

I am Barbara Matia of Scottsdale, Arizona.

The only thing worse than having rheumatoid arthritis yourself is learning that your daughter has rheumatoid arthritis as well. My daughter's story and mine parallel one another, only I did not learn of Dr. Brown's treatment program, which is based upon the infectious theory of rheumatoid arthritis, until my adult life and until after I was bedridden with arthritis. My arthritis began as a very young child with my first flare beginning in my jaws. I had all the symptoms which Dr. Brown believes are a part of rheumatoid arthritis—pain, weakness, fatigue, anemia, lack of memory, inability to concentrate, irritability and depression. My mental acuity was affected.

I truly lived a half life, yet no doctor was able to diagnose my disease. It was not until my daughter's birth that I was diagnosed as having severe rheumatoid arthritis.

Two years ago I took my daughter to the pediatrician because she had not been feeling well for some time. The doctors thought my daughter might have mononucleosis, valley fever or arthritis, but nothing showed up on her blood test, even after several tests. However, her symptoms persisted and she developed nodules on her wrist. To my pediatrician's credit, he was more than willing to send her blood work to Dr. Brown at the Arthritis Institute in Arlington, Virginia. Dr. Brown called me several days later to tell me that Bethany had active rheumatoid arthritis. If it were not for my having the disease and understanding all of the symptoms, Bethany's arthritis might not be diagnosed today. She was in the hospital at this time last year for her first treatment with intravenous antibiotics, followed by oral antibiotics at home.

All of her symptoms have improved. She is alert and feeling much better rather than just coping with life.

Bethany's and my story are not unique. I cannot begin to tell you how many patients are sent to the Arthritis Institute who could not be diagnosed by their physician or rheumatologist.

There are two significant questions that can no longer be left unanswered because the answers to these questions could bring hope to the 37,000,000 arthritics in our country.

First, what is Dr. Brown doing to detect rheumatoid arthritis that permits him to diagnose it earlier than the diagnoses achieved through the standard blood tests for rheumatoid arthritis? One test he uses that is not used elsewhere is a mycoplasma antibody test. A positive mycoplasma antibody test indicates that appreciable levels of mycoplasma are present. Under Dr. Brown's theory of the disease, appreciable levels of mycoplasma would suggest that rheumatoid arthritis is developing. The fact that these early diagnoses are later confirmed by the more widely used tests for rheumatoid arthritis would in itself suggest a connection between mycoplasma and rheumatoid arthritis. But whether or not this is the case, the test has proven to be a reliable early indicator of rheumatoid arthritis.

The second question that can no longer be left unanswered is why, if the antibiotic treatment program is so significant that it allows the arthritic sustained control and even a reversal of the disease, is the treatment program not spreading across our country like hotcakes? It is because the source of the infection has not been confirmed. And there are very definite reasons why this has not happened.

First, while Dr. Brown isolated the mycoplasma organism in 1937 and has done so intermittently since then, the isolation of the organism on a regular basis is difficult. It is also hard to grow in culture or to demonstrate on a regular basis outside of the body. Therefore, it will take years of further research to fully understand the workings of the infectious agent.

Second, the discovery of cortisone blocked the infectious theory for decades. Everyone thought the cure was at hand. Years of research went into purifying cortisone to try to eliminate its terrible side effects. It has since been discovered that cortisone blocks the body's immune system reaction but does nothing to stop the progress of the disease. But all those years were lost.

Third, while interest in the infectious theory returned in the late 1960's, that interest was snuffed out as a result of the Boston Study of tetracycline as a treatment for rheumatoid arthritis. Although it is acknowledged today that the study was improperly formulated, the study showed no effect from the tetracycline and the medical community has been reluctant to revisit the infectious theory ever since.

Finally, because of lack of funding for research into the infectious theory for the reasons set forth above, Dr. Brown pursued the treatment program for the disease based upon his belief that the cause was an infectious agent.

Therefore, while Dr. Brown has an important lead that an infectious agent is the cause, most rheumatologists refuse to try the antibiotic treatment program where the infectious agent is not confirmed even though they will give cortisone and other "accepted" remedies before any cause is confirmed.

Dr. Brown's fifty years of research and clinical experience make him the most knowledgeable doctor in the country today with respect to the infectious theory of rheumatoid arthritis. Dr. Lawrence Shulman, Director of the new Arthritis Institute of the National Institutes of Health, has said "Dr. Brown has made his mark with the antibiotic treatment program." While that statement represents significant progress, there has still been no action to make the antibiotic treatment program available to the nation's arthritics.

In 1983, when I first testified before this subcommittee, I quoted to you from a 1972 statement of the then head of the NIADDK that "heartening progress was being made in determining the cause of rheumatoid arthritis." Four more years have gone by and from the standpoint of the rheumatoid arthritic, nothing new has been offered them except methatrexate which can have results worse than the disease. Four times this subcommittee has asked the NIADDK to take positive steps to explore the antibiotic treatment program of the Arthritis Institute. Twice during that period the NIADDK turned down a grant application to fund a clinical trial of that program.

After the experience I have had with my daughter, I am convinced now more than ever that the arthritic does not have to live a half life and that a treatment program to return the other half of life to the arthritic is currently available. This subcommittee can make the difference!

Thank you very much.

Mr. Chairman, Members of Congress and Staff:

I am Bethany Matia and I am 12 years of age.

What is arthritis? Who gets arthritis? How do you know when you have arthritis? Is there a cure for arthritis?

Since my mother was in bed sick with arthritis when I was learning to talk, one of my early questions was will I get arthritis when I grow up?

The question was answered for me last year when I was diagnosed as having active rheumatoid arthritis. I have been hospitalized twice during the year.

When my mother took me out for ice cream and told me I had arthritis, I didn't believe her. The symptoms are hard to understand. No one wants to be different. I always thought I had a headache, the flu and that I was just tired. I slept most days after school and I was not able to handle my school work in fifth grade. I have been treated with nothing but antibiotics this year. My symptoms have all improved and so have blood tests as well as my school grades.

My disease would not be diagnosed if it weren't for my mother and for Dr. Brown. I hope that my visit today will interest you in the infectious theory for arthritis, so that we can help all the children that are in the early stage of arthritis and don't even know they have the disease.

Thank you very much.

#### NOMINATION OF ROBERT BORK

Mr. KENNEDY. Mr. President, I oppose the nomination of Robert Bork to the Supreme Court, and I urge the Senate to reject it.

In the Watergate scandal of 1973, two distinguished Republicans—Attorney General Elliot Richardson and Deputy Attorney General William French Smith—put integrity and the Constitution ahead of loyalty to a corrupt President. They refused to do Richard Nixon's dirty work, and they refused to obey his order to fire Special Prosecutor Archibald Cox. The deed devolved on Solicitor General Robert Bork, who executed the unconscionable assignment that has become one of the darkest chapters for the rule of law in American history.

That act—later ruled illegal by a Federal court—is sufficient, by itself, to disqualify Mr. Bork from this new position to which he has been nominated. The man who fired Archibald Cox does not deserve to sit on the Supreme Court of the United States.

Mr. Bork should also be rejected by the Senate because he stands for an extremist view of the Constitution and the role of the Supreme Court that would have placed him outside the mainstream of American constitutional jurisprudence in the 1960's, let alone the 1980's. He opposed the Public Accommodations Civil Rights Act of 1964. He opposed the one-man one-vote decision of the Supreme Court the same year. He has said that the first amendment applies only to political speech, not literature or works of art or scientific expression.

Under the twin pressures of academic rejection and the prospect of Senate rejection, Mr. Bork subsequently re-

tracted the most neanderthal of these views on civil rights and the first amendment. But his mindset is no less ominous today.

Robert Bork's America is a land in which women would be forced into back-alley abortions, blacks would sit at segregated lunch counters, rogue police could break down citizens' doors in midnight raids, schoolchildren could not be taught about evolution, writers and artists would be censored at the whim of government, and the doors of the Federal courts would be shut on the fingers of millions of citizens for whom the judiciary is often the only protector of the individual rights that are the heart of our democracy.

America is a better and freer Nation than Robert Bork thinks. Yet, in the current delicate balance of the Supreme Court, his rigid ideology will tip the scales of justice against the kind of country America is and ought to be.

The damage that President Reagan will do through this nomination, if it is not rejected by the Senate, could live on far beyond the end of his Presidential term. President Reagan is still our President. But he should not be able to reach out from the muck of Irangate, reach into the muck of Watergate, and impose his reactionary vision of the Constitution on the Supreme Court and on the next generation of Americans. No justice would be better than this injustice.

Mr. President, I ask unanimous consent that a statement by Benjamin L. Hooks and Ralph G. Neas of the Leadership Conference on Civil Rights opposing the nomination may be printed in the RECORD.

There being no objection, the statement was ordered to be printed in the RECORD, as follows:

**STATEMENT OF BENJAMIN L. HOOKS, CHAIRPERSON, AND RALPH G. NEAS, EXECUTIVE DIRECTOR, LEADERSHIP CONFERENCE ON CIVIL RIGHTS**

There is no question that a very substantial majority of the civil rights community will strongly oppose the nomination of Robert Bork to be Associate Justice of the United States Supreme Court.

The confirmation of Robert Bork, an ultra-conservative, would dramatically alter the balance of the Supreme Court, putting in jeopardy the civil rights achievements of the past three decades. Well established law could overnight be substantially eroded or overturned.

This is the most historic moment of the Reagan presidency. Senators will never cast a more important and far-reaching vote. Indeed, this decision will profoundly influence the law of the land well into the 21st century.

**NOMINATION OF ROBERT H. BORK TO THE SUPREME COURT**

Mr. DOLE. Mr. President, I heartily support the nomination of Robert H. Bork to the Supreme Court.

It is apparent, already, that Judge Bork's nomination will come under intense scrutiny—as well it should. For a Supreme Court Justice fills a critical, pivotal role in the balance of power between the three branches of Government. And the men and women who serve on the Court must meet the highest standards of judicial competence and integrity. I don't know of anyone who doubts Judge Bork's qualifications.

There are some who will try to turn the confirmation of Robert Bork into a political debate—an ideological debate. But that is not what the Senator's role is. We have a constitutional responsibility to advise and consent, but that should be based on judicial qualifications, not on whether or not a prospective justice tilts the Court one way or the other, philosophically.

Bork, is a former Yale Law School professor, and is widely acknowledged as one of this Nation's foremost legal scholars. Plus, having served 4 years as Solicitor General and 5 years on the Federal court of appeals, he has hands-on experience in the day-to-day workings of the Court.

Mr. President, I hope we will all think carefully before we make a decision about this nomination—it is a very, very significant one. And we should make our judgments on the right grounds—the litmus test should be the correct one—whether this nominee is qualified and could be qualified and serve on the Supreme Court of the United States, and I believe that he is highly qualified, eminently qualified with impeccable credentials.

**THE UNIFORMED SERVICES UNIVERSITY OF THE HEALTH SCIENCES**

Mr. WARNER. Mr. President, on May 16, 1987, the Uniformed Services University of the Health Sciences graduated its seventh class since the founding of the school. This class consisted of 155 uniquely trained uniformed medical officers of the Armed Forces, and marked the continued growth of the university as a national resource for quality health care and medical readiness of our armed services.

I wanted to apprise my colleagues of this milestone, as well as the progress being made by the university. In addition, this commencement was an especially meaningful one in light of the fact that President Reagan was the commencement speaker. I would ask unanimous consent that the President's commencement address be included in the RECORD.

For those who are not directly familiar with the outstanding work of the university, the school offers a 4-year medical education program including a full curriculum unique to military

medicine encompassing preventive medicine, operational and emergency medicine, and military medical field studies. The university's current enrollment includes 635 medical students and 100 graduate students. In addition to offering the M.D. degree, the university also offers doctoral degrees in the basic sciences and masters degrees in tropical medicine and hygiene and public health.

With the graduation of the class of 1987, the university will have more than 900 alumni serving in active duty assignments throughout the world. Graduates of the university have a 7-year obligation after they have completed their residency training. Currently alumni are serving in staff positions; as general medical officers in locations such as Korea, Turkey, and the Philippines; flight surgeons with the 101st Airborne Division, aboard the U.S.S. *Blue Ridge*, flagship of the 7th Fleet, and in other assignments crucial to readiness. The university's graduates represent a corps of career medical officers trained specifically in military medicine.

The university hopes to make a further contribution to readiness by acting as lead agency with the military services in developing a militarily unique curriculum for implementation of graduate medical education—residency—programs at the request of the Assistant Secretary of Defense for Health Affairs.

It is clear that the promise of this institution, which Congress recognized when it was created, has been fully achieved. The programs of the university in medical, graduate, and continuing education, as well as basic science and clinical research activities underway at the university, combine to produce trained medical personnel who are prepared and eager to serve the Nation.

There being no objection, the address was ordered to be printed in the RECORD, as follows:

**REMARKS BY THE PRESIDENT AT COMMENCEMENT CEREMONY FOR THE UNIFORMED SERVICES UNIVERSITY OF THE HEALTH SCIENCES, THE KENNEDY CENTER CONCERT HALL**

THE PRESIDENT. Thank you all very much. And Secretary Weinberger, Chairman Olch, Dean Sanford, members of the graduating class, ladies and gentlemen: I must tell you before I start how relieved I was when Dean Sanford told me that I was going to walk on after the procession. I thought that I was going to come in with the Dean and, with his reputation, I'd been afraid that the good news was that we might perch on the backstage rafters and rappel in—and the bad news—that we'd jump from 10,000 feet.

But it's a pleasure to be here to welcome you, the graduates of this, the West Point, and Annapolis, and Colorado Springs for physicians, into your new profession as military and public health service doctors.

You know, I hope you won't mind if I pause for a minute, but that reminds me of something. At my age, everything reminds you of something. People will be calling you