

Before “google” became a verb and we actually had to write and mail letters to our friends and families and call the doctor to find out about medical symptoms, before there was the Internet, there was, in fact, the U.S. Government standing behind sound science and research. So let’s talk about what the NIH-funded research has meant for our economy and for our lives.

The U.S. medical innovation sector employs 1 million Americans, generates \$84 billion in salaries annually, and exports \$90 billion in goods and services. The economic value of gains in the U.S. life expectancy has been estimated at roughly \$95 trillion from 1970 to 2000.

Now, that is looking at it from dollars and cents. But think about it in terms of people’s lives, extending their lives. That is what is truly significant about this.

Now, since 1990, our Nation has gained about 1 year of longevity every 6 years with the help of NIH research. Medical research, the most advanced of which is often done here in the U.S., has saved millions of lives over the last few decades. Death rates for heart disease have dropped 65 percent over the last 60 years. That is a phenomenal number. Deaths from heart disease have dropped 65 percent over the last 60 years, in part, in a great part, due to NIH funding.

The stent that we use so commonly now with heart disease, discovered, created at NIH. Death rates from cancer down 12 percent, and death rates from strokes down 34 percent, all because of medical research going on right here in the United States, spurred by the help of NIH funding.

I yield to my colleague from California, ERIC SWALWELL, to speak about issues from his perspective.

Mr. SWALWELL of California. Thank you. And I do wish to thank Ms. SPEIER, my neighbor across the San Mateo Bridge, for hosting this Special Order hour on NIH funding.

This is not the first time I have had the opportunity to work with Ms. SPEIER on these issues. In fact, in my short year in Congress, Ms. SPEIER has hosted a number of different roundtables, informal and formal, on the importance of NIH funding, and it is appropriate for her district, having the birthplace of the United States’ biotechnology research.

But it is also important that we want the biotech research to stay in the South San Francisco area, to stay in the East Bay area. And the folks in the district who are making advances that will hopefully bend the health care cost curves are counting on the United States Congress to keep NIH funding from being cut. And actually, it is my hope that we can increase it.

The cuts to the NIH mean that there are fewer opportunities right now for biomedical research in the United States. It means that the decline in funding is meaning that there are more promising paths outside the United

States for the promising minds who are putting their careers into this research.

Faculty at top universities across the country are reporting cutting labor spending by 7 percent and operating with skeleton staffs, severely limiting job opportunities for any researcher that would want to go into this field. Over 50 percent of university scientists surveyed by the American Society for Biochemistry and Molecular Biology said that they had a colleague who had lost their job or expects to soon because of sequester cuts to NIH funding.

Also, in the United States, while we have been cutting funding, even before the sequester, other countries are increasing and expanding up their biomedical engineering sectors. A study this year found that nearly 20 percent of scientists are considering moving their careers abroad.

I have worked in my first year in Congress to support the NIH, signing on to a letter circulated by Representative ROYBAL-ALLARD from southern California supporting the NIH behavioral and social science research.

I also signed on to a letter supported by Representatives JAN SCHAKOWSKY and BILL YOUNG supporting research at NIH, including through the BRAIN Initiative and, finally, signed on to a letter to the Appropriations Committee asking for support for funding of NIH.

This afternoon, I distributed a letter to my colleagues in the bipartisan United Solutions Caucus, a freshman group of 30 Republican and Democratic freshmen Members, and we are asking them to support this new compromise budget, not because it does what we want, because I would like to see NIH funding go up, but because it will roll back some of the sequester cuts and restore some of the funding at NIH.

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In my district, Ms. SPEIER’s district, and across California, scientists are counting on us to restore the NIH funding, to actually increase it with the long-term goal of using NIH funding—the technology and the research that we can put in to bend the health care cost curves. If we don’t do that, we are going to continue to see the discretionary spending in the United States continue to contract, and nondiscretionary spending for Medicare costs and Medicaid costs will continue to rise and balloon unless we get a hold by putting funding and research dollars into what can control these diseases and ailments that people in our districts are suffering from. And that only happens by putting research dollars into NIH.

So, again, I want to thank the gentlelady across the San Mateo bridge for her leadership on this issue.

Ms. SPEIER. I thank the gentleman from California. And I thank him for recognizing so early in his career here in Congress the critical need we have not only to support NIH but also the biotechnology companies that are part

and parcel of what California has become.

I am now joined by my distinguished colleague from California as well, from the San Diego area, SUSAN DAVIS, who has much more to tell us from her perspective and from her neck of the woods.

Mrs. DAVIS of California. I thank Congresswoman SPEIER for having this Special Order today because the focus on NIH—you know, for so many families, it actually comes down to care for their loved one. That is what they know can happen as a result of proper granting at appropriate levels for the NIH. Simply put, it is really vital to the Nation’s health. Without NIH funding, we will not see the breakthroughs that we have seen in the past. NIH funding has led to cures. It has led to treatments and preventions for truly some of the most horrific diseases of our day afflicting everyone.

You know, diseases don’t pick and choose between infants and seniors, lower, middle and, we might say, upper class. They don’t distinguish. It is kind of equal opportunity for all, and that is why they have to be targeted.

I have been a consistent coleader of the annual NIH appropriations letter, requesting that the House appropriate full funding for the NIH, and the return to full funding is absolutely essential.

NIH is unique in its function. We know that we have an active private sector in our country. That is wonderful. And we certainly see that in my community of San Diego, and my colleague, Congressman PETERS talked about this earlier.

But the private sector simply does not have the ability to replace public investment in the NIH. They don’t have it. That kind of basic research in science has to come from the United States Government. That is where it has always come from. It has come from there when we even look at the advancements that we have had in technology. And it certainly makes a difference when we think about what we are doing and what our friends, our allies around the world, and even some who are not allies, are doing in this area. So we have got to be competitive. It doesn’t make any sense not to be.

We know that the NIH conducts and funds research that is just too expensive—too expensive and too risky for private industry to undertake a loan; and it has led us to major advancements in the understanding of diseases like Alzheimer’s, cancer, and Parkinson’s.

The research coming out of and the grants coming from NIH are a huge driver of our biotechnology industry; and that, in turn, contributes heavily to our economy. Particularly in San Diego, we see that every single day because that is where the hundreds of jobs, good-paying jobs that allow people to really reach their potential and be purposeful about their work, that is where that comes from.

NIH funding keeps researchers and graduate students employed doing

what they do best, investigating answers to our most complex medical mysteries: cancer, premature birth, heart disease, and so on. I have had these young scientists in my office talking about the fact that they may not stay with the field, a field that they love, because they can't get the grants. As we cut back, only the most experienced scientists get those grants, and they are good. But our young people may be even better, but we have got to give them a chance. We have got to give them a chance to move forward and do that.

More than 80 percent of the NIH budget goes to over 300,000 research personnel at more than 2,500 universities and research institutions throughout the United States. So that is affecting a lot more than California. It is affecting our colleagues around the country, and maybe they don't even realize what an impact that has.

In San Diego, we are fortunate. We have got a lot of researchers, a lot of scientists working hard; and they received \$1.13 billion in NIH funding in 2012. It has sparked major breakthroughs, brings jobs to the region, and creates potential breakthroughs for millions around the country.

So we are doing our part; but, tragically, the sequestration requires NIH to cut 5 percent, or \$1.55 billion, of its fiscal year 2013 budget. NIH must apply the cut evenly across the board, the way things are today. That is why we have to change that. I hope we will be able to do that. NIH must apply the cut evenly across all programs, projects, and activities which are primarily NIH institutes and centers. This means that every area of medical research will be affected by that. Every area. Not just the few that maybe we think don't need the help, but every area. This is an irrational, backwards-thinking policy that will harm millions of Americans—current patients and future ones—and cost us millions in economic output.

As a result of the sequester and the slashing of NIH funding, already approximately 640 fewer competitive research project grants will be issued from what we have already done; approximately 750 fewer new patients admitted to the NIH Clinical Center; no increase in stipends for National Research Service Award recipients in 2013; and a delay in medical progress.

You know, these medical breakthroughs that we have that benefit many of our patients, many of our constituents—and I know I have friends who have been the beneficiaries of some of those breakthroughs—they just don't happen overnight. In almost all instances, those discoveries result from years of incremental research to understand how diseases start and progress. Even after the cause and the potential drug target of disease is discovered, it takes an average of 13 years and \$1 billion to develop a treatment for that target.

And what is difficult is that we know that a lot of people are waiting for

some of those clinical trials because you have to be careful how that is done, and that takes time. It takes enough patience, enough people willing to take that risk so that we can see what happens over time. That is so important. And when we start breaking this up, the whole process doesn't work.

Cuts to research are delaying progress in medical breakthroughs, including development of better cancer drugs that zero in on a tumor with fewer side effects; research on a universal flu vaccine that could fight every strain of influenza without even needing a yearly shot; and the prevention of debilitating chronic conditions that are costly to society and delay development of more effective treatments for common and rare diseases affecting millions of Americans.

And, as I mentioned earlier, we lose the promising, accomplished scientists and researchers who are leaving the industry because of the loss or inability to get grants.

We see that faculty at top universities across the country are reporting cutting labor spending by 7 percent and operating with skeleton staffs, severely limiting job opportunities for new researchers. Over 50 percent of scientists surveyed by the American Society for Biochemistry and Molecular Biology said they had a colleague who has lost his job or expects to soon. Some of the scientists are not coming back. They are going elsewhere. They are going to those areas where we are competing because they can take a more stable position outside of the research sector here in the United States.

Do we want that? I don't think so. Quite simply, we are inflicting decades of damage with the sequester policy that we have, and I hope that that is going to change. It is not rational to do that. It is cruel. It is backwards. It is insanity.

Let's join together and undo—what we can agree on in a bipartisan basis—a foolish policy with an untold number of victims from every State and every city and town in this country. Let us work together to restore NIH funding immediately.

I thank my colleague.

Ms. SPEIER. Would the gentlelady entertain a question?

You were here when then-President Bush worked in a bipartisan fashion with the House and the Senate, the Republicans and the Democrats, to double the funding for NIH; and all we have seen since then is just an absolute cliff decline in funding.

What happened then that isn't happening now? How can we reinstate that kind of bipartisan sentiment?

Mrs. DAVIS of California. Well, I think we saw the leadership coming from President Bush at that time. And because we also had—those of us here on this side of the aisle, I think, in support, it was a bipartisan effort. We saw that leadership coming from the top; and that is what made a difference, because it was written into the budget.

Now, I must say, we weren't able to sustain some of that because of a number of reasons. And we were fighting two wars and then had a number of other issues that we needed to look at. But the reality is that that was maybe unique in some ways because it really came from leadership at the top. It was here, on our side of the House, and the House was supportive. The Senate was supportive, and the President was supportive. So it was really altogether. We don't see that leadership right now from the other side of the aisle.

Ms. SPEIER. Well, I thank the gentlelady for her passionate and clear-minded commentary on how critical this is for the entire country and to all the lives that are at risk, should we not fund NIH at a level that is going to come up with the next cure, the next blockbuster drug that is going to save lives and create longevity for so many Americans.

Mrs. DAVIS of California. I thank my colleague.

Ms. SPEIER. We are joined by the Congressman from northern California, my colleague for many years, Congressman JOHN GARAMENDI, who is no stranger to this floor for Special Orders, I might add.

Mr. GARAMENDI. Representative SPEIER, thank you so very much. It is good to be on the floor. I noticed thus far it has been Californians, but this is far more than California. I see Chicago, Illinois, just arrived, and we will pick up on that.

This is an issue that touches every single American. It is not a California issue. I represent northern California, not far from the Bay Area. The University of California/Davis campus is in my area. There are major, major programs in research, not just with the National Institutes of Health and the health issues that we are talking about here, but agriculture, energy research, and on and on.

It turns out that that powerful engine of research is found in every part of America. So listen out there, those of you that are watching. This is not just a California issue. This is an American issue, and it is an international issue because this particular National Institutes of Health is dealing with the health of this entire world. Every person in the world is, in one way or another, affected by the research done by the National Institutes of Health, the funding that they, then, provide to the 250 universities all around this Nation to deal with illnesses, to deal with the human body and beyond.

For example, Davis, which was originally known as an agricultural research institution and continues to do that, has discovered that, interestingly enough, with the mad cow issue, there is a virus that can be identified specifically with that illness so that for the cattle industry, if some cow goes a little weird, you can find out whether it has mad cow disease or it is just weird. And the very same thing applies to the