speaker, I have no further requests for time, and I yield back the balance of my time.

Mr. BILIRAKIS. Mr. Speaker, I yield myself the balance of my time to close.

Mr. Speaker, I made the comment earlier that I call this the invisible disease, but God knows even though it has been an invisible disease its effects are far from invisible. We heard here today the tremendous effect that diabetes has on the blood vessels. It causes poor circulation, which leads to so many other terrible things. The eyes, decreased vision and ultimately blindness. Poor kidney function and kidney failure. It affects the nerves, the autonomic nervous system. It affects the skin, with sores and deep infections; diabetic ulcers, poor healing, the blood, an increased susceptibility to infection, especially the urinary tract and skin.

Mr. Speaker, this resolution, of course, calls for increased funding for research, and many of us recently signed a letter to the administration suggesting again very strongly the need of increased funding for research. We here in the House have been reluctant in the past to earmark funding for specific diseases, feeling it is not really our purview, that we do not have the knowledge to know and leaving it in the hands of NIH. But there have been times when we have basically said to them, even though we do not want to specify specific dollars, that there should be increased dollars for things such as Parkinson's, diabetes, cancer, et cetera, et cetera.

So, Mr. Speaker, it is imperative that research continue and be improved so that we can finally lick this disease, because as we said earlier, insulin and some of the treatments do not really lick it, but it is also important for the American people to realize there are things they can do to maybe keep from getting diabetes, particularly when it is genetically in their family and they know that they are very susceptible to it. So I am hopeful what we are doing here today will be very helpful in that regard.

Mr. Speaker, I thank again the gentlewoman from Colorado (Ms. DEGETTE), along with the others, the gentleman from New York (Mr. LAFALCE) for bringing up the resolution, the gentlewoman from Colorado and the gentleman from Washington (Mr. NETHERCUTT), who have been fantastic about teaching us about diabetes, and, of course, the gentleman from Pennsylvania (Mr. WELDON) and the others,

who have been so much at the forefront.

Mr. MCKEON. Mr. Speaker, I join my colleagues today in supporting the fight against diabetes.

Today, nearly 16 million people in the United States have diabetes—many of which are not aware that they have the disease. With every passing day, over 2,000 Americans discover they have diabetes. By the end of the year, almost 800,000 people will have been diagnosed as diabetics.

The most difficult part about treating and preventing diabetes is that most people are not aware they are diabetics until after they develop one of its life-threatening complications; including blindness, kidney disease, nerve amputations, and stroke. In fact, studies show that diabetes is the leading cause for blindness as well as kidney failure. Also, over sixty percent of diabetics suffer from nerve damage, which can lead to limb amputations. Diabetics are also two to four times more likely to suffer a stroke.

Because of these serious complications, diabetes is one of the most costly health problems in America. It is estimated that the costs associated with diabetes treatments and overall health care for patients with diabetes costs \$92 billion each year. Diabetics also incur almost \$8,000 per year more in medical bills than those who are not diagnosed with diabetes.

Due to the high cost and life-threatening implications of diabetes, I believe it is imperative that we raise awareness about the disease. Knowing the early signs of diabetes and its risk factors are a patient's best defense against diabetes. It would be a tragedy if more Americans were forced to suffer from diabetes without an increased effort to ensure people are aware of the steps they can take to best prevent the disease.

Members of my own family have suffered from diabetes. I have witnessed firsthand the devastating effects of this disease and am committed to finding a cure. Like many of my colleagues here today, I am a member of the Congressional Diabetes Caucus, chaired by my colleague from Washington state. We have worked tirelessly to increase the awareness of diabetes in Congress and to promote greater research into diabetes.

For this reason, I stand in strong support of H. Res. 325. This resolution underlines the importance of increasing research funding for diabetes so that improved treatments and a cure may be discovered. It also highlights the need to raise awareness about the importance of the early detection and proper treatment of diabetes.

I am proud to rise in favor of this initiative to help the millions of Americans who suffer from diabetes. I strongly support this resolution and sincerely hope my colleagues will join me today in passing H. Res. 325.

Ms. KILPATRICK. Mr. Speaker, I rise in support of H. Res. 325, which expresses the sense of this chamber that our efforts to fight against diabetes deserve increased support and funding. I would like to take this opportunity to thank the sponsor of this resolution, the gentleman from New York, Representative LAFALCE, for raising the American public's awareness of this important issue.

Our efforts to find new and improved treatments for diabetes and ultimately a cure are a personal issue for me.

I am a diabetic.

This disease has threaded its way through generations of my family, and it impacts on my daily life. Each day begins with an intake of insulin. Each meal is carefully selected to help me manage my diabetes. Each daily schedule sets time aside for physical exercise as a means of reducing the risk of diabetes-related complications.

Sixteen million Americans live with diabetes. In the last 40 years, the number of Americans with diabetes has increased nearly 700 percent. This dramatic growth gave cause for the Centers of Disease Control to call it the "epidemic of our time." America spends \$40 billion annually treating people with diabetes through Medicare, Medicaid and other health care programs.

Diabetes is the sixth deadliest disease in America. Since 1980 the mortality rate due to diabetes has increased 30 percent. This trend is significant when compared to the mortality rates of heart disease and stroke, which have decreased over the same time period. The life expectancy of diabetics average 10 to 15 years less than that of the general population. The damage caused by diabetes is gradual. It occurs over a period of years, and it affects virtually every tissue of the body with long-term and severe damage.

In Michigan, nearly 400,000 adults (or 5.7 percent of the adult population) have been diagnosed as diabetics. But another 2,600,000 persons in Michigan are at increased risk of undiagnosed diabetes because of the risk factors of age, obesity and a sedentary lifestyle. Diabetes contributed to the death of 7,433 Michigan residents. Research has established that African- and Hispanic-Americans exhibit a greater prevalence of diabetes than the general population. And African-American males often suffer disproportionately. For example, diabetes is the leading cause of debilitating disease and death in African-American men. Persons affected by diabetes suffer higher rates of serious, but preventable complications, including: blindness, lower extremity amputations and end stage renal disease.

This spring the Diabetes Research Working Group (DRWG) presented a report to Congress identifying hundreds of scientific opportunities that could lead to better treatments for the 16 million Americans with diabetes and hopefully bring about a cure. It suggested a number of research plan recommendations, including increasing the budget for diabetes research.

The Labor—HHS—Education Appropriations bill increased funding by over 13 percent, and it instructed the National Institutes of Diabetes and Digestive and Kidney Diseases to move forward with the recommendations of the Working Group. The National Institutes of Health (NIH) will draw on the resources from related research disciplines to increase funding for diabetes research by 15 percent overall. The bill also urged the Institute to focus increased efforts into areas of diabetes research that could lead to a cure in the short term, such as beta cell replacement and supply. For this, I appreciate the work of the gentleman from Illinois, Rep. JOHN PORTER, for assigning

diabetes research a high priority in NIH's Fiscal Year 2000 funding allocations.

I look forward to continuing the work of my colleagues who share my interest in diabetes and diabetes research and in finding the resources necessary to increase our investment in research efforts that could lead to new treatments and, hopefully, a cure for diabetes.

Mr. WAXMAN. Mr. Speaker, I rise to join my fellow cosponsors of H. Res. 325 in highlighting the importance of expanding research, treatment and education on diabetes.

I am particularly pleased to recognize the work of the American Diabetes Association on World Diabetes Day, which was observed by the World Health Organization and more than one hundred international scientific and patient advocacy groups this past Sunday November 14.

Today, managing their diabetes is a health priority for more than 140 million people across the world. Even before its clinical symptoms were recorded by an Egyptian physician in the 15th century B.C., diabetes was a chronic disease affecting people across the world. Only today, as research into genetic and environmental factors continues, can it be said that real hope exists for finding a cure to diabetes.

In the United States, diabetes is the sixth leading cause of death. Disproportionately affecting the elderly and communities of color, diabetes is a heavy burden on the health of patients, the lives of their families and communities, and upon our system of health care. It is therefore fitting that Congress should join patients and their families in renewing a commitment to preventing and to finding a cure for diabetes.

Finally, recognizing that important discoveries are often made where we least expect, and that research in one field will often spark crucial insights in others, I hope in the future that Congress will act upon legislation to further enhance the work of the National Institutes of Health on juvenile diabetes as well as on other auto immune diseases, such as multiple sclerosis, rheumatoid arthritis and Sjögren's Syndrome.

I congratulate Ms. DEGETTE and Mr. NETHERCUTT, the chairs of the Congressional Diabetes Caucus, and Mr. LAFALCE, the sponsor of the resolution, for having advanced this resolution before the Congress adjourns.

Mr. LARSON. Mr. Speaker, I rise today in support of H. Res. 325, which expresses the critical need for increased funding and education to combat diabetes. My commitment to helping those with this disease is not limited to H. Res. 325. When I became a Member of Congress earlier this year, I joined the Congressional Diabetes Caucus.

Diabetes, which is the sixth leading cause of death in the United States, is currently an incurable disease. This disease is also the foremost cause of adult onset blindness, and several debilitating health complications such as heart disease, stroke, and kidney disease. In the United States sixteen million individuals have diabetes; 800,000 Americans have type one (formerly known as juvenile diabetes), and while 10.2 million have been diagnosed with type two diabetes, roughly 5 million are unaware that they have it. In my district alone, approximately 37,000 of my constituents and

their families have been struck with this deadly disease.

Funding for diabetes treatment, prevention education, and research is extremely vital and indispensable. I cannot emphasize enough how important it is to fully fund these programs in order to find a cure for diabetes, and to find ways to prevent or delay the onset of diabetes through early identification of individuals who are at high risk.

Although research continues to try to identify the causes of the disease and ways to prevent it, it can only go so far with limited funding. The Diabetes Research Working Group was established by Congress and selected by the National Institute of Health to develop a comprehensive plan for all NIH funded diabetes research efforts. It has stated that there may be possible cures, solutions, and opportunities for discovery in diabetes research that are not being pursued due to the lack of funding. In the Diabetes Research Working Group's summary of its report and recommendations, there are over 70 major recommendations for research. There is no reason why these recommendations should not be funded.

We desperately need to increase funding for and awareness of this disease. Diabetes affects everyone; it does not discriminate based on age, race, or creed. That point was painfully expressed to me in a letter from a constituent named Michael Hoefling who is 13 years old. He writes, "I really want a cure for diabetes so I don't have to test my blood sugar all the time, and then I can do whatever I want without worrying, like playing sports and having more freedom." For Michael and the 16 million other Americans living with this disease, Congress must provide that freedom by funding diabetes research and prevention.

I urge my colleagues to join me in support of H. Res. 325.

Mr. SMITH of New Jersey. Mr. Speaker, today I rise in support of H. Res. 325, a resolution expressing the will of the House that the Federal Government has an important responsibility to appropriately fund vital life-saving and life-affirming research to treat and cure diabetes. As a co-sponsor of this resolution, and as a member of the Congressional Diabetes Caucus, I believe the goal of understanding the causes of diabetes, and thereby discovering a cure, is both attainable and appropriate for our nation.

Diabetes affects 16 million Americans and is one of the leading causes of blindness, amputations, kidney disease, and heart disease. Researchers at the National Institutes of Health (NIH), at our hospitals and medical centers, and at our nation's research-based pharmaceutical companies, are all working hard to find a cure for diabetes. But they need the full support of Congress, because the problem is simply too big for any one segment of our society to conquer on its own.

Through this resolution, Congress is putting itself on record advocating the funding level of \$827 million dollars recommended by the Diabetes Research Working Group. This is the amount of NIH funding deemed to be necessary to wage a full-fledged war on diabetes. I hope the National Institutes of Health (NIH) takes a careful look at this vote on H. Res. 325 as they compile their research priorities in the coming years.

In the U.S., there are currently 123,000 persons under age 20—most of them children—suffering from diabetes. We know these children because they live in every community in America. One such child is Charlie Coates, a precocious young boy from Highstown, New Jersey, who visited my office in Washington, D.C., along with his father, David Coates. Charlie has diabetes, and Charlie's future, and the futures of thousands of children just like him, depend in part on the decisions made here in Congress and in Bethesda, Maryland, the headquarters of the NIH. Diabetes affects virtually every tissue and organ in Charlie's body, and it can create serious medical complications for him. His mother and father have to be constantly vigilant to make sure Charlie's diabetes is kept under control with insulin. Right now, the average life expectancy of a person with diabetes is 15 to 20 years less than for those without the disease. Indeed, the stakes for children like Charlie are very high in this fight. Children like him need a medical breakthrough, and they need it now.

We are at a crucial decision point in the war on diabetes. Will we try to wage this war on the cheap, with proverbial sticks and rocks? For the sake of 16 million Americans, I sure hope not. Or will we use the full array of life-affirming and life-saving technology at our nation's disposal, and fund the fight at the level recommended by the Diabetes Research Working Group?

As a nation, we need to refocus and rededicate ourselves to finding the cure for diabetes. Despite great progress to date at the NIH, we are still not designating diabetes among our top priorities. For instance, from FY 1980 through 1999, NIH-funded diabetes research as a percentage of the total NIH budget has never exceeded 4.1 percent, despite the fact that diabetes-related illnesses during the same period represented 12 to 14 percent of the health care expenses in the United States. Right now, only \$30 per year in federal research is spent per person affected with diabetes. That is less than a family might spend for a movie and a pizza! Affected persons need more care and relief than \$30 per person per year can buy.

Diabetes costs our nation an estimated \$105 billion annually in health care costs. In addition, seniors are also at a great risk for diabetes. Fully one out of every four Medicare dollars is spent on caring for diabetes, totaling about \$28.6 billion per year and making diabetes and its related complications Medicare's single largest expense. And the human costs of diabetes are simply incalculable.

Diabetes is not a discriminatory disease. It is a lifelong condition that affects people of every age, race, income level, and nationality. The number of Americans with diabetes has increased nearly 700 percent in the past 40 years, leading the Centers for Disease Control and Prevention to call it the "epidemic of our time." Nearly 123,000 children and persons under 20 suffer from some form of diabetes.

The cost would most likely be lower if diabetes were detected earlier. Too frequently this epidemic goes undiagnosed: 5.4 million Americans have the disease but do not know it. About 197,000 Americans die each year from the complications of diabetes, and there are approximately 800,000 newly diagnosed cases each year.

But there is hope, if only Congress will set aside the necessary resources to track down promising leads and research proposals. Early detection and preventive medicine is crucial in assisting Americans become better aware and educated about diabetes. If we can teach patients to know the warning signs and symptoms of diabetes, we can lower the risks of further infection and complications.

With the information technology revolution upon us, I believe a cure is in sight. I voice my enthusiastic support for H. Res. 325, and urge every one of my colleagues to do the same.

Mr. Speaker, I have no further requests for time, and I yield back the balance of my time.

The SPEAKER pro tempore (Mr. SHIMKUS). The question is on the motion offered by the gentleman from Florida (Mr. BILIRAKIS) that the House suspend the rules and agree to the resolution, House Resolution 325.

The question was taken.

Ms. DEGETTE. Mr. Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX and the Chair's prior announcement, further proceedings on this motion will be postponed.

RECOGNIZING AND HONORING WALTER PAYTON AND EXPRESSING CONDOLENCES OF THE HOUSE TO HIS FAMILY ON HIS DEATH

Mrs. BIGGERT. Mr. Speaker, I move to suspend the rules and agree to the resolution (H. Res. 370) recognizing and honoring Walter Payton and expressing the condolences of the House of Representatives to his family on his death.

The Clerk read as follows:

H. RES. 370

Whereas Walter Payton was born in Columbia, Mississippi, on July 25, 1954;

Whereas Walter Payton was a distinguished alumnus of Jackson State University, home of the Jackson State Tigers and the nationally renowned Sonic Boom of the South;

Whereas Walter Payton was known by all as "Sweetness";

Whereas Walter Payton serves as the highest example of his Christian faith and his sport in countless public and private ways;

Whereas Walter Payton was truly a hero and role model for all Mississippians who had the privilege of watching him play the game he loved so much;

Whereas Walter Payton was viewed by his friends and former classmates as a fun-loving, warm, and smiling man with a joy for life, his family, and his sport;

Whereas Walter Payton played the game of football with unparalleled determination, passion, and desire;

Whereas Walter Payton, an extraordinary Mississippian and the National Football League's greatest running back of all time, died leaving us great memories of personal and athletic achievements;

Whereas Walter Payton received national acclaim as a running back and was the Chicago Bears' first pick, and was chosen fourth overall, in the 1975 draft;