

**DEPARTMENTS OF LABOR, HEALTH AND HUMAN  
SERVICES, EDUCATION, AND RELATED AGENCIES  
APPROPRIATIONS FOR 1990**

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**HEARINGS**

BEFORE A

**SUBCOMMITTEE OF THE  
COMMITTEE ON APPROPRIATIONS  
HOUSE OF REPRESENTATIVES  
ONE HUNDRED FIRST CONGRESS  
FIRST SESSION**

**SUBCOMMITTEE ON THE DEPARTMENTS OF LABOR, HEALTH AND  
HUMAN SERVICES, EDUCATION, AND RELATED AGENCIES**

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**PART 8**

**Pages (1-1460)**

**TESTIMONY OF MEMBERS OF CONGRESS AND OTHER  
INTERESTED INDIVIDUALS AND ORGANIZATIONS**

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Mr. FASCELL. There is a selfish motive in that, Mr. Chairman. I don't want them to run out of parts before they get to me.

Mr. NATCHER. He always helps us. I want you to know that we appreciate it.

This has been a good hearing. We appreciate it. Thank you very much.

Mr. CONTE. I want to echo everything that Dante said. You are absolutely right about Dante Fascell. He has always been a help to this committee. I want to welcome all of these distinguished guests. My good friend, Nick Buoniconti is a constituent of mine.

What Nick has done in this field in neurosciences, head injury, trauma and all is unbelievable. You are really to be commended. We are going to do all we can, Nick. I hope that one of these days we can help you out with that building somewhere, some way. We are looking forward to helping you.

We will be talking to Dante about that, too. Good to have you here.

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TUESDAY, APRIL 25, 1989.

## DEAFNESS RESEARCH FOUNDATION

### WITNESS

LARRY MELI, PRESIDENT

Mr. NATCHER. Our next witness is Larry Meli. We will be pleased to hear from you.

Mr. MELI. Thank you.

Mr. Chairman and members of the committee, I am Lawrence Meli, a television producer and on the board of directors of the Deafness Research Foundation, foundation board member of the Alexander Graham Bell Association for the Deaf, Chairman elect of the Council of Organizational Representatives, but most importantly, a parent of two boys, one, our older son, John Robert, seven, has a profound hearing loss.

I would like to begin by thanking you for giving me the opportunity to testify on behalf of the Deafness Research Foundation, a non-profit, volunteer organization, which for more than 30 years, has been dedicated to finding preventions, treatments and cures for hearing disorders by developing unproven researchers who address these areas.

Many of today's researchers received a Deafness Research Foundation grant early in their career or with a new project. The Deafness Research Foundation will do everything possible to continue its goal of funding start-up and seed research and to assist the new Institute in developing bona fide researchers with meaningful exploration into the cause and cures of deafness and into helping those with a hearing impairment every opportunity they deserve for a fulfilling life.

When my wife and I discovered our son's hearing loss at 12 months, I spent days in my office calling all over this country to find the best possible treatment, therapy, and rehabilitation. I'm a little embarrassed to say back then I thought a hearing aid would do for John's hearing what eyeglasses do for vision. Perhaps I took

for granted the technological and medical advances this country has made and assumed they were applied in all areas of medicine. Needless to say that was not the case.

These advances were few and there was plenty of catching up to do. I vowed then to help make a better world for my son, John, and people like him.

My appearance here today, along with my colleagues testifying before you about current and future deafness and other communication disorders research, marks a triumphant return to Capitol Hill for those of us who have worked innumerable hours with you, our representatives here in Washington, D.C., to see through to fruition the creation of NIH's newest Institute, the National Institute on Deafness and other Communication Disorders (NIDCD).

It was just over a year ago that I and my colleagues testified before the House Energy and Commerce Committee's Health and the Environment Subcommittee in support of H.R. 3961, the legislation which led to the creation of the NIDCD, which began operating just this past October. Thanks to you and your support, my promise to John will be fulfilled.

Now that the monumental first step has been taken to create the Institute, its first full year of funding in fiscal year 1990 is no doubt critical to its future success. We all understand that the NIDCD was created in large part to remove the funding inequities that resulted from the National Institute of Neurological and Communicative Disorders and Stroke (NINCDS) allocating only approximately 20 percent of its budget to its Communicative Disorders Program, which is a disproportionate amount given the millions of Americans affected.

By creating the NIDCD, you and your colleagues in the Congress have recognized the need for our health research community to pay greater attention to deafness—the disease of silence.

Historically, whenever a concentrated, a well-directed and fully funded effort is made towards curing a disease, breakthroughs are fast and furious. For example, the Task Force has stated that in the regeneration of neurosensory mechanisms, within 10-20 years of sustained investigation, it is likely that we could see clinical gains from the regeneration of hair cells which help change sound waves into electrical impulses for the brain to process, which could benefit up to 80 percent of hearing impaired Americans.

I pray for that type of result. But prayers alone will not help my son. Given the NIDCD's fiscal year 1989 budget of \$91,677,000, which was approved for transfer from the NINCDS, the President's fiscal year 1990 NIDCD budget request of \$96,116,000 simply will not serve the needs of those 28 million Americans living with hearing and other communication disorders.

The President's fiscal year 1990 budget request does not even keep pace with the Biomedical Research and Development Price Index which calls for a 5.6 percent increase in dollars from 1989 to 1990 simply to maintain the funding value from one year to the next. With this in mind, the Deafness Research Foundation, named by the Task Force as one of the NIDCD's reviewing organizations, is proud to support strongly its very able Acting Director, Dr. Jay Moskowitz in his fiscal year 1990 professional judgment recommendation of \$131,481,000.

For the millions of hearing disabled people like my son, John, this funding is necessary to carry out the NIDCD's mandate, and I quote from the law:

The general purpose of the National Institute on Deafness and Other Communication Disorders is the conduct and support of research and training, the dissemination of health information, and other programs with respect to disorders of hearing and other communication processes, including diseases affecting hearing, balance, voice, speech, language, taste, and smell.

To implement its mandate, at the direction of Dr. Moskowitz, the task force for the development of a national Research Strategy for Deafness and Other Communication Disorders, composed of 10 expert panels, was convened to assist the NIDCD in preparing a plan to initiate, expand, intensify and coordinate the activities of the Institute regarding disorders of hearing, balance, voice, speech, language, taste and smell.

Towards this end, the new law requires the NIDCD to establish a data system to collect, store, analyze, retrieve and disseminate information derived from patient populations, a national information clearinghouse, and multipurpose research centers.

Further, in its March 1989 Draft Report, the Task Force outlined a comprehensive program of research on deafness and hearing disorders, consisting of both an intramural and extramural program. The existing intramural program of the NIDCD consists of those programs transferred from NINCDS: the Laboratory of Molecular Otolaryngology, the Speech and Voice Unit, an audiology service, and an otolaryngology-head and neck surgery service.

According to the task force, in terms of program diversity, personnel resources and laboratory space, the present intramural resources are inadequate to meet the mandate of the new law. While the task force recognizes that the intramural program cannot encompass all communication disorders, it believes that the current program must be expanded to include molecular biology, molecular genetics, advance cell physiology, and electrophysiology applied to the auditory system in animal models and in humans. The task force also believes that an expanded intramural program could serve as a central gene bank for the emerging research on the genetics of deafness. Quoting from the Task Force report,

"There is a very pressing need to expand intramural clinical research, utilizing the existing audiology and speech units and the otolaryngology-head and neck service as a base. New programs must be added to address more types of hearing disorders, to coordinate multicenter clinical trials, to perform research on human hereditary deafness, and perform studies of the molecular mechanisms of hearing and deafness." Task Force Report, A-2 [March 1989).

On the Extramural Program side, the NIDCD's Task Force has recommended a number of topics, about which little is currently known, that needs to be studied: acoustic tumors, "autoimmune" ear disease, genetic hearing loss, infectious diseases that cause hearing loss, Meniere's Syndrome, tinnitus, otosclerosis, perilymph fistula, sensorineural hearing loss and sudden deafness.

The task force recognizes that a major thrust of its research will have to be on habilitative and rehabilitative management given the

ability to prevent or cure hearing disorders is still many years away. In this field, the task force recommends that the NIDCD have three general program goals:

Develop a comprehensive description of the characteristics and consequences of hearing disorders.

Develop a range of prosthetic devices (hearing aids, cochlear implants, and tactile aids) that will restore adequate sound and speech perception to all hearing impaired individuals.

Develop behavioral approaches to educational and communicative intervention that will appropriately minimize the consequences of impaired reception.

Task Force Report, A-15 [March 1989),

All of this of course requires manpower, time, energy, dedication and financial resources. The more than 30 organizations, agencies and institutions that worked so diligently to get the NIDCD through its initial stages of development, are just a microcosm of the manpower, time, energy and dedication necessary for the Institute to be a success.

It is clear that the financial resources must now come from you and your colleagues on Capitol Hill to make the difference for this Institute to become the leader in finding preventions, treatments and cures for hearing, speech and language disorders alone cost the U.S. economy \$30,000,000 a year in lost productivity, special education costs and medical costs.

Of every 22 infants born in the United States, one has or shortly will have a hearing problem. Twenty-eight million Americans are believed to have some degree of hearing impairment; and one-third of all Americans over age 65 will have a significant hearing impairment.

Allow me to bring the reality of these numbers and the importance of significantly increased funding for the NIDCD into perspective by returning to my role as a concerned parent, who for the last six years has been active in the world of Americans with hearing impairments. I have learned a lot about the limitations placed upon those with a hearing impairment. But I believe those with normal hearing cannot imagine the devastation one experiences with an inability to clearly understand the spoken word.

Like all parents, my wife and I hoped for children who would be happy, healthy, and able to enjoy the full range of life's blessings. The discovery that we had a deaf child brought with it unspeakable feelings of disbelief, anger, frustration, helplessness, even guilt. Like many parents of deaf children, we grieved for the loss of the child we had expected. And eventually we accepted the reality, and the need to learn about and help the child that was ours.

It will cost much more to educate and support John than a child who hears normally. As an adult, he will probably earn far less than a comparably gifted hearing person. Such a waste is something our society, which needs all the gifts and talents it can get, can ill afford. And despite the billions of dollars it takes to manage these communicative disorders, currently we spend only about three and a half dollars for each person so afflicted toward finding cures and preventions.

But as important as the dollars and cents costs are, to both the individual and society, there are also emotional costs, which are staggering.

Let us also not forget the countless thousands of Americans who have lost some or all of their hearing to the normal effects of age. There are musicians who can no longer hear their music, or who hear it with painful distortion; there are grandparents and parents and lovers, and friends for whom communication is difficult, stressful, and sometimes impossible.

More money alone is not the answer. But money appropriated to the NIDCD would target the problems of hearing, speech, and language disorders, with a commitment and a direction that would go a very long way towards getting the answers. This kind of support is critically needed, today.

On behalf of the Deafness Research Foundation, thank you for allowing me to share its views with you.

Mr. NATCHER. Thank you very much, Mr. Meli. We want to thank you for your appearance. You have appeared before our committee before on how many occasions, Mr. Meli?

Mr. MELI. Last year and the year prior, twice.

Mr. NATCHER. This is your third time. I want you to know as Chairman of the subcommittee that I speak for all of these gentlemen on both sides, we appreciate your appearance. We have men and women who travel in here 2,000 miles, 28,000 miles, come from one end of the country to the other, and we appreciate it.

We hear the different secretaries, Secretary of Labor, Health and Human Services, Education. We have our different institutions in this bill, Social Security. But we are very much concerned about what you and these other ladies and gentlemen here want to tell us.

We want you to know that. This is our money and our country. We need all the help we can get on this subcommittee. Mr. Meli, we appreciate your appearance.

Mr. MELI. I thank you, Mr. Chairman.

TUESDAY, APRIL 25, 1989.

**NATIONAL INSTITUTE OF DIABETES AND DIGESTIVE AND  
KIDNEY DISEASES**

**WITNESS**

**WADI N. SUKI, M.D., BAYLOR COLLEGE OF MEDICINE, HOUSTON, TX**

Mr. NATCHER. Our next witness is Dr. Suki.

Dr. SUKI. The Honorable Members of the Committee, Mr. Chairman, I will begin by introducing myself. I am Wadi Suki, Professor of Medicine and Physiology on Molecular Biophysics at Baylor College of Medicine in Houston and Chief of the Kidney Disease Section of the Medical Service at the Methodist Hospital.

I am honored to appear before you to speak on behalf of the Renal Physicians Association in support of increased funding for the Kidney Disease Research supported by the National Institute of Diabetes, Digestive and Kidney Diseases.

**DEPARTMENTS OF LABOR, HEALTH AND HUMAN  
SERVICES, EDUCATION AND RELATED AGENCIES  
APPROPRIATIONS FOR FISCAL YEAR 1990**

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**HEARINGS**

BEFORE A

**SUBCOMMITTEE OF THE  
COMMITTEE ON APPROPRIATIONS  
UNITED STATES SENATE  
ONE HUNDRED FIRST CONGRESS**

FIRST SESSION

ON

**H.R. 2990/H.R. 3566**

**AN ACT MAKING APPROPRIATIONS FOR THE DEPARTMENTS OF LABOR,  
HEALTH AND HUMAN SERVICES, AND EDUCATION, AND RELATED  
AGENCIES, FOR THE FISCAL YEAR ENDING SEPTEMBER 30, 1990, AND  
FOR OTHER PURPOSES**

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**Part 3 (Pages 1-717)**

**Nondepartmental witnesses**

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Senator HATFIELD. Mr. Dirks, you are certainly no stranger to this process. We remember with great pleasure your father and his many years of contribution here on Capitol Hill.

If there are words that you wish to offer today, certainly we would be pleased to hear from you too.

Mr. DIRKS. I appreciate the opportunity to appear with Mrs. Williams and I have nothing to add, Senator.

Senator HATFIELD. You carry the imprint of your father. Thank you very much.

Ms. WILLIAMS. I would like to present you with a copy of the plan.

**STATEMENT OF LAWRENCE MELI, PRESIDENT, DEAFNESS RESEARCH FOUNDATION**

Senator HATFIELD. Now, Mr. Larry Meli, president of the Deafness Research Foundation [DRF].

Mr. MELI. Good morning.

Senator HATFIELD. Good morning.

Ms. WILLIAMS. Mr. Chairman, I am Lawrence Meli, a television producer, president and on the board of directors of the Deafness Research Foundation, a foundation board member of the Alexander Graham Bell Association for the Deaf, chairman-elect of the Council of Organizational Representatives, but most important, the parent of two boys. One, our oldest son, John Robert, 7, has a profound hearing loss.

I would like to begin by thanking you for giving me the opportunity to testify on behalf of the Deafness Research Foundation, a nonprofit, volunteer organization which for more than 30 years has been dedicated to finding the preventions, treatments, and cures for hearing disorders by developing new and unproven researchers who address these areas.

In fact, many of today's established researchers received a DRF grant early in their career or with a new research project. The DRF will do everything possible to continue its goal of funding startup and seed research and to assist the new Institute in developing bona fide researchers with meaningful exploration into the causes and cures of deafness.

When my wife and I discovered our son's hearing loss at 12 months, I spent days in my office calling all over this country to find the best possible treatment, therapy, and rehabilitation. I am a little embarrassed to say that back then I thought a hearing aid would do for John's hearing what eyeglasses do for vision. Perhaps I took for granted the technological and medical advances this country has made and assumed that they were applied in all areas of medicine.

Advances were few and there was plenty of catching up to do. I vowed then to help make a better world for my son, John, and people like him.

My appearance here today, along with my colleagues testifying before you about deafness and other communication disorders, marks a triumphant return to Capitol Hill for those of us who have worked innumerable hours with you, our representatives here in Washington, DC, to see through to fruition the creation of NIH's

newest institute, the National Institute on Deafness and Other Communication Disorders.

Thanks to you and your support, my promise to John will be fulfilled. Now that the monumental first step has been taken to create the Institute, its first full year of funding in fiscal year 1990 is no doubt critical to its future success. By creating the NIDCD, you and your colleagues in the Congress have recognized the need for our health research community to pay greater attention to deafness.

Historically whenever a concentrated, well-directed, and fully funded effort is made toward curing a disease, breakthroughs are fast and furious.

For example, the Task Force for the Development of a National Strategy for Deafness and Other Communication Disorders has stated that in the regeneration of neurosensory mechanisms that within the next 10 to 20 years of sustained investigation it is likely that we could see clinical gains from the regeneration of hair cells which, incidentally, help change sound waves into electrical impulses for the brain to process, which could benefit up to 80 percent of hearing-impaired Americans.

I pray for that type of result, but prayers alone will not help my son. Given the NIDCD's fiscal year 1989 budget of \$91,677,000, the President's fiscal year 1990 NIDCD budget request of \$96,116,000 simply will not serve the needs of those 28 million Americans living with hearing and other communication disorders.

With this in mind, the Deafness Research Foundation is proud to strongly support the very able Acting Director of NIDCD, Dr. Jay Moskowitz, in his fiscal year 1990 professional judgment recommendation of \$131,481,000.

Allow me to bring the reality and the importance of significantly increasing funding for the NIDCD into perspective by returning to my role as a concerned parent who for the past 6 years has been active in the world of Americans with hearing impairments. I have learned a lot about the limitations placed upon those with hearing impairment. Simple things like making an appointment or a reservation in a restaurant, to the basic education of a first grader.

I believe that those with normal hearing cannot possibly imagine the devastation one experiences with the inability to clearly understand the spoken word.

Mr. Chairman, of every 22 infants born in the United States, 1 has or shortly will have a hearing problem; 28 million Americans are believed to have some degree of hearing impairment; one-third of all Americans over age 65 will have a significant hearing impairment, a number that will most certainly increase as today's young people continue to expose their hearing to loud music.

**PREPARED STATEMENT**

With these statistics, it will be difficult to keep deafness an invisible and misunderstood disease, and with your continued support for the National Institute on Deafness and Other Communication Disorders, for the first time deafness cures and preventions will be within our grasp.

Thank you for permitting me to share the Deafness Research Foundation's views with you.

[The statement follows:]

## STATEMENT OF LAWRENCE MELI

I am Lawrence Meli, a television producer, President and on the Board of Directors of the Deafness Research Foundation, foundation board member of the Alexander Graham Bell Association for the Deaf, Chairman-elect of the Council of Organizational Representatives, but most importantly, a parent of two boys, one, our older son John Robert, seven years old, has a profound hearing loss.

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approximately 20% of its budget to its Communicative Disorders Program, which is a disproportionate amount given the millions of Americans affected. By creating the NIDCD, you and your colleagues in the Congress have recognized the need for our health research community to pay greater attention to deafness -- the disease of silence.

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For the NIDCD to implement its mandate, Dr. Moskowitz convened the Task Force to assist the NIDCD in preparing a plan to initiate, expand, intensify and coordinate the activities of the Institute regarding disorders of hearing, balance, voice, speech, language, taste and smell. Towards this end, the new law requires the NIDCD to establish a data system, a national information clearing house, and multipurpose research centers.

Further, in its March 1989 Draft Report, the Task Force outlined a comprehensive program of research on deafness and hearing disorders, consisting of both an intramural and extramural program. The existing intramural program of the NIDCD consists of those programs transferred from NINCDS: the Laboratory of Molecular Otolaryngology, the Speech and Voice Unit, an audiology service, and an otolaryngology-head and neck surgery service. According to the Task Force, in terms of program diversity, personnel resources and laboratory space, the present intramural resources are inadequate to meet the mandate of the new law. The Task Force believes that the current program must be expanded to include molecular biology, molecular genetics, advance cell physiology, and electrophysiology applied to the auditory system in animal models and in humans. The Task Force also believes that an expanded intramural program could serve as a central gene bank for the emerging research on the genetics of deafness.

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Of every 22 infants born in the United States, one has or shortly will have a hearing problem. As I stated above, 28 million Americans are believed to have some degree of hearing impairment; and one-third of all Americans over age 65 will have a significant hearing impairment.

Allow me to bring the reality of these numbers and the importance of significantly increased funding for the NIDCD into perspective by returning to my role as a concerned parent, who for the last six years has been active in the world of Americans with hearing impairments. I have learned a lot about the limitations placed upon those with a hearing impairment. But I believe those with normal hearing cannot imagine the devastation one experiences with an inability to clearly understand the spoken word.

Like all parents, my wife and I hoped for children who would be happy, healthy, and able to enjoy the full range of life's blessings. The discovery that we had a deaf child brought with it unspeakable feelings of disbelief, anger, frustration, helplessness, even guilt. Like many parents of deaf children, we grieved for the loss of the child we had expected. And eventually we accepted the reality, and the need to learn about and help the child that was ours.

It will cost much more to educate and support John than a child who hears normally. As an adult, he will probably earn far less than a comparably gifted hearing person. Such a waste is something our society, which needs all the gifts and talents it can develop, can ill afford. And despite the billions of dollars it takes to manage these communicative disorders, currently we spend only about three and a half dollars for each person so afflicted toward finding cures and preventions.

More money alone, however, is not the answer. But money appropriated to the NIDCD would target the problems of hearing, speech, and language disorders, with a commitment and a direction that would go a very long way towards getting the answers. This kind of support is critically needed, today.

On behalf of the Deafness Research Foundation, thank you for allowing me to share its views with you.

Senator HATFIELD. Thank you, Mr. Meli. At this point I would like to ask you for clarification for myself. The Alexander Graham Bell Association, is this a citizen's advocate group? I am sorry, I do not know.

Mr. MELI. It is an educational-oriented group that was founded by Alexander Graham Bell teaching oral communication to deaf children.

Senator HATFIELD. Is there a national advocate group that is also raising funds for research in this field?

Mr. MELI. Well, the Deafness Research Foundation certainly raises funds for seed and startup research into causes and cures of deafness, and has been doing so for 30 years.

Senator HATFIELD. Do you have any figures on moneys that are raised by the private associations and private groups? Any general ballpark figures?

Mr. MELI. Well, I would say to you that the Deafness Research Foundation, being the most prominent of those organizations, raises approximately \$2 to \$2.5 million a year for startup research. In no way can we—we believe because of this not being a life-threatening situation to attract attention to this problem has been certainly an uphill struggle for the past.

Senator HATFIELD. Have they focused in on certain key universities in the allocation of those funds for research?

Mr. MELI. We have a part of the Deafness Research Foundation that is comprised of 2,500 otolaryngologists. It is called the Centurians. That group rotates through our grants approval board process. There are six or nine members on that process that evaluate presentations or applications from all around the country.

I would say to you that our grants go far and wide to all 50 States. They have over the last 30 years.

Senator HATFIELD. When some of us gave the leadership to the establishment of this Institute, and, as you know, I can understand the NIH in general, that the proliferation of institutes oftentimes do not carry with it the commitments to fund those additional institutes, and they have been more or less reluctant to see a proliferation.

Like in the field of cancer and the field of heart disease, and some of those other areas, that there have been significant moneys raised by citizen groups and, therefore, we need careful coordination on the research programs. That they could provide some assistance here for directing or at least coordinating the broadest possible base of research projects.

We have seen an increase here, as you note in your testimony; about a \$4 million increase since we established the Institute in 1989. Again, you are kind of preaching to the choir this morning, so to speak.

As a father, I can speak too in terms of hearing deficiencies of two of my four children. You see, I am wearing a little instrument in my ear. As one who grew up living with his grandmother—in many ways in order that I could be her hearing, for her failed hearing. So, I have had a long involvement.

The American Tinnitus Association is located at the Oregon Health Sciences University, Dr. Jack Vernon, who heads that up in the field of research in tinnitus. So, I just want to again indicate to

you, as I indicate to my friends in the research field, we have to use Federal dollars to leverage more out of the private sector.

I think oftentimes, speaking in a broad base, the medical community are not very generous in giving. Whether it is the United Fund or to the local hospital drive. I think that is noted throughout the country.

But, at the same time, I think we ought to not in any way spare the effort to get out there, even beyond the medical community, to leverage as much private money as well as increasing the public commitments through this process, the appropriations process.

I appreciate your leadership that you indicate here through these various associations and your interest in other citizens like you.

Mr. MELI. Thank you.

Senator HATFIELD. It is a very helpful work that you are in. Thank you.

Mr. MELI. Thank you.

STATEMENT OF DR. ROBERT T. SCANLON, JOINT COUNCIL OF ALLERGY AND IMMUNOLOGY

Senator HATFIELD. Dr. Robert Scanlon, representing the Joint Council of Allergy and Immunology.

Dr. SCANLON. Good morning, Senator.

Senator HATFIELD. Good morning, Dr. Scanlon.

Dr. SCANLON. I am Dr. Robert Scanlon. I am at Georgetown University Center, and I am here as a volunteer and a member of the Joint Council of Allergy and Immunology which represents approximately 4,200 allergists and immunologists throughout the country.

Senator HATFIELD. Do you know Dr. John O'Halloran?

Dr. SCANLON. Oh, yes.

Senator HATFIELD. And Mark O'Halloran?

Dr. SCANLON. Yes.

Senator HATFIELD. I have been through their mail recently. [Laughter.]

Very fine people in both their teaching and in their practice. As you know, Dr. Mark, the nephew, is now taking more and more a role of teaching in the department—

Dr. SCANLON. Yes.

Senator HATFIELD [continuing]. At the university. I will give them your regards.

Dr. SCANLON. Good. Thank you.

Senator HATFIELD. Thank you, Doctor.

Dr. SCANLON. We are appreciative in being here in helping to increase biomedical research funds for the National Institutes of Allergy and Infectious Disease.

As you know, Senator, the principal aim, or, one of the principal aims for the Institute is to foster good research and to foster good training in teaching and putting out good research scientists. This we are very happy to support.

I would like to add here that knowing the importance of AIDS and AIDS research we would like to ask you all to separate non-AIDS conditions in your funding. Now, this would include bronchial asthma and allergy and immune deficiencies, infectious dis-