

EXTENSIONS OF REMARKS

SUPPORT THE CLINICAL RESEARCH ENHANCEMENT ACT

HON. JAMES C. GREENWOOD

OF PENNSYLVANIA

IN THE HOUSE OF REPRESENTATIVES

Monday, May 17, 1999

Mr. GREENWOOD. Mr. Speaker, today I rise to introduce the Clinical Research Enhancement Act, which has been endorsed by more than 80 associations and universities. The bill begins to address the disincentives that are steering young physicians away from research careers. The legislation improves our commitment to clinical research by: improving the peer review process for clinical research grants; establishing new training awards that focus on clinical investigators; establishing support for structured academic training in clinical investigation; and expanding the existing intramural loan repayment program so it will be available to clinical investigators in academic medical centers around the country.

Clinical research at NIH has dropped from 3% of NIH's budget to 1% over the past 30 years. Combine this decrease in applied research with the diminished capacity of some managed care organizations to subsidize clinical investigation, and it is easy to see why translating laboratory breakthroughs to the bedside are in jeopardy. Because clinical research is the pathway that links basic science to human health, we may endanger the hard fought increases in the NIH budget by failing to arm our scientists with practical applications.

Twenty years ago, Dr. James Wyngaarden, a former director of the NIH, brought the scientific community's attention to the issue when he described the clinical investigator as an endangered species. In 1994, the Institute of Medicine of the National Academy of Sciences reiterated this problem and offered solutions for the declining numbers of American physicians pursuing research careers. And again in January, significant data have come to light that documents this dramatic drop in physician scientists.

At the National Institutes of Health, the number of MD postdoctoral trainees has dropped by 51% between 1992 and 1996. In addition, the NIH has seen a 1/3 drop in the number of first time MD applications for grant support in just three short years between 1994 and 1997. This historical and continuing decrease in the number of physicians pursuing careers in applied biomedical research must be reversed.

I am including in the RECORD letters of support from the American Federation for Medical Research and the American Medical Association. In addition, I have included a list of supporters. My hope is this important legislation is considered and passed by this Congress. I encourage my colleagues to support it.

AMERICAN FEDERATION FOR
MEDICAL RESEARCH,
Washington, DC, May 12, 1999.

Hon. JAMES GREENWOOD,
House of Representatives, Washington, DC.

DEAR CONGRESSMAN GREENWOOD: I write to express the strong support of the American Federation for Medical Research for the legislation you will introduce to enhance clinical research programs at the National Institutes of Health. The AFMR is a national organization of 5,000 physical scientists engaged in basic, clinical and health services research. Most of our members receive NIH support for their basic research but are finding it increasingly difficult to obtain funding for translational or clinical research studies through which basic science discoveries are translated to the care of patients.

In the past, academic medical centers provided institutional support for this research through revenues generated by patient care activities. However, as the health care marketplace has become increasingly competitive, academic centers have all but eliminated internal subsidies for clinical research or the training of clinical investigators. In fact, the Association of American Medical Colleges has estimated that these institutions have lost approximately \$800 million in annual "purchasing power" for research and research training within their institutions.

This loss of support for clinical investigation has had a large effect on young investigators and medical students considering a research career. The number of medical school graduates indicating an interest in a research career has fallen steadily in the 1990's according to the American Medical Association. The number of first time physician applicants to the NIH for research support has fallen by thirty percent between 1994 and 1997. The Clinical Research Enhancement Act would seem to be an extremely modest investment in a much-needed program to reinvigorate our nation's clinical research capabilities.

There is a strong consensus among the 80 scientific and consumer organizations that have endorsed this legislation that Congress must stop the deterioration of the U.S. clinical research capacity. In addition, we must assure that the American people and the American economy benefit from the translation of basic science breakthroughs to improved clinical care and new medical products. The American Federation for Medical Research is pleased to have the opportunity to express its strong support for this important piece of legislation.

Sincerely,

WILLIAM LOWE,
President.

AMERICAN MEDICAL ASSOCIATION,
Chicago, IL, May 3, 1999.

Hon. JAMES GREENWOOD,
Rayburn House Office Building, House of Representatives, Washington, DC.

DEAR CONGRESSMAN GREENWOOD: The American Medical Association (AMA) is pleased to support the Clinical Research Enhancement Act of 1999.

At a time when we are on the verge of achieving exciting breakthroughs involving

many fatal and debilitating diseases, it is important that research programs and accompanying funding keep pace to achieve this goal. A 1997 Institute of Medicine report emphasized the immediate need for additional clinical research support noting an insufficient number of persons involved in clinical research; lack of infrastructure to adequately select and support the best clinical research; and declining overall fiscal investment in biomedical research.

Your legislation would lend strong support by strengthening and improving the peer review process for clinical research grants; establishing innovative awards that would be reviewed by scientists with extensive backgrounds in clinical research; strengthening the general clinical research centers; providing support for scientists seeking advanced degrees in clinical investigation; and expanding the existing loan repayment program available to clinical scientists.

The AMA has been a solid advocate of strong clinical research programs. We ardently believe that fundamental and applied clinical research is essential to constructing the knowledge base for the practice of modern medicine and is the essential link connecting advances in basic science knowledge to advances in the diagnosis and treatment of human disease.

We commend you for your leadership on this issue and look forward to working with you to achieve passage of this much needed legislation.

Respectfully,

E. RATCLIFFE ANDERSON, JR.,
Executive Vice President.

SUPPORTERS FOR CLINICAL RESEARCH ENHANCEMENT ACT

Alliance for Aging Research; Alzheimer's Association; Ambulatory Pediatric Association; American Academy of Child and Adolescent Psychiatry; American Academy of Dermatology; American Academy of Neurology; American Academy of Optometry; American Academy of Ophthalmology; American Academy of Otolaryngology-Head and Neck Surgery; American Academy of Pediatrics; American Academy of Physical Medicine and Rehabilitation; American Association for Cancer Research; American Association for the Surgery of Trauma; American Association of Anatomists; American Association of Colleges of Nursing; American Association of Neurological Surgeons; American Cancer Society; American Celiac Society—Dietary Support Coalition; American College of Chest Physicians; American College of Clinical Pharmacology; and

American College of Medical Genetics; American College of Neuropsychopharmacology; American College of Preventive Medicine; American Diabetes Association; American Federation for Medical Research; American Gastroenterological Association; American Geriatrics Society; American Heart Association; American Kidney Fund; American Liver Foundation; American Lung Association; American Medical Association; American Neurological Association; American Optometric Association; American Pediatric Society; American Psychiatric Association; American Skin Association;

● This "bullet" symbol identifies statements or insertions which are not spoken by a Member of the Senate on the floor.

Matter set in this typeface indicates words inserted or appended, rather than spoken, by a Member of the House on the floor.

American Society for Bone and Mineral Research; American Society for Clinical Nutrition; American Society for Clinical Pharmacology and Therapeutics; American Society for Reproductive Medicine; and

American Society of Addiction Medicine; American Society of Adults with Pseudo-Obstruction, Inc.; American Society of Clinical Nutrition; American Society of Hematology; American Society of Nephrology; American Thoracic Society; American Urological Association; Americans for Medical Progress; Arthritis Foundation; Association for Medical School Pharmacology; Association for Research in Vision and Ophthalmology; Association of Academic Health Centers; Association of Academic Physiatrists; Association of American Cancer Institutes; Association of American Medical Colleges; Association of American Veterinary Medical Colleges; Association of Behavioral Sciences and Medical Education; Association of Departments of Family Medicine; Association of Medical and Graduate Departments of Biochemistry; Association of Medical School Pediatric Department Chairmen; Association of Pathology Chairs; Association of Professors of Dermatology; Association of Professors of Medicine; and

Association of Program Directors in Internal Medicine; Association of Schools and Colleges of Optometry; Association of Schools of Public Health; Association of Subspecialty Professors; Association of Teachers of Preventive Medicine; Association of University Radiologists; American Urogynecologic Society; Center for Ulcer Research and Education Foundation; Citizens for Public Action; Cooley's Anemia Foundation; Crohn's and Colitis Foundation of America; Cystic Fibrosis Foundation; Dean Thiel Foundation; Digestive Disease National Coalition; East Carolina University School of Medicine; Ehlers-Danlos National Foundation; Emory University School of Medicine; The Endocrine Society; Epilepsy Foundation of America; Foundation for Ichthyosis and Related Skin Types; Gay Men's Health Crisis; General Clinical Research Center Program Directors' Association; Gluten Intolerance Group; and

Hemochromatosis Research Foundation; Hepatitis Foundation International; Inova Institute of Research and Education; Institute for Asthma and Allergy; International Foundation for Functional Gastrointestinal Disorders; Jeffrey Modell Foundation; Joint Council of Allergy, Asthma and Immunology; Juvenile Diabetes Foundation International; Lawson Wilkins Pediatric Endocrine Society; Lupus Foundation of America, Inc.; Medical Dermatology Society; Mount Sinai Medical Center; National Caucus of Basic Biomedical Science Chairs; National Committee to Preserve Social Security and Medicare; National Health Council; National Hemophilia Foundation; National Marfan Foundation; National Multiple Sclerosis Society; National Organization for Rare Disorders; National Osteoporosis Foundation; National Perinatal Association; National Tuberculous Sclerosis Association; National Vitiligo Foundation, Inc.; National Vulvodynia Association; and

North American Society of Pacing and Electrophysiology; Oley Foundation for Home Parenteral and Enteral Nutrition; The Orton Dyslexia Society; Osteogenesis Imperfecta Foundation; Parkinson's Action Network; PXE International; RESOLVE; Schepens Eye Research Institute; Scleroderma Research Foundation; Society for Academic Emergency Medicine; Society for the Advancement of Women's Health Re-

search; Society for Inherited Metabolic Disorders; Society for Investigative Dermatology; Society for Pediatric Research; Society of Gastroenterology Nurses and Associates, Inc.; Society of Gynecologic Oncologists; Society of Medical College Directors of Continuing Medical Education; Society of University Urologists; St. Jude Children's Research Hospital; Tourette Syndrome Association, Inc.; United Ostomy Association; United Scleroderma Foundation; University of Rochester School of Medicine and Dentistry; Wound, Ostomy and Continence Nurses Society; and Yale University School of Medicine.

TRIBUTE TO THE SENIORS OF THE DISTRICT OF COLUMBIA IN HONOR OF OLDER AMERICANS MONTH

HON. ELEANOR HOLMES NORTON

OF THE DISTRICT OF COLUMBIA
IN THE HOUSE OF REPRESENTATIVES

Monday, May 17, 1999

Ms. NORTON. Mr. Speaker, I rise today to ask my colleagues to join me in celebrating National Older Americans Month in the District of Columbia. District of Columbia seniors will come to the National Arboretum in the District of Columbia on Tuesday, May 18th for an afternoon of information about the programs Congress provides for senior citizens, for entertainment, and for lunch. Our senior citizens have earned this information and celebration I have for them each year at a place of interest in the District. We have celebrated National Older Americans Month at the National Cathedral, the FDR Memorial, the National Zoo, museums, and similarly interesting settings, some of which our seniors rarely get to visit.

The growing number of senior citizens in the District, one third of whom are over 80, have contributed to the best days of the nation's capital. As young people, they helped build this city to its strongest point, and as seniors today, they are helping to bring revitalization to the District.

Senior citizens in my District want the 106th Congress to know that the Social Security and Medicare programs have done more to make their senior years secure and healthy than any programs ever enacted by the Congress. Today, the Social Security program alone has taken one out of every three elderly Americans out of poverty and has rescued 60% of elderly women from poverty. In 1997, almost half of all elderly Americans would have had incomes below the poverty line without their Social Security benefits.

Today's seniors have fought hard to preserve their Social Security. Those who worry most about Social Security are younger baby boomers and their children. This Congress must make sure that the progressive benefit structure with annual increases is available for generations to come.

Far more problematic and worrisome for the District's seniors is the future of Medicare. At my Senior Legislative Day, I want to focus my own constituents on the immediate problems of Medicare, which runs out of money in 2008. Seniors, like other Americans, are being directed to HMOs in order to allow the program to achieve cost savings. Yet, already, we see

many of the HMOs dropping seniors because the federal government has been unwilling to fund sufficiently these HMO senior programs. We have not met the challenge of doing what must be done for Medicare—making the savings necessary to save the program while assuring seniors that the benefits are sufficient to make the programs worth saving. Passage of the President's Patients' Bill of Rights is a crucial part of this effort.

On May 18th, the District's seniors will also be discussing the intolerable costs of prescription drugs not covered by Medicare. The Congress has not yet faced the challenges of the increasing use of costly medicines which are being used instead of more costly invasive procedures. The burden of these costs has been put entirely on seniors. It is a burden they cannot bear and should not bear.

Medicare has been a virtually universal program, with virtually all Americans covered, regardless of income. The need for healthcare tends to increase with age. It is certain that Medicare has saved and lengthened millions of American lives. On May 18th, at my Seniors Legislative Day, I intend to assure the seniors of the District of Columbia that I will have no greater priority than preserving Medicare. I ask the 106th Congress to help me keep that promise.

HONORING EDWARD ABRAMOWITZ

HON. EDOLPHUS TOWNS

OF NEW YORK
IN THE HOUSE OF REPRESENTATIVES

Monday, May 17, 1999

Mr. TOWNS. Mr. Speaker, I rise to talk about an extraordinary man of medicine, Dr. Edward Abramowitz, Attending Physician, Division of Cardiology, Department of Internal Medicine at Long Island College Hospital. Dr. Abramowitz is being honored on May 22nd by the Long Island College Hospital Board of Regents for his commitment to quality patient care and his medical leadership.

Born in New York City, Dr. Abramowitz received his B.S. degree from City College of the City University of New York and his M.D. from the Faculty of Medicine, Copenhagen University, Denmark in 1975. After graduation, he did rotating internships in OB/GYN, Surgery and Psychiatry in the Danish health care system.

Returning to New York, Dr. Abramowitz finished an Internal Medicine internship at Maimonides Medical Center and went on to complete a two-year internal medicine residency at Long Island College Hospital. In 1981, he completed a two-year fellowship in Cardiology at LICH and established a private practice in Cardiology and Internal Medicine. In 1991, Dr. Abramowitz was one of the founding members of Diagnostic Cardiology Associates, a premier diagnostic testing center for cardiovascular disease.

A longtime resident of Cobble Hill, Dr. Abramowitz was a member of the Board of Directors of the Brooklyn Heights Center for Counseling. Board Certified in Internal Medicine, Dr. Abramowitz is an active member of many professional organizations, including the American College of Cardiology, the American