that reflects the expanding role of community health centers in our nation's system of health care delivery.

The second event is the Aug. 23 celebration of a quarter century of community service by the East Jordan Family Health Center, which provides basic and expanded medical care for 10,000 members in a rural part of our nation—building healthy families and communities and ensuring a good quality of life.

The two events, Mr. Speaker, are entwined. The national celebration marks more than 30 years of growth of a grant program for health care delivery, and the local celebration is a bright example of that successful growth.

The East Jordan Family Health Center was incorporated 25 years ago when the community lost its only doctor. The next nearest community with a doctor was Charlevoix, 18 miles away. So a forward-looking consortium of community members came together and created a private, not-for-profit service.

When the medical practice in the nearby small community of Bellaire was pulling out, the East Jordan Center purchased that clinic and the services of one doctor.

Now the East Jordan Center offers its 10,000 members the services of ten doctors at two health delivery sites. Among its services are family practice, pediatric care, and internal medicine. The Center offers full X-ray and mammography services.

Membership in the center, Mr. Speaker, is $6 per year for individuals and $10 per year for families. It is governed by a board of directors elected by the membership. The East Jordan Family Health Center draws its strength and direction from the community, and through that strength it offers other services to the community.

Doctors practicing at the Center can provide other health services, such as assisting in a local nursing home. The not-for-profit nature of the Center qualifies the organization for federal grants, which are used to provide health care to those residents who might not otherwise have access to preventive medicine.

The facilities themselves are a community asset. Space is provided free to the local Food Pantry, and to a counseling service. Organizations like Alcoholics Anonymous are given meeting space. Clearly, keeping health care costs low through a community-based health care service helps meet a broad range of local needs.

The outreach doesn't stop there. The center has collaborated with the Northwest Michigan Community Health Agency, the district health department, to renovate space and provide modernized dental facilities, ensuring oral health care access for area residents.

Facilities like the East Jordan Center are a great health deal for their members, but we in Congress need to recognize their important place in national health care delivery. According to the Michigan Primary Care Association, community health centers in Michigan receive 1 percent of the state's Medicaid dollars but provide 10 percent of the Medicaid services, clearly an excellent bang for the buck.

Here's some national figures. According to the National Association of Community Health Centers Inc., our nation's Health Centers are ''the family doctor and health care home for more than 10 million people,'' including one of every 12 rural residents, one of every 10 uninsured persons, one of every six low-income children, and one of every four homeless persons.

As we in Congress work to ensure that all Americans have access to the finest quality, most advanced, most personal kind of health care, we must recognize those individuals and groups on the front lines of health care delivery. I ask you and our House colleagues to join me in wishing the East Jordan Family Health Center the best as it celebrates 25 years of helping to work toward the same goals.

HUMAN CLONING PROHIBITON ACT OF 2001

SPEECH OF

HON. SHEILA JACKSON-LEE

OF TEXAS

IN THE HOUSE OF REPRESENTATIVES

Tuesday, July 31, 2001

Ms. JACKSON-LEE of Texas. Mr. Speaker, I rise in opposition to HR 2505, The Human Cloning Prohibition Act of 2001.

As I have already stated, I believe that cloning is a fascinating, promising issue but one that remains to be more fully explored. As has been evidenced by the prior hearings and debate on this issue, the knowledge of the scientific community in this field is still in its infancy, particularly in the field of stem cell research. It is crucial that Congress carefully consider all options regarding this issue before it proceeds, particularly before we undertake to criminalize aspects of this practice. We must carefully balance society's need for life-saving scientific research against the numerous moral, ethical, social and scientific issues that this issue raises. Yet what we face here today is a bill that threatens to stop this valuable research, in the face of evidence that we should permit this research to continue.

The legal, ethical, physical and psychological implications of such an act are not yet fully understood. It is generally accepted that the majority of Americans is not yet comfortable with the production of a fully replicated human, or ''clone.'' There is little argument that the existence of these unresolved issues is good reason to refrain from this activity at this time. We do not yet know the long-term health risks for a cloned human being, nor have we even determined what the rights of a clone would be as against the person who is cloned or how either would develop emotionally.

Those of us who believe in the Greenwood-Deutsch-Schiff-DeGette substitute are not proposing and are not proponents of human cloning. What we are proponents of is the Bush Administration's NIH report June 2001 entitled ''Stem Cells: Scientific Progress and Future Research Directions.'' This report, as I will discuss further, acknowledges the importance of therapeutic cloning.

None of us want to ensure that human beings come out of the laboratory. In fact, I am very delighted to note that language in the legislation that I am supporting, the Greenwood-Deutsch-Schiff-Degette legislation, specifically says that it is unlawful to use or attempt to use human somatic cell nuclear transfer technology or the product of such technology to initiate a pregnancy to create a human being. But what we can do is save lives.

For the many people come into my office who are suffering from Parkinson's disease, Alzheimer's, neurological paralysis, diabetes, stroke, Lou Gehrig's disease, and cancer, or infertility the Weldon bill questions whether thaf science can continue. I believe it is important to support the substitute, and I would ask my colleagues to do so.

What we can and must accept as a useful and necessary practice is the use of the cloning technique to conduct embryonic stem cell research. This work shows promise in the effort to treat and even cure many devastating diseases and injuries, such as sickle cell anemia, spinal cord damage and Parkinson's disease through valuable stem cell research. This research also brings great hope to those who now languish for years or die waiting for a donor organ or tissue. Yet just as we are seeing the value of such research, H.R. 2505 would seek not only to stop this research, but also to criminalize it. Yet just as we are seeing the value of such research, H.R. 2505 would seek not only to stop this research, but also to criminalize it. We must pause for a moment to consider what conduct should be criminalized.

Those who support the Human Cloning Prohibition Act contend that it will have no negative impact on the field of stem cell research. However, the findings of the report that the National Institutes of Health released in June 2001 are to the contrary. This report states that only clonally derived embryonic stem cells truly hold the promise of generating replacement cells and tissues to treat and cure many devastating diseases. It is ironic at the same time that while the Weldon bill has been making its way through the House, the Administration's NIH is declaring that that the very research that the bill seeks to prohibit is of significant value to all of us.

An embryonic stem cell is derived from a group of cells called the inner cell mass, which is part of the early embryo called the blastocyst. Once removed from the blastocyst, the cells of the inner cell mass can be cultured into embryonic stem cells; this is known as somatic cell nuclear transfer. It is important to note that these cells are not themselves embryos. Evidence indicates that these cells do not behave in the laboratory as they would in the developing embryo.

The understanding of how pluripotent stem cells work has advanced dramatically just since 1998, when a scientist at the University of Wisconsin isolated stem cells from human embryos. Although some progress has been made in adult stem cell research, at this point there is no isolated population of adult stem cells that is capable of forming all the kinds of cells of the body. Adult stem cells are rare, difficult to identify, isolate and purify and do not replicate indefinitely in culture.

Conversely, pluripotent stem cells have the ability to develop into all the cells of the body. The only known sources of human pluripotent stem cells are those isolated and cultured from early human embryos and from certain fetal tissue. There is no evidence that adult stem cells are pluripotent.

Further, human pluripotent stem cells from embryos are by their nature clonally derived—that is, generated by the division of a single cell and genetically identical to that cell. Clonality is important for researchers for several reasons. To fully understand and harness the ability of stem cells to generate replacement cells and tissues, the each identity of those cells' genetic capabilities and functional qualities must be known. Very few studies show that adult stem cells have these properties. Hence, now that we are on the cusp of even greater discoveries, we should not take an action that will cut off these valuable scientific developments that are giving new hope to millions of Americans. For example, it may be possible to treat many diseases, such as diabetes and Parkinson's, by transplanting human embryonic cells. To avoid immunological rejection of these cells ''it has been suggested that . . . [a successful transplant] could be accomplished by using somatic cell nuclear transfer technology (so called therapeutic cloning) . . .'' according to the NIH.

Hence, although I applaud the intent of H.R. 2505, I have serious concerns about it. H.R. 2505 would impose criminal penalties not only on those who attempt to clone for reproductive purposes, but also on those who engage in research cloning, such as stem cell and infertility research, to expand the boundaries of useful scientific knowledge. These penalties would extend to those who ship or receive a product of human cloning. And these penalties are severe—imprisonment of up to ten years and a civil penalty of up to one million dollars, not to exceed more than two times the gross pecuniary gain of the violator. Many questions remain unanswered about stem cell research, and we must pen-nit the inquiry to continue so that these answers can be found. In addition to research into treatments and cures for life threatening diseases, I am also particularly concerned about the possible effect on the treatment and prevention of infertility and research into new contraceptive technologies. We must not criminalize these inquiries.

H.R. 2505 would make permanent the moratorium on human cloning that the National Bioethics Advisory Commission recommended to President Clinton in 1997 in order to allow for more time to study the issue. Those who support the bill state that we must do so because we do not fully understand the ramifications of cloning and that allowing even cloning for embryonic stem cell research creates a slippery slope into reproductive cloning. I maintain that we must study what we do not know, not prohibit it. The very fact that there was disagreement among the witnesses who spoke before us in Judiciary Committee indicates that there is substantial need for further inquiry. We would not know progress if we were to criminalize every step that yielded some possible negative results along with the positive.

There are many legal uncertainties inherent in prohibiting cloning. First, we face the argument that reproductive cloning may be constitutionally protected by the right to privacy. We *Roe v. Wade* when we legislatively protect embryos. We do not recognize embryos as full-fledged human beings with separate legal rights, and we should not seek to do so.

Instead, I again urge my colleagues to support the Greenwood-Deutsch-Schiff-Degette, a reasonable alternative to H.R. 2505. This legislation includes a ten year moratorium on cloning intended to create a human life, instead of permanently banning it. As I previously noted, it specifically prohibits human cloning or its products for the purposes of initiating or intending to initiate a pregnancy. It imposes the same penalties on this human cloning as does H.R. 2505. Thus, it addressees the concern of some that permitting scientific/research cloning would lead to permitting that permitting the creation of cloned humans.

More importantly, the Greenwood-Deutsch-Schiff-Degette substitute will still permit valuable scientific research to continue, including embryonic stem cell research, which I have already discussed. This substitute would explicitly permit life giving fertility treatments to continue. As I have stated, for the millions of Americans struggling with infertility, protection of access to fertility treatments is crucial. Infertility is a crucial area of medicine in which we are developing cutting edge techniques that help those who cannot conceive on their own. It would be irresponsible to cut short these procedures by legislation that mistakenly treats them as the equivalent of reproductive cloning. For example, there is a fertility technique known as ooplasmic transfer that could be considered to be illegal cloning under H.R. 2505's broad definition of ''human cloning.'' This technique involves the transfer of material that may contain mitochondrial DNA from a donor egg to another fertilized egg. This technique has successfully helped more than thirty infertile couples conceive healthy children. It may also come as no surprise that in vitro fertilization research has been a leading field for other valuable stem cell research.

The Centers for Disease Control and Prevention advise that ten percent of couples in this country, or 6.1 million couples, experience infertility at any given time. It affects men and women with almost equal frequency. In 1998, the last year for which data is available,, there were 80,000 recorded in vitro fertilization attempts, out of which 28,500 babies were born. This technique is a method by which a man's sperm and the woman's egg are combined in a laboratory dish, where fertilization occurs. The resulting embryo is then transferred to the uterus to develop naturally. Thousands of other children were conceived and born as a result of what are now considered lower technology procedures, such as intrauterine insemination. Recent improvements in scientific advancement make pregnancy possible in more than half of the couples pursuing treatments.

The language in my amendment made it explicitly clear that embryonic stem cell research and medical treatments will not be banned or restricted, even if both human and research cloning are.

The organizations that respectively represent the infertile and their doctors, the American Infertility Association and the American Society for Reproductive Medicine, support this amendment. For the millions of Americans struggling with infertility, this provision is very important. Infertility is a crucial area of medicine in which we are developing cutting edge techniques that help those who cannot conceive on their own. It is would be irresponsible to cut short these procedures by legislation that mistakenly addresses these treatments as the equivalent of reproductive cloning.

The proponents of H.R. 2505 argue that their bill will not prohibit these procedures. However, access to infertility treatments is so critical and fundamental to millions that we should make sure that it is explicitly protected here. We must not stifle the research and treatment by placing doctors and scientists in fear that they will violate criminal law. To do so would deny infertile couples access to these important treatments.

Whatever action we take, we must be careful that out of fear of remote consequences we do not chill valuable scientific research, such as that for the treatment and prevention of infertility or research into new contraceptive technologies. The essential advances we have made in this century and prior ones have been based on the principles of inquiry and experiment. We must tread lightly lest we risk trampling this spirit. Consider the example of Galileo, who was exiled for advocating the theory that the Earth rotated around the Sun. It is not an easy balance to simultaneously promote careful scientific advancement while also protecting ourselves from what is dangerous, but we must strive to do so. Lives depend on it.

Mr. Speaker, we must think carefully before we vote on this legislation, which will have far reaching implications on scientific and medical advancement and set the tone for congressional oversight of the scientific community.

A TRIBUTE TO JUSTICE CLINTON WAYNE WHITE

HON. BARBARA LEE

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Thursday, August 2, 2001

Ms. LEE. Mr. Speaker, I rise today to honor one of our nation's Civil Rights' Leaders, the Honorable Clinton Wayne White.

Justice Clinton Wayne White was born on October 8, 1921. Between 1942–1945, he proudly served in the United States Army Air Corp.

After World War II, Justice White attended the University of California, Berkeley and received his Bachelor's Degree in 1946 and later he earned his LLB from the University's Boalt Hall School of Law. In 1949, he, along with one other African-American, was admitted to the California State Bar. It was at this time that Justice White truly became an inspiration to African Americans and future African American leaders.

Justice White was a prominent defense attorney who publically criticized and challenged the criminal justice system's biases against African-Americans. He knew how to use the law to fight for social, economic and political progress for people of color. He was a warrior and a crusader, who truly believed in equality for all persons.

It was his strength and determination for equity, which led Justice White to become President of the Oakland NAACP in the 1960s. He