Washington and can get anyone on the phone at the drop of a hat.''

Of course, in Washington one expects the customary compliments from colleagues. But the genuine exuberance for Jordan goes beyond the predictable.

Jordan describes herself as ''quite low-key . . . I know what my limits are.'' She doesn't mention the gala with Princess Diana or her vacations on Martha's Vineyard with the Clintons. She doesn't bring up the dinner at her home four years ago—the president-elect's first Washington party—or the fact that she sent cyclamens to all her neighbors apologizing for any inconvenience it may have caused.

Her official biography for the inauguration is three short paragraphs.

''She's raised in the old school,'' says events planner Carolyn Peachey, a close friend. ''Your name is in the newspaper three times: born, married, died.''

Hillary Rodham Clinton calls her ''a woman of many talents.'' Jordan's work on the inaugural committee, says the first lady, highlights her ''wonderful'' organizational and management skills. ''What I think I like most about her is her warm friendship, coupled with her marvelous sense of humor.''

Vernon Jordan is not in the habit of discussing his personal life with the press. But he is downright effusive when it comes to his wife of 10 years.

''She's smart, independent, caring, loyal,'' he says. ''She is my best friend in the world.'' The suggestion that she is shy produces Jordan's famed booming laugh. ''She's not shy *at all.* She just keeps her own counsel. And she is in many ways a very private person, which is one of her more admirable qualities.''

Nonetheless, it is difficult to be an entirely private person if one happens to be married to one of the most influential—and socially gregarious—men in the city. It is ''just nonsense,'' says Jordan, to even suggest that his wife was asked to chair the inauguration because of his friendship with the first couple.

''I think she did this out of a sense of duty and responsibility,'' he says. ''She loves to make things work right. And it's an honor, and I think she views it that way.''

There is, in fact, a long history of public service in her life. She was born in Tuskegee, Ala., one of five children of a surgeon who ran the only hospital in the city that treated black patients.

Jordan attended prep school and then went to Vassar, where she was one of four black students. She was so fair-skinned that she had to tell classmates she was black. ''You didn't want to have a conversation where you had to get up and walk out,'' she says. ''Once you say it, you don't have to tell many more. It goes around quickly.''

She took graduate courses in social work at the University of Chicago and later taught there and served as head of social services at the university's medical center. She married, had four children and divorced 11 years later. She stayed in Chicago, working full time and raising her children. ''I was used to running my own life,'' she says.

That life was shaken by the 1981 death of a daughter in a car accident. ''I think it makes you just stop and relive your life,'' says Jordan. ''I mean, you think about your life and what's important, and it changes it.''

Her other children—now in their thirties—were grown when she married Vernon in 1986. They had met years earlier while both were working with the Urban League. His first wife, Shirley, died of multiple sclerosis in 1985.

''What I like best about him is when we sit down to talk—he's very interested,'' she says. ''And he's fun to be with. He's totally unpredictable.''

And Vernon Jordan says, ''When I want to get it straight, I talk to Ann.''

And then he adds the one-liner of every clever husband: ''The fact is that I married up.''

Her new husband brought to the marriage the lifestyle of a wealthy, powerful man in this town. ''It was sort of nice to enjoy the free time of living in Washington,'' she says. ''It also allowed me to pursue a lot of my own interests. I was very busy. And Vernon is a very—to say the least—he's fun.''

Being married to Jordan also brought invitations to every important social event in Washington, including the state dinner for South African President Nelson Mandela. ''It was one of the great thrills of my life,'' she says. Mandela told her ''a very funny story about his life after he got out of prison. . . . I'm certainly grateful for those kinds of opportunities.''

Aside from inaugural duties, Jordan's time these days is devoted to her five grandchildren (all under 5 years old), volunteering in the White House social office and serving on various boards: WETA, Sasha Bruce Youthworks, the Kennedy Center and the Child Welfare League of America.

She has settled into her life in the nation's capital, but her affection for Chicago is such that she travels there as often as once a month. ''It's a wonderful city and people don't realize it.'' Washington, she says, ''is a wonderful city of live in. I mean for living purposes, it's very easy to get around, the weather's wonderful, and very interesting people here.''

It was Jordan who pushed to include residents of Washington in more inaugural activities. She is most excited about the public events on the Mall, and she was instrumental in bringing ''King,'' the musical tribute to Martin Luther King Jr., to the celebration.

''I love the fact that it can be open,'' she says. ''Not only just free events, but very well done free events.'' She hopes to find time to drop by the children's tent for the storytellers: ''My grandchildren want to see it.''

Jordan doesn't mention the glamour of the inaugural balls. She'll attend five or six, wearing a dress that she's had a long time. ''I wear it every year to the Kennedy Center,'' she says. ''It's a black velvet dress that has—I don't know what you'd call 'em, not rhinestones but sort of sparkly'' decor on the shoulders. ''I love the dress.''

On that night, her husband says simply that he'll be doing ''whatever she says.''

And afterward, instead of all the exclusive after-ball parties, you might see the inaugural chairman celebrating at . . . McDonald's.

''That's my favorite,'' she says. ''A Quarter-Pounder without cheese. Then they have to cook it fresh. We're there all the time.''

RESPECT FOR DEMOCRACY AND THE STATE OF THE UNION ADDRESS

Mr. LEAHY. Mr. President, 2 weeks ago I came to this floor and spoke of an event that happened in the late 1930's in Montpelier, VT, the capital of Vermont, the city where I was born. I will recount that only briefly because we have the state of the Union message tonight. I hope it may be instructive to some.

In the late 1930's, then-President Franklin Roosevelt visited Vermont. To put this in context, during the Roosevelt landslide, President Roosevelt carried all States but two: the State of Maine and the State of Vermont. We were not a hotbed of Democratic action, Vermont.

The president of the National Life Insurance Co. of Vermont was standing on State Street. That building was directly across the street from where my family lived. He was standing next to my father, who was probably the lone Democrat in Montpelier.

President Roosevelt's car went by, and the president of National Life, an ardent, lifelong, fervent, and proud Republican, stood at attention, took his hat off, and held it over his heart as a mark of respect, as did other men on the street.

My father, who knew him well, chided him a little bit and said, ''I never thought I'd see the day you would salute Franklin Roosevelt.'' He turned to my father and said, ''Howard, I didn't salute Franklin Roosevelt. I saluted the President of the United States.'' As a child I remember that same gentleman repeating the story to me in my father's presence.

I mention this because he was also very proud of the fact that he was one of the ones who, as he said, voted for sanity when he voted for Alf Landon and not Franklin Roosevelt.

In a way it reflects a different time, but in many ways, a good time. The United States was, in the late 1930's, approaching our eventual entry into World War II, when we had to pull together. We also showed that we respected our institutions.

Tonight there will be some of us who agree and some of us who disagree with what President Clinton says in the state of the Union message. I hope that in expressing both our agreements and our disagreements we will resolve that there are three great institutions deserving our civil respect in this country: the institution of the Presidency; the institution of the Congress itself, which is demeaned when we do things that harm or degrade it; and the institution of the judiciary.

This great democracy exists because of the respect of its people for these three institutions. This great democracy is diminished if we, especially we in the Senate, diminish any of these. Debate, yes; but respect our institutions, also, yes.

I yield the floor.

CONCERNING THE NEED FOR ACCURATE GUIDELINES FOR BREAST CANCER SCREENING

The PRESIDING OFFICER. Under the previous order, the Senator from Maine and the Senator from Maryland are recognized to speak for up to 15 minutes each, followed by a time reserved for Senator SPECTER from Pennsylvania for 10 minutes.

The clerk will report.

The legislative clerk read as follows:

A resolution (S. Res 47) expressing the sense of the Senate concerning the need for accurate guidelines for breast cancer screening for women between the ages of 40 and 49.

The PRESIDING OFFICER. The Senator from Maine.

Ms. SNOWE. Mr. President, I yield myself such time as I may consume.

The PRESIDING OFFICER. The Senator from Maine is recognized for such time as she may consume under the previous order.

Ms. SNOWE. Mr. President, I rise to offer a sense-of-the-Senate resolution in conjunction with my colleague, the Senator from Maryland, Senator MIKULSKI, who has been a longtime advocate, proponent of advancing women's health in America. We responded to the January 23 decision that was made by the advisory panel to the National Cancer Institute that recommended that women should refrain from having mammograms in their forties.

I want to thank the majority leader, Senator LOTT, the assistant majority leader, Senator NICKLES, and Senator JEFFORDS, chairman of the Labor and Human Resources Committee for their assistance in getting this resolution to the floor so quickly. I would also want to thank the Democratic leader and my friends on both sides of the aisle for allowing us to consider this resolution under a unanimous-consent agreement. Breast cancer is an issue that transcends party and politics.

My resolution expresses the sense of the Senate that NCI should conduct studies to determine, once and for all, the true benefit of mammograms for women in their forties. It also urges the Advisory Board to NCI, which will meet later this month, to consider reissuing the mammography guideline it rescinded in 1993 recommending that women in their forties seek routine mammograms. NCI must put an end to the unfortunate confusion that may cost some women their very lives.

Breast cancer is one of the most pressing public health crises facing American women today, striking one in every eight women during their lifetime. It will strike 180,000 American women this year, and kill 44,000 women—more than 10,000 of whom will be diagnosed with breast cancer in their forties. For women in this age group, it is the leading killer, and more women this year will be diagnosed with cancer in their forties than in their fifties.

Mammograms are the most powerful weapon we have in the fight against breast cancer. They enable us to detect and treat breast cancer at its earliest stages when the tumors are too tiny to be detected by a woman or her doctor, providing a better prognosis for treatment. An estimated 23.5 million mammograms were performed in 1992 at a cost of approximately $2.5 billion—a valuable downpayment in our fight against an unmerciful killer.

The question about whether women in their forties should seek regular mammograms has been an open question for years. On January 23, an NCI consensus panel decided not to recommend that women in their forties seek routine mammograms. To justify their position, they argued that the costs associated with routine mammograms for women in this age group potentially exceed the benefits. In making its decision, the panel gave undue weight to hypothetical risks, such as false-negative results that potentially provide women with a false sense of security, false-positive results that produce unnecessary anxiety, the potential for overtreatment, and radiation exposure.

If we ever hope to improve survival rates for breast cancer, women of all ages must receive accurate and consistent information regarding the importance of mammograms. Women and their doctors look to the Nation's preeminent cancer research institution—the National Cancer Institute—for clear guidance and advice on this issue.

Confusion on this issue is not new. In 1989, NCI, along with the American Cancer Society and the American Medical Association, issued breast cancer screening guidelines which advised women to begin having mammograms at age 40. In 1993, NCI rescinded these guidelines, stating that their review of clinical trials produced no evidence that mammograms significantly reduced breast cancer deaths for women in their forties. At the time, Congress and many experts questioned the appropriateness of this conclusion, based on the available scientific evidence. This is when I first introduced legislation urging NCI to reexamine this issue.

By rescinding its guideline, NCI produced widespread confusion and concern among women and physicians regarding the appropriate age at which to seek mammograms. This confusion eroded public confidence in mammography. It also reinforced the information barrier which discourages women from seeking care. Four years later, we are still mired in this controversy.

Yet new studies strongly suggest that routine mammograms for women in their forties can save lives. For example, investigators found a 24-percent lower death rate among women who received mammograms in their forties when the world's population-based trials were combined; and Swedish researchers in 1996 in two studies found a 44- and 36-percent lower death rate among women who received mammograms in their forties. And several studies have concluded that breast tumors in women under 50 grow far more rapidly than breast cancer in older women, suggesting that annual mammograms are of value to women in their forties.

In studying the research and scrutinizing the statistics, the panel appears to have lost sight of the human dimension of this question, and gave undue weight to the costs of screening, rather than the benefits. The panel emphasized that 2,500 women would have to be screened to save one life. But this 1 life represents someone's mother, wife, sister, or daughter.

The panel also emphasized that up to one-fourth of all invasive breast cancers are not detected by mammography in women in their forties. Yet, the flip side of this statistic is that three-fourths of all cancers in this age group are detected through mammography. While it may not be perfect, that clearly amounts to saved lives.

Finally, the NCI Panel also overemphasizes the risks of false-positives, suggesting that many women would undergo unnecessary surgical procedures. Yet, most women with positive findings subsequently undergo more refined diagnostic tests, including diagnostic mammograms, ultrasounds, and needle biopsies to confirm the presence of cancer, before any treatment decisions are made.

Appropriately, the Director of NCI, Dr. Richard Klausner, expressed his surprise and disappointment over the decision of the consensus panel, and has asked the NCI Advisory Board to convene next month to revisit this issue. Former NIH Director, Dr. Bernadine Healy, affirmed his views.

I am asking the Senate to consider my resolution today because women and physicians deserve to have guidance on this issue. My resolution expresses the sense of the Senate that NCI should conduct studies to determine, once and for all, the true benefit of mammograms for women in their forties. It also urges NCI's Advisory Board, which will meet later this month, to consider reissuing the mammography guidelines it rescinded in 1993 which recommended that women in their forties seek routine mammograms. Alternatively, NCI should direct women to other organizations which have issued clear guidelines on the issue, such as the American Cancer Society. This resolution does not dictate science—it simply helps to provide women with clearer guidance as they look to answer a potentially life or death question—should they get mammograms in their forties?

Ms. MIKULSKI. Mr. President, I rise in support of this sense-of-the-Senate resolution and am pleased to be a cosponsor of the resolution with my distinguished colleague, Senator SNOWE of Maine. Senator SNOWE has been an outstanding advocate for many years on the issue of women's health. This is yet one more action on her part that shows her deep commitment in this area.

Mr. President, this is a sense-of-the-Senate resolution. I am pleased to tell you that my colleagues in the Democratic caucus join with us on a bipartisan basis and have endorsed this. All six Democratic women have cosponsored this legislation. Over 30 of the men that we call the ''Galahads'' also cosponsored this resolution.

What does this resolution call for? It calls for three things that would protect women's health, particularly in the area of breast cancer. No. 1, it calls for further research on the benefits of mammograms for women in their forties; No. 2, it urges the public to follow screening guidelines issued by medical groups which call for mammography

screenings in women between the ages of 40 and 49; and it calls upon the National Cancer Institute to again revisit the guidelines that they themselves promulgated, also urging that women who are between the ages of 40 and 49 seek mammograms.

We already have clearly on the record, and clear guidelines have established, that women over 50 should get an annual mammogram. It is clear that often the older you get, the more likely you are to get breast cancer. But there is a particular group of women between ages 40 and 49 who are particularly prone to breast cancer, and each day we are learning more who that category is. Therefore, we are urging through this sense-of-the-Senate resolution that traditional guidelines urging annual or, at the very least, biannual mammograms for women between the ages of 40 and 49 be pursued.

I could not believe when an NIH advisory panel decided that women in this age group might not need mammograms, and at the very best, they were either silent or tepid in their recommendations. They made this decision because they felt there was not substantial evidence that this group was at risk. This flies in the face of what we know through studies done at the National Institutes of Health, through extramural programs at our great academic centers of excellence, and also in worldwide studies of women. The NIH panel should have recognized, also, the weight that their announcement carries. This panel absolutely confused the public, scared women, and gave permission to insurance companies not to pay for a mammogram for a woman between the ages of 40 and 49.

Mr. President, we think this creates a public health concern. Now, why would we believe that? First, women often have been reluctant to seek a mammogram either out of fear or because they do not have the Federal resources to do it. We have been working on education to deal exactly with those issues and even to offer opportunities for women to be able to have funding for this. Also, we have been engaged in an impressive and assertive effort to educate primary care physicians in urging women to get mammograms.

We have been dealing with the insurance companies on the whole issue of breast cancer. Now some companies have that misguided approach of insisting that women leave a hospital in less than 48 hours after they have had a mastectomy. Mr. President, we say enough is enough. We should take time out, go back to our science, go back to our research, go back to the National Institutes of Health and ask them to come up with the recommendations that we need. We are urging them to do that. Not only are we urging them to do that, but the actual Director of the National Cancer Institute, Dr. Richard Klausner, is also recommending that this advisory board go back and take another look.

Senator SNOWE has talked about the risk of cancer. We all know that any woman can fall prey to breast cancer. It does not matter how old she is or what her income bracket is. We know she needs to be screened. We know 40,000 women die every year of breast cancer. We know over 138,000 women every year have some early signs of breast cancer. What we are saying on behalf of the women and the men who support us, let us go back to our standards.

I am happy to have joined in this resolution because I know that mammograms save lives. And if breast cancer is detected early, the probability that a woman will survive is greater than 90 percent. My position is simple: Stick to science, go to the guidelines that were properly promulgated, listen to doctors and other health care providers working in this field.

Mr. President, for some time we have been working in a bipartisan bicameral basis on this. I remember back in the House of Representatives when Senator SNOWE and I introduced one of the first Women's Health Equity Act's that we called for activity in this area. We have been working on that ever since, on a bipartisan bicameral basis, and not only with the women taking the lead, but with the enthusiastic support of the men in our body.

Thanks to the work of Senators SNOWE, MIKULSKI, and BOXER, and Representative MORELLA and others, we have established the Office of Women's Health at NIH. We made more money for research available for diseases most affecting women. We ensured that women were included in the protocols of medical research, where they had been excluded not because of science but because of gender. We worked to expand the coverage for mammograms under Medicare and even provided funds for low-income women to get mammograms. We also have led the fight for mammogram quality standards, which we will be reintroducing as it expires. We hope to do this together, to show that when it comes to fighting for women's health, we are there. We want to make sure that each family is able to ensure that breast cancer does not strike them. We are going to do it not only on a bipartisan basis, we are going to do it on a nonpartisan basis.

I thank Senator SNOWE for taking the lead on this as she has done in so many other areas. We are pleased on our side of the aisle to also join with her.

I send to the desk the list of the Democratic cosponsors. I look forward to voting for this bill and continuing our advocacy on this most crucial issue.

The PRESIDING OFFICER. Without objection, the sponsors will be added to the bill as requested by the Senator from Maryland.

Ms. SNOWE. How much time remains on this side?

The PRESIDING OFFICER. The Senator from Maine has 9 minutes and 33 seconds remaining.

Ms. SNOWE. I just respond to the Senator from Maryland by commending her for her very strong statement, her commitment, and a resoluteness to this issue in the hope that women get the best health care in America. She has shown strong leadership on this issue throughout the years. As she mentioned, we worked on women's health issues beginning in the House of Representatives in making some extraordinary changes within the National Institutes of Health to create an Office of Women's Health, which was absolutely vital because women were excluded—as well as minorities, I might add—from clinical studies.

I thank the Senator and commend her for all she has done on behalf of women.

I yield 3 minutes to the Senator from North Carolina.

Mr. FAIRCLOTH. Mr. President, I rise in strong support of this resolution. For 2 weeks, like many Americans, I was disturbed by the news that the National Institutes of Health would not recommend regular mammograms for women in their forties.

Mr. President, we have to call this a deadly and silent disease. The fact is, cancer is the leading cause of death for women between the ages of 40 to 55. Mr. President, this statistic itself should dictate that women in their forties should have regular mammograms. It only makes common sense that they should. My worry is that without the National Institutes of Health's recommendation, women will be lulled into a false sense of security and believing that they do not need a mammogram, and that doctors may not always recommend that women in their forties have one.

The last thing we need to say to women juggling family, career, and all of the problems they are faced with, is that this can wait. If we lead them to believe that, then they will let it wait, and they will face dire consequences when they do.

Too often when these matters are debated, the fact that we are talking about the lives of people, the lives of wives, mothers, daughters, and friends—by remaining silent on this issue, we are putting their health at risk. I thank Senator SNOWE for bringing this issue to the floor. It is one that deserves national attention and certainly the attention of the Senate. I am proud to be an original cosponsor of the resolution. I thank Senator SNOWE for bringing it to the Nation's attention.

I yield the floor.

Ms. SNOWE. Mr. President, I now yield 4 minutes to the Senator from Texas.

The PRESIDING OFFICER (Mr. KEMPTHORNE). The Senator from Texas [Mrs. HUTCHISON] is recognized for 4 minutes.

Mrs. HUTCHISON. Thank you, Mr. President. I thank Senator SNOWE and Senator MIKULSKI. All of the women in the Senate are cosponsoring this resolution. I will never forget 2 years ago

when Senator MIKULSKI called a hearing of all of the women in the Senate on the first time we saw there was a question by the National Institutes of Health about whether women should have screening before the age of 50. All of us, resoundingly, came together and said, ''Of course they should.'' Now we have new Members in the Senate—Senator SNOWE, Senator COLLINS, Senator LANDRIEU, who have joined us in a unanimous verdict, which is that the women of this country deserve better.

The women of this country deserve to know the facts. The facts are that the studies have come in. In 1995, a study showed a 24-percent lower death rate among women who received mammograms in their forties. That was an American study. In 1996, Swedish researchers, in two studies, found a 44-percent and a 36-percent lower death rate among women who received mammograms in their forties.

So why are we getting a mixed message? Why aren't all of the experts coming together on an issue that is killing more women in their forties than any other disease? The women of America have no guidelines. They have no guidelines because we can't get our doctors to do what they do for every other medicine and every other disease that I can think of, and that is to say we can have a 24-percent lower death rate of the women in this country in the 40-to-49 age bracket if we will have mammograms. But there is a slight chance, perhaps less than 1 percent, that having a mammogram might induce cancer.

Now, I think we are intelligent enough to receive the full facts and not have a mixed message. That is not a mixed message. When we can save thousands of lives by having mammograms between the ages 40 and 49, and there is a, perhaps, less than 1 percent chance that it might be a danger, let's give women the facts without a muddled message. That is what this resolution does today. It says to the women of our country, very clearly, that their chances of surviving breast cancer are infinitely better, and all the studies show it, if they will have a mammogram, starting at the age of 35 or 40, every 2 years, and then when you are 50, every year. It is very simple. The women of this country deserve to know that their chances are a heck of a lot better if they will have this procedure done.

Now, something that you all have not mentioned yet, which I worry about very much, is that now that we have this mixed, garbled message, are insurance companies going to step forward and say, now, wait a minute, maybe we should not cover mammograms? Is this going to open the door to questions as to whether this very basic preventive procedure will be available to the women of this country?

We must speak with a certain voice today in saying to all of our health institutes: Come forward and give us leadership. You are the experts. I think we can take the facts, and I think we can save the lives of thousands of women if we will say exactly what all of the statistics show, which is to take care of yourself. Have a mammogram, starting at the age of 35 or 40, every 2 years, and then, at 50, every year. Let's not even introduce the option of insurance perhaps not covering this kind of preventive procedure that is killing more women between the ages of 40 and 49 than any other disease in this country.

So I commend all of my women colleagues and friends for coming together, along with all of the men cosponsoring this amendment and ask for a unanimous vote today at 5 o'clock supporting this, urging experts to help the women of our country protect themselves.

Ms. MIKULSKI. Mr. President, how much time is left on our side?

The PRESIDING OFFICER. The Senator from Maryland has 6 minutes 44 seconds. The Senator from Maine has 1 minute 40 seconds.

Ms. MIKULSKI. I reserve my time. Senator SPECTER has 10 minutes on his own time. I have no objection to his proceeding.

Mr. SPECTER addressed the Chair.

The PRESIDING OFFICER. The Senator from Pennsylvania is recognized.

Mr. SPECTER. Mr. President, I support the pending resolution because it focuses attention on the need for mammograms that would give the imprimatur of the U.S. Senate to this important medical testing device. I, with many other Americans, was very surprised when, on January 23, a report was issued questioning the advisability of mammograms with the essential finding that there was not enough evidence that women in their forties would benefit by advising them to have the x-ray test as part of routine health screening. The question which then came to my mind was whether there was enough evidence to conclude that women in their forties would not benefit from the mammograms as part of routine health screening.

To articulate the conclusion in the form that there was not sufficient evidence to show that women would benefit is really not to answer the question, because where the evidence may be in doubt in the minds of some scientists, the practical sense conclusion is that there is very, very substantial evidence to show that mammograms are helpful and that underlying a decision not to have mammography is a question about cost-benefit ratio and a question about certain collateral issues, which need not necessarily be faced, as to whether there will be unnecessary biopsies.

This matter struck home with me especially, because in 1993, when I sought an MRI examination of my head, I was told by the doctors that I did not need it. I then insisted on having it, and they found a potentially life-threatening problem, which was corrected after I got the MRI. There is an attitude in many quarters that unless the burden of proof rises to a certain level, and perhaps a very high level, these tests ought not to be given. I think that is the wrong standard of evaluation.

Mammograms are expensive; MRI's are expensive. But I am convinced, from the work I have done as chairman of the Appropriations Subcommittee on Health and Human Services, that we have enough mammography equipment and enough specialists and enough administrators and enough MRI machines, et cetera, to conduct the necessary tests. It may be necessary to do them in the evening. If an MRI costs $800 at a convenient time during the day, maybe it could be accomplished at 2 a.m. or 3 a.m. for $50, with a margin of cost as to what it would take.

When this report came down on January 23, 12 days ago, I immediately scheduled a hearing of the Appropriations Subcommittee on Health and Human Services. Tomorrow we will be hearing from the people who came to the conclusion that mammograms are not warranted for women in their forties, and we will also be hearing from people who have reached the opposite conclusion.

I think it is very significant that Dr. Richard D. Klausner, Director of the National Cancer Institute, expressed shock when he heard of this report that mammograms were not warranted for women in their forties.

Dr. Bernadine Healy, former Director of NIH, made this succinct statement: ''What are they saying—that ignorance is bliss?''

Dr. Daniel B. Kopans of the Harvard Medical School said the committee's report was ''fraudulent,'' which was the way he termed it.

And if you take a look at this issue historically, in 1977, the National Cancer Institute and the American Cancer Society recommended that women 40 to 49 have mammograms only if their mothers or sisters had breast cancer. In 1980, the Cancer Society recommended that one-time mammograms for women 35 to 40 were warranted to establish a baseline for future measurements for women under 50. In 1983, the Cancer Society recommended that symptom-free women 40 to 49 have mammograms every 1 or 2 years.

In 1987, the Cancer Institute adopted a working guideline to begin screening women age 40 with mammograms every 1 to 2 years. In 1989, those guidelines were officially adopted by a conference of leading cancer organizations.

Then, in 1993, the National Cancer Institute changed the recommendation, saying ''Experts do not agree on the value of routine screening of mammography of women ages 40 to 49.'' They do not agree that women in that age category ought not to have mammograms. And I say on the face of this record with succinct evidence that women do benefit from mammograms. Even though there is conflicting evidence, we ought to err on the side of safety,

and mammograms ought to be available.

But when there is a national report questioning the value for women 40 to 49, immediately it is going to send shock waves to the women of America who will say, ''Well, maybe I do not really need a mammogram.''

It is very difficult to get some people to take medical tests because people very understandably, very naturally, are afraid of the results. If you have this conclusion from a group of experts that you really ought not to have it, that it is not a matter of necessity, then women are not going to take it. Where you have this kind of report too, those who are responsible for paying for mammograms are going to have a good reason to say, ''We are not going to cover mammograms for women in the 40 to 49 category.''

When we have the hearing in the Appropriations Subcommittee on Health and Human Services tomorrow it will be a rather unusual hearing as far as I am concerned. Most of the time we have these hearings to answer questions. This is one hearing that I am approaching with the fixed opinion from all that I have studied in the past to really find a direction so that the National Cancer Institute will take whatever steps are necessary to resolve this issue in favor of having mammograms. It is simply not sufficient to say on the evidence that when there is conflicting evidence we are going to reject mammograms for women in the 40 to 49 age category.

In addition, I think that the National Cancer Institute ought to be doing more on multiinstitutional testing of MRI's on imaging. Last year, with the help of the Central Intelligence Agency and a special contribution made with the help of then-Director John Deutch, some $2 million was put up by the CIA for imaging processes on the proposition that if the CIA could image and detect through clouds and look to the Earth to find out what was going on that those processes could be helpful in the detection of breast cancer.

So I compliment my distinguished colleague from Maine and my distinguished colleague from Maryland for their leadership.

I would like to add that for the National Institutes of Health budget, specific research funding for women was added that Senator HARKIN, then-chairman of the Appropriations Subcommittee on Health and Human Services, and I as ranking member, supported. I must say that I like it better to be chairman and have Senator HARKIN as ranking member. But there has been very considerable attention to this issue not only by our very distinguished women Senators but many on the male side as well.

I hope that the vote this afternoon—and I am confident that it will be, knowing our colleagues on issues of this sort—will be a resounding vote to send a message to the women of America that they ought to get mammograms, that they ought to protect their health, and that where it is an open question as to whether it is cost-effective, let us err on the side of taking the test.

I say that with some substantial experience in the field of having undergone a test that the experts said I didn't need, which for me was a lifesaving procedure.

I thank the Chair, and I yield the floor.

Mr. MURKOWSKI. Mr. President, I rise as a cosponsor of this important resolution which expresses the sense of the Senate that further research is necessary to determine the benefits of mammography in women ages 40 to 49.

Mr. President, I have been very involved with mammography issues in Alaska and have worked with my wife Nancy to promote access to this important diagnostic tool. I would like to bring to the Senate's attention the work my wife Nancy, and others, has promoted on behalf of the Breast Cancer Detection Center of Alaska.

The Breast Cancer Detection Center of Alaska had its beginnings in 1974 when seven Fairbanks women decided that health care for women, especially in the area of breast cancer, should be made more accessible and less expensive for residents who live in remote areas of Alaska. In 1976, with very humble beginnings, the center opened its doors in Fairbanks, staffed and equipped by volunteers. The State granted the moneys for a GE mammography machine and a local bank loaned the basement of a drive-in branch for the clinic offices. Furniture, carpeting, and paint was donated by local merchants, and a nurse-administrator, radiologist, and two doctors volunteered their services. Breast examination was taught and recommended mammograms were provided free of charge.

Today, the center, housed in a very spacious office, is staffed by an executive director, two office personnel, a certified mammographer, and a radiologist. The lo-rad mammography machine is one of the finest in the State. The center still maintains the policy of waiving a fee for women who cannot afford to pay or do not have insurance.

With the unwavering support of the Fairbank community the center has been operating for 20 years with donations, insurance, and fundraisers by local service organizations.

Three years ago, the executive director informed the board of directors that a new mammography machine was needed to keep up with advancing technology. Nancy and I offered to do a fundraising fishing event in southeastern Alaska to benefit the center. At that first event, Waterfall '94, over $140,000 was raised for the breast cancer center and completely offset the cost of the new state-of-the-art lo-rad mammography unit.

Because of the overwhelming success of Waterfall '94, we decided to hold a similar event the following year to again benefit the center. Nancy, one of the original founders of the center, had long desired to have a mobile mammogram van to serve the Yukon River system villages, and the rural bush communities of Alaska. Waterfall '95 made that dream come true with a donation of $210,000 to the center. Waterfall '96 will benefit the center with an approximate $240,000 donation. Plans are already in place for the Waterfall '97 event with plans to incorporate prostate PSA tests, and to do cervical cancer checks as well.

The Breast Cancer Detection Center of Alaska now visits remote bush villages along the river system and the highways with a 43-foot van equipped with a mammogram unit and darkroom with a film processor, two dressing rooms which double as bunks for the driver and mammography technician, a small reception area, and a bathroom which can accommodate wheelchairs. There is a hydraulic lift for wheelchair entry into the van as well.

While most American women face a 1-in-9 risk of dying of breast cancer, Alaskan women face a 1-in-7 chance. Among Alaska Native women, cancer is the leading cause of death and breast cancer is the second most prevalent cancer. Now there is no reason for these women not to learn about early detection. Julia Roberts, from the small village of Tanana, said it all when she came to the van for her exam. ''I know it's important. I know if you catch it early you can probably save your life. I have three children and I want to see my grandchildren.''

Mr. President, we need more fundamental research on breast cancer. And I strongly support further study to determine the adequacy and effectiveness of mammography for women in the 40-to-49-age bracket.

Mrs. BOXER. Mr. President, I rise as an original cosponsor of this resolution concerning the need for accurate guidelines for mammography screening for women between the ages of 40 and 49.

Since 1993, when the NCI rescinded its original guidelines I have been trying to get them to return to their original position. In the past 3 years, I have written several letters to the heads of the National Cancer Institute [NCI], asking that it reconsider its position on mammography screening for women between the ages of 40 and 49.

We have seen study after study that shows that mammography screening at an earlier age can help save women's lives. Women and physicians have come to depend on the recommendations of the NCI in determining when they should begin mammography screening.

NCI's decision to back away from screening for women between the ages of 40 and 49 has led to confusion and anxiety. I applaud Dr. Klausner, head of the NCI, for convening the advisory panel. But like him, I am disappointed that the panel issued no concrete guidelines to aid women and their doctors.

Since we cannot prevent or cure breast cancer, mammography screening remains the best tool we have to detect it early when chances for survival are highest. We cannot now eliminate the only hope younger women have for fighting this dreaded disease.

This resolution is an important step in the right direction. The NCI needs to recognize the importance of mammograms for women in their forties and reissue its previous guidelines.

I ask unanimous consent that the three letters I referenced in my statement be printed in the RECORD.

There being no objection, the letters were ordered to be printed in the RECORD, as follows:

U.S. SENATE,
HART SENATE OFFICE BUILDING,
Washington, DC, November 30, 1994.

SAMUEL BRODER, M.D.,
Director, National Cancer Institute, National Institutes of Health Buildings, Bethesda, MD.

DEAR DR. BRODER: I have previously expressed to you my deep concerns about the National Cancer Institute's position on mammography screening for women between the ages of 40 and 49. I am writing today because I believe that studies released this week underscore the need for prompt reconsideration of the position taken by the NCI.

As you probably know, two studies presented at the annual conference of the Radiological Society of North America concluded that mammography is of substantial benefit to women between 40 and 49. In a study done by the Screening Mammography Program of British Columbia, 15 percent of the cancers detected through mammography were in women under 50. Eighty-seven percent of the tumors discovered were at an early, curable stage.

Annual mammograms for women 40 and over also resulted in the greatest chance of recovery and the largest number of treatment options, in an analysis of 851 breast cancer patients at the Thomas Jefferson University Hospital in Philadelphia. The authors of this study concluded that mammography was particularly important for women under 50 due to the speed with which tumors develop in younger women.

With this new research strongly suggesting great benefit in mammography screening for women between 40 and 49, I ask the NCI once again to reconsider its position and return to its original guidelines.

Please contact me as soon as possible as I need to determine what further action I will take on this matter.

Sincerely,

BARBARA BOXER,
U.S. Senator.

U.S. SENATE,
HART SENATE OFFICE BUILDING,
Washington, DC, December 23, 1994.

Dr. SAMUEL BRODER,
Director, National Cancer Institute, National Institutes of Health Building, Bethesda, MD.

DEAR DR. BRODER: Three weeks ago I wrote to you about the National Cancer Institute's (NCI) position on mammography screening for women between the ages of 40 and 49. I continue to believe that this issue merits your immediate attention.

As I have stated previously, women and physicians have come to depend on the recommendations of the NCI in determining when they should begin mammography screening. NCI's decision to back away from screening for women between the ages of 40 and 49 has led to confusion and anxiety.

NCI's position on this issue is especially distressing in light of the conclusions found in a recent report prepared by the House Government Operations Committee titled ''Misused Science: The National Cancer Institute's Elimination of Mammography Guidelines for Women in Their Forties.''

This report notes that several senior scientists at NCI questioned the scope and quality of studies used by NCI to reverse its position on mammography and that NCI ignored the 14 to 1 decision by its own National Cancer Advisory Board ''to defer'' action on any changes to the mammography guidelines. The latter point was one which I had brought to your attention in July.

Two new research studies presented at the annual conference of the Radiological Society of North America last month now strongly support mammography screening for women under age 50. I outlined these studies and their findings in my letter to you of November 30.

It is time for the NCI to reconsider its position on mammography screening for younger women. I would like to meet with you personally to discuss what actions the NCI can take on this matter. Please contact me as soon as possible to arrange for an appointment.

Sincerely,

BARBARA BOXER,
U.S. Senator.

U.S. SENATE,
HART SENATE OFFICE BUILDING,
Washington, DC, December 3, 1996.

Dr. RICHARD KLAUSNER,
Director, National Cancer Institute, National Institutes of Health Building, Bethesda, MD.

DEAR DR. KLAUSNER: Over the past two years, I have written several letters to both you and your predecessor, Dr. Samuel Broder, asking that the National Cancer Institute (NCI) reconsider its position on mammography screening for women between the ages of 40 and 49.

As I have stated previously, women and physicians have come to depend on the recommendations of the NCI in determining when they should begin mammography screening. NCI's decision to back away from screening for women between the ages of 40 and 49 has led to confusion and anxiety.

As you know, yesterday at the Radiological Society of North America meeting in Chicago, new research was presented which supports the position that mammography screening for women should begin at age 40.

I understand that next month the NCI will convene a panel of experts to reconsider this issue. Given the new research which convincingly supports mammography screening for women between the ages of 40–49 when the panel convenes next month, I urge you to reconsider your position and reinstitute the original guidelines on mammography screening.

Since we cannot prevent or cure breast cancer, mammography screening remains the best tool we have to detect it early when chances for survival are highest. We cannot now eliminate the only hope younger women have for fighting this dreaded disease.

Sincerely,

BARBARA BOXER,
U.S. Senator.

Mr. KENNEDY. Mr. President, I support this sense-of-the-Senate resolution which calls for the National Cancer Institute to reissue guidelines for breast cancer screening for women between the ages of 40 and 50. Although an NIH advisory panel decided that women in their forties may not need mammograms, this finding continues to be a controversial one. Even though some studies have shown that mammography may not always be effective in detecting breast cancer, we can't ignore the importance of the early detection of this disease. Early detection and treatment will lead to reductions in breast cancer mortality. Failure to encourage breast cancer screening for women in their forties may well have disastrous results.

The scientific literature is controversial. In this situation, it makes no sense to rescind the current mammography guidelines and standards. The evidence is far from conclusive that screening brings no positive effect for women in their forties. Further studies need to be conducted before our choice is made. We need to do all we can to encourage the early detection of breast cancer. I commend Senator SNOWE and Senator MIKULSKI for their leadership, and I urge the Senate to pass this important resolution.

Mr. MACK. Mr. President, in 1993, the National Cancer Institute rescinded its recommendation that all women in their forties undergo mammography screening for breast cancer. Since then, American women have been receiving mixed messages about the importance of mammography.

Women are confused. Women are angry. Women are frightened. Given the wide variety of recommendations being made about mammography screening for younger women, one can certainly understand why.

The scientific community is deeply divided on the interpretation of data from mammography clinical trials conducted in the United States and elsewhere. Cancer advocacy organizations are split on the proper recommendations to give their members and the public. Physicians want to provide the best recommendations to their patients, but there is no single answer to give them. Insurance companies frequently deny coverage of benefits unless there is compelling scientific data to warrant coverage.

Clearly, women want to be more involved in making health care decisions for themselves. But when the medical, scientific, and patient advocacy communities cannot agree on the issue of mammography screening, women are being placed in a situation where they must make, at best, an educated guess as to what they should do to protect themselves from a disease which will kill an estimated 44,000 women this year.

Women and their families were hopeful they would get clear answers when the National Institutes of Health convened the Consensus Development Conference on Breast Cancer Screening for Women Ages 40–49.

Unfortunately, the Consensus Development Conference statement contains more mixed messages, more confusing data and few real answers.

The report concludes, ''zero to 10 women would have their lives extended

per 10,000 women ages 40–49 who are regularly screened. About 2,500 women should be screened regularly in order to extend one life.'' These two statements leave a great deal of room for interpretation by women, their physicians and their families.

The report concludes, ''up to 25 percent of all breast cancer is not detected by mammogram in women ages 40–49.'' One could therefore logically conclude that 75 percent of all breast cancer is detected by mammography performed on women in this age group. To me, the fact that 75 percent of breast cancers will be detected through mammography is very significant. In addition, this conclusion also makes a compelling case for additional research to develop more sophisticated equipment which can detect breast cancer earlier than today's mammography technology can.

The report also concludes that use of mammography has contributed to a growing trend that breast cancer tumors are being detected when they are small, and at an early stage. The report states that, ''the presence of smaller or earlier stage breast tumors can give a patient more choice in selecting among various treatment options.'' Research has shown that lumpectomy, combined with radiation therapy, is as effective as mastectomy when the tumor is detected early.

One area all parties involved in this issue can agree upon is the need for additional research. I have introduced Senate Resolution 15, to express the sense of the Senate that funding for biomedical research activities of the National Institutes of Health should be doubled over the next 5 fiscal years. It is only through research that definitive answers to these very important research questions can be obtained.

While I respect the conclusions of the consensus panel, I believe the message being sent to younger women throughout America is wrong. They are being told, in essence, that early detection of breast cancer may not be all that important. I believe most women reject that conclusion.

On numerous occasions, I have spoken about how my own family has been affected by cancer. My wife and my mother are both survivors of breast cancer because it was detected at an early stage. It haunts me to think what might have happened if they had received the message that women are currently receiving with this report.

I support this sense-of-the-Senate resolution. I believe it is important that the Senate send the message that more research is needed to further determine the benefits of mammography screening in younger women, that the National Cancer Institute should reconsider its mammography screening guidelines, and to encourage the public to consider cancer screening guidelines issued by other organizations.

Ms. MIKULSKI addressed the Chair.

The PRESIDING OFFICER. The Senator from Maryland is recognized.

Ms. MIKULSKI. Mr. President, I want to conclude the debate on this side by reaffirming that this resolution does not meddle with the National Institutes of Health. It does not meddle with science. It essentially says let us have more research on the subject of breast cancer in terms of its cause, in terms of its prevention, and in terms of its cures.

It also calls for the women of America and their physicians to follow those guidelines that are recommended by every physician group as well as the American Cancer Society on urging women in the age 40 to 49 group to have either an annual or biannual mammogram.

Third, it asks the National Cancer Institute to repromulgate its own guidelines urging the same.

I would like to comment that this advisory panel that made this report in January is not made up of NIH scientists. This is an outside advisory group to the National Institutes of Health.

Mr. President, I have the honor of representing the National Institutes of Health because it is in my State. How wonderful to be able to represent a Government organization devoted to saving lives by finding cures and causes for the diseases that threaten Americans and others around the world.

The National Cancer Institute has taken specific steps to be far more sensitive and to have a budget priority looking at those gender-specific diseases, particularly breast cancer and ovarian cancer. And we are pleased also with the work that is now being done in the area of prostate cancer as well.

I believe that the National Cancer Institute is on the right track. We want to be sure that they continue their scientific research, and if there is a gray area about when you should have a mammogram always go to the side of safety. Always go to the side of caution. One of the things we know is that when you are treated by a physician more information is often better information.

So, Mr. President, I urge unanimous adoption of this sense-of-the-Senate resolution.

Knowing no other Democrats who wish to comment on this issue, I yield the remainder of my time and look forward to the vote at 5 p.m.

Ms. SNOWE addressed the Chair.

The PRESIDING OFFICER. The Senator from Maine.

Ms. SNOWE. Mr. President, in conclusion I would like to make several final points.

First of all, I would like to commend Senator SPECTER for his commitment and devotion for years on this issue, and in particular tomorrow for holding a hearing as the chairman of the Labor-HHS Committee on Appropriations which I think will be very significant in highlighting and profiling the importance of this issue.

Finally, I also would like to say that I think it is critical that he send a very strong message to the Cancer Institute advisory panel that will be meeting later this month to revisit this issue, and, if they see that we have a very strong vote here in the U.S. Senate from all Senators across the political aisle, clearly I think they will rescind the statement that they made last month in not making any recommendation for women in their forties. I think it is an abdication of their responsibility, and an abdication of their knowledge of medical science in terms of what is best for women.

I am very pleased as well that all nine women here in the U.S. Senate—all Republican and all Democratic women—are cosponsors of this resolution.

I do hope that we can get unanimous support of this issue so that we can correct what I think has been a wrong decision on the behalf of women in America and does nothing to advance women's health.

That is why this resolution becomes a critically important statement to the lives, health, and safety of women in America.

I yield the remainder of my time.

Mr. President, I ask for the yeas and nays.

The PRESIDING OFFICER. Is there a sufficient second?

There appears to be a sufficient second.

The yeas and nays were ordered.

The PRESIDING OFFICER. Under the previous order, the vote on this resolution will occur at the hour of 5 p.m.

In my capacity as a Senator from the State of Idaho, I suggest the absence of a quorum. The clerk will call the roll.

The bill clerk proceeded to call the roll.

Mr. BUMPERS. Mr. President, I ask unanimous consent that the order for the quorum call be rescinded.

The PRESIDING OFFICER (Mr. GORTON). Without objection, it is so ordered.

THE ENVIRONMENT

Mr. BUMPERS. Mr. President, while I and a number of my colleagues will come to the floor in the days ahead to introduce specific proposals affecting our Nation's parks and public lands, I would like to talk very generally about the environmental and natural resources agenda of the 105th Congress. My hope is that we have learned from the lessons of the last Congress and will not once again attempt to undo the most effective and progressive network of environmental laws in the world.

Over 25 years ago, with overwhelming bipartisan support, the National Forest Management Act, the Federal Land Policy and Management Act, the Wild and Scenic Rivers Act, the National Environmental Policy Act, the Endangered Species Act, and the Clean Water Act were enacted into law.

Today, as a result of those and other laws passed with strong support from