

superhighway; merging all of our talents and all of our strengths to help eliminate, as I said, this dreaded disease; establishing biological resource banks and comprehensive patient data registries to ensure a national resource of information for multiple areas of breast cancer research; ensuring consumer input at all levels in the development of public health and service delivery programs; research studies and educational efforts; involving advocacy groups and women with breast cancer in setting research priorities and patient education.

That was done by the Sisters Network in my district, where one such morning they walked an inner-city neighborhood and began knocking on doors to explain to that community about early detection, and wound up at a church on Sunday morning speaking to the women there about the need for early detection. That is the kind of private help and partnership that should be going on with the Federal Government on this issue.

Expanding the scope and breadth of biomedical and behavioral research activities related to the etiology of breast cancer; making clinical trials more widely available to women who are at risk for breast cancer; decreasing barriers to participation through consumer-clinician dialog; reduction of economic barriers and other strategies; implementing a comprehensive plan to address the needs of individuals carrying breast cancer susceptibility genes; and recommending educational intervention for consumers, health care providers and at-risk patient groups.

Sadly, the death rate for breast cancer has not been reduced in more than 50 years. One out of four women with breast cancer dies within the first 5 years. Forty percent die within 10 years of diagnosis.

Furthermore, the incidence of breast cancer among American women is rising each year. For women ages 30 to 34, the incidence rate tripled between 1973 and 1987. The rate quadrupled for women ages 35 to 39 during the same period.

This Congress has stood well for solving problems. It is important for us to realize here is a problem to be solved. I am particularly concerned about studies which have found that African-American women are twice as likely as white women to have their breast cancer diagnosed at a later stage, after it has already spread to the lymph nodes. A recent study by the Agency for Health Care Policy and Research found that African-American women were significantly more likely than white women to have never had a mammogram, or to have had no mammogram in a 3-year period before development of the symptoms or diagnosis. Mammography was protective against later stage diagnosis in white women, but not in black women. It is clear that more research and testing needs to be done in this area.

We need to help all women, and particularly our inner-city women, but the

most important thing is we need to help families, and breast cancer destroys families.

Mr. Speaker, I thank you for this opportunity. It is so very important for our children, our daughters, our sisters, mothers, and granddaughters, detection, treatment, and prevention. Let us help eliminate this devastating disease.

Mr. Speaker, I rise tonight to speak about an issue of vital importance to the women of this Nation. This issue is breast cancer. As a woman and a mother, I feel that there are few issues as important as the breast cancer epidemic facing our Nation.

As you may know, breast cancer is the most commonly diagnosed cancer in American women today. Currently, there are 1.8 million women in this country who have been diagnosed with breast cancer and 1 million more who have yet to be diagnosed. This year, 182,000 women and 1,000 men will discover that they have breast cancer, and 46,000 will die from the disease. Breast cancer costs this country more than \$6 billion each year in medical expenses and lost productivity.

But these statistics cannot possibly capture the heartbreak of this disease which impacts not only the women who are diagnosed, but their husbands, children, and families.

We have made progress in the past few years by bringing this issue to the Nation's attention. Events such as this month's Breast Cancer Awareness Month, are crucial to sustaining this attention. There is, however, more to be done.

We, in Congress must work with the Department of Health and Human Services to implement the national action plan on breast cancer [NAPBC]. The plan provides a framework and a plan for activities in three major areas: the delivery of health care, the conduct of research, and the enactment of policy. Its six major priorities include:

Identifying strategies to disseminate information about breast cancer and breast health to scientists, consumers, and practitioners using the state-of-the-art technologies available on the information superhighway.

Establishing biological resource banks and comprehensive patient data registries to ensure a national resource of information for multiple areas of breast cancer research.

Ensuring consumer input at all levels in the development of public health and service delivery programs, research studies, and educational efforts. Involving advocacy groups and women with breast cancer in setting research priorities and in patient education.

Expanding the scope and breadth of biomedical and behavioral research activities related to the etiology of breast cancer.

Making clinical trials more widely available to women with breast cancer and women who are at risk for breast cancer. Decreasing barriers to participation through consumer-clinician dialog, reduction of economic barriers, and other strategies.

Implementing a comprehensive plan to address the needs of individuals carrying breast cancer susceptibility genes and recommending educational interventions for consumers, health care providers, and at-risk patient groups.

Sadly, the death rate from breast cancer has not been reduced in more than 50 years. One out of four women with breast cancer dies within the first 5 years; 40 percent die

within 10 years of diagnosis. Furthermore, the incidence of breast cancer among American women is rising each year. For women ages 30 to 34, the incidence rate tripled between 1973 and 1987; the rate quadrupled for women ages 35 to 39 during the same period.

I am particularly concerned about studies which have found that African-American women are twice as likely as white women to have their breast cancer diagnosed at a later stage, after it has already spread to the lymph nodes. A recent study by the Agency for Health Care Policy and Research found that African-American women were significantly more likely than white women to have never had a mammogram or to have had no mammogram in the 3-year period before development of symptoms or diagnosis. Mammography was protective against later stage diagnosis in white women but not in black women. It is clear that more research and testing needs to be done in this area. We also need to increase education and outreach efforts to reach those women who are not getting mammograms and physical exams.

We cannot allow these negative trends in women's health to continue. We owe it to our daughters, sisters, mothers, and grandmothers to do more. Money for research must be increased and must focus on the detection, treatment, and prevention of this devastating disease.

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

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

The SPEAKER pro tempore. Under a previous order of the House, the gentlewoman from Colorado [Mrs. SCHROEDER] is recognized for 5 minutes.

[Mrs. SCHROEDER 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. STEARNS] is recognized for 5 minutes.

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

MAINTAIN COMMITMENT TO BREAST CANCER RESEARCH

The SPEAKER pro tempore. Under a previous order of the House, the gentlewoman from New York [Mrs. LOWEY] is recognized for 5 minutes.

Mrs. LOWEY. Mr. Speaker, I want to thank my outstanding colleague, the gentlewoman from New York, CAROLYN MALONEY, for organizing this special order.

Mr. Speaker, over 15 years ago I lost my mother to breast cancer, and tonight I rise not only in honor of my mother, but of all the mothers, all the sisters and daughters, the wives, who have died of breast cancer.

Mr. Speaker, I also rise tonight to salute the many women who have survived this terrible disease—and there are many survivors. We know the grim statistics: in the last 20 years, the incidence of breast cancer has increased by 20 percent. Twenty years ago, 1 in 20 women developed breast cancer. Today, it is 1 in 8. Most Americans have known someone—a mother, sister, friend or coworker affected by this terrible tragedy.

Breast cancer is an extremely complex disease and we are unfortunately far from a cure. We have many more questions about breast cancer than answers. Solving the mystery of breast cancer is like working on an incredibly complicated and frustrating puzzle. Each piece of this puzzle solved is a small victory. The Federal Government's research is helping us to solve this puzzle and to slowly answer these unanswered questions.

One of these unanswered questions is the role the environment plays in breast cancer. Another is the importance of genetics in determining who develops the disease and who does not. Still another question is whether diet can reduce a women's risk of breast cancer.

There is mounting evidence that exposure to pesticides may contribute to breast cancer. For example, a study done several years ago at Mt. Sinai Medical Center in New York found that women with the highest levels of a pesticide compound in their blood were four times more likely to have breast cancer than other women. Another study in Israel found a 10-percent drop in breast cancer during the same time that there was a drop in the levels of pesticides in human and cow milk. The Long Island breast cancer study will help to answer many other important questions regarding the link between environmental and occupational factors in breast cancer. But again, many unanswered questions remain.

Science has also recently begun to document a genetic link to breast cancer. The breast cancer gene is thought to account for 5 percent of all breast cancer cases but 25 percent of the breast cancer in women under age 30.

Last month, researchers found a particular mutation of this breast cancer gene in 1 percent of a study of Jewish women of Eastern European background. Jewish women with a family history of breast cancer who were found to have this gene had a very high risk of developing breast cancer. However, we don't know what kind of risk women face who have this gene but do not have a family history of breast cancer. So it makes no sense to test women for this gene until we know more. Again, many unanswered questions remain.

Lastly, scientists are beginning to develop a link between nutrition and breast cancer. But again, our knowledge is scanty. We know that the risk of breast cancer increases with the degree of obesity. One small study

showed that moderate alcohol use might even increase a woman's risk of cancer because of the influence of alcohol on hormones. Research continues to tell us that a low-fat, high-fiber diet may decrease our risk of many cancers including breast cancer. Exercise may also reduce the risk of the disease. But again, many unanswered questions remain.

Breast cancer poses one of the major scientific challenges of today. I urge my colleagues to look at the many unanswered questions as a challenge to continue to maintain the Federal Government's commitment to breast cancer research and the enforcement of environmental regulations. We must not abandon our commitment to the women of America.

But funding research is not enough. We must support efforts to regulate exposures to chemicals strongly suspected of being linked to breast cancer. Tomorrow we will vote on a motion by Representative STOKES to allow the EPA to enforce the Delaney clause. The Delaney clause protects processed foods from contamination by known carcinogens but Congress has voted to restrict EPA from enforcing the Delaney clause. Congress has also tied EPA's hands by cutting its budget by one-third. This is an outrage. Members have a chance tomorrow to support the Stokes motion to demonstrate that they are truly serious about addressing the breast cancer epidemic.

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

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

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

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

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

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

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from New York [Ms. SLAUGHTER] is recognized for 5 minutes.

[Ms. SLAUGHTER addressed the House. His remarks will appear hereafter in the Extensions of Remarks.]

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

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

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

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

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Georgia [Ms. MCKINNEY] is recognized for 5 minutes.

[Ms. MCKINNEY 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 Minnesota [Mr. GUTKNECHT] is recognized for 5 minutes.

[Mr. GUTKNECHT addressed the House. His 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. SCARBOROUGH] is recognized for 5 minutes.

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

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from North Carolina [Mrs. MYRICK] is recognized for 5 minutes.

[Mrs. MYRICK addressed the House. Her remarks will appear hereafter in the Extensions of Remarks.]

AMERICAN POLICY IN BALKANS A FAILURE

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

Mr. ROHRABACHER. Mr. Speaker, we have witnessed 3 years of failure as far as the policy of the United States concerning the ongoing tragedy in the Balkans. During this 3 years, we have heard the screams of agony and horror. And what has American policy been? An arms embargo against the criminals who are committing the aggression and the victims alike.

This formula of treating the victims and the criminal alike had left the aggressor with all of the tanks, all of the heavy artillery, and an overwhelming superiority in arms. It led to 100,000 deaths or more. The aggressor was, naturally, not deterred by an arms embargo that prevented the victims from arming themselves and defending themselves against aggression.