

education investment to 17 percent—the highest in a decade. While the bill does not include separate funding for the class-size reduction initiative, I am pleased that the program was redirected into teacher quality state grants. Under this legislation, these state grants will receive a \$2.9 billion increase to help schools reduce class size and provide professional development for teachers and other school employees. Additionally, the committee's inclusion of \$975 million for the President's Reading First initiative will enable schools to bring proven, research-based reading programs to students in the critical early learning years. The \$1 billion increase for 21st Century After School Centers will provide students with a quality after school programs. And for students continuing on to higher education, the increase in the Pell Grant maximum grant to \$4,000 will enable low-income students to meet today's ever-increasing educational costs. Additionally, the bill wisely rejects proposed enrollment cuts to Head Start, preventing possible cuts for as many as 2,500 children from this critically important program.

I am also pleased that the committee included a 18 percent increase in the federal share of special education costs. This agreement provides \$8.7 billion for educating children with disabilities, \$1.3 billion more than this year's funding. In 1975, Congress passed Public Law 94-142, the Individuals with Disabilities Education Act (IDEA), which committed the federal government to fund up to 40 percent of the educational costs for children with disabilities. However, the federal government's contribution has never exceeded 15 percent, a shortfall that has caused financial hardships and difficult curriculum choices in local school districts. According to the Department of Education, educating a child with a disability costs an average of \$15,000 each year. However, the federal government only provides schools with an average of just \$833. While I believe the funding increase in this legislation represents a step in the right direction, I believe we must abide by our commitment to fund 40 percent of IDEA costs, and I am hopeful that we will consider greater funding increases in the next fiscal year.

While the overall bill is a good one, there are many important programs that were level-funded or eliminated under this legislation. To that end, I look forward to working with my colleagues to continue funding for these programs at adequate levels, or in the case of school modernization, to work for its reinstatement. In total, though, this bill makes important investments in education, and will provide America's children with the resources they need to succeed and be productive members of our society.

As a Co-Chair of the Congressional Biomedical Research Caucus, I am pleased that this legislation provides \$23.3 billion for the National Institutes of Health (NIH), an increase of 15 percent or \$3 billion more than last year's budget. This \$23.3 billion NIH budget is our fourth payment to double the NIH's budget over five years. Earlier this year, I organized two bipartisan letters in support of a \$3.4 billion increase for the NIH. I am a strong supporter of maximizing federal funding for biomedical research through the NIH. I believe that investing in biomedical research is fiscally

responsible. Today, only one in three meritorious, peer-reviewed grants which have been judged to be scientifically significant will be funded by the NIH. This higher budget will help save lives and provide new treatments for such diseases as cancer, heart disease, diabetes, Alzheimer's, and AIDS. Much of this NIH-directed research will be conducted at the teaching hospitals at the Texas Medical Center. In 2000, the Texas Medical Center received \$289 million in grants from the NIH.

In addition, I support the \$4.3 billion budget for the Centers for Disease Control, a \$431 million increase above last year's budget. The CDC is critically important to monitoring our public health and fighting disease. Of this \$4.3 billion CDC budget, \$ 1.1 billion will be provided to address HIV/AIDS programs and to combat tuberculosis. This CDC budget also provides \$627 million to provide immunizations to low-income children. In Texas, there are many children who are not currently receiving the immunizations that they need to stay healthy. This CDC program will help to monitor and encourage low-income families to get the immunizations that will save children's lives and reduce health care costs. Investing in our children is a goal which we all share.

I also want to highlight that this agreement provides \$285 million for pediatric graduate medical education (GME) programs. As the representative for Texas Children's Hospital (TCH), which is one of the nation's independent pediatric training facilities, I am pleased that this bill fully funds this critically important program. This \$285 budget is \$50 million more than last year's budget and is the same level which has been authorized for this program. Under current law, independent children's hospitals such as TCH can only receive Medicare GME funding for those patients which they treat who are Medicare beneficiaries. Since many of TCH's patients are not Medicare eligible, current GME programs fall to help to pay for the cost of training our nation's pediatricians. Last year, TCH received approximately \$8 million from this program, which is more than half of the cost of training physicians, residents and fellows at TCH. This bill is an important step in the right direction to ensure that all hospitals receive assistance to help defray the cost of training physicians.

I am also pleased that this agreement includes funding for several projects which I have spearheaded. This bill provides \$440,000 for the Center for Research on Minority Health (CRMH) at the University of Texas M.D. Anderson Cancer Center. This \$440,000 budget is the third installment in my effort to examine cancer rates among minority and underserved populations. The CRMH is a comprehensive cancer control program to address minority and medically underserved populations.

I urge my colleagues to support this legislation and vote for this important health, education and labor funding measure.

CONFERENCE REPORT ON H.R. 3061,
DEPARTMENTS OF LABOR,
HEALTH AND HUMAN SERVICES,
AND EDUCATION, AND RELATED
AGENCIES APPROPRIATIONS
ACT, 2002

SPEECH OF

HON. NITA M. LOWEY

OF NEW YORK

IN THE HOUSE OF REPRESENTATIVES

Wednesday, December 19, 2001

Mrs. LOWEY. Mr. Speaker, I rise today in strong support of the conference report and I urge its adoption. I want to thank the Ranking Member, Mr. OBEY, for yielding me this time and for his strong and forceful leadership not only on this bill, but also for the American people.

I want to recognize the Chairman of our Subcommittee, Mr. REGULA. He has been an absolute pleasure to work with and has gone out of his way to ensure that the bill was crafted in a bipartisan manner and that the concerns of Members on both sides of the aisle were considered.

Mr. Speaker, this conference report provides tremendous increases for health, education and worker safety and training. We've been able to follow up on the promises we made on this floor last week when we passed the ESEA conference report in this bill. Increases in Title I funding will ensure that our most disadvantaged children have access to a quality education. Pell Grants will reach a maximum of \$4,000 per student, giving low-income students a helping hand in paying for college. Overall, the bill boosts education funding by over \$1 billion, to its highest level ever.

In health programs, the bill continues to provide an unprecedented level of funding for medical research. We are in an age of tremendous discovery in medical research, and the resources provided to NIH will help find treatments and cures for many diseases. There are increases for mental health research and treatment, HIV/AIDS programs, and programs for the elderly. And, we address the growing threat of bioterrorism by giving the CDC, our leader in this fight, greater resources to help keep our nation secure.

Even with these vast increases for so many programs, we know that next year will be very different. The surpluses we've enjoyed have disappeared. And, the President's tax cuts will take up more and more of the federal budget as we go forward. We're just beginning to fund education and healthcare at the levels they deserve. I am concerned, as are many of my colleagues, that we will not be able to provide this same level of funding next year.

I want to mention one area of critical importance—the need to combat obesity in this country. The Surgeon General reported last week that two out of three American adults are overweight. In fact, he estimates that obesity will cause more deaths than smoking in the coming years. Reducing the rate of obesity can prevent unnecessary illness and death. We've been so successful in convincing people to quit smoking, and this should be the next big fight for public health.

I know that Chairman REGULA and Mr. OBEY will be very interested in that effort, and I want