

Congressman Christopher Smith (NJ)

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In 1994, initiated by Congressman Christopher Smith (NJ), the Department of Defense Appropriations Act authorized \$1,000,000 for a Lyme disease research program to be utilized by the Army.

In 1999, the Department of Defense Appropriations Act provided \$3,000,000 for research and surveillance activities relating to Lyme and other tick-borne diseases. Senator Christopher Dodd (CT) and Congressman Christopher Smith (NJ) were the impetus for the Lyme provisions in this Act.

After requesting input from the LDA, LDF and other Lyme organizations, Congressman Christopher Smith (NJ) authored and introduced in the US House of Representatives the first congressional bill fully devoted to Lyme. Titled the "Lyme Disease Initiative Act of 1998" (LDI 98), it called for \$120,000,000 over five years for establishment of programs reducing the incidence and prevalence of Lyme disease. These programs were to be carried out in the Department of Health and Human Services (HHS) by the CDC and NIH, with collaboration by the Secretaries of the HHS and the Department of Defense. Congressman Smith's bill also provided for an advisory task force with members drawn from the public and private sectors, including Lyme activist groups. Introduced too late for passage in the 105th Congress, the House bill's chief findings and goals have reappeared in modified form in later House and Senate bills on Lyme and associated tick-borne diseases.

Among the findings of the 1998 bill:

- According to the CDC, there has been a 32-fold increase in reported cases since 1982.
- Under-reporting is likely, since no reliable standardized diagnostic test is available.
- "Lyme disease costs our Nation at least \$60,000,000 a year in direct medical costs for early, acute cases. The cost of chronic cases of the disease, as well as the costs of lost wages and productivity, are many times higher." (Finding 4).
- Many health-care providers lack the appropriate level of knowledge to diagnose Lyme accurately, particularly in non-endemic regions of the country.

Goals of the 1998 House bill included:

- Reliable tests for diagnosis and determination of active infection.
- A better surveillance and reporting system.
- Wider physician and public education.
- Prevention of associated tick-borne diseases.
- Development of indicators in the ten highest endemic states.
- A task force to provide input into federal Lyme disease expenditures.

After considerable input from government agencies and Lyme advocacy groups around the country, Congressman Smith introduced a broader version of his Lyme initiative in 1999. This bill increased appropriations to \$125,000,000 over five years, contained the original provisions involving the CDC, NIH, and Defense Department, again called for creation of an advisory task force, but added public education and basic research components concerning, respectively, the Departments of the Interior (parks) and Agriculture.

Congressman Smith reintroduced essentially the same bill in 2001, with more House co-sponsors, including: Pitts (PA); Maloney (CT); Gilman, Hinchey, and Townes (NY); Saxton (NJ); Delahunt (MA); Wolf (VA); and Traficant (OH). LDA was successful in obtaining signatures of almost 100 nationwide groups, unrelated to Lyme, in support of the bill (e.g., forestry and sports associations, PTAs).

In 1998, Senator Christopher Dodd (CT) introduced the first Senate bill on Lyme disease, Lyme Disease Initiative 98 (LDI), a companion to Congressman Smith's LDI 98. The next year, Senator Rick Santorum (PA) sponsored the companion bill to Smith's expanded LDI 99.

Representative Christopher Smith hosted the first congressional panel discussion on Lyme in Wall Township, NJ, in October 1992 with members of the CDC, physicians, activists and patients speaking.