Mr. DURBIN. Mr. President, as we consider the budget resolution, laying out a blueprint for how we invest in our Nation's priorities, I urge my colleagues to support my amendment creating a deficit-neutral reserve fund to allow for the growth of the National Institutes of Health, NIH.

We all have benefited from medical innovations and cures supported by the NIH. If you have ever faced the diagnosis of an illness in your family and turned to the doctor to ask: "Is there a cure? Is there a treatment?" then you understand the importance of NIH research for your family. Great medical care is only as good as the science behind it. Drugs and devices work only as well as our understanding of the medical condition we are treating. NIH support has established the U.S. as a global leader in medical innovations that save lives, and we are on the verge of so many life-changing discoveries.

We all remember the 1980s as the AIDS epidemic gripped our country and the world with a disease that was at that time a death sentence. But now thanks to drugs created with NIH support, people with HIV can live a long, productive life into old age. Ironically, the same week that sequestration took effect, a groundbreaking medical discovery supported by NIH was made in AIDS research. A 2-year old baby in Mississippi born with HIV may be the first child to be functionally cured of the disease after receiving a cocktail of drugs. This study was supported by the NIH, and NIH played a key role in the development of the drugs used to treat the toddler.

Our country is rich with promising research just like this and rich with bright minds, curious scientists, and innovative labs engaged in work that will lead to a cure for AIDS and treatments for diseases like cancer and Alzheimer's. But cuts to NIH could curb the promise of these medical discoveries.

The medical advancements for which we owe our thanks to NIH are many. Thanks to NIH-supported research, the likelihood that a child with leukemia will survive for 5 years is now 90 percent. And 152 new FDA-approved drugs and vaccines have been discovered with NIH support over the last 40 years. Just 2 weeks ago, I talked with a researcher at the University of Illinois Chicago who credited NIH-supported research that created a blockbuster new drug to treat HIV.

NIH-led research developed beta blockers, a commonly used drug to treat high blood pressure. And thanks to these drugs, fewer people are hospitalized for cardiovascular disease, saving lives and also saving costs to Medicare and the Federal Government of $6,000 per patient. Investments from NIH in the Human Genome Project opened the door to countless medical discoveries and cures and generated $796 billion in economic output--a return on investment of $141 for every $1. A promising NIH-supported project at the University of Pittsburg School of Medicine is working to allow people with paralysis to move a mechanical arm with their minds. Imagine how this innovation could improve the lives of people paralyzed from a stroke and service members with spinal injuries.

I would like to share the experience of Stevie Conti, a 25-year-old woman from Deerfield, IL, who has cystic fibrosis, a rare disease that impacts about 30,000 people in the U.S. Stevie loves
cooking and hanging out with friends. Her twin sister says she is the last to complain about anything, including her health. Thanks to investments from the NIH, tremendous scientific breakthroughs in genetic mapping and drugs are improving the lives of people with cystic fibrosis. A little over a year ago, FDA approved a groundbreaking new drug, called Kalydeco, which is the first drug to treat the genetic cause of cystic fibrosis in some people.

Since Stevie started taking Kalydeco her health has improved by leaps and bounds, and she is able to do simple things that many of us take for granted. She has gained 10 pounds and can run a mile without coughing or feeling short of breath. Stevie has landed her dream job and is able to work 40 hours a week without feeling tired and still has enough energy to hang out with friends after work. Stevie says this drug has changed her life. NIH-supported research and scientists are helping people, like Stevie, live healthier, more productive lives. Right now, when so much good research is showing us the way forward, we should be doubling down on biomedical research and infrastructure.

Due to several years of flat funding and cuts, the current NIH budget is insufficient to fund all of the critical research that needs to be done. Due to cuts to NIH funding and the failure to keep up with rising research costs, the number of research grants funded by NIH has declined every year since 2004. In 2012, NIH funded 3,100 fewer grants than in 2004. Cutting back on biomedical research is a shortsighted act that undermines everything we are trying to do for this country. Medical research saves lives, keeps America's place as a leader in science and medicine, and generates economic growth. Every State and the District of Columbia receive NIH funding. These awards go to universities, businesses, and research centers--engines of growth for local economies.

Not only is NIH dealing with years of insufficient funding, on March 1 sequestration went into effect imposing mindless, across-the-board cuts for critical, federally supported programs like defense, education, aviation safety, and scientific research. This is a manufactured crisis that never should have happened. We need to reduce our deficit in a thoughtful and sensitive way, but sequestration is a hatchet approach that cuts from vital programs that protect our Nation and economic growth. A $1.6 billion cut to the NIH, due to sequestration, will cause 20,000 jobs to be lost. A cut of this magnitude will have a ripple effect that will hurt every State in our Union.

Last year, Illinois received $746 million in NIH funding. Sequestration would cause Illinois to lose $38 million. That translates to 700 fewer jobs, less innovation, and a slowdown of economic growth in my State. Our country is just starting to recover from a recession. We cannot afford a mindless cut that will lay off hard-working people and stall economic growth.

Every $1 in NIH funding stimulates $2.21 in business activity that develops around research, such as biotech companies that provide supplies, food services and restaurants, building construction, and hiring support staff. As research projects slow and then stop, the companies that provide equipment and supplies and the construction projects to expand research facilities also slow and then stop. Some U.S.-based companies that provide lab supplies to researchers expect that a cut to NIH will cause a drop in sales and slow down production lines forcing companies to close sites and lay off workers.
Dr. Francis Collins, the Director of the NIH, says there is no question that sequestration will slow the development of an influenza vaccine and our progress with cancer research.

Eli Zerhouni, the head of NIH under President George W. Bush, says: “We are going to maim our innovation capabilities if you do these abrupt deep cuts at NIH. It will impact science for generations to come.”

Insufficient funding and cuts to NIH will force the agency to not award some grants. And it may need to reduce awards that have already been announced. Research and clinical trials that have already started are less likely to be given funding to continue, so promising projects will be terminated, suspended or forced to lay off workers.

I would like to share the story of Dr. Teresa Woodruff, a researcher and professor at Northwestern University's Feinberg School of Medicine. Dr. Woodruff is leading one of the first major studies on the impact of superfund environmental toxins on reproductive health. Her work could help us understand the health risks of certain chemicals and how pollutants enter the human body. The Monday after sequestration took effect, Dr. Woodruff was delighted to learn that the NIH had awarded funding for her research, but disappointed to learn that--due to sequestration--the grant was cut by more than half.

Dr. Woodruff is thankful for the NIH funding, but this cut means she will have to drop key parts of her research, like studying the impact of toxins on men and children and how pollutants end up in the food we eat. Because of the drastic cut in funding, Dr. Woodruff will not hire new people and will have fewer training slots to teach the next generation of scientists. Dr. Woodruff's experience is being played out across the country as promising researchers are forced to stall clinical trials and lay off support staff.

The percent of NIH grants being awarded since the 1960s has dropped significantly. Currently, less than one in every five grants to the NIH is awarded funding. The primary reason for this decline is insufficient funding. Less funding will result in fewer grants being awarded, and the group of researchers most impacted by this cut is young researchers. Once we add the $1.6 billion cut due to sequestration, we risk losing a new generation of scientists in our Nation.

Less funding means fewer academic grants to educate young scientists. And more competition for grants makes it difficult for young scientists to win funding and dissuades new scientists from pursuing careers in research. When and if NIH funding eventually increases, projects will struggle to find and train talented scientists who will make tomorrow's discoveries.

For over a century, NIH-supported scientists have led the way for important breakthroughs to improve health and save lives through discoveries – discoveries such as development of the MRI, extending the life expectancy of people with cystic fibrosis, revolutionizing our thinking about cancer, and creating vaccines.

Two weeks ago, I received a letter from a man named Andrew Young from Vernon Hills, IL. His 16-year-old sister Emily has a rare disease called Friedreich's Ataxia, a rare disease that makes it hard to perform basic motor functions like walk, write, and speak. Most young people with FA
need to use a cane or wheelchair by their teens. Emily's world was turned upside down in 2008 when she was diagnosed with FA, but she refuses to let it define her. She wants to go to college and practice medicine and hopes for a cure one day.

Now is not the time to disinvest in NIH and close the door to finding cures for people like Emily. Disinvestment in NIH would be a shortsighted act that risks forfeiting the U.S.'s position as a leader in biomedical research and reaping the economic and biomedical rewards of scientific research. These cuts don't make sense for--patients, local economies, or our Nation.

I urge my colleagues to support this amendment and to ensure our country creates and benefits from the life-changing medical discoveries supported by the National Institutes of Health.

I ask unanimous consent to have printed in the Record a list of organizations that support my amendment.

There being no objection, the material was ordered to be printed in the Record, as follows:

Organization That Support the Durbin-Moran NIH Amendment

Research!America

American Lung Association

American Heart Association

United for Medical Research

FASEB (Federation of American Societies for Experimental Biology)

American Society of Transplantation (AST)

The Endocrine Society

American Cancer Society Cancer Action Network, Inc.

Association of American Medical Colleges (AAMC)

American Association for Cancer Research

Association of Minority Health Professions Schools

Crohn's and Colitis Foundation of America

Digestive Disease National Coalition

Dystonia Medical Research Foundation
GBS/CIDP Foundation International
International Foundation for Functional Gastrointestinal Disorders
Interstitial Cystitis Association
Joint Advocacy Coalition
National Alopecia Areata Foundation
National Kidney Foundation
National Marfan Foundation
NephCure Foundation
Pulmonary Hypertension Association
Scleroderma Foundation
Sleep Research Society