

I did not find that in major newspaper in America, with the exception of the Los Angeles Times and one other newspaper on the west coast. Not the Washington Post. Not the Washington Times. Not the New York Post, not the New York Times. Not generally available to Americans.

Mainstream media broadcast TV, most of the cable networks had a little story, one blip. But on the mainstream media that was not something that came out on Peter Jennings, Brian Williams and not Dan Rather. But it did come out of Al Jazeera.

These are our tried and true allies. The people that stood with us for over a century have doubled their troop commitments out of Australia, and there is a long list of them standing with us as allies, as has Great Britain, and as has a number of the other coalition partners.

We need to recognize them, Mr. Speaker. We need to acknowledge them. We need to thank them for their service, not just to the support of the coalition troops, but their service to the freedom of humanity. And I challenge the news media to pick this up and try to scoop Al Jazeera next time.

#### BUSINESS-AS-USUAL WITH FDA NOT GOOD ENOUGH

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Texas (Mr. GENE GREEN) is recognized for 5 minutes.

Mr. GENE GREEN of Texas. Mr. Speaker, I rise today to address the problematic FDA approval process. In recent weeks, we have learned that the Federal Drug Administration has established an independent board to review post-market drug safety issues. We have also learned that the FDA committee issued a recommendation to return Vioxx to the market and keep Bextra and Celebrex on the market.

On the surface, it would seem the FDA has taken measures to address drug safety issues. However, we know all too well the devil is always in the details, and by looking at these details, it is clear that it is just business as usual at the FDA.

Take the committee that issued the recent recommendations on the COX-2 inhibitors. Ten of the 32 drug advisers had ties to the pharmaceutical industry and, in fact, had received consulting fees in the past from the drug manufacturers. I wonder how they voted? Nine to one to keep the drugs on the market.

Without the votes of these industry consultants, the committee would have recommended withdrawal of Bextra from the market and keep Vioxx off the market. We will never know if their votes are the result of an actual conflict of interest.

Yet to stay above the ethical fray, there should not even be an appearance

of conflict of interest at the FDA. Their job is too important. With nearly a third of the panel receiving consulting fees from the industry, the appearance of conflict of interest is undeniable.

Unfortunately, the newly-established Drug Safety Oversight Board will suffer from similar problems. Despite the claims that the board will be independent, all but two members of the board will be FDA employees. What is more, the board will include FDA employees from the Office of New Drugs, the entity that approved the drugs in the first place. What incentive would board members truly have to conclude the decisions made by the FDA were mistakes in judgment and should be reversed? Even less likely is the chance that the board members from the Office of New Drugs would vote to reverse their own decisions or those of their closest colleagues when it comes to drug safety.

Mr. Speaker, the makeup of this board is more incestuous than independent, and, unfortunately, this problem pervades the entire FDA approval process, not just approval of pharmaceuticals. We have experienced it in our own efforts to keep silicone breast implants off the market. When the implant manufacturers came before the FDA, 40 percent of the advisory panel was made up of plastic surgeons.

Needless to say, each of the plastic surgeons voted to approve silicone breast implants. There is a conflict of interest if I ever saw one, since plastic surgeons are virtually guaranteed more business if the FDA approves again the use of silicone breast implants.

Despite the panel's recommendation to approve the device, the FDA, thank goodness, recognized the need for additional clinical trials, and rejected that application. Now, with another advisory panel in the works, we face another uphill battle to ensure that decisions are based on science alone, rather than tainted by conflicts of interest.

Like device approval, the FDA approval process for pharmaceuticals no longer reflects public's use of these products. Whereas the FDA approval process is based on clinical trials with small samples and short durations, the drug industry is now geared to treating chronic conditions, such as high cholesterol and arthritis, that affect millions of Americans for decades at a time.

In a rush to get these drugs to market, the FDA relies on preliminary studies with little insight into long-term risk, telling manufacturers they will get conditional approval as long as they conduct post-market studies. The problem is, the FDA has no enforcement authority to mandate these studies. With the drugs on the market and the profits rolling in, the manufacturers have nothing to gain from conducting the post-market studies.

The statistics paint a crystal clear picture. As of September 2003, drug manufacturers agreed to perform 1,338 post-market studies. The FDA has reported, however, that two-thirds of them have not even begun that agreement from September of 2003. All the while, manufacturers can either market these products to physicians or directly to the public, who equate the FDA stamp of approval with safety.

Mr. Speaker, we need to give the FDA the tools to hold drug manufacturers to their agreement to do the post-market studies. If they are fined for non-compliance or barred from direct advertising until the studies are completed, maybe the manufacturers would have an incentive to get moving on these studies.

The FDA's regulatory authority needs some teeth. Creating this Drug Safety Oversight Board takes us in the opposite direction by simply rearranging the deck chairs on a sinking ship. If this is how the FDA intends to get back to business, then business as usual is simply not good enough.

#### CHINA CONSIDERING IMPOSITION OF ANTI-SECESSION LAW ON TAIWAN

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Michigan (Mr. MIKE ROGERS) is recognized for 5 minutes.

Mr. ROGERS of Michigan. Mr. Speaker, I want to bring an important bit of business to the House floor this evening and to Members of the U.S. House, and that is China's consideration of the anti-secession law that they are about to impose on Taiwan.

The anti-secession law is a slap in the face to the recent progress that has been made across the strait in relations with Taiwan and is a bold move to threaten U.S. interests in the region.

Last month, the two sides agreed on the very first nonstop commercial flight between China and Taiwan in more than 50 years. Now China appears to be laying the legal groundwork to legitimize material action against Taiwan.

China is expected to adopt this proposed anti-secession law within this month. However, as Beijing does not allow its citizens or its media objective involvement in their government, the exact nature and time frame of this legislation is known only by a few within the Communist party leadership as China thought it could seek to approve this law under the radar of international scrutiny.

As the United States begins to voice its concern over China's proposed anti-secession law, curiously enough, North Korea announces it has a nuclear weapons program. I do not view these two events as coincidental, given U.S. reliance on China to engage in diplomacy on North Korea's nuclear weapons.