

and I anticipate it will be an annual event. At the same time, we can hope that current research foreshadows a day when it will no longer be necessary to raise awareness of Ataxia.

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SCIENCE SPENDING

**HON. SHERWOOD L. BOEHLERT**

OF NEW YORK

IN THE HOUSE OF REPRESENTATIVES

*Thursday, October 5, 2000*

Mr. BOEHLERT. Mr. Speaker, I insert in the record an op-ed piece that appeared in yesterday's Washington Post—an op-ed that I am also distributing as a Dear Colleague letter.

The column is by Dr. Harold Varmus, a distinguished Nobel Laureate and former director of the National Institutes of Health (NIH) who is now president of the Memorial Sloan-Kettering Cancer Center in New York City.

Dr. Varmus' point is that Congress needs to be investing adequately in science spending across the board, not just at NIH. Improvements in medicine rest on advancements in a wide variety of fields; we can't improve health in this country by focusing exclusively on NIH.

This is advice we would be wise to heed. The federal research portfolio has become too skewed toward medical research. We need to address that imbalance not by reducing funding for NIH but by increasing funding for the other federal research agencies. That would be a wise investment in this time of surplus.

I'm pleased to say that Congress is beginning to take steps in that direction. I know, for example, that the appropriations bill my good friend and neighbor Congressman JIM WALSH has put together includes a substantial increase for the National Science Foundation (NSF).

But we need to make a comprehensive, consistent commitment to funding the entire federal science portfolio more generously. I look forward to working with my colleagues to accomplish just that.

[From the Washington Post, Oct. 4, 2000]

SQUEEZE ON SCIENCE

(By Harold Varmus)

In recent weeks both presidential campaigns have voiced their support of efforts to double the budget of the National Institutes of Health. This is an encouraging sign that the current bipartisan enthusiasm for medical research will continue in the next administration. But it also offers an opportunity to make an important point about the kinds of science required to achieve breakthroughs against disease.

The NIH does a magnificent job, but it does not hold all the keys to success. The work of several science agencies is required for advances in medical sciences, and the health of some of those agencies is suffering.

For the coming fiscal year, Congress has again—magnanimously and appropriately—slated the NIH for a major increase, its third consecutive 15 percent increase. By these actions, Congress has shown that it is determined to combat the scourges of our time, including heart disease, cancer, diabetes, AIDS and Alzheimer's disease.

But Congress is not addressing with sufficient vigor the compelling needs of the other science agencies, especially the National

Science Foundation and the Office of Science at the Department of Energy. This disparity in treatment undermines the balance of the sciences that is essential to progress in all spheres, including medicine.

I first observed the interdependence of the sciences as a boy when my father—a general practitioner with an office connected to our house—showed me an X-ray. I marveled at a technology that could reveal the bones of his patients or the guts of our pets. And I learned that it was something that doctors, no matter how expert with a stethoscope or suture, wouldn't have been likely to develop on their own.

Of course, the X-ray is routine now. Medical science can visualize the inner workings of the body at far higher resolution with techniques that sound dazzlingly sophisticated: ultrasound, positron-emission tomography and computer-assisted tomography. These techniques are the workhorses of medical diagnostics. And not a single one of them could have been developed without the contributions of scientists, such as mathematicians, physicists and chemists supported by the agencies currently at risk.

Effective medicines are among the most prominent products of medical research, and drug development also relies heavily on contributions from a variety of sciences. The traditional method of random prospecting for a few promising chemicals has been supplemented and even superseded by more rational methods based on molecular structures, computer-based images and chemical theory. Synthesis of promising compounds is guided by new chemical methods that can generate either pure preparations of a single molecule or collections of literally millions of subtle variants. To exploit these new possibilities fully, we need strength in many disciplines, not just pharmacology.

Medical advances may seem like wizardry. But pull back the curtain, and sitting at the lever is a high-energy physicist, a combinational chemist or an engineer. Magnetic resonance imaging is an excellent example. Perhaps the last century's greatest advance in diagnosis. MRI is the product of atomic, nuclear and high-energy physics, quantum chemistry, computer science, cryogenics, solid state physics and applied medicine.

In other words, the various sciences together constitute the vanguard of medical research. And it's time for Congress to treat them that way. Sens. Christopher Bond (R-Mo.) and Barbara Mikulski (D-Md.) have just proposed to double the budget of the National Science Foundation over five years. This admirable effort should be vigorously supported and extended to include the Department of Energy's Office of Science, which fund half of all research in the physical sciences and maintains the national laboratories that are central to biomedicine.

Scientists can wage an effective war on disease only if we—as a nation and as a scientific community—harness the energies of many disciplines, not just biology and medicine. The allies must include mathematicians, physicists, engineers and computer and behavioral scientists. I made this case repeatedly during my tenure as director of NIH, and the NIH has made significant efforts to boost its support of these areas. But in the long run, it is essential to provide adequate budgets for the agencies that traditionally fund such work and train its practitioners. Moreover, this will encourage the interagency collaboration that fuels interdisciplinary science. Only in this way will medical research be optimally poised to continue its dazzling progress.

H.R. 4292: THE BORN-ALIVE INFANTS PROTECTION ACT OF 2000

**HON. JACK QUINN**

OF NEW YORK

IN THE HOUSE OF REPRESENTATIVES

*Thursday, October 5, 2000*

Mr. QUINN. Mr. Speaker, I would like to commend my colleagues in the House of Representatives for demonstrating their overwhelming support for H.R. 4292 last week. The Born-Alive Infants Protection Act of 2000, which is designed to ensure that all infants who are born alive are treated as persons for purposes of federal law, passed the House with 385 votes.

It has long been accepted legal principle that infants who are born alive are persons and are entitled to the full protection of the law. In fact, many states have statutes that, with some variations, explicitly enshrine this principle as a matter of state law, and some federal courts have recognized the principle in interpreting federal laws. But recent changes in the legal and cultural landscape appear to have brought this well-settled principle into question.

Babies whose lungs are insufficiently developed to permit sustained survival are often spontaneously delivered alive, and they may live for hours or days. Others are born alive following deliveries induced for medical reasons, or following attempted abortions. Enactment of H.R. 4292 is necessary to ensure that all infants who are born alive are treated as legal persons for purposes of federal law.

H.R. 4292 is proposed to codify (for federal law purposes only) the traditional definition of "born alive" that is already found in the laws of most states: complete expulsion from the mother, accompanied by heartbeat, respiratory, and/or voluntary movements.

Although I was unable to vote on this legislation, I wholeheartedly support it and urge its enactment into law.

H.R. 4365: CHILDREN'S HEALTH ACT OF 2000

**HON. SUE WILKINS MYRICK**

OF NORTH CAROLINA

IN THE HOUSE OF REPRESENTATIVES

*Thursday, October 5, 2000*

Mrs. MYRICK. Mr. Speaker, a woman who becomes pregnant in less than ideal circumstances has a difficult road ahead no matter what action she takes. She faces serious questions about what will happen to her future: Will the father help? How will I afford the costs? What will my family think and will they support my decision? How am I going to get through this? It is an incredibly scary time and the ultimate question is whether her life will ever be the same.

My biggest concern for a woman in this situation is that she may see abortion as the easiest solution—when there is no easy choice. Too often, I hear stories about women who are frantic for a solution and rush to an abortion clinic without learning about the long-term emotional and physical consequences. As a mother and a grandmother, I can tell you that