we have in our panoply of legislative tools.

It ranks as that because it very uniquely delegates to the President certain responsibilities that normally Congress would not delegate to the President. It gives up certain powers of its own in order to get trade legislation enacted.

During the course of the next several days and weeks, I hope that we can discuss the importance of trade, how the fast track process works, why fast track is an essential element to getting trade negotiations and trade agreements in place, why fast track does not represent something that will damage workers and consumers in this country, why, indeed, these trade agreements are essential, why it should be considered constitutional, why we should or should not consider it and what elements of labor and environmental considerations should be included in any kind of fast track negotiations, and, ultimately, how fast track and trade agreements can protect the U.S. health and safety standards.

But today let me just begin with a little bit of background of where we have come from to get to this position today, where we now have a bill that has been reported from the Committee on Ways and Means, another bill in the other body that has been reported from the Senate Finance Committee, how we have gotten to this stage and why we are here today.

Fast track is legislation that goes back more than 20 years, about 25 years, to a time when we began to see that the complexity of trade negotiations required something that gave the President the authority to negotiate these kinds of agreements with other countries, and usually multiple numbers of countries, as we have found in the Uruguay round of GATT talks or the other multiple trade talks that preceded that.

We decided we needed this kind of fast track authority because the complexity of the negotiation itself meant that at the end of the negotiation, we had to be able to submit something to the Congress of the United States that would be voted yes or no.

The reason for that is simply our trading partners do not want to negotiate with the United States if they do not know at the end of that time there is going to be a yes or no vote. They want to know with certainty that the agreement they reach is the agreement that will be voted on. That is why we gave fast track authority to the President of the United States, and it has worked for every President since 1974, Republican and Democrat.

This is the first time that we have been, for several years now, without trade negotiating authority for a President. The results tell. During the course of the next several times that I will speak on this floor on this subject, I will outline some of the problems that we now have, because we have not had fast track authority for the President.

But let me just say in closing, Mr. Speaker, that this is absolutely vital legislation. It is vital because I think literally the economic future of this country depends on having fast track. We must have fast track because we must have trade, and trade is the engine of economic opportunity for the future, for American workers, for American consumers, for American entrepreneurs, for the security of the United States. It depends on having fast track authority.

The SPEAKER pro tempore. Under a previous order of the House, the gentlewoman from California [Ms. SANCHEZ] is recognized for 5 minutes.

[Ms. SANCHEZ addressed the House. Her remarks will appear hereafter in the Extensions of Remarks.]

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Florida [Mr. FOLEY] is recognized for 5 minutes.

[Mr. FOLEY addressed the House. His remarks will appear hereafter in the Extensions of Remarks.]

BREAST CANCER AWARENESS MONTH

The SPEAKER pro tempore. Under a previous order of the House, the gentlewoman from Connecticut [Ms. DELAURO] is recognized for 5 minutes.

Ms. DELAURO. Mr. Speaker, I would like to say thank you to colleagues of mine who have joined this evening to speak out on the fight against breast cancer.

October is Breast Cancer Awareness Month. This is a time when we honor all of the women who are fighting this deadly disease, we remember those who we love who have lost the fight, and we renew our commitment to trying to find a cure.

It is time to take stock of where we are in the fight against cancer. Are we committing sufficient resources for biomedical research to find a cure? Do women who have been diagnosed have access to the care that they need in order that they can heal properly?

I am very, very pleased that the appropriations committee that I sit on is poised to increase funding for the National Institutes of Health by at least $700 million so researchers can continue their quest for the causes of this disease and find an effective treatment that will, at longlast, give us the cure that we have been looking for.

Also the Department of Defense, along with NASA, is putting state-of-the-art technology to use in improved mammograms to increase the rate of earlier detection, which is clearly a key.

Unfortunately, all too often the answer to the second question, do women have access to the care that they need, is a resounding no. More and more often managed-care organizations are forcing patients home just hours after a mastectomy. In fact, a study by the Connecticut Office of Health Care Access proved that the average length of stay for breast cancer patients in Connecticut is dramatically decreasing. Most disturbing, it is decreasing faster for mastectomies than for other inpatient discharges.

This is really unacceptable. These are real women, women who are undergoing traumatic surgery, who are then sent home while they are still in pain, groggy from the anesthesia and with drainage tubes stitched to their skin.

It is not every day that you come face-to-face with your own mortality in a very profound way, as you do when you face a cancer diagnosis. It is not too much to ask for a mere two days in the hospital as you recover from this kind of surgery.

Congress needs to act to stop this practice. That is why, along with Congresswoman MARGE ROUKEMA of New Jersey and Congressman JOHN DINGELL of Michigan, I introduced the Breast Cancer Patient Protection Act. The bill would require insurance companies to cover 48-hour hospital stays for women who undergo a mastectomy and a 24-hour stay for those undergoing a lymph node dissection. The patient and her doctor, not an insurance company, can decide if a shorter stay is appropriate.

My home State of Connecticut and a number of other States have passed legislation to give women a 48-hour hospital stay. However, 125 million Americans are covered by the Employee Retirement Income Security Act, ERISA. These plans are exempt from State law, so we need to work together here in the Congress to pass Federal legislation to ensure that every woman is protected.

This measure has wide bipartisan support, 195 cosponsors, Democrats and Republicans. Congress has yet to act on this important bill. Nor has it moved on another piece of legislation that is so important to breast cancer patients, and that is the Reconstructive Breast Surgery Benefits Act, which was introduced by my friend and colleague, the gentlewoman from California, ANNA ESHOO. Congresswoman ESHOO could not be with us here tonight, and I will include her remarks for the record.

Americans understand the need for this legislation. In fact, through the breast cancer care petition, which is an on-line petition drive which we have initiated, thousands of Americans are speaking out and calling for hearings on these bills.

□ 1715

Not only can they sign a letter, but they can leave their own stories of their own experiences about breast