

RECESS

The SPEAKER pro tempore (Mr. PEASE). Pursuant to clause 12 of rule I, the Chair declares the House in recess until approximately 4:20 p.m. today.

Accordingly (at 2 o'clock and 20 minutes p.m.), the House stood in recess until approximately 4:20 p.m.

□ 1621

AFTER RECESS

The recess having expired, the House was called to order by the Speaker pro tempore (Mr. SHIMKUS) at 4 o'clock and 21 minutes p.m.

REMOVAL OF NAME OF MEMBER
AS COSPONSOR OF H.R. 2495

Mr. GEJDENSON. Mr. Speaker, I ask unanimous consent to remove myself as a cosponsor of H.R. 2495, the Higher Education for the 21st Century Act.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Connecticut?

There was no objection.

ANNOUNCEMENT BY THE SPEAKER
PRO TEMPORE

The SPEAKER pro tempore. Pursuant to the provisions of clause 5 of rule I, the Chair announces that he will postpone further proceedings today on each motion to suspend the rules on which a recorded vote or the yeas and nays are ordered, or on which the vote is objected to under clause 4 of rule XV.

Such rollcall votes, if postponed, will be taken after debate has concluded on all motions to suspend the rules but not before 5 p.m. today.

PERMITTING USE OF ROTUNDA
FOR CEREMONY IN COMMEMORATION
OF DAYS OF REMEMBRANCE OF VICTIMS OF THE
HOLOCAUST

Mr. THOMAS. Mr. Speaker, I move to suspend the rules and agree to the concurrent resolution (H. Con. Res. 206) permitting the use of the rotunda of the Capitol for a ceremony as part of the commemoration of the days of remembrance of victims of the Holocaust.

The Clerk read as follows:

H. CON. RES. 206

Resolved by the House of Representatives (the Senate concurring). That the rotunda of the Capitol is authorized to be used from 8 o'clock ante meridian until 3 o'clock post meridian on April 23, 1998, for a ceremony as part of the commemoration of the days of remembrance of victims of the Holocaust. Physical preparations for the ceremony shall be carried out in accordance with such conditions as the Architect of the Capitol may prescribe.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from California (Mr. THOMAS) and the gentleman from Connecticut (Mr. GEJDENSON) each will control 20 minutes.

The Chair recognizes the gentleman from California (Mr. THOMAS).

Mr. THOMAS. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, the concurrent resolution that we have before us is a renewal of what has become an annual and a moving event. House Concurrent Resolution 206 permits the use of the rotunda in the Capitol for a ceremony as part of the commemoration of the days of remembrance of victims of the Holocaust. The two names most associated with requesting this event through the House of Representatives are the gentleman from Illinois (Mr. YATES) and the gentleman from New York (Mr. GILMAN). The sum and substance of this concurrent resolution is to allow for the physical use of the Capitol rotunda to remember, quite appropriately at the seat of freedom, the victims of the Holocaust.

Mr. Speaker, I reserve the balance of my time.

Mr. GEJDENSON. Mr. Speaker, I yield myself such time as I may consume. Mr. Speaker, it is a small irony that I am here today as the ranking Democrat on this committee. Both my parents survived the Holocaust in Europe. My father's village was liquidated. Certainly after Pearl Harbor, my mother was lucky enough to flee her homeland and was saved in much of the war in Kazakhstan and other deep parts of Russia.

It is, for me, a particularly important statement to make to the world not simply to remember the cruelty that occurred, but also to recognize the incredible courage of those who survived, who shortly after these dark days, went out, formed families, moved their families. Many of them came to the United States to create new lives and meet new challenges.

But it would not be enough if we simply have this historic event just to remember, because we all need to learn a lesson where hatred and bigotry and prejudice existed. Hitler had many victims, not just the Jews; gays, gypsies and others were also victims of Hitler's torture, terror and death.

I would hope, as we continue this tradition, we also continue to remember that hatred is not dead among us today, and we need to continue that fight.

Mr. Speaker, I commend the gentleman from California for his efforts here today.

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

Mr. THOMAS. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I want to commend the gentleman from Connecticut because what he has done is pointed out the fact that although a number of people believe this to have been a historical event with no real relevance to the present, the clear indication that there are people who are living who actually have this as a portion of their lives brings home how close it is to a number of Americans.

I want to underscore the fact that when we began this commemorative, it was before the opening of the Holocaust Museum, and that it tended to appear to be an annual event. One of the nicer aspects of the Holocaust Museum as one of the key places to visit in the Capital today is that it is an ongoing remembrance, because clearly we do not want to just commemorate what occurred; we want to remember to make sure that it does not happen again.

Mr. GILMAN. Mr. Speaker, I rise in support of H. Con. Res. 206, sponsored by our distinguished colleague from Illinois, Mr. YATES, and wish to also commend the Chairman of the House Committee on House Oversight, Mr. THOMAS, for the expeditious consideration of this bill.

House Concurrent Resolution 206 will permit the use of our Congressional Rotunda for the annual ceremony to commemorate the days of remembrance of victims of the Holocaust.

The annual days of remembrance, sponsored by the Holocaust Memorial Council of which Mr. YATES and I are both congressional members, will be held on April 23, 1998.

This important commemorative program allows Congress and the Nation to observe the days of remembrance for victims of the Holocaust, to pay tribute to the American liberators of the concentration camp's survivors, and by commemorating this enormous tragedy, ensuring that it will never happen again anywhere in the world.

Accordingly, Mr. Speaker, I am pleased to join in urging adoption of this resolution.

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

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from California (Mr. THOMAS) that the House suspend the rules and agree to the concurrent resolution, House Concurrent Resolution 206.

The question was taken.

Mr. THOMAS. Mr. Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

The SPEAKER pro tempore. Pursuant to clause 5 of rule I and the Chair's prior announcement, further proceedings on this motion will be postponed.

GENERAL LEAVE

Mr. THOMAS. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days within which to revise and extend their remarks and include extraneous material on the concurrent resolution just considered.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from California?

There was no objection.

BIRTH DEFECTS PREVENTION ACT
OF 1997

Mr. BILIRAKIS. Mr. Speaker, I move to suspend the rules and pass the Senate bill (S. 419) to provide surveillance, research, and services aimed at prevention of birth defects, and for other purposes.

The Clerk read as follows:

S. 419

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE; FINDINGS.

(a) **SHORT TITLE.**—This Act may be cited as the "Birth Defects Prevention Act of 1997".

(b) **FINDINGS.**—Congress makes the following findings:

(1) Birth defects are the leading cause of infant mortality, directly responsible for one out of every five infant deaths.

(2) Thousands of the 150,000 infants born with a serious birth defect annually face a lifetime of chronic disability and illness.

(3) Birth defects threaten the lives of infants of all racial and ethnic backgrounds. However, some conditions pose excess risks for certain populations. For example, compared to all infants born in the United States, Hispanic-American infants are more likely to be born with anencephaly spina bifida and other neural tube defects and African-American infants are more likely to be born with sickle-cell anemia.

(4) Birth defects can be caused by exposure to environmental hazards, adverse health conditions during pregnancy, or genetic mutations. Prevention efforts are slowed by lack of information about the number and causes of birth defects. Outbreaks of birth defects may go undetected because surveillance and research efforts are underdeveloped and poorly coordinated.

(5) Public awareness strategies, such as programs using folic acid vitamin supplements to prevent spina bifida and alcohol avoidance programs to prevent Fetal Alcohol Syndrome, are essential to prevent the heartache and costs associated with birth defects.

SEC. 2. PROGRAMS REGARDING BIRTH DEFECTS.

Section 317C of the Public Health Service Act (42 U.S.C. 247b-4) is amended to read as follows:

"PROGRAMS REGARDING BIRTH DEFECTS

"SEC. 317C. (a) IN GENERAL.—The Secretary, acting through the Director of the Centers for Disease Control and Prevention, shall carry out programs—

"(1) to collect, analyze, and make available data on birth defects (in a manner that facilitates compliance with subsection (d)(2)), including data on the causes of such defects and on the incidence and prevalence of such defects;

"(2) to operate regional centers for the conduct of applied epidemiological research on the prevention of such defects; and

"(3) to provide information and education to the public on the prevention of such defects.

"(b) ADDITIONAL PROVISIONS REGARDING COLLECTION OF DATA.—

"(1) IN GENERAL.—In carrying out subsection (a)(1), the Secretary—

"(A) shall collect and analyze data by gender and by racial and ethnic group, including Hispanics, non-Hispanic whites, Blacks, Native Americans, Asian Americans, and Pacific Islanders;

"(B) shall collect data under subparagraph (A) from birth certificates, death certificates, hospital records, and such other sources as the Secretary determines to be appropriate; and

"(C) shall encourage States to establish or improve programs for the collection and analysis of epidemiological data on birth defects, and to make the data available.

"(2) NATIONAL CLEARINGHOUSE.—In carrying out subsection (a)(1), the Secretary shall establish and maintain a National Information Clearinghouse on Birth Defects to collect and disseminate to health professionals and

the general public information on birth defects, including the prevention of such defects.

"(c) GRANTS AND CONTRACTS.—

"(1) IN GENERAL.—In carrying out subsection (a), the Secretary may make grants to and enter into contracts with public and nonprofit private entities.

"(2) SUPPLIES AND SERVICES IN LIEU OF AWARD FUNDS.—

"(A) Upon the request of a recipient of an award of a grant or contract under paragraph (1), the Secretary may, subject to subparagraph (B), provide supplies, equipment, and services for the purpose of aiding the recipient in carrying out the purposes for which the award is made and, for such purposes, may detail to the recipient any officer or employee of the Department of Health and Human Services.

"(B) With respect to a request described in subparagraph (A), the Secretary shall reduce the amount of payments under the award involved by an amount equal to the costs of detailing personnel and the fair market value of any supplies, equipment, or services provided by the Secretary. The Secretary shall, for the payment of expenses incurred in complying with such request, expend the amounts withheld.

"(3) APPLICATION FOR AWARD.—The Secretary may make an award of a grant or contract under paragraph (1) only if an application for the award is submitted to the Secretary and the application is in such form, is made in such manner, and contains such agreements, assurances, and information as the Secretary determines to be necessary to carry out the purposes for which the award is to be made.

"(d) BIENNIAL REPORT.—Not later than February 1 of fiscal year 1998 and of every second such year thereafter, the Secretary shall submit to the Committee on Commerce of the House of Representatives, and the Committee on Labor and Human Resources of the Senate, a report that, with respect to the preceding 2 fiscal years—

"(1) contains information regarding the incidence and prevalence of birth defects and the extent to which birth defects have contributed to the incidence and prevalence of infant mortality;

"(2) contains information under paragraph (1) that is specific to various racial and ethnic groups (including Hispanics, non-Hispanic whites, Blacks, Native Americans, and Asian Americans);

"(3) contains an assessment of the extent to which various approaches of preventing birth defects have been effective;

"(4) describes the activities carried out under this section; and

"(5) contains any recommendations of the Secretary regarding this section.

"(e) APPLICABILITY OF PRIVACY LAWS.—The provisions of this section shall be subject to the requirements of section 552a of title 5, United States Code. All Federal laws relating to the privacy of information shall apply to the data and information that is collected under this section.

"(f) AUTHORIZATION OF APPROPRIATIONS.—For the purpose of carrying out this section, there are authorized to be appropriated \$30,000,000 for fiscal year 1998, \$40,000,000 for fiscal year 1999, and such sums as may be necessary for each of the fiscal years 2000 and 2001."

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Florida (Mr. BILIRAKIS) and the gentleman from Ohio (Mr. BROWN) each will control 20 minutes.

The Chair recognizes the gentleman from Florida (Mr. BILIRAKIS).

Mr. BILIRAKIS. Mr. Speaker, I yield myself such time as I may consume.

(Mr. BILIRAKIS asked and was given permission to revise and extend his remarks.)

Mr. BILIRAKIS. Mr. Speaker, S. 419, introduced by Senator BOND of Missouri, calls for a national strategy to prevent birth defects. This legislation has a history of bipartisan support with key provisions having passed both the House and Senate previously.

It passed the Senate by voice vote on June 12, 1997. The bill was cosponsored by 34 Senators, including both the majority leader, Senator LOTT, and the minority leader, Senator DASCHLE. The companion House bill, H.R. 1114, was introduced by the gentleman from Texas (Mr. ORTIZ) and the gentleman from Texas (Mr. BONILLA) and has 162 cosponsors.

The Birth Defects Prevention Act was first introduced by the gentleman from Texas (Mr. ORTIZ) in 1992 in response to a tragedy that occurred in south Texas where a cluster of devastating birth defects escaped detection for several years. I want to particularly, Mr. Speaker, commend the gentleman from Texas (Mr. ORTIZ) for his commitment to preventing birth defects and for his leadership on this legislation; and to best exemplify that commitment, I would share with my colleagues the fact that when I called him as a matter of courtesy with a plan to offer Senator BOND's bill, rather than his, because the Bond bill was already passed by the Senate unanimously, he without hesitating said, "Mike, I don't care about credit. The important thing is to get the bill passed."

Mr. Speaker, each year 150,000 infants are born with serious birth defects according to the Centers for Disease Control and Prevention. Many more children are found to have such disorders later in life. According to the March of Dimes, birth defects have been the leading cause of infant mortality for more than 20 years. Birth defects cause one out of every 5 infant deaths and they are responsible for about 30 percent of all pediatric admissions to hospitals. Among the babies born with birth defects who survive, a large number develop serious disabilities with high emotional and social costs.

Families from all racial, ethnic and economic groups share the risk of having a child with a serious birth defect. S. 419 authorizes a national plan to prevent birth defects. These efforts would be coordinated by the CDC as a partnership between the Federal and State governments, as well as health and education groups involved in birth defects prevention.

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The strategy has three components: surveillance, research, and prevention.

First, surveillance is necessary to track the incidents of birth defects and identify communities and populations at higher risk. Currently, 31 States

have some surveillance program. In my own State of Florida, a surveillance system was approved and funded in 1997 and will become operational in 1998. According to the Florida Department of Health, 21 percent of infant deaths in Florida are related to birth defects. Florida's Secretary of Health, Dr. James T. Howell, has expressed strong support for the measure under consideration today.

S. 419 directs the CDC to carry out through the States a program to collect, analyze and report statistics on birth defects. Over the past several years the CDC has received additional Federal support to provide this technical assistance and to fund cooperative agreements to help States establish or improve the State-based surveillance programs. Additional funds were included in the fiscal year 1998 budget which will provide assistance to additional States this year.

The second component of the bill relates to CDC research activities. The causes of 75 to 80 percent of birth defects and developmental disabilities are unknown. Until the causes are known, prevention strategies cannot be developed. S. 419 authorizes at least 5 regional centers to conduct and apply epidemiological research on the prevention of birth defects.

As of October 1, 1997, 8 centers for birth defects research and prevention are already in operation, and these are located in Massachusetts, Iowa, California, New York, Texas, Arkansas, New Jersey and Georgia. These centers contribute cases into an ongoing collaborative study to determine causes of birth defects. The National Birth Defect Prevention Study is one of the largest case control studies of birth defects ever conducted, Mr. Speaker. The study also provides a mechanism for collaboration among the most prominent national researchers into the causes of birth defects.

In addition, each center will expand and approve their State birth defects surveillance systems and will conduct additional studies of potential genetic and environmental causes of birth defects. The research conducted by these centers will dramatically increase our understanding of the causes of birth defects and will provide information for developing effective programs to prevent the tragedy of birth defects.

Finally, prevention activities also include professional and public education about birth defects as called for in the bill. The CDC has helped to establish a new organization called the National Birth Defects Prevention Network. This network provides technical assistance to States in the development and implementation of programs, publishes a newsletter, conducts special projects, and holds workshops for members. The network will play a major role in improving the quality of data collected about birth defects.

The goal of birth defects surveillance and research is to develop intervention strategies to integrate into our public

health and medical care systems. Preventing those defects will reduce costs for medical care and other services for affected families and society.

S. 419 is supported by many groups representing families of children with birth defects, researchers working to find the causes, and health officials trying to prevent birth defects. Passage of the bill is also the top Federal legislative priority of the March of Dimes. This organization's mission is to prevent birth defects and infant mortality. The March of Dimes has 99 chapters around the country and 3 million volunteers.

Last September over 500 March of Dimes volunteers and staff came to Capitol Hill to urge passage of the bill. I was impressed by the commitment of the volunteers from my district, John and Suzie Haden and their daughter, Lindsey, who live at Palm Harbor, Florida.

Mr. Speaker, 1998 marks the 60th anniversary of the March of Dimes and I believe that passage of this bill is a fitting way to commemorate this important anniversary. Passage of S. 419 today will underscore this Congress's strong commitment to the most vulnerable in our society, our children, and particularly those with special health care needs.

Again, Mr. Speaker, I thank my colleagues, the gentleman from Texas (Mr. ORTIZ) and the gentleman from Texas (Mr. BONILLA), for their leadership in sponsoring this legislation. And I certainly thank the gentleman from Michigan (Mr. DINGELL) and the gentleman from Ohio (Mr. BROWN) for their willingness to basically waive the rules and bring this to the floor, and I urge all of my colleagues to support passage of S. 419.

Mr. Speaker, I reserve the balance of my time.

Mr. BROWN of Ohio. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, 150,000 children in the United States are born each year with a serious birth defect. Depending on the severity of the defect, many of these children die at a young age. Almost 1 out of every 5 infant deaths can be attributed to birth defects, according to recent data from the National Center for Health Statistics. Those who grow up to be adults oftentimes develop serious mental, emotional and physical disabilities.

Compounding these human costs are the staggering financial burdens facing the families whose children suffer from birth defects.

Fortunately, there are reasons to hope that the future is brighter for individuals suffering from birth defects and that we will ultimately be successful in our efforts to prevent more infants from suffering from these horrible illnesses in the future.

As the ranking Democrat on the Subcommittee on Health of the Committee on Commerce, I am pleased to join the gentleman from Florida (Mr. BILI-

RAKIS) and the gentleman from Michigan (Mr. DINGELL) in bringing legislation to the floor today to address this serious public health problem.

I would also like to say a special thanks to the gentleman from Texas (Mr. ORTIZ) who has worked so hard on this issue. He has dedicated many years to passing legislation to provide CDC with the tools to reduce the number of children born with birth defects and reduce the economic costs associated with this national tragedy. The gentleman from Texas has been a tireless champion in the fight against birth defects, and without him and his efforts, we probably would not be here today considering this bill.

Many birth defects are preventable, and with integrated systems in place to help health care providers evaluate needs and deliver services and implement effective prevention strategies, we can win the fight against birth defects. Just as we have eradicated life threatening and crippling diseases like smallpox and polio, we can similarly win the battle against birth defects. I urge my colleagues to support this legislation which will ensure that millions of children have an opportunity to grow up healthy and strong, free of debilitating and life-threatening birth defects.

Mr. Speaker, I reserve the balance of my time.

Mr. BILIRAKIS. Mr. Speaker, I yield 1 minute to the gentleman from Missouri (Mr. BLUNT).

Mr. BLUNT. Mr. Speaker, I want to encourage my colleagues to support this legislation. I certainly want to thank Senator BOND for the leadership role he has played in the Senate, and the gentleman from Texas (Mr. ORTIZ) here in the House for addressing this problem that is really the number one cause of infant death.

As the gentleman from Florida (Mr. BILIRAKIS) has already said, 150,000 births every year are affected with serious birth defects, but about 3 percent of all births have birth defects. Three out of 100 families with new babies deal with birth defects.

This bill will put a system in place where we can begin for the first time to collect and share that information. It also puts a system in place where for the first time we can begin on a project basis to look and see if we cannot solve these specific problems that lead to these results, and eliminate this problem.

This is an incredible challenge, not only important to the families and individuals involved, but it is a challenge in our society that we should not let continue to be a challenge for our society. We can solve it. This bill does solve it. I urge my colleagues to support this legislation.

Mr. BROWN of Ohio. Mr. Speaker, I yield 8 minutes to the gentleman from Texas (Mr. ORTIZ).

Mr. ORTIZ. Mr. Speaker, I thank the gentleman for yielding me this time.

I am extremely pleased to see this legislation come to the floor of the

House. This has been a bipartisan effort from the very, very beginning.

Mr. Speaker, there are many people to whom this effort means so much, and I want to thank them. They include the gentleman from Florida (Mr. BILIRAKIS), the subcommittee chairman, the gentleman from Ohio (Mr. BROWN), the ranking member of the subcommittee, and their staffs; along with Committee on Commerce chairman, the gentleman from Virginia (Mr. BLILEY), and the gentleman from Michigan (Mr. DINGELL), the ranking member, and their staffs; the March of Dimes, for their undying support; Senator CHRISTOPHER BOND, who moved the companion legislation in the Senate; and my colleague from Texas, (Mr. BONILLA), who as lead cosponsor of this bill worked hard to push this legislation. Lastly, I would like to thank all of the 163 cosponsors who have joined to champion the cause of reducing the rate of birth defects in our country.

This legislation was first introduced in 1992, in response to the tragedy that occurred in part of my district of Cameron County, Texas, where a cluster of devastating birth defects escaped detection for several years. In March of 1991, a nurse helped deliver 2 babies in a 36-hour period. Both babies had anencephaly, a lethal birth defect in which the baby either has only a partial brain or is born with no brain at all. This pattern triggered this very competent nurse to review recent hospital birth records where she found a pattern of six babies born with anencephaly in the previous month.

These incidents caused unbelievable anguish and misery in my south Texas community. However, I want my colleagues to understand that anencephaly and other birth defects are not only prevalent in south Texas but all over the United States. I was told that there are no means to detect such birth clusters around our Nation, so I introduced this bill to establish a surveillance system.

This bill creates regional birth defects centers to study the information about birth defects. It creates a clearinghouse for the Centers for Disease Control so information on birth defects is centralized. Families all over the Nation, from all racial, ethnic and economic groups, share the risk of having a child with a birth defect.

Birth defects are preventable. This bill will provide an important first step in helping our country's next generation to be healthy and active members of our communities.

Birth defects research is a wise investment. The children and the families of Cameron County sounded this alarm, and I am proud that today Congress answers the call for investigation. Nothing is more important than our kids.

Mr. Speaker, at this time I would like to engage the distinguished gentleman from Florida (Mr. BILIRAKIS), the chairman of the Subcommittee on Health and the Environment, in a colloquy for a few moments, if I may.

Some of my constituents, Mr. Speaker, wrote to me raising a concern about whether the Birth Defects Prevention Act will impose a burden on their religious practices. It is not my intent that this bill detrimentally affect religious practices or religious freedom.

Let me ask a question. Nothing in this act is designed to preempt existing State religious accommodation laws which allow those with religious objections to decline to have personal health information about themselves, or their minor children, included in birth defects information collection, analysis and reporting; is that correct?

Mr. BILIRAKIS. Mr. Speaker, will the gentleman yield?

Mr. ORTIZ. I yield to the gentleman from Florida.

Mr. BILIRAKIS. Mr. Speaker, the gentleman from Texas is very certainly correct. States have historically provided accommodations in their laws for individuals whose religious beliefs and practices would be burdened by certain governmental programs. This act does not preempt those existing State religious accommodation laws. Moreover, this bill does not limit a State's authority to enact religious accommodation laws in the future.

Mr. ORTIZ. Mr. Speaker, I thank the gentleman and the ranking member for their support because without that help, this would not be on the House floor today, and I thank my colleagues for their support.

Mr. BILIRAKIS. Mr. Speaker, I yield myself such time as I may consume to say that the gentleman from Texas (Mr. ORTIZ) has thanked me and others, but all of us as well as the little children out there should be grateful to him, because he has worked awfully hard on this particular issue. The only reason we brought up Senator BOND's bill is because it has already been taken care of in the Senate and it would just expedite the process.

Mr. Speaker, I yield 5 minutes to the gentleman from Missouri (Mrs. EMERSON).

Mrs. EMERSON. Mr. Speaker, there is nothing in the world that can possibly console a family when they learn that their newborn child has been victimized by a preventable birth defect. Sometimes there is nothing in our universe of knowledge that can explain to proud new parents why their child has been born with a debilitating condition that he or she will carry for the rest of their life. Still worse, because birth defects are the leading cause of infant mortality, that debilitating condition will often lead to tragic death. We can and must take prudent actions to respond to this public health tragedy, which is why this bill before us today, the Birth Defects Prevention Act, is of such importance.

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As a mother, I can tell my colleagues that Bill and I were blessed with happy and healthy children. There is not a day that goes by that I do not thank

the good Lord and say many prayers for that wonderful blessing.

But some people are not so fortunate. In fact, the district that I represent in southern Missouri is home to the highest rate of birth defects in the State. Scientists cannot yet tell us what causes all birth defects, but we know from the brilliance of modern science that many birth defects can be prevented.

The March of Dimes, which is leading America's battle against this national tragedy, informs us that if American women consumed just 400 milligrams of the B vitamin folic acid each day, 50 to 75 percent of all cases of spina bifida and anencephaly would be prevented. The discovery that the use of this simple, widely available vitamin is proven in the prevention of neural tube defects is one of most exciting medical findings of the last part of this century.

According to Dr. Godfrey Oakley, director of the Centers for Disease Control's Division of Birth Defects and Developmental Disabilities, "Not since the rubella vaccine became available 30 years ago have we had a comparable opportunity for primary prevention of such common and serious birth defects."

Mr. Speaker, I am especially excited about the outreach efforts called for under this bill. I know from my own experience that expectant mothers need all of the information they can get about what it takes to raise a healthy child. The strategy called for under this bill to track regional incidences of birth defects also will help public health officials identify opportunities to prevent future occurrences of birth defects.

In closing, I want to thank the gentlemen from Texas (Mr. ORTIZ) and (Mr. BONILLA) for taking an early lead here in the House by sponsoring the Birth Defects Prevention Act. I also want to extend my great appreciation to the gentleman from Florida (Mr. BILIRAKIS), the gentleman from Virginia (Mr. BLILEY) and the gentleman from Michigan (Mr. DINGELL) for their efforts to pass this bill, as well as the gentleman from Ohio (Mr. BROWN).

Certainly, not the least, my State's senior Senator, KIT BOND, who is sitting with me here in the House Chamber right now, seized the initiative by writing this bill and guiding it through the other body by a firm unanimous vote. He has been a true leader in this endeavor to help promote the public health by taking common-sense steps to prevent birth defects.

Mr. Speaker, I want to encourage all of my colleagues to join in supporting the Birth Defects Prevention Act. With Mother's Day fast approaching, I can think of few better responsive actions we can take to help promote the health of America's children.

Mr. BROWN of Ohio. Mr. Speaker, I reserve the balance of my time.

Mr. DINGELL. Mr. Speaker, I do not want to take up too much of this body's valuable time so I will be brief.

I am pleased to join my distinguished colleagues Mr. BILIRAKIS, Mr. BROWN, and particularly Mr. ORTIZ, in support of the enactment of S. 419, the Birth Defects Prevention Act. This important public health measure should provide significant dividends by reducing preventable birth defects. I am disappointed to think how much more good this bill would have done had it been enacted when first proposed by my good friend and distinguished colleague, Mr. ORTIZ. He should take justifiable pride in his work on this bill.

Thousands of healthy babies will be born in the future whose lives would have been far different if not for my colleague's efforts. When these babies grow up they will not know to thank him, nor should they. Such is the nature sometimes of the work we do here.

Although a regrettable situation in Texas involving children born with spina bifida demonstrated the need for this legislation, the Birth Defects Prevention Act will have powerful and positive benefits everywhere in America. The heart wrenching statistics on birth defects have been vividly set forth by my colleague, Mr. ORTIZ, and by my other colleagues who have spoken in favor of this bill. The collection of surveillance data and epidemiological research to study the incidence of birth defects and their causes will lead directly to the design and implementation of prevention programs. Two leading causes of preventable birth defects, spina bifida and fetal alcohol syndrome, will be among those targeted for public and professional information and education programs.

Mr. Speaker, this bill is a fitting capstone to the strong leadership and sustained effort on this issue by the gentleman from Texas and others. I commend him and my other colleagues here and in the other body for their superb efforts and I am delighted to join with Mr. ORTIZ and the rest of my colleagues in support of this important legislation.

Mr. BLILEY. Mr. Speaker, I am pleased to rise in support of this bill. As you know, the Committee on Commerce has a long and proud tradition of promoting and improving the health of America's children.

That is why the committee discharged S. 419—to make today's vote possible.

Mr. Speaker, birth defects are one of the most serious and compelling health problems in the United States today.

Ironically, they are also one of the most overlooked.

Birth defects affect over 3 percent of all births in America, and they are the leading cause of infant deaths.

S. 419 addresses this problem in a number of important ways:

It broadens public and professional awareness of birth defects and new prevention strategies. It is our intention that this effort will expand the practice of pre-natal surgery—a remarkable step forward that can prevent birth defects and save countless lives.

This bill also establishes a national clearinghouse for data on birth defects.

Finally, it puts in place a meaningful State surveillance effort.

In response to concerns raised by some, I think it important to clearly state what this bill does not do: S. 419 does not make any funds available for abortion or euthanasia. Instead, these funds are for the prevention of birth defects—and it is the unanimous intent of the Congress that this goal not be met through the use of these funds for abortion or euthanasia.

In closing, Mr. Speaker, I would like to note that this bill is strongly supported by the March of Dimes Birth Defects Foundation, which has worked very hard on this critical issue. I hope all my colleagues will join me in adding our support to it, as well.

Mr. PAUL. Mr. Speaker, I rise in opposition to S. 419, yet another circumvention of the enumerated powers clause and tenth amendment by this 105th Congress in its continued obliteration of what remains of our national government of limited powers.

For most of the past thirty years, I have worked as physician specializing in obstetrics. In so doing, I delivered more than 4,000 infants. Despite what I believe to be a somewhat unique insight on the topic of birth defect prevention, today, I address the house as a Congressman rather than as a physician.

As a Congressman, I have repeatedly come to the house floor to denounce the further expansion of the federal government into areas ranging from "toilet-tank-size mandates" to "public housing pet size;" areas, that is, where no enumerated power exists and the tenth amendment reserves to state governments and private citizens the exclusive jurisdiction over such matters. My visits to the floor have not gone uncontested—proponents of an enlarged federal government and more government spending have justified their pet spending and expansionist projects by distorting the meaning of the "necessary and proper" and "common defense and general welfare" clauses to encompass the constitutionally illegitimate activities they advocate. Even the Export-Import Bank and Overseas Private Investment Corporation during Foreign Operations Appropriations debate were constitutionally "justified" by the express power to "coin money and regulate the value thereof"? In other words, where money exists, credit exists—where credit exists, loans exist—where loans exist, defaulters exist—and from this, the federal government has a duty to bail-out (at taxpayer expense) politically connected corporations who make bad loans in political-risk-laden venues?

In the Federalist Papers, Madison and Hamilton strongly denied such views with respect to the necessary and proper clause. Madison was similarly emphatic that the "defense and welfare" clause did not expand the enumerated powers granted to Congress. To the extent these clauses encompass the enumerated powers (rather than merely serve as their preamble), one must ask why then the federal powers were, in fact, enumerated in Article One, Section 8.

Chiefly to resolve ambiguities about the national powers, the tenth amendment, proposed as part of the Bill of Rights by the Federalist-controlled first Congress, was added, declaring that the "powers not delegated to the United States by the constitution, nor prohibited by it to the States, are reserved to the States respectively, or to the people." According to constitutional scholar Bernard Siegan, University of San Diego College of Law, the Constitution might never have been ratified had the Federalists' representations in this regard not been accepted by a portion of the public. Siegan also reminds us that the Framers rejected the notion of empowering the national government to grant charters of incorporation; establish seminaries for the promotion of agriculture, commerce, trades, and manufactures; regulate stages on post roads; estab-

lish universities; encourage by premiums and provisions, the advancement of useful knowledge; and opening and establishing canals. Each notion was introduced during the convention and voted down or died in committee.

Jefferson, in one of his most famous remarks, when addressing the issue of whether to grant a federal charter to a mining business, recognized below the slippery slope of a lax interpretation of the "necessary and proper" clause:

Congress are [sic] authorized to defend the nation. Ships are necessary for defense, copper is necessary for ships; mines, necessary for copper; a company necessary to work the mines; and who can doubt this reasoning who has ever played at "This is the House that Jack Built"? under such a process of filiation of the necessities the sweeping clause makes clean work. [1 c. Warren, *The Supreme Court United States History* 501 (Rev. ed. 1926)]

Clearly, while engaging in such congressional activism makes "clean work," it also makes for an oppressive national government involved in every aspect of its citizens' lives. Remember that in engaging in such activism, the next liberty upon which the Congress infringes, may be your own.

I, for one, am uninterested in further catapulting this country down this "road to serfdom" albeit a road paved with the good intentions of, in this case, "preventing birth defects". If this matter is so vital that it can only be done via the power of the federal government, then I suggest that members of the House convince their constituents of this and amend the constitution accordingly. I, despite my extensive work as an obstetrician, remain unconvinced. A volunteer group, private charity, hospital trade association, or university could certainly, in this age of advanced computer technology, maintain a database necessary to adequately address the information needs of those hoping to advance the cause of birth defect reduction. This, I believe would be a solution compatible with the framer's notion of a national government of limited powers.

For these reasons I oppose S. 419, the Birth Defects Prevention Act of 1997.

Mr. BONILLA. Mr. Speaker, I rise today in support of S. 419, The Birth Defects Prevention Act. This bill is aimed at curbing a very serious problem that hits over 150,000 American families each year, birth defects.

Birth defects strike over three percent of all births in America and are the leading cause of infant death. The real tragedy is that many of these birth defects and deaths could be prevented.

The horrifying impact of birth defects touched my home state of Texas just a few years ago. In the early 1990's health officials noted extremely high numbers of children born with neural tube defects in Cameron County, in my colleague SOLOMON ORTIZ's district.

Unfortunately, the tragedy did not stop there. During a short four month period of 1995, six infants were born without brains or with only partial brains in Eagle Pass, Texas, a city in my congressional district. Despite a massive investigation by medical researchers, the cause of these outbreaks were never discovered. Nightmares like these must never happen again.

That's why I was proud to join my colleague, SOLOMON ORTIZ in introducing the Birth Defects Prevention Act. This bill will link

the researchers and health care providers to the important information they need to curb birth defects and prevent other tragedies like the ones along the Texas/Mexico border.

Biomedical researchers are making progress in preventing birth defects. Recently, scientists discovered the crucial role of the vitamin folic acid in preventing birth defects. Despite discoveries like this, the fact remains that researchers and health care professionals just don't know what causes most birth defects.

That's why this bill is so important. The bill establishes a National Information Clearinghouse on Birth Defects. This national, state-based, tracking system will count the number of babies born with birth defects, identify the causes and start community prevention programs. By learning all the facts surrounding birth defects, we have a chance to get ahead in the fight against them.

Education and research are key to fighting birth defects. With the programs established in the Birth Defects Prevention Act, hopefully fewer American families and children will be forced to live with the tragedy of birth defects.

I would like to conclude by recognizing the dedication of the March of Dimes in the fight against birth defects. Their hard work in trying to eradicate the number one killer of American babies is truly outstanding.

Mr. BRADY. Mr. Speaker, today I rise in support of S. 419, the Birth Defects Prevention Act, and am pleased to be a cosponsor of its companion bill in the House of Representatives, H.R. 1114, which was introduced by two of my colleagues from the Texas delegation. As you know, this legislation was first introduced in the 102nd Congress in response to the tragedy that occurred in South Texas where a cluster of devastating birth defects escaped detection for several years.

S. 419 builds on legislation I introduced in the Texas House of Representatives in 1993 and that was signed into law. Anne Andis, from The Woodlands, Texas, was told when she was 10 weeks pregnant that her baby would be born with anencephaly, the same birth defect plaguing women and infants in South Texas. Her physician advised an induced delivery immediately. However, after agonizing over this decision with her husband and their two young daughters, they decided to have the child. Emma was born in February 1992 and lived for five days.

After Emma's death, Anne became involved in lobbying efforts to establish a birth defects registry in Texas after learning of the tragic situation in South Texas where an unexplained cluster of babies were being born with partial brains. Anne is a heroine because she agreed to make a very private tragedy public and was the motivator of Texas' efforts.

As you know, S. 419 calls for the establishment of a National Information Clearinghouse on Birth Defects to collect and disseminate to health professionals and the public information on birth defects, including prevention measures. It also directs the Centers for Disease Control to carry out, through the states, a program to collect, analyze and report statistics on birth defects.

Mr. Speaker, 150,000 infants are born each year with a serious birth defect. Many more children are found to have such disorders later in life. Families from all racial, ethnic and economic groups share the risk of having a child with a serious birth defect. Furthermore, for more than 20 years, birth defects have been

the leading cause of infant mortality. Surveillance is necessary to track the incidence of birth defects and reduces their impact of public health. Again, I am proud to be a cosponsor of this legislation. We can not begin to stop birth defects until we know when and where they are occurring. For families across our Nation like the Andis family, we must pass this legislation.

GENERAL LEAVE

Mr. BILIRAKIS. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days within which to revise and extend their remarks and to include extraneous material on S. 419, the Senate bill presently under consideration.

The SPEAKER pro tempore (Mr. SHIMKUS). Is there objection to the request of the gentleman from Florida?

There was no objection.

Mr. BILIRAKIS. Mr. Speaker, we have Senator BOND here, who I know must be chomping at the bit to get up and talk about this. We are certainly very grateful to him for his leadership in the Senate. I guess our rules do not allow that.

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

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

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Florida (Mr. BILIRAKIS) that the House suspend the rules and pass the Senate bill, S. 419.

The question was taken.

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 5 of rule I and the Chair's prior announcement, further proceedings on this motion will be postponed.

RECESS

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

Accordingly (at 4 o'clock and 49 minutes p.m.), the House stood in recess until approximately 5 p.m.

□ 1700

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore (Mr. SHIMKUS). Pursuant to the provisions of clause 5, rule 1, the Chair will now resume proceedings on approval of the Journal and put the question on each motion to suspend the rules on which further proceedings were postponed earlier today in the order in which that motion was entertained.

Votes will be taken in the following order:

Approval of the Journal de novo; House Concurrent Resolution 206, by the yeas and nays; and S. 419 by the yeas and nays.

The Chair will reduce to 5 minutes the time for any electronic vote after the first such vote in this series.

THE JOURNAL

The SPEAKER pro tempore. Pursuant to clause 5 of rule I, the pending business is the question of the Speaker's approval of the Journal of the last day's proceedings.

The question is on agreeing to the Speaker's approval of the Journal.

The question was taken; and the Speaker pro tempore announced that the ayes appeared to have it.

Mr. BARRETT of Nebraska. Mr. Speaker, I object to the vote on the ground that a quorum is not present and make the point of order that a quorum is not present.

The SPEAKER pro tempore. Evidently a quorum is not present.

The Sergeant at Arms will notify absent Members.

The vote was taken by electronic device, and there were—yeas 365, nays 39, not voting 26, as follows:

[Roll No. 40]

YEAS—365

Abercrombie	Conyers	Gordon
Ackerman	Cook	Goss
Aderholt	Cooksey	Graham
Allen	Cox	Granger
Andrews	Coyne	Green
Archer	Cramer	Greenwood
Armey	Crapo	Gutierrez
Bachus	Cubin	Hall (OH)
Baesler	Cummings	Hall (TX)
Baker	Cunningham	Hamilton
Baldacci	Danner	Hansen
Ballenger	Davis (FL)	Hastert
Barcia	Davis (IL)	Hastings (WA)
Barr	Deal	Hayworth
Barrett (NE)	DeGette	Heger
Barrett (WI)	Delahunt	Hill
Bartlett	DeLauro	Hobson
Bass	DeLay	Hoekstra
Bateman	Deutsch	Holden
Bentsen	Diaz-Balart	Holroyd
Bereuter	Dicks	Horn
Berman	Dingell	Hostettler
Berry	Dixon	Houghton
Bilbray	Doggett	Hoyer
Bilirakis	Dooley	Hulshof
Bishop	Doolittle	Hunter
Bliley	Doyle	Hutchinson
Blumenauer	Dreier	Hyde
Blunt	Duncan	Istook
Boehlert	Dunn	Jackson (IL)
Boehner	Edwards	Jackson-Lee
Bonilla	Ehlers	(TX)
Boswell	Ehrlich	Jefferson
Boucher	Emerson	Jenkins
Boyd	Engel	John
Brown (FL)	Eshoo	Johnson (CT)
Brown (OH)	Etheridge	Johnson (WI)
Bryant	Evans	Johnson, E. B.
Bunning	Everett	Johnson, Sam
Burr	Ewing	Jones
Burton	Farr	Kanjorski
Callahan	Fawell	Kaptur
Calvert	Foley	Kasich
Camp	Forbes	Kelly
Campbell	Ford	Kennedy (RI)
Canady	Fossella	Kennelly
Cannon	Fowler	Kildee
Cardin	Frank (MA)	Kilpatrick
Carson	Franks (NJ)	Kim
Castle	Frelinghuysen	Kind (WI)
Chabot	Frost	King (NY)
Chambliss	Gallegly	Klecza
Christensen	Gejdenson	Klink
Clayton	Gekas	Klug
Clement	Gibbons	Knollenberg
Coble	Gillmor	Kolbe
Coburn	Gilman	LaFalce
Collins	Goode	LaHood
Combest	Goodlatte	Lampson
Condit	Goodling	Lantos