The SPEAKER pro tempore. Under a previous order of the House, the gentlewoman from Florida (Ms. BROWN) is recognized for 5 minutes.

(Ms. BROWN of Florida addressed the House. Her remarks will appear hereafter in the Extensions of Remarks.)

TRADING OUR FREEDOM FOR OIL

The SPEAKER pro tempore. Under a previous order of the House, the gentlewoman from Ohio (Ms. KAPTUR) is recognized for 5 minutes.

Ms. KAPTUR. Mr. Speaker, tonight I would like to speak a bit about trading our freedom for oil.

Imported oil and the politics it attends have reared their ugly heads too often in modern history. Osama bin Laden's vengeance reveals its newest facet. President Jimmy Carter was right when he said that the Arab oil embargoes of the 1970s, and the economic havoc created here at home, constituted the moral equivalent of war. With public consciousness high at that time, our Nation created the Department of Energy to put America on a course to become more energy self-sufficient. Conservation saved millions of barrels per day, more fuel-efficient cars stemmed the growth of rising petroleum usage, and small efforts were made to develop alternative fuels.

But in reality, America was not really committed to a nonpetroleum future. By the 1990s, America had fallen asleep again. Foreign petroleum constituted half of U.S. consumption, with its share of total volume rising each year. Serious work on other fuel alternatives was largely ignored. Billions of dollars of U.S. tax subsidies continued to flow to the petroleum industry. Even the U.S. defense budget grew, including standing forces in Saudi Arabia, our largest supplier, to protect our foreign oil sources. By 2000, the U.S. imported over half of its petroleum, expending billions of dollars annually while foregoing that investment domestically.

The current recession, too, has been triggered by rising prices of imported petroleum. The U.S. engaged in the Persian Gulf War after Iraq invaded Kuwait to take over its oil fields. No longer working through surrogate heads of state like the Shah of Iran, the United States became directly embroiled in Middle East oil politics in that war. Then the subsequent, decade-long U.S. containment bombing of Iraq's no-fly zones ensued. What an irony of modern history, that as our Nation bombs Iraq, we continue to purchase billions of dollars of Iraqi petroleum. Meanwhile, in Saudi Arabia, 5,000 U.S. troops have been stationed to regularly defend the trade path for U.S.-bound oil out of the Straits of Hormuz and into the Arabian Sea headed to our shores.

Now America is at war again. This time our enemies are oil kingdom zealots whose wrath grows out of the very undemocratic regimes that weaned them. In these places, Saudi Arabia, Oman, Yemen, even Sudan, oil trade over the decades has not brought freedom nor democracy. Trillions of U.S. consumer dollars have flowed to the oil kingdoms and yielded unrepresentative governments, some tyrants, great poverty, poor education, gender bias and political instability. Indeed, trade without freedom has yielded a virulent hate towards America, equal to that directed against the oil kingdoms themselves.

□ 1730

America must remove oil as a distorting proxy for our foreign policy. America can do this. It will take Presidential leadership and the leadership of this Congress, the kind of leadership less allied to the Carlyle Group and more allied to America's independence.

As a consumer, I want to purchase an ethanol-powered car. Even though Detroit makes such a car, I cannot buy fuel for it at the pump. The oil industry has a lock on fuel sold to American consumers. But every time I buy a gallon of gas, I am angry because I know half of my money flows offshore into the pockets of cartels in undemocratic regimes.

The American people must be freed to purchase a broader range of fuels. The lock of the cartels on our gas pumps must be broken. The Government of the United States should employ its antitrust powers to free our consumers at the pump, free us to purchase the fuel of our choice. For me it is ethanol produced by farmers in the Midwest. Let me buy it.

Putting America on a solid energy footing will require national leadership, and our Federal Government must spur America forward, akin to the dawn of the space age and the establishment of NASA.

We must demonstrate will here at home first. Becoming energy self-sufficient makes global economic sense too, because over the next 15 years world oil reserves will begin diminishing, with prices rising even higher with each barrel pumped.

There is no more opportune time for our Nation to get serious. Let us free America from its dependence on foreign petroleum.

NATIONAL BREAST CANCER AWARENESS MONTH

The SPEAKER pro tempore (Mr. FLAKE). Under the Speaker's announced policy of January 3, 2001, the gentlewoman from West Virginia (Mrs. CAPITO) is recognized for 60 minutes as the designee of the majority leader.

GENERAL LEAVE

Mrs. CAPITO. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days within which to revise and extend their remarks on the subject of my Special Order.

The SPEAKER pro tempore. Is there objection to the request of the gentlewoman from West Virginia?

There was no objection.

Mrs. CAPITO. Mr. Speaker, I rise today in this special order to talk about a topic of great importance to all Americans, and in particular it has become a great focus of the Women's Caucus here in the United States Congress, and that is October being Breast Cancer Awareness Month.

Breast cancer impacts all of us in America in some way. Whether it is a family member, a friend, a neighbor, an acquaintance, someone who goes to church with us, we have all been touched in one way or another by breast cancer. So we are going to talk a lot tonight about breast cancer and breast cancer awareness and cures for breast cancer.

As a member of the Women's Caucus of the House, I would like to yield to the gentlewoman from Illinois (Mrs. BIGGERT), who is the cochair of the Women's Caucus.

Mrs. BIGGERT. Mr. Speaker, I would like to thank the gentlewoman from West Virginia (Mrs. CAPITO) as the Vice Chair of the women's conference for leading this Special Order, along with my cochair of the women's conference, the gentlewoman from California (Ms. MILLENDER-MCDONALD). I am delighted the two of you could do this tonight. It is so important that we do this and recognize October as National Breast Cancer Awareness Month.

For far too many Americans, no month of awareness is needed to remind them of breast cancer. On a daily basis they and their families and friends are well aware of the existence of this disease. Next to skin cancer, more women in the United States, about 2 million, live with breast cancer, more than with any other form of cancer. This year, some 233,000 women will be diagnosed and more than 43,000 will die of this terrible disease.

I think it is fair to say that we are all well aware, some painfully aware, of breast cancer. But as the American Cancer Society so succinctly put it, our challenge is to turn awareness into action. Let us turn October into breast cancer action month.

What does this mean? Well, first it means breast examinations. Thanks to early detection techniques, breast cancer can be beaten and life can be extended. That is why it is so important for women to have a clinical breast examination at least once a year. Between the ages of 35 and 40, a woman should have at least one mammogram, and then one every 1 to 2 years, until the age of 50. After age 50, women should get a mammogram each year. That is action.

Second, in addition to early detection of breast cancer, we must support research to find a cure for it. Many of our colleagues and I did that when we strongly supported doubling the funding for the National Institutes of Health as well as increasing the funding for the Department of Defense's Peer Review Breast Cancer Research Program. That is action.

Now, while scientists have made tremendous advances in the diagnosis and treatment of this terrible disease, there still is much more to be done. In recent years there has been much discussion over the link between the environment and breast cancer, and I believe it imperative for scientists to continue to examine this issue.

This body was good enough last year to grant my request to fund a study to examine why the breast cancer mortality rates in my home county of Du Page in Illinois are so much higher than in the rest of the State and the country. We do not know whether it is environment, socio-economic status or other demographics; but we are hopeful this study will shed some light on it.

Mr. Speaker, whether it is through a family member or a friend, everyone has been touched by this horrible disease. We are aware of breast cancer. We must ensure our awareness turns to action. While we do not know yet how to prevent breast cancer, we do know how to help women detect it early and treat it more effectively once it is found. The successes of recent years give me tremendous hope that we will conquer breast cancer. We must all continue to work to achieve this goal and ensure a healthier future for the many women and men who will face breast cancer during their life times.

I am so happy we are doing this Special Order tonight to raise that awareness and that we can take the action. So, again, I thank the gentlewoman.

Mrs. CAPITO. Mr. Speaker, I thank the gentlewoman for her contributions, not only tonight in discussing an important issue, breast cancer awareness and cures and action, but thank her also for the efforts she has done on behalf of the women of the House and the women of America in terms of shedding light on a lot of issues, health and economic issues. I applaud her for all of her issues.

Mr. Speaker, I yield to the cochair, the gentlewoman from California (Ms. MILLENDER-MCDONALD).

Ms. MILLENDER-MCDONALD. Mr. Speaker, I thank the gentlewoman so much. I join with my cochair, the gentlewoman from Illinois (Mrs. BIGGERT), and all of the women of the House, in recognizing this month as Breast Cancer Awareness Month, and to say to the women out in the audience and across this country that we wish for you the very best in health, but please get tested for this very important, important illness that is before us.

You know, Mr. Speaker, as my cochair has mentioned, October is recognized as National Breast Cancer Awareness Month; and as the women of the caucus come today in this hour to talk about its importance, we also know the importance of funding; funding for education, funding for early detection through research, funding for treatment and testing. All of those are critical elements in the fight against breast cancer now.

We do recognize that breast cancer is the most common form of cancer in women in the United States and its cause and its cure remains undiscovered. In 2001, 192,000 new cases of female invasive breast cancer will be diagnosed, and 40,200 women will die from this disease. We recognize also, Mr. Speaker, that breast cancer is the second leading cause of cancer death among all women, after lung cancer being number one. But it is the leading overall cause of death in women between the ages of 40 and 55. This is why it is critical for women, especially women from low-income families, to get tested and treated for any trace of breast cancer.

In the United States, one out of nine women will develop breast cancer in her lifetime, a risk that was one out of 14 in just 1960.

This year, breast cancer will be newly diagnosed every 3 minutes and a woman will die from it every 13 minutes. Fundamentally, when breast cancer is detected and treated early, the survival rates improve. We have seen that, Mr. Speaker, in the death rates in women between 20 and 69 years of age, which declined by 25 percent in 1990. But, again, early detection and treatment are really the areas to credit that decline.

Early detection is the key to surviving breast cancer. Mammography is the best method of breast cancer detection. Mammography can detect cancer several years before a woman or her health care provider can through the testing, to feel for a lump.

Throughout this month of October, many mammography facilities around the country will offer reduced fee or free screening and extended hours. We urge women from low-income families to check their health facilities, because this month there will be many reduced fee and free screenings for women. There will also be extended hours. So we urge women to go and get this testing.

We also encourage women to protect their health and well-being by taking advantage of the mammography services in their communities. There are hundreds of community-based breast cancer resource programs around this country. They provide information about breast cancer, services to breast cancer patients and their families, and are committed to raising money in the fight against breast cancer.

In my district of Compton, California, which I represent that city, the Relay for Life program raises awareness, money for detection, and celebrates survivorship. I am pleased with the women who are part of that Relay for Life program. Twenty-three teams of local citizens participated and raised over $20,000 for breast cancer research and education just last year. This Relay for Life program in Compton stands as an example of what we can accomplish if everyone joins in an effort to collectively beat the odds.

As we well know, the sale of the breast cancer stamp has already raised over $22 million in 3 years since its inception. I have teamed with my colleague, the gentlewoman from New York (Mrs. KELLY), on H.R. 2725 to extend the stamp for an additional 6 years. With bipartisan support from over 206 Members of the House, this bill will provide funding for breast cancer research, incurs no cost to taxpayers or the Government, has gathered bipartisan support by more than four-fifths of the Senate representing all 50 States, and standing as the most supported bill in this body since perhaps many a year. It stands among the 28 most widely supported House bills of the 107th Congress. It requires no new administrative procedures and allows for the creation of additional postal stamps on any other issue.

I hope my colleagues will join the 206 Members who are trying to make a difference with this legislation in trying to really find a victory and hopefully finding a cure for breast cancer. This summer I even went a step further and introduced H.R. 2317 that would have made this breast cancer stamp permanent.

It is imperative, Mr. Speaker, that we support the efforts of community-based organizations and women across this Nation to raise the awareness and provide support to breast cancer patients and support legislation that will increase Federal funds for research and lead to improving the treatment for women so that this life-threatening condition can be eliminated.

Mr. Speaker, I invite my colleagues to raise your voices, open your hearts, and strengthen your resolve to educate communities for the fight for adequate funding, so that women can maintain their health and vitality.

At this time I would like to thank the American Cancer Society and the Susan G. Koman Breast Cancer Foundation for their strong efforts in the awareness, the treatment through funding, and for their different programs that they have in providing the Beat Cancer pins and ribbons that we are using today and also for their many efforts.

□ 1745

I will just yield back now to the gentlewoman from West Virginia (Mrs. CAPITO), as we have several speakers on this side of the room who wish to speak.

Mrs. CAPITO. Mr. Speaker, I would like to thank the gentlewoman from California for her wonderful advocacy in terms of raising the awareness of breast cancer today, but I would also like to thank her for, as a new member of the Women's Caucus, and as a new woman Member to the House, for her leadership on so many issues. I have learned a great deal in the Women's Caucus meetings that she and the gentlewoman from Illinois (Mrs. BIGGERT) put together.

Mr. Speaker, we all know that breast cancer, while it strikes women in much greater numbers, men are also many times victims of breast cancer, but

men can also be victims of breast cancer because many times their wives or daughters are stricken. So I am pleased to have here today the gentleman from Michigan (Mr. EHLERS) to speak on breast cancer awareness.

Mr. EHLERS. Mr. Speaker, I thank the gentlewoman for yielding. I must confess I feel a bit like an intruder as the only male speaker here this evening. But I did want to express concern and appreciation and also give a little perspective on it from someone who is a bit older than most of those speaking tonight.

I remember some years ago when breast cancer was unmentionable, and it was a very serious mistake in our society, because my experience was that up until the 1950s, suddenly someone would die and you would say, what happened, and the response would be, oh, she had breast cancer. There was no discussion of it ahead of time. There was no discussion in the media or among the public about the disease, about its causes, its cures and so forth.

I want to rise, first of all, to pay personal tribute to one of my heroes, and that is Betty Ford who occupied the White House, and she was the first American woman who openly discussed breast cancer and opened the floodgates for the women of this country. Ever since then it has been a topic discussed very freely; there is constant information available about the nature of the disease, how to detect it, how to prevent it that simply was not around before that. This is one reason, incidentally, that I nominated her for the Congressional Gold Medal 2 years ago at the same time I nominated her husband. It is the first case in which both a President and First Lady received a Congressional Gold Medal, but I felt she deserved it as much as her husband because of what she had done in the area of breast cancer.

I want to mention something else that is rarely known or noticed or discussed, and the gentlewoman referred to it a moment ago in her introductory comments, and that is that men also have breast cancer. It is far less frequent, but almost always undiscovered until it is far advanced, because most men simply do not know that it is a male disease also, and we should be aware of that.

One other point I would like to make, and this wanders a bit from the topic, so I hope my colleagues will allow me to do that. But in my work on the State level chairing the Public Health Committee and analyzing the situation, I discovered that prostate cancer for men was at the same awareness level that breast cancer for women was in the 1950s. Men did not talk about it. Men did not get the exam and so forth. I am very pleased that in my position there I was able to get money appropriated to publicize this, to provide for public exams and so forth. We must publicize that in this country as well. This is not a hidden disease, as breast cancer was not, even though we treated it that way a half a century ago. Currently, the fatality rate for prostate cancer among men is greater than the fatality rate for breast cancer among women. We really have a lot more to do in that area as well.

So I appreciate the gentlewoman scheduling this Special Order. It is absolutely essential to call attention to the need for more mammograms, more detailed mammograms, and I am pleased as a scientist that we continue to make progress in the quality of mammograms. My wife has kept me fully informed of this, as an experience that used to be very, very painful and not very valuable has now become virtually painless. The quality of the last mammogram she had, as she recounted it to me, was simply exceptional, and I am very pleased to see these continuing scientific and medical advances. I am also very, very grateful that the cure rate is getting so much better. I have so many friends who are survivors of breast cancer, 3 alone just in the past year. I am just grateful that we continue to make advances in treatment and cure as well.

So I thank the gentlewoman again for having this Special Order. It is absolutely essential to call attention to this. Let us make sure that all of us work together, male and female, Republican and Democrat, to ensure that we eradicate this horrible disease.

Mrs. CAPITO. Mr. Speaker, I thank the gentleman. I enjoy his insight into not only the possibilities of males having breast cancer, but I think we need to raise the awareness of that, and then the hope that we all have to find this, eradicate it, find a cure. So I am pleased that the gentleman was able to join us this evening.

Mr. Speaker, I yield to the gentlewoman from California.

Ms. MILLENDER-McDONALD. Mr. Speaker, we do thank the gentleman for coming today, because although we recognize that it is not an alarming number of breast cancer victims on the male side, still men do get it, so I thank him so much.

Ms. CAPITO. Mr. Speaker, I yield at this time to the gentlewoman from California (Ms. ESHOO), an outstanding member of the Women's Caucus.

Ms. ESHOO. Mr. Speaker, I thank the gentlewoman from California, my colleagues on the Republican side of the aisle, and everyone that is here tonight to raise the flag during October, which is National Breast Cancer Awareness Month in our Nation. It is a very important time for everyone in the country, and I thank our colleague for just talking about yesteryear when breast cancer, 2 words, really were not uttered. It was a source of embarrassment, it was a secret, it was something that was just between a woman and her physician, and that has changed, and it has changed enormously.

Today, in the year 2001, while we do not know or have not found a cure for breast cancer, much has been done in order to make progress to reach that goal. That is why I think October is especially important.

Today, October 24, is the first anniversary to the day that a bill was signed into law that so many of us were a part of. Now, one might think that legislation that was written some time ago to address underinsured and uninsured women relative to treatment would be an absolutely simple idea that would flow through the Congress. Well, while we had more than a majority of Members that had signed on to the bill, there were still enough Members in the Congress to play havoc with it and to play politics. But a year ago today, that bill that I referred to, and my colleagues that are here right now were the stalwarts that helped raise this up and make it a law, the breast and cervical cancer bill was signed into law.

Now, what was that bill all about and what has happened in a year's time? I think it is unprecedented.

First of all, we have constituents that came to us that were able to take advantage of a program that a much earlier Congress, and I believe the gentlewoman from New York (Ms. SLAUGHTER) was a part of at that time, where women could apply through a program of the Centers for Disease Control, the CDC, they could go locally and be able to get the tests that would tell them what shape they were in, essentially. It is a very good law and there were many women who applied for that and were able to use it. However, the Congress had not taken the necessary steps that once any of those women were detected to have breast cancer, that they could then seek treatment. So we essentially said, we will help you find out, but when you find out that you are victimized by this disease and also by a lack of insurance coverage, by the way, in this country, that you were on your own. There was story after story that came to us, because we had hearings on this, and the legislation was written.

Today, because of the law that was signed into law, the bill that was signed into law, there are now I believe 33 States that have taken up the call to use the funding that we fought so darn hard for in this bill. We had to have money in the bill to encourage States to place monies next to Federal dollars in order to carry out the treatment of these underinsured and uninsured women.

Now, who are these women? They are the women that we meet in the coffee shop that wait on us, the waitresses, the older women that went into the workforce later on in their lives, but spent most of their lives raising their children. Sometimes their husbands left them. They had absolutely no insurance coverage whatsoever.

So I think that the Congress did a very, very good thing a year ago today. I know it was a great day of victory.

What I want to bring into focus this evening is how important women and their families are across the country, because were it not for the advocates

that constantly came to the Hill, that sent their e-mails to Members and to key Members of Congress to make this happen, all under the umbrella, really, and the organizing genius of the National Breast Cancer Coalition in our country. They came to Washington over and over again. Their stories inspired us. By the time this bill was signed into law a year ago today, there were women that had come to the Hill that did not enjoy the news because they had lost their lives to breast cancer.

So I want to salute the National Breast Cancer Coalition in our country for the work that they did to help make this possible.

I would like to read into the RECORD the States that are now participating in this program, and they are in alphabetical order. I think it is a real honor. Alabama, Alaska, Arizona, Arkansas, California, Connecticut, Florida, Georgia, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Maine, Maryland, Michigan, Mississippi, Missouri, Montana, Nebraska, New Hampshire, North Dakota, Rhode Island, South Carolina, South Dakota, Utah, Vermont, Virginia, Washington State, West Virginia, and Wyoming.

So if anyone in the Congress wonders whether we can make a difference, whether when we raise our voices to change a system, to add on to it, to pay attention to our constituents and their stories, we can indeed make a difference in our time, we can do something noble that is going to enhance the lives of American families.

So thank you to those families, thank you to the advocates, thank you to the women of the Congress.

Mr. Speaker, when we run for office, we are so often asked, especially as women, do you think that we should vote for you just because you are a woman? My response during my campaign was, no, that is not enough. But understand that when women go to the Congress, they take their life experiences to that public table. We know we have very complicated bodies. We know that mammography and its standards needed to be raised. It was the women in the Congress that did that.

Mr. Speaker, I would like to place into the RECORD my thanks to a very courageous man in the Congress and that is our colleague, the gentleman from Pennsylvania (Mr. MURTHA). He has been really the guardian angel of and created the funds through the Department of Defense, $175 million, that is directed toward the research for breast cancer, and he is recognized across our Nation and our Women's Caucus for the work that he does really very quietly year in and year out. So we pay tribute to him.

Mr. Speaker, I want to say to the women that are tuned in this evening and might be listening to us that we hope that we have made you proud of not only the Women's Caucus, but the women that have come to the Congress. I want to salute my colleagues, past and present, upon whose shoulders we stand. I see the gentlewoman from New York (Ms. SLAUGHTER) is here who, before I came to the Congress, was doing this work. I want to thank my colleagues that are the cochairs of the Women's Caucus. It is a very important vehicle.

□ 1800

I know, as Auntie Mame says, that we have miles to go and places to see, but we will continue that fight. We will not rest until we find the cure for this disease that has victimized too many.

Mrs. CAPITO. Mr. Speaker, I thank my colleague, the gentlewoman from California (Ms. ESHOO), and I commend her for her hard work in this area.

I was extremely gratified to see that when they got to the W's, that she did name West Virginia as one of the States taking advantage of those very, very critical funds in terms of breast cancer detection.

Mr. Speaker, I yield to my colleague, the gentlewoman from California (Mrs. CAPPS).

Mrs. CAPPS. Mr. Speaker, I thank my colleague, the gentlewoman from West Virginia, for yielding time to me. I appreciate being able to stand here. It is an honor to join with my colleagues on this important topic of breast cancer and Breast Cancer Awareness Month being in October.

Mr. Speaker, our colleague who just spoke referenced the fact that when we women come to Congress, we bring our life stories with us. I have in front of me as I speak today the face of my sister, my sister Frieda, who a year ago was going about her life, but in the ensuing months in November got the report back from her mammogram and then her biopsy, and indeed, needed to go through that whole year of treatment, which was surgery on both breasts and followed by chemotherapy, followed by radiation. It is a very daunting challenge that so many women face across this country.

So I speak of this opportunity in this place; but I speak also about my sister, and all the many sisters we have across this land today.

It was indeed a highlight of mine in the last session of Congress to be a part of the effort, it really felt like a groundswell, to see enacted the Breast and Cervical Cancer Treatment Act which my colleague, the gentlewoman from California (Ms. ESHOO), just referred to, and highlighted and outlined its importance.

It is an honor for me to be part of the legislation which is currently finding its way, the bill by the gentlewoman from North Carolina (Mrs. MYRICK) and the gentlewoman from New York (Mrs. LOWEY), which requires that NIH conduct studies to see if there is an environmental connection between breast cancer and the statistics that we find ourselves with today.

I am pleased to be part of the effort to reauthorize the breast cancer stamp, which has generated so much needed revenue for breast cancer research and efforts.

I am proud to be part of the effort to double the funding for the National Institutes of Health, where so much important research continues in this area.

We must not forget that it is a very vital part of the Patients' Bill of Rights, the reforming that is needed for our managed care system which will allow the inclusion of clinical studies to be part of health insurance plans.

But I want to also give recognition to the important, remarkable work that women have done across this country on their own, the coalitions that have built up: the Race for the Cure; the event that just transformed my community this last weekend, the Avon three-day event.

On last Friday morning, 3,000 folks came out to send off the team taking part in this major fundraising effort to raise awareness but also funding, funding that is so needed in the area of breast cancer research and treatment.

It is the national breast cancer coalitions indeed, as has been mentioned already, which have spearheaded much of the legislation that we are following through with here. That is the way it should be done.

The inspiration comes from the lives and hearts and communities where women and their families and their loved ones, and men as well, face the diagnosis, are strong in the face of it, and go forward.

As the situation has changed over the years with breast cancer, I give great credit to those who were out in front insisting that it be a topic we talk about, insisting that it have its place in our research dollars and in our treatment efforts, and that it be also such an important part of the awareness of all people in the country, and those women who seek to have treatment after a diagnosis; and that they are willing to go through that and have their treatments and exams each year.

Then I will close with my own story, because 2 weeks ago it was my turn to go for my annual mammogram, which I do every year, and to have come back some questions, some doubts; and to have the radiologist sit down with me and say, I think you need to have a stereotactic biopsy. My heart began to pound, even though I knew that the chances are that it could be benign. All women who face this in the waiting room of whichever place they go for screening know that feeling.

So I was scheduled and had the biopsy. Then you wait again for the news from the surgeon. I am very grateful that my story was good. At this point it is negative. I will follow the course of revisiting, re-examinations. I will be faithful in doing that.

But as I stand here and talk about this very personal experience for me, I am aware that today in this country there are places where women do not know to go to get a mammogram;

where it is hard to find the clinic, it is hard to get time off from work to do it, it is hard to make these pieces come together.

Also, there is a lot of fear still in the hearts of people across this land. This word ''cancer'' is a scary word and an ominous word, and one that we want to put under the bed and under the carpet and not have to face it.

I urge those who are part of our discussion this afternoon to spread the word to acknowledge the fact that, yes, there was once a time when it was truly something to be terrified of, but though it is still a tough diagnosis, that the treatment rate is so much advanced, so much improved; that there is much hope there. We stand here in Congress able and willing to continue the work so that one day it will not only be a treatable disease, but one that we can look forward to its elimination.

Mrs. CAPITO. Mr. Speaker, I would like to thank my colleague, the gentlewoman from California, for her insight and for sharing her personal story, because I think it shows that a proactive approach to diagnosis does not necessarily end in a bad way; but it ends in a way to put one on high alert, so one knows as the years and months go by that we need to be retested and relooked at and be very aware of how our bodies are developing.

Mr. Speaker, I yield to my colleague, the gentleman from Georgia (Mr. KINGSTON), who has come in to share some of his insights into breast cancer and breast cancer awareness. I thank the gentleman for joining us today.

Mr. KINGSTON. Mr. Speaker, I thank the gentlewoman from West Virginia for yielding to me and want to thank my other colleagues for the hard work they have done over the many years on this important issue.

As a member of the Subcommittee on Agriculture, Rural Development, Food and Drug Administration and Related Agencies of the Committee on Appropriations, this is something that we have made a priority with the FDA in terms of breast cancer testing and screening.

I remember years ago the FDA gave us an example of something that they had not yet approved of, and it was a self-testing device that was a very thin piece of kind of a rubbery substance maybe about 6 inches in diameter. It was a circle, and you would apply it to your chest, and it was an amazing thing, because it could pick up a grain of salt and make it magnified on the fingertips, so women who wanted to do this sort of self-testing could do it at home. It was not foolproof, but it would raise the awareness level.

Our argument with the FDA is if they just approve this, then people can do this self-test and it will be on their minds. That is one of the things that we need to do is make sure that the testing is on women's minds.

I am very fortunate that my mother has had it on her mind over the number of years, because about 1 month ago she found out, very sadly, and to her shock and our family's sadness, that she had breast cancer. And fortunately, because of her proactiveness, we were able to get a good analysis.

Yesterday she had actually had the operation for it. I talked to my sister in Denver who had flown out from Dallas where she lives and spent the night with my mother in the hospital, and she said that Mom is doing well and should be home tonight.

Just before the gentlewoman yielded the time, I called out to Colorado to get a medical report. I regret I do not have one right now. But last night, after the operation, things were doing well; and so we are all prayerfully standing by.

But think about how fortunate we are in my own family that medical technology is such that a lump the size of a pin's head had been discovered, and that because of this proactivity, Mom is hopefully home tonight, and also will continue to be with us for 50 and 60 or a couple hundred more years.

So this is relevant. This is the type of legislation that affects all of our families. It is the type of activity that we can do in our congressional offices that goes to each American home and family.

I am glad October is Breast Cancer Awareness Month, but the other 11 should be, as well. I am glad we celebrate Mother's Day; but we should also celebrate it not just once a year, but all during the year.

As a boy who traumatically was raised with three sisters, the only boy in the family, I can say, God bless womanhood, I love them all; and I am glad that my sisters have the opportunity to benefit from this legislation, and that my wife and my two daughters will, as well.

So I think the research has to continue, the awareness has to continue, the education campaign has to continue. I am proud to see that the gentlewomen are taking leadership on this and doing it on a bipartisan basis.

Mrs. CAPITO. Mr. Speaker, I thank the gentleman. Good luck to his mother. I know she is in good hands.

Mr. Speaker, I yield to the gentlewoman from New York (Ms. SLAUGHTER), my vice-chair counterpart.

Ms. SLAUGHTER. Mr. Speaker, I appreciate the gentlewoman yielding to me.

I want to join my colleagues in recognizing October as National Breast Cancer Awareness Month, because no disease is feared so much by American women as breast cancer.

At this moment, 3 million women in our Nation are living with breast cancer, 2 million have been diagnosed, and 1 million's cancer remains undetected. In 2001 alone, there will be 233,000 new cases of breast cancer in the United States, making it the number two cancer diagnosis among women. This year, 40,000 women will die of the disease. To put this in perspective, a new case of breast cancer is diagnosed every 2 minutes, and an American woman dies of breast cancer every 13 minutes.

To be sure, we have come a long way in the last few decades. There was a time not so long ago when breast cancer was not considered polite conversation. Women suffered and died in virtual isolation, because no one would talk about this silent scourge.

But today, however, it is different. We have public education programs urging women to have mammograms. Programs are available for low-income women to receive screening; and as of last year, as the gentlewoman from California (Ms. ESHOO) pointed out, with her bill they can get treatment.

It must have been the worst thing in the world, before this bill was passed, to be diagnosed with breast cancer and have no ability whatever to pay for treatment. Chemotherapy drugs are now less toxic and more effective; and we even have a drug, Tamoxifen, that can help prevent or postpone the onset of breast cancer in women who are at high risk.

For the first time since records were kept, breast cancer death rates actually declined during the 1990s. I am deeply proud of the part we played in this caucus in obtaining research funding for breast cancer and in ensuring that women were included in all clinical trials.

But so much more remains to be done. We need better methods of detecting breast cancer. The mammogram is an old technology and an imperfect one. Some tumors can exist for 6 to 10 years before they are detectable with the mammogram machine.

We need to understand the causes of breast cancer, and then determine the steps women can take to reduce the risk. Treatment must be further refined so women can defeat breast cancer and enjoy a long and healthy lifespan.

Mr. Speaker, in my judgment as a microbiologist, the future of breast cancer research lies along two parallel paths: genetic research and environmental studies. Together, these two avenues will lead us to the detection, prevention, and treatment methods of the future.

Genetic research is already well on its way, and scientists have identified four separate genes that indicate an increased risk for breast cancer, and more that we have not yet identified possibly acting in combination with other genes.

Our understanding of the genetics of breast cancer is in its infancy, but it is developing rapidly. We must ensure, however, that genetic information is used to help patients and not to harm them. Genetic information will be a powerful tool, but it must be used for the right purposes.

In order to safeguard genetic information, my colleague, the gentlewoman from Maryland (Mrs. MORELLA), and I have introduced H.R. 602, the Genetic Nondiscrimination in Health Insurance and Employment Act, which

will ensure that health insurance companies and employers will not use predictive genetic information to deny individuals coverage or job opportunities.

I am pleased to report that this bill has the support of 255 bipartisan cosponsors and hundreds of organizations involved in health care issues. I hope very much the House leadership will allow this important bill to come up on the suspension calendar so we can get this done before the end of this year.

□ 1815

It is certain to pass the Senate.

As important as genetics are, environmental factors are proving to be equally significant. Ninety percent of breast cancer victims have no family history of the disease, which means something in their environment is triggering their cancer.

Women are more susceptible to environmental toxins for a number of reasons. First, they are smaller so toxins since have a greater impact. Second, they have a higher proportion of fatty tissue where toxins tend to accumulate; and third, they tend to metabolize toxic substances more slowly.

Women may also be at greater risk for disease since they are often exposed to higher levels of household chemicals. Many women take hormone supplements for birth control or relief of the symptoms of menopause. Women experience greater fluctuations in hormone levels throughout their lives. They may also affect susceptibility to pollutants or to environmental estrogen. This risk may be greatest in puberty due to major hormonal changes and the rapid growth of the breast tissue.

For all of these reasons, we must increase our research into the impact of the environmental factors on women's health. I am proud to co-sponsor the Women's Environmental Health Research Centers Act which would establish six centers of excellence on women's health research around the Nation.

H.R. 183 has the support of 48 bipartisan co-sponsors and the wide range of organizations concerned with women's health.

At the beginning of this century, we are standing on a frontier of an entire new era of medicine where genetic and environmental health research will point us towards entirely new ways of conceiving, detecting, preventing and treating disease. We must ensure that this new information is used to advance the care of all patients and not to undermine their best interests. Neither type of research can take place in a vacuum. Instead, they must proceed interlinked and in parallel. If we can achieve these goals, then we will have in sight the end to the dreadful scourge of breast cancer.

Mrs. CAPITO. Mr. Speaker, I would like to thank my colleague from New York and introduce another colleague, the gentlewoman from New York (Mrs. MALONEY).

Mrs. MALONEY of New York. Mr. Speaker, I join with my colleagues to mark the Breast Cancer Awareness Month and thank the co-chairs of the women's caucus for putting this together tonight.

We have made enormous progress in the fight against breast cancer. We have more than doubled the Federal dollars for breast cancer research since I came here in 1993. This has been the effort primarily of women in the women's caucus, some famous, some infamous, and many men who have been our allies and they have helped us get this funding. In particular, I would like to mention the gentleman from Pennsylvania (Mr. MURTHA), who each year funds breast cancer research in the DOD budget to well over $175 million.

Over the past 20 years thanks in large part to this government-funded research, there has been an explosion in what we know about and how to prevent and treat a disease that is expected to strike over 192,000 American women in 2001.

Breast cancer mortality rates have fallen every year since 1989. We now have a drug that can decrease the chance of developing breast cancer by 50 percent if we detect problems early; and research on new detection and treatment methods is moving forward faster than ever before. Gene expression will isolate the genes that will trigger breast cancer allowing for customized, more effective treatment. Biologically targeted therapies will identify and target proteins and other agents that make cancer cells grow without affecting healthy cells.

Thirty different targeted therapies are now in clinical trials and some are expected to receive FDA approval within 1 or 2 years.

Angiogenesis inhibitors which target blood vessels that contribute to tumor development are also in the final stages of clinical trials. Finally, several different vaccines are in clinical trials, and it is realistic that we will see a breast cancer vaccine in the near future for a disease that strikes one in eight American women during their lifetime. The notion of a vaccine was unthinkable a decade ago. So we are learning more and more about breast cancer all the time, but we have always known that prevention is the best way to treat breast cancer.

An exciting detection method which could supplement mammograms is in the works. Ductal lavage spots unusual changes in cells lining the milk ducts which are the source of most breast cancers. This promises to be a highly effective method for assessing a woman's risk for developing cancer which will give her a vital head start on prevention and treatment planning.

Until additional methods are finalized, women are still best served by monthly breast exams, bi-annual gynecological exams, and annual mammograms. These preventative steps save lives. Mammograms must continue to be a major focus of our legislative action on breast cancer.

There are two pieces of legislation before Congress that will go a long way towards minimizing the fatality rates of the most common form of cancer in women. In May, Senator FEINSTEIN and I, along with the gentlewoman from New York (Mrs. KELLY) introduced H.R. 1809, the Cancer Screening Coverage Act, that ensures that Americans will be covered for breast, prostate, and cervical screening. It would require Federal and private health plans to inform members about and provide coverage for cancer screening. Mammograms and clinical breast examinations would be expressly covered under this bill.

In the 105th Congress, along with the woman's caucus and support from many of my colleagues, I was successful in getting enacted the Breast Cancer Early Detection Act of 1997 which provides for coverage of an annual screening mammogram under part B of the Medicare program for women age 65 and older.

To ensure the continuation of this successful program, which has saved countless lives, we need to update the Medicare payment rate so that mammography centers can stay open. In my city of New York, screening centers have had to close because they could not afford to stay open. They were losing too much money. The reimbursement rates were too low. We must increase the Medicare reimbursement rate for both diagnostic and screening mammography, and that is what the Assure Access to Mammography Act of 2001 will do, which the gentleman from New York (Mr. KING) has introduced and which I am cosponsoring with him.

We must renew our commitment to providing this life-saving technology. The inclusion of mammography coverage by Medicare was a hard-won landmark provision that must be preserved. HHS' center for Medicare and Medicaid have recently proposed cuts in funding for diagnostic mammograms, mammograms for women who have been diagnosed with or are fighting cancer, breast cancer.

Any proposal to cut back treatment for women who need it most is unconscionable and must not stand. We must maintain the Medicare reimbursement rates. This is especially important since Medicare serves as a benchmark for private health plans. What we cut in the public sector is likely to be mirrored in the private sector.

Mr. Speaker, we have come so far in the fight against breast cancer, and this is no time to turn back. I thank the co-chairs of the Women's Caucus for arranging this special order, and I will continue working with them for breast cancer treatment funding research.

Mrs. CAPITO. Mr. Speaker, I certainly appreciate all of the gentlewoman's hard work, many years of hard work. It is an inspiration to all of us.

I would now like to yield to my colleague, the gentleman from Pennsylvania (Mr. GREENWOOD).

Mr. GREENWOOD. Mr. Speaker, I thank the gentlewoman for yielding, and I thank the Women's Caucus and all of the sponsors of this special order for taking the time.

I wanted to just briefly reflect on what the advances that we have made in breast cancer have meant to our family. My older sister, Alice, has just been through all of this. She will kill me for saying she is older, but she is just a tad older than I am, I look older. She went through the screening. She learned she had a lump. She had the surgery. She had the chemo. She had the radiation, lost all of her hair but never lost her courage, never lost her character, never lost her love of life; and she has come through it remarkably well. So well that she is now pursuing an advanced degree and living as active and rich and full a life as ever she has.

Had it not been for the money that we have sunk into research in so many ways, I do not think that my sister, Alice, would be with us at this time; and on behalf of her family and my family and our whole clan, I wanted to express our gratitude to researchers and the doctors and recommit myself to continuing to support whatever is necessary in terms of financial resources to continue that research so that not only may our family enjoy the blessings of a cure for breast cancer but millions of others may as well.

Mrs. CAPITO. Mr. Speaker, I certainly appreciate the gentleman coming this evening, and I think it is just another example of how breast cancer reaches all lives, males and females, every family; and I certainly wish the gentleman's sister the best.

In order of appearance, I would like to yield to the gentlewoman from Ohio (Mrs. JONES).

Mrs. JONES of Ohio. Mr. Speaker, I would like to thank the gentlewoman for yielding.

I would like to thank the co-chair of the Women's Caucus, my good friend, the gentlewoman from California (Ms. MILLENDER-MCDONALD), for all the work that we do in the Women's Caucus. It is a difficult task leading a caucus, and I want to commend her on the work that we do as we celebrate Breast Cancer Awareness Month.

I dedicate my comments this evening to four living women who have survived breast cancer: Gwen Chapman, Bobbi Butts, Jacqui Royster, and Marion Brown, and to one who did not survive breast cancer, in memory of Debbie Smith.

Let me tell my colleagues a little bit about Debbie Smith. She and I were assistant prosecutors together; and we shared an office. And the sign outside the office said Smith and Jones, and no one ever believed that it was the truth that our names were Smith and Jones. I dedicate my words this evening on behalf of all of these strong and dedicated women.

I can only think of the great times I have had when we have done the Race for the Cure. It was a shame that this year unfortunately, as a result of the acts of September 11, that the Race for the Cure was cancelled in my city, the city of Cleveland. I was able for the past 3 years to sponsor a group of young women called Teen Lift. I am a member of Delta Sigma Theta Sorority, Inc., and part of the responsibility in being part of Teen Lift was to do a community awareness week or activity. And one of the activities was I used to pay the registration, give them T-shirts; and we would do the Race for the Cure each year.

I also want to talk about the numerous groups in my city who are involved in breast cancer. There is one organization dedicated specifically to minority women, to bring the awareness about breast cancer to the attention of many, many people.

I am also proud to be able to stand up and say that 2 weeks ago I had my mammogram. I had been messing around, not doing it, telling everybody get a mammogram, and I was not doing it myself. So I am very proud to be able to say that I took care of that a couple of weeks ago.

Finally, I would like to also talk about one other issue as we are talking about Breast Cancer Awareness Month. I have legislation pending with regard to uterine fibroid cancer research, another illness that is prevalent among women, but particularly among minority women. It is the highest cause of hysterectomies among women across this country. We need to kick up the information to women about uterine fibroid research and the dilemma it causes women, so women will know about it and less women will have to have hysterectomies.

Again, I am proud and happy that we have the opportunity to celebrate Breast Cancer Awareness Month, and I will be even prouder at the point that we do not have to celebrate it because we will have found a cure.

Mrs. CAPITO. Mr. Speaker, I would like to yield time to the gentlewoman from California (Ms. WOOLSEY).

Ms. WOOLSEY. Mr. Speaker, I would like to thank the gentlewoman from West Virginia (Mrs. CAPITO) and the gentlewoman from California (Mrs. MILLENDER-MCDONALD) for sponsoring tonight's hour; and Mr. Speaker, I am pleased to join my colleagues on the House floor this evening to recognize National Breast Cancer Awareness Month.

My name is Lynn and I am the daughter of Ginger, who died of breast cancer at the age of 62. Ginger is the daughter of Myrtle, who died of breast cancer at the age of 63. I have outlived them both, luckily. We are in a new time, a new life. I live a healthier existence than they did. I am much more careful, and certainly I have mammograms. Life is different now but families just like mine in succession continue to die of breast cancer.

In 1995 the Northern California Cancer Center announced that women living in Marin County, one of the two counties that I am very privileged to represent, have a one in five lifetime risk of developing breast cancer.

□ 1830

That is the highest in the Nation. This is one of the most affluent areas in the country. So we cannot assume breast cancer is in poor areas. Breast cancer is in every area.

This alarming statistic prompted the formation of the Marin Breast Cancer Watch. This group has been an incredible resource for women and their families in my district as they cope with the realities of our high breast cancer rate. Sadly, though, last spring, the founder of Marin Breast Cancer Watch, Francine Levien, lost her battle to breast cancer. Francine's activism, dedication and friendship brightened the lives of many, many women. While Francine has left us, her spirit and determination have not. It is because of all the Francines across this country that today we share their message and we recognize the hard work that must happen if we are to actually find a cure for this awful disease.

As in Marin County, an alarming number of women are dying from breast cancer across the Nation every year. Equally alarming is that we do not know exactly why. As the number of women diagnosed with breast cancer quickly rises, it is imperative that we learn what causes this disease and we take decisive action so that we can prevent it. Only by understanding where, how and why breast cancer occurs can we develop effective strategies to eradicate it.

We all know that this will take funding beyond what we have already committed, but we cannot rest until the one in seven national statistic is a thing of the past. A growing body of evidence suggests that exposure to toxic chemicals may accelerate the spread of breast cancer. Some suggest this may contribute to the disproportionately high occurrence of breast cancer among women in regions like the San Francisco Bay area. Marin Breast Cancer Watch has led education campaigns within our community in an effort to increase awareness of the relationship between breast cancer and the exposure to outside factors, like toxic chemicals. Because information is power, I have worked hard with appropriators to secure funding over the past several years to help study and document this link.

Mr. Speaker, only by exploring every single angle, especially environmental risk factors, will we be able to conquer breast cancer. As we search for the cause and the cure, we must also strengthen our commitment to treatment options and increase access to cancer care, prevention, and awareness programs. The media often reports conflicting stories about what are appropriate and safe treatment options. However, breast cancer patients have a right to make up their own minds on

the type of treatment that they want. We must give them the tools they need to make informed choices about their health care options.

Women are looking for hope, for progress, for answers. Breast cancer is beyond scary. Let us not make it more frightening by keeping women in the dark about each and every treatment option that is available to them. That is why I urge this Congress to truly support women's health coverage by calling for a vote on important legislation like the Breast Cancer Patient Protection Act and the Mammogram Availability Act.

Mr. Speaker, mothers, daughters, sisters, aunts, coworkers, friends, our nieces are looking to this Congress to lead the fight against the greatest battle they may ever face.

Mrs. CAPITO. Mr. Speaker, quickly, because I know we are running out of time, I want to yield to my colleague, the gentlewoman from Texas (Ms. JACKSON-LEE).

Ms. JACKSON-LEE of Texas. Let me thank the gentlewoman for her leadership, but let me spend a moment thanking the co-chair of the Women's Caucus, the gentlewoman from California (Ms. MILLENDER-MCDONALD), for her vision. She has constantly led us with an enormous vision to be able to reach out and speak on behalf of women who cannot speak for themselves, and I thank her very much.

In this time, Mr. Speaker, let me indicate this could not be a more important topic for us to honor, Breast Cancer Awareness Month, and clearly I want to express my appreciation and give tribute to the Sisters Network, an organization founded in my community, but as well a national organization that deals and emphasizes the need to provide information to African American women who have breast cancer.

Clearly, breast cancer is deadly. The cause and cures are still unknown, but there is hope. Today, during Breast Cancer Awareness Month, I am here to say that prevention is the key against breast cancer. During 2001, an estimated 192,000 new cases of breast cancer are expected to occur among women in the United States. It can happen to any woman, including me or my daughter.

From 1995 to 1998, death from breast cancer fell 3.4 percent. However, the number of new breast cancer cases rose 1.2 percent per year from 1992 to 1998. It all involves the history of one's family. Mammography and early detection have helped to raise incidence rates, but we need to do more.

A new study in the July 18 issue of the Journal of the National Cancer Institute finds that an imaging technology called MRI, or magnetic resonance imaging, may be more effective than a mammogram in detecting breast cancer. In this new study, a group of 179 women with a strong family history of cancer underwent a mammogram and an MRI. The MRI detected 13 cancers, seven of which had not been detected on mammography. So I would simply argue that we have a lot of work to do. We clearly have come a long way, but I believe the imaging process is something that we need to utilize in order to ensure that we save more lives.

I am wearing a pink ribbon today, and I wear it simply to say to all the women who may be listening, to my colleagues who have come to the floor, that our simple message is that we want to save lives. The more we can give information to those women, the more we can implore the survivors who I meet every single day, those women who have fought and have survived breast cancer that are now out there telling their sisters that they can save a life by getting an early examination, making sure to get regular examinations, and making sure to respond to what their doctors say, the more likely we are to win this battle.

We can win this battle by information and sisterhood, and I believe today we have shown that.

Ms. JACKSON-LEE of Texas. Mr. Speaker, breast cancer is hard to ignore and has touched the lives of millions of American women and their family and friends. Every three minutes a woman in the United states learns she has breast cancer. It is the most common form of cancer among American women—next to skin cancers, and is second only to lung cancer in cancer deaths in women. Almost everyone knows at least one person who has been treated for it.

Women with a strong family history of breast cancer need frequent, careful monitoring to detect early signs of breast cancer. New drugs, new treatment regiments, and better diagnostic techniques have improved the outlook for many, and are responsible for breast cancer death rates going down.

Mammography has traditionally played a significant role in detecting breast cancer, but better technology is now available.

MRI can better penetrate the breast tissue to find tiny abnormalities, many of which are in the very early stages. MRI can also clarify a questionable mammogram.

Another study by the National Cancer Institute (NCI) and the American College of Radiology Imaging Network (ACRIN) involving 49,500 women in the United States and Canada, compares digital mammography to standard film mammography to determine how this new technique compares to the traditional method of screening for breast cancer. Digital mammography has the potential to provide better detection of early breast cancer.

Digital mammography uses computers and specially designed detectors to produce a digital image of the breast that can be displayed on high-resolution monitors. One possible advantage of digital mammography, she said, is that it may be more effective in detecting cancers in women with dense breasts because it has improved contrast resolution.

Although the equipment for digital costs more than film mammography, there may be fewer callbacks or additional office visits with the new technique and this would save money as well as lessen patients' concerns.

Other techniques for detecting breast cancer are a clinical breast exam, an ultrasound, and CT scanning.

Most professional medical organizations recommend that a woman have periodic breast exams by a doctor or nurse along with getting regular screening mammograms. A breast exam by a doctor or nurse can find some cancers missed by mammography, even very small ones. Currently, mammography and breast exams by the doctor or nurse are the most common and useful techniques for finding breast cancer early.

Ultrasound works by sending high-frequency sound waves into the breast. Ultrasound, which is painless and harmless, can distinguish between tumors that are solid and cysts, which are filled with fluid.

CT scanning uses a computer to organize information from multiple x-ray, cross-sectional views of a body's organ or area. CT can separate overlapping structures precisely and is sometimes helpful in locating breast abnormalities that are difficult to pinpoint with mammography or ultrasound.

Mr. Speaker, early detection is the key to preventing breast cancer. While death rates from breast cancer are falling, and while there are a number of exciting new strategies being developed, a lot more still needs to be done. We need to consider new technology, as well as reinforce traditional detection techniques, as part of our commitment to beating this deadly disease.

Mrs. CAPITO. Mr. Speaker, I wish to thank my colleagues for joining me, and especially thank the gentlewoman from California (Ms. MILLENDER-MCDONALD) for her leadership.

I would like to say briefly that everyone's passion is personal. My personal passion is the mother-in-law I never had, who died from breast cancer at a very early age. My children never met their grandmother or their great grandmother or their aunt. So we have to find a cure for this horrible disease.

Ms. MILLENDER-MCDONALD. Mr. Speaker, I want to thank the gentlewoman from West Virginia for her leadership as well. She is one of our new Members and she has done extraordinarily well tonight on the floor, and I wish to thank her.

Ms. WATSON of California. Mr. Speaker, Breast Cancer is at an epidemic level and will affect more than 100,000 women in the next five years. I have followed the development of information on this issue and I have carried legislation providing screenings, testing, mammograms and treatment for women, particularly poor women. I have found that women of color are less informed and are likely to receive treatment too late. As a result, when cancer is detected, it is often too late!

We need to provide free Breast Cancer screenings, mammograms, adequate treatment and posthesis for poor and underprivileged women. I firmly believe that outreach programs are necessary to disseminate important information and are essential in protecting the lives of our loved ones!

Mr. GILMAN. Mr. Speaker, I rise today to inform our constituents, men and women, that October is National Breast Cancer Awareness Month. Since the early 1970s, the incidence of breast cancer has increased 1.5 percent per year and has only recently shown signs of leveling off. An estimated 192,200 new invasive cases of breast cancer are expected to occur among women in the United States this year.

And an estimated 40,200 women will die from breast cancer. In fact, Rockland County in my Congressional District was recently determined to have the highest incidence of breast cancer in the entire Nation. This is a distinction I would prefer that my district did not have.

The most important message we can send to the women of our Nation is that early detection is key to beating breast cancer. Early detection increases one's chances of survival and there are a number of ways to screen for breast cancer. Women aged 20 and older should perform monthly breast self-examinations, women aged 20–40 should have clinical breast exams done at least every 3 years and women over 40 should have clinical breast exams and mammograms performed annually.

Breast cancer in men is rare, but it does happen. In 2001, it is estimated that 1,500 men will be diagnosed with breast cancer, and 400 will die from it. The survival rate of men and women is comparable by stage of disease at the time of diagnosis. However, men are usually diagnosed at a later stage, because they are less likely to report any symptoms. Treatment of breast cancer is the same as treatment for women patients and usually includes a combination of surgery, radiation, chemotherapy, and/or hormone therapy.

The causes of breast cancer are not fully known. However, health and medical researchers have identified a number of factors that increase a woman's chances of getting breast cancer. Risk factors are not necessarily causes of breast cancer, but are associated with an increased risk of getting breast cancer. Importantly, some women have many risk factors but never get breast cancer, and some women have few or no risk factors but do get the disease. Being a woman is the number one risk factor for breast cancer. For this reason, it is important to perform regular breast self-exams, have clinical breast exams, and have routine mammograms in order to detect any problems at an early stage.

While many risk factors such as getting older, having a mother, daughter, or sister who has had breast cancer, having the mutated breast cancer genes BRCA1 or BRCA2 or having had breast cancer are not controllable, many factors are. These include: having more than one drink of alcohol per day, taking birth control pills for 5 years or longer, not getting regular exercise, currently or recently using some forms of hormone replacement therapy (HRT) for 10 years or longer, being overweight or gaining weight as an adult or being exposed to large amounts of radiation.

Bear in mind, that even if you feel perfectly healthy now, just being a woman and getting older puts you at risk for breast cancer. However, getting checked regularly can put your mind at ease. And finding cancer early could save your life. That's why National Breast Cancer Awareness Month is a significant endeavor.

HOMELAND SECURITY SHOULD BE PRIMARY CONCERN OF CONGRESS

The SPEAKER pro tempore (Mr. FORBES). Under the Speaker's announced policy of January 3, 2001, the gentleman from New Jersey (Mr. PALLONE) is recognized for 60 minutes as the designee of the minority leader.

Mr. PALLONE. Mr. Speaker, I am here tonight with some of my Democratic colleagues because of my concern, and all of our concern, that the Republican leadership was determined today to ram through what they call an economic stimulus package, which in my opinion is not an economic stimulus package at all but an effort to try to provide tax breaks for corporations, special interests, and wealthy Americans who donate to the Republican campaigns. I feel very strongly, and this is not just based on the fact that I am a Democrat, but what I hear when I go back and what is common sense, I feel very strongly that the main priority that should be addressed here in the House of Representatives and which is not being addressed is the issue of homeland security, particularly when it comes to aviation security and our airports.

If my colleagues noticed today, as much as the Republicans were determined to push through this so-called economic stimulus package, which does not accomplish anything and will never pass, by the way, it passed, I think the vote was maybe 216 or 215 to 213, which shows there was tremendous opposition to this package. And it will never pass in the Senate; yet the Republican leadership refuses to take up a very good Senate bill that passed in the other body 100 to zero, unanimously, that deals directly with the issue of security at our airports and addresses the concerns that so many of my constituents bring up to me when I go home.

Let me just say I had a town meeting Sunday night in South River, which is one of the towns that I represent in the State of New Jersey, and no one mentioned the issue of an economic stimulus package. Now, that is not to say that there is not a problem with the economy and we do not need to address that; but all my constituents at that meeting and at most of the other forums I have had at home want to talk about their security concerns, and a big part of that is airports.

They come to the town meeting and they say, Congressman Pallone, what is going on at the airports? Some of them actually have been to an airport, to Newark Airport, which is not very far from my district, and talk about the inconsistency in the security precautions that are there, the fact that baggage is not looked at. They go into the airport, they check their baggage and most of that baggage is not searched or looked at electronically in an effective way. They continue to be concerned about the fact that we are not federalizing the security workforce.

If we look at the Senate bill, what it does is addresses all these things. It addresses the issue of checking baggage. It says we will have a federalized workforce so that we know that people are qualified and being paid well and are trained properly to use the screening devices at the airport.

I have people coming to my town meetings who bring devices, one person had a cigarette lighter that disguised a pocketknife underneath, that passed through the screening device. Another one had a little device that looked like a computer that had a knife in it that passed through the screening device. We need to address these issues, and the Republican leadership is not addressing it. Instead, they bring up tax breaks for their wealthy friends and for corporate interests.

This is not what the American people are asking us for; and for the life of me I do not know why we are wasting our time here addressing or trying to deal with this legislation that does nothing and goes nowhere when we have a very good bill that could be taken up from the other body, passed, and which deals effectively with the aviation security issue.

I have a number of my colleagues here tonight that want to talk about this, and I would like to yield now to my colleague, the gentleman from New Jersey (Mr. PASCRELL), who is on the Committee on Transportation and Infrastructure, who has dealt with these issues of aviation security for a long time; and I would like to now yield to him.

Mr. PASCRELL. I thank the gentleman for yielding. Ten days after the tragic events of September 11, we were here on this House floor approving $15 billion for the airline industry. Most of us supported the package because it was necessary to keep the airlines and their employees afloat to, as we said on that very moment when we passed the legislation, to stabilize the industry.

Unfortunately, the attacks on America and their aftermath have weakened aviation traffic, have had a negative effect on the airlines overall and on their financial performance. Even with that funding, the industry is seeing tremendous losses. So stabilization was the plan, but it means very little if people are not going to fly. And the reason why they are not flying is that they do not have confidence in their safety. They do not have confidence in the system that exists which permitted what happened.

To get people flying again, we need to restore public confidence in aviation, and I think that is very critical.

□ 1845

Congress needs to act yesterday. The Democratic plan contains many elements which can give the American people confidence in our ability to secure travel throughout this great Nation. Security screening is at the foundation of fixing the gaping holes in aviation security. In America, people agree with our view that this responsibility is inherently governmental. There is nothing new with our plan. People such as the gentleman from Minnesota (Mr. OBERSTAR) have been advocating this for many years, long before September 11.

In June 2000, the GAO told Congress that ''Aviation security screeners are the key line of defense against the introduction of dangerous items into the