suffering, in an effort to optimize the quality of life. The medication required just to treat the symptoms is often too expensive for families to handle.

Research is what is desperately needed to fight this deadly disease. This bill will provide a significant step in addressing the lack of knowledge about DMD. By expanding the programs at the National Institute of Neurological Disorders and Stroke as well as establishing research centers of excellence and authorizing research grants, we can start to find out more about DMD and give hope to families like the DeGreniers.

I urge my Colleagues to support this important legislation.

Mr. EHRLICH. Mr. Speaker, I rise today in strong support of H.R. 717, the Duchenne Muscular Dystrophy (DMD) Childhood Assistance, Research, and Education (CARE) Act. As a cosponsor of H.R. 717, I am extremely pleased this bill, which focuses federal resources on researching DMD, is being considered by the House of Representatives today.

DMD is the most common form of genetic childhood disease, affecting approximately one in every 3,500 boys worldwide. As the disease progresses, muscle deterioration in the back and chest exerts pressure against the lungs, making it difficult to breathe. By age 10, children born with DMD will lose the ability to walk. The deterioration process continues until it ultimately takes the boy’s life, typically by the late teens or early twenties.

Although the gene that causes DMD was successfully identified and isolated by medical researchers in 1987, federal research devoted to potential treatment options or a cure since this initial discovery has been minimal. Of the $20.3 billion allocated for the National Institutes of Health (NIH) during FY 2001, only a few million dollars are invested in medical research specific to DMD. This limited federal support has resulted in minimal treatment options aimed at managing the symptoms, not treating the disease.

I want to commend my colleagues, ROGER WICKER and COLIN PETERSON, for introducing H.R. 717, the CARE Act. This legislation will increase the funding available for researching DMD, direct NIH’s attention to solving this problem, and better educate the public on this tragic disease.

Further, I want to thank the leadership of the Energy and Commerce Committee and its Subcommittee on Health for expediting this matter to ensure that the federal government acts as quickly as possible to combat DMD. Finally, I want to recognize Parent Project, an important organization for families of sufferers of DMD, and thank them for their continued efforts to significantly increase research at the federal level.

Mr. UPTON. Mr. Speaker, I am very pleased that you have called for our consideration this evening H.R. 717, the Muscular Dystrophy Community Assistance, Research, and Education Amendments of 2001. I am an original cosponsor of this legislation designed to substantially strengthen support at the National Institutes of Health for research on Duchenne and several other types of muscular dystrophy, coordinate that research across federal agencies, and translate discoveries in the lab into improved patient care.

I have seen the human face of Duchenne muscular dystrophy and the toll that it takes on children and families. Some time ago, I had the opportunity to visit with Don and Joyce Carpenter of Kalamazoo, Michigan, and their courageous son Ben, who suffers from Duchenne dystrophy. From them, I learned that Duchenne muscular dystrophy is the most common and the most catastrophic form of genetic childhood disease. Sadly, it generally kills its victims in their late teens or early twenties.

For decades, the only drug treatment known to somewhat alter the course of the disease is the use of steroids—whose serious side effects are well known. We’ve simply got to do better. We have to find a way to prevent this devastating disorder in the first place—perhaps through the promise of gene therapy. And until we learn how to prevent it, we’ve got to learn how to treat it more effectively.

This legislation has strong bipartisan support. It has 310 cosponsors and was unani-
mously approved by both by the Health Subcommittee and the full Energy and Commerce Committee.

I call on my colleagues to join me in supporting this legislation. What we are doing here this evening is giving hope to Don and Joyce and Ben Carpenter and many others who suffer from Duchenne and other devastating forms of muscular dystrophy in this nation and across the world. We can work miracles when we really try.

Mr. PETERSON of Minnesota. Mr. Speaker, I rise today in support of H.R. 717, the Muscular Dystrophy Community Assistance, Research and Education Act.

Representative WICKER and I introduced H.R. 717, after being inspired by testimonies from our constituents. I am inspired by an extraordinary 9-year-old boy, Jacob, who has Duchenne Muscular Dystrophy.

For those of you who don’t know about Duchenne Muscular Dystrophy: Duchenne is typically diagnosed in boys between the ages of 3 and 5 years; the disease is characterized by progressive weakness, with a gradual deterioration of muscle capacity, first in the legs, then in the arms, back, lungs, and heart; and children affected by Duchenne typically do not live to see their 20s.

Currently, Jacob uses a motorized scooter to get around, but soon he will need a ventilator to breathe. There is no treatment for Duchenne Muscular Dystrophy. The life expectancy of a child with Duchenne has not changed since 1859 when it was first identified. It is time for us to focus our efforts and target funds to Muscular Dystrophy research at NIH and CDC.

H.R. 717, will fight childhood muscular dystrophy by boosting research funding and raising public awareness. Less than 1/2000 of the NIH budget is focused on research linked to Muscular Dystrophy. Time is running out.

I asked Jacob, if he could trade places with anyone in the world who would he be; I expected him to say a famous athlete or movie star, but he simply answered his older brother, so he can play football with his friends. You see his biggest wish is to be a regular boy.

Today, lets do what we can to help this little boy grow up to play football with his friends. I hope all of you are as inspired as I am by the courage of Jacob and other children who suffer from this, terrible disease.

I urge you to support H.R. 717.

Mr. STRICKLAND. Mr. Speaker, I yield back the balance of my time.

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

The SPEAKER pro tempore (Mr. MIL- LER of Florida). The question is on the motion offered by the gentleman from Florida (Mr. BILIRAKIS) that the House suspend the rules and pass the bill, H.R. 717, as amended.

The question was taken.

The SPEAKER pro tempore. In the opinion of the Chair, two-thirds of those present have voted in the affirmative.

Mr. BILIRAKIS. 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.

MESSAGE FROM THE SENATE
A message from the Senate by Mr. Lundregan, one of its clerks, announced that the Senate has passed without amendment a bill of the House of the following title:

H.R. 2963. An act to implement the agreement establishing a United States-Jordan free trade area.

REPORT ON H.R. 2944, DISTRICT OF COLUMBIA APPROPRIATIONS ACT, 2002
Mr. KNOLLENBERG, from the Committee on Appropriations, submitted a privileged report (Rept. No. 107–316) on the bill (H.R. 2944) making appropriations for the government of the District of Columbia and other activities chargeable in whole or in part against the revenues of said District for the fiscal year ending September 30, 2002, and for other purposes, which was referred to the Union Calendar and ordered to be printed.

The SPEAKER pro tempore. Pursuant to clause 1, rule XXI, all points of order are reserved on the bill.

RECESS
The SPEAKER pro tempore. Pursuant to clause 12 of rule I, the Chair declares the House in recess until 5:30 p.m.

Accordingly (at 4 o’clock and 6 minutes p.m.), the House stood in recess until 5:30 p.m.

□ 1730

AFTER RECESS
The recess having expired, the House was called to order by the Speaker pro tempore (Mr. FOLEY) at 5 o’clock and 30 minutes p.m.